

**MINUTES
UTAH BOARD OF PHARMACY
ELECTRONIC MEETING
MAY 26, 2020- 8:30 A.M.
HEBER M. WELLS BUILDING
SALT LAKE CITY, UT 84114**

**DUE TO COVID-19, NO PUBLIC ANCHOR LOCATION WAS PROVIDED.
PUBLIC ATTEND BY PHONE**

CONVENED: 8:43 A.M.

ADJOURNED: 3:01 P.M.

DOPL STAFF PRESENT ELECTRONICALLY

Bureau Manager: Larry Marx
Bureau Manager: Jennifer Falkenrath
Board Secretary: Jennifer Johnson
Pharmacy/Health Program Specialist: Jim Garfield

Regulatory/ Compliance Officer: Deborah Blackburn
Chief Investigator: David Furlong
CSD Admin: Ron Larsen

DEPARTMENT OF COMMERCE STAFF PRESENT ELECTRONICALLY:

Public Information Officer: Brian Maxwell

BOARD MEMBERS PRESENT ELECTRONICALLY:

Carrie Dunford, PharmD, Chairperson
Christopher Sheard, PharmD, Vice Chairperson
Carl "Trip" Hoffman, PharmD,
Karen Gunning, PharmD

Gary Hale, R.Ph.
Autumn Hawks, Pharmacy Technician
Joseph Ligor, Public Member

BOARD MEMBERS NOT PRESENT: N/A

GUESTS ATTENDED ELECTRONICALLY

Bryan Dunagan, KUTV News
Hali O'Malley, Adv. Pharm.
Compounding Edu. Comm.
Silmara Charlesworth, DOPL
Lorri Walmsley, Walgreens
Warren Young
Dustin Grant
Erin Johanson, Roseman University
Erik Jorvig, Roseman University
Jared Memmott, Assoc. Food Stores
Greg Jones, Harmon's

Donelle Perez, Peterson's
Cliff Holt
Lauren Paul
Denise Kunkel
Jessica Adams, Telepharm
Rejman Mesdaghi
Mark Brinton, Utah Medical Association,

Note: Other guests may have been in attendance electronically but were not identified.

ADMINISTRATIVE BUSINESS: Audio Pt 1

CALL MEETING TO ORDER

Dr. Dunford called the meeting to order at 8:43 A.M.

READ AND APPROVE APRIL 28, 2020 MINUTES

Mr. Ligor made a motion to approve minutes with corrections.

Dr. Sheard seconded the motion.

The Board motion passed.

INVESTIGATION REPORT (00:07)

Chief Investigator Furlong reviewed the investigation report as provided.

Chief Investigator Furlong stated primary focus at this time is on new opening inspections and probationary inspections.

Dr. Dunford asked if there were any concerns the Board should be aware of or address at this time.

Chief Investigator Furlong stated not at this time.

CONTROLLED SUBSTANCE DATABASE (CSD) UPDATE (00:17)

Mr. Larsen provided updates regarding the CSD Database.

Mr. Larsen stated the new UMD login is up and running after changes and adjustment had been made.

Mr. Larsen stated the Rx Gov data submission program release date has been delayed.

Mr. Larsen stated pharmacy intern and technician CSD database access is in process. Plan is to be able to sign up pharmacy interns and technicians with their own accounts within the next week. Mr. Larsen stated a pharmacy alert will be sent out when this is available.

Dr. Dunford stated CSD Database access by interns and technicians that want access what is their next step.

Chief Investigator Furlong and Dr. Dunford commended Mr. Larsen on the work he has done with the CSD Database.

DISCUSSION ITEMS:

IHC PHARMACY TECHNICIAN TRAINING, MASON HILTON (00:30)

Dr. Mason Hilton, a pharmacist with IHC, presented IHC's training program for pharmacy technicians to administer vaccines training for Board review and approval.

Dr. Hilton stated the training would be for IHC employed pharmacy technicians. Technicians would be allowed to administer vaccines under the supervision of a licensed pharmacist. Dr. Hilton stated didactic, practical and basic life support are the three areas covered in the training.

Dr. Hilton stated for the didactic training there are e-Learn two modules prepared by the CDC for immunization training including administration and storage handling. The first module is called "*You Call The Shots-Module Eighteen-Vaccine Administration*". The second module is called "*You Call The Shots-Module Ten-Storage and Handling*". Certificates of completion will be issued by Training and Continuing Education Online (TCO) upon successful completion of the course work and assessments. IHC requires these certificates for technicians to continue through training.

Dr. Hilton stated the practical training consists of two sections. The first section is an interactive 90 minute presentation specific to the *Utah Vaccine Administration Protocol Standing Order to Administer Vaccines and Emergency Medications*, Intermountain Community Pharmacy Procedures related to vaccines and administration. Dr. Hilton stated the 90 minute presentation includes a slide deck that addresses safety, blood borne pathogens (BBP), anaphylaxis, storage and administration. APhA vaccine administration training videos will also be used as supplemental information along with a 20 question written assessment are also required for the completion.

Dr. Hilton stated the second section of the practical training is a hands on vaccine administration technique assessment. The skills assessment allows technicians to demonstrate competence in administration technique. Training is completed in groups of 3-5 to ensure technicians are trained appropriately.

Dr. Hilton stated basic life support is the final area of training. All technicians will be required to maintain basic live support. Technician's administering vaccinations will be required to complete the required two hours of continuing education, specific to vaccinations, with each license renewal.

The Board reviewed and asked questions.

Dr. Gunning made a motion to approve the IHC Training program with the request an update be made that states the hand on practical training will be done by a licensed pharmacist

Mr. Hale seconded the motion.

The Board motion passed unanimously.

COVID-19 TESTING (00:47)

Dr. Dunford stated during the May Board meeting, the Board discussed the ability for pharmacy and pharmacist involvement with COVID-19 testing. This included active virus testing and antibody testing. Dr. Dunford stated the Department of Health seemed to support the idea.

Dr. Dunford stated the Federal Government recently released some updated information regarding this and asked Dr. Sheard to provide an update.

Dr. Sheard reviewed the information, as provided, by the Department of Human Services.

Dr. Sheard stated the Board may want to consider specific guidelines to appropriately and safely administer these tests. The information allows for the administration but does not provide specific guidelines

Dr. Dunford stated the Board would need to see if the State is allowed to have stricter requirements that what has been identified on a federal level.

Mr. Marx stated he is not aware of anything in Statute or Rule that would prevent it. Mr. Marx stated there are concerns regarding public safety and the risk for exposure when testing is not being performed in a controlled environment. Mr. Marx stated this has been a concern with the MD Board.

Dr. Dunford stated she agreed with the concern and stated pharmacists are aware of how contagious this is. Dr. Dunford stated is there a potential to have curbside testing where the pharmacist goes out to the individual instead of them coming into the pharmacy.

Dr. Dunford stated she would hope a pharmacy would not be choosing to bring someone in to do active testing in their immunization room for COVID-19 testing.

Dr. Dunford stated antibody testing is when she would expect to see a patient coming into the pharmacy.

Mr. Marx stated pharmacies wanting to set up curbside testing and then reporting back to the Department of Health would probably be beneficial. Mr. Marx stated even doing antibody testing curbside would be a better option. Mr. Marx stated the more testing that is done provides more information.

Dr. Dunford stated she would like to look at making updates to the recommendations section on the DOPL website.

Dr. Sheard stated he would like to see training provided as well as ensuring an FDA approved test is being administered before a pharmacy starts administering COVID-19 testing.

Dr. Dunford stated she would like to move forward to formalize this process and asked DOPL what would be the next steps. Dr. Dunford asked if this was something that can be put in Rule or is it something that needs to be worked on with the Department of Health. Dr. Dunford stated she would like to make sure that before pharmacies engage in this testing they are required to report the Department of Health.

Ms. Falkenrath stated she would suggest working with the Department of Health to establish a standing order and establishing clear guidelines for appropriate administration and ordering of the test.

Ms. Blackburn stated without getting in the way or prohibiting, the main concern is for public safety. Ms. Blackburn stated making sure adequate testing and training is performed prior to moving forward is protecting the public.

The Board discussed the best methods moving forward and whether guidance through a standing order or an MOU should be established.

Ms. Falkenrath stated a motion will need to be made to be made for this request and any updates to the general guidance information available on the DOPL website.

Dr. Sheard made a motion for the Board to draft best practices for administering COVID-19 testing and clinical services.

Mr. Ligori seconded the motion.

The Board motion passed unanimously.

Dr. Sheard made a motion to update the general guidance for pharmacy personnel to mitigate exposure to included CDC & HHS guidance.

Dr. Gunning seconded the motion.

The Board motion passed unanimously.

LEGISLATIVE UPDATE – S.B. 23 (1:17)

Ms. Falkenrath reviewed S.B. 23 and how it modifies licensure by endorsement requirements. Ms. Falkenrath stated the intent is to increase license portability while allowing DOPL the authority to review and consider significant differences in scopes of practice and qualifications for licensure.

Ms. Falkenrath stated the main role of the Board would be to help articulate the importance of minor differences like the jurisprudence exam for pharmacists.

Dr. Dunford asked how this update changes the requirements for endorsement.

Ms. Falkenrath stated the change allows for license by endorsement without taking the Utah MPJE exam.

Ms. Blackburn stated the change allows licensure based on similar scopes of practice verses requiring a law and rule exam.

Dr. Dunford stated she is supportive of this as long as the individual is held to the requirements of our Statutes and Rules and is not concerned if they if they do not take the MPJE Exam.

Dr. Sheard stated he is concerned with the Laws and Rules and if there are any significant differences.

Ms. Blackburn stated Carolyn Dennis, DOPL's Management Analyst, will be researching and comparing the Laws and Rules with other jurisdictions.

Dr. Sheard stated he is concerned individuals would receive a license in another state with less restrictions and then apply for licensure with Utah.

Ms. Blackburn stated a decision did not need to be made at this time, but DOPL wanted the Board to have the information in order to review and make a determination if there were areas that needed to be considered.

The Board determined they would like more time to review and research and discuss at the next meeting.

CONTINUING EDUCATION (1:37)

Ms. Falkenrath discussed the Division letter addressing continuing education and the suspension of "live" requirements, during the pandemic for licenses that renew by October 1, 2020. This letter is found on the COVID-19 section of the DOPL website.

Ms. Falkenrath stated since the letter was issued requests have come in from professions that will not renew by October 1, 2020, and want to know whether the current continuing education offerings will comply with both licensing requirements and the restriction to support public gathering and social distancing during the pandemic.

Ms. Falkenrath stated the Division plans to alter the letter to allow all continuing education obtained during the Pandemic to count for "live" requirement, even if it is acquired online.

Ms. Falkenrath stated before the Division proceeds with adjusting the letter they want to allow the Boards an option to weigh in and express any concerns they may have with this for their profession.

The Board stated they did not have any concerns regarding CE's for this one cycle. The Board stated they did not feel this would have a negative impact on the pharmacy community.

Mr. Hale made a motion to allow CE's obtained in the 2021 renewal cycle, not obtained "live", will count towards the CE requirement.

Ms. Hawks seconded the motion.

The Board motion passed unanimously.

RULE WRITING NEEDS (1:45) Audio Pt 1 & Audio Pt 2

Ms. Falkenrath reviewed the Bills that passed legislation that will require updates to the Pharmacy Statute and Rule.

H.B. 177 Prescription Revisions <https://le.utah.gov/~2020/bills/static/HB0177.html>

Ms. Falkenrath stated this Bill requires controlled substances prescriptions to be issued electronically. It authorizes the Division to create rules for certain aspects of prescribing controlled substances.

H.B. 207 Insulin Access Amendments <https://le.utah.gov/~2020/bills/static/HB0207.html>

Ms. Falkenrath stated this Bill creates an incentive for health benefit plans to reduce the required copayments for insulin. The Bill increases the number of days for which an insulin prescription can be refilled and authorizes a pharmacist to refill an expired insulin prescription. Line 227 of the Bill, states the Division, in consultation with the Board of Pharmacy and the Physicians Licensing Board, shall make rules to ensure the safe dispensing of insulin.

S.B. 145 Pharmacy Practice Act Amendments <https://le.utah.gov/~2020/bills/static/SB0145.html>

Ms. Falkenrath stated this Bill authorizes the dispensing of epinephrine auto-injectors and stock albuterol under certain circumstances. The Bill amends provisions related to a prescription drug or device and authorizes the dispensing of certain prescription medical devices under certain circumstances.

Ms. Falkenrath stated line 329 of the Bill, states the Division, in consultation with the Physicians and Osteopathic Physician and Surgeon's Licensing Boards, shall make appropriate substitutes for albuterol.

Ms. Falkenrath stated line 453, requires the Division to make rules in collaboration with the Physicians Licensing Board and the Board of Pharmacy.

S.B. 157 Charitable Prescription Drug Recycling Program

<https://le.utah.gov/~2020/bills/static/SB0157.html>

Ms. Falkenrath stated the Bill expands eligibility for the Charitable Prescription Drug Recycling Program. Authorizes an individual to transfer certain unused prescription drugs to a physician's office for donation to the program. The Bill amends rulemaking requirements for the program.

The Board will review and plan to discuss at the next Board meeting.

Dr. Dunford stated the deadline for rule writing is November 8, 2020, and Mr. Marx indicated rules have to be filed within 180 days of May 13, 2020.

NEWSLETTER – NEXT ONE PUBLISHED IN AUGUST

Ms. Falkenrath stated the Newsletter is published in August so the information for the newsletter is due in July.

Dr. Dunford asked the Board if there were any recommendations for the next Newsletter.

Dr. Dunford recommended the pharmacy intern and technician access to the Controlled Substance Database (CSD). Dr. Dunford stated she wanted to highlight the professional nature when accessing information in the CSD and the repercussions with misuse. Dr. Dunford asked if Ms. Hawks would take the lead on this.

Mr. Larsen stated he could provide assistance to Ms. Hawks regarding the CSD information.

Dr. Dunford recommended changes regarding COVID-19 and provide the information to refer to the COVID-19 section of the website.

Ms. Falkenrath stated she will see if there is any other information from NABP that should be mentioned. Ms. Falkenrath stated any other suggestions for the newsletter can be emailed to her.

BREAK

APPOINTMENTS:

COMPLIANCE REPORT (00:02) Audio Pt 3

Ms. Hill reviewed the compliance report as provided.

RICHARD BALLAM, PROBATION REVIEW (00:09)

Mr. Hale conducted the interview with Mr. Ballam and stated the Board has received Mr. Ballam's request for early termination.

Mr. Hale asked Mr. Ballam how things were going and what he has learned in the process.

Mr. Ballam stated the process has taken six years to have his license reinstated without probation has taken longer than he had planned. Mr. Ballam stated he has attended counseling and made sure to meet the requirements of his probation on time.

Mr. Hale asked Mr. Ballam if he feels he is a better pharmacist after going through this process.

Mr. Ballam stated he feels he was in his prime six years ago, but has learned a lot in the process and has become better at completing forms and paperwork.

Mr. Hale asked Mr. Ballam how his current employment is going.

Mr. Ballam stated he is currently working once a week at Larry's Smithfield Pharmacy. Mr. Ballam stated it has been difficult finding employment while he is on probation because he is required to work under supervision. Mr. Ballam stated once his license is no longer on probation he has several opportunities for employment available to him. Mr. Ballam stated he is grateful for the opportunity that Larry's Smithfield Pharmacy has offered to him while his license has been on probation.

Dr. Sheard stated he understands this has been a long process and stated the Board appreciates Mr. Ballam's patience.

Dr. Sheard stated in reviewing the violations in Mr. Ballam's Order there were some serious issues identified. Dr. Sheard stated these issues happened when Mr. Ballam states he was in his prime. Dr. Sheard stated with regards to the violations that occurred, what Mr. Ballam has learned and what is he going to do going forward to ensure they don't happen again.

Mr. Ballam stated when he stated he was in his prime he meant he was younger than he is now. Mr. Ballam stated he is healthy at his age and has no plans to ever violate any laws in the future. Mr. Ballam stated at the time the violations occurred there were a lot of things that were beyond his control at that time. Mr. Ballam stated he was working under two different pharmacies at that time. Mr. Ballam stated he will never be in an uncontrolled situation again. Mr. Ballam stated it has been a humbling experience.

Dr. Sheard asked Mr. Ballam if during this process he has done his due diligence to understand what went wrong and what he should do in the future to prevent it happening again.

Mr. Ballam stated that is correct. He has reviewed that information for the last six years and will not make those mistakes again or plan to make any mistakes going forward.

**Mr. Hale made a motion to recommend early release from probation for Mr. Ballam.
Dr. Gunning seconded the motion.
The Board motion passed.**

Ms. Falkenrath stated she will make an amendment to his Order to recommending early release from probation. Ms. Falkenrath stated Director Steinagel will make final determination.

The Board thanked Mr. Ballam for his time.

AURO PHARMACIES INC, DBA CENTRAL DRUGS COMPOUNDING PHARMACY, PROBATION REVIEW (00:19)

Dr. Dunford conducted the interview with Dr. Ashwin Patel, pharmacist, and Manisha Patel, Pharmacy Director, from Auro Pharmacies, DBA Central Drugs Compounding Pharmacy.

Dr. Dunford asked if the pharmacy is located in California and what kinds of drugs does the pharmacy dispense to Utah Patients.

Dr. Ashwin Patel stated the pharmacy is located in California and they supply non-sterile compounded medication to Utah patients.

Dr. Dunford asked Dr. Ashwin Patel why the pharmacy was placed on probation by the California Board of Pharmacy.

Dr. Ashwin Patel stated they were placed on probation for two reasons. The first was because they did not have a California licensed pharmacy technician working in the pharmacy. The second was because they did not have 100% endotoxin testing.

Dr. Dunford asked when the California Board identified the issues.

Dr. Ashwin Patel stated the issues were found during and inspection in July 2015.

Dr. Dunford asked how long the pharmacy has not been doing sterile compounding.

Dr. Ashwin Patel stated the pharmacy discontinued sterile compounding July 2018.

Dr. Dunford asked Ms. Hill the time frame of Auro Pharmacies, DBA Central Drugs Compounding Pharmacy with Utah.

Ms. Hill stated the time frame is pursuant to the time they are on probation with California. Ms. Hill stated she believes California's Order is for five years.

Dr. Dunford asked Ms. Hill when the California Order was put in place.

Dr. Manisha Patel stated the pharmacy was placed on probation with California in September of 2018 based on the inspection completed in July of 2015.

Dr. Dunford stated the probation with California is until 2023.

Dr. Manisha Patel stated that was correct.

Dr. Manisha Patel reviewed the requirements of the California Board Stipulation and Order with the Utah Board. Dr. Manisha Patel stated all information is forwarded and will continue to be forwarded to the Utah Board. This includes any reports or inspections.

Dr. Dunford asked if the pharmacy is on probation or had action taken with any other states.

Dr. Manisha Patel stated 7 States have placed the pharmacy on probation concurrent with the California probation.

Dr. Dunford asked if the pharmacy is in compliance with the other States that have placed the pharmacy on probation.

Dr. Manisha Patel stated they were.

Dr. Dunford asked if the medications sent to Utah are patient specific and if they are shipped directly to the patient.

Dr. Manisha Patel stated they were patient specific shipped directly to the patient.

Dr. Dunford asked what non-sterile compounded medications the pharmacy provides.

Dr. Ashwin Patel stated they provide medications for male and female hormonal replacement.

Dr. Dunford asked if the pharmacy is meeting the requirements for hazardous medications required in California.

Dr. Manisha Patel stated they were.

Dr. Dunford stated those were all the questions she had and asked if any of the other Board members has any questions.

Mr. Hale asked if the pharmacy had been inspected since 2015 and if so how the inspections went.

Dr. Manisha Patel stated the pharmacy has had three inspections by the California Board inspector and seven by the pharmacies consultant inspector. Dr. Manisha Patel stated the pharmacy was found in compliance with all the inspections completed.

Mr. Hale asked how many prescriptions the pharmacy ships to Utah on a monthly or annual basis.

Dr. Ashwin Patel stated it's under 150 maximum on an annual basis.

Dr. Dunford stated she would like the pharmacy to submit their quarterly supervisor/consultant and any California inspection reports. Dr. Dunford stated this could be considered meeting the Utah requirements for a corrective action plan.

Dr. Dunford stated she would like to meet with the pharmacy again in six months to review.

Dr. Dunford stated the pharmacy appeared to be in compliance with the California Board.

Dr. Dunford asked what changes have been made as a result of their inspection and probation with California

Dr. Manisha Patel stated the pharmacy has hired a compliance agency for license monitoring. The agency provides a monthly report regarding what licenses are going to expire. Dr. Manisha Patel stated the pharmacy also does their own internal audit of their licenses. There are also changes that have been made in the hiring process.

Dr. Manisha Patel stated in regards to endotoxin testing, the pharmacy began testing all of their products the day they found out in 2015 that endotoxin testing needed to be performed. Policies and procedures were updated at that time. Since then the pharmacy discontinued sterile compounding. The compliance components were carried over to the pharmacy's non-sterile compounding side.

Dr. Dunford stated if the pharmacy were to resume sterile compounding they notify and meet with Utah Board of Pharmacy.

Ms. Falkenrath asked if the California Board restricted the pharmacy from sterile compounding.

Dr. Ashwin Patel stated California did not it was a decision the pharmacy made on its own and surrendered the sterile compounding license.

Dr. Gunning made a motion to accept quarterly consultant reports from California, and receive any Board inspections from California. This will be used as the corrective action plans required by Utah.

Mr. Ligori seconded the motion.

The Board motion passed.

Dr. Gunning made a motion to meet with the pharmacy every six months.

Ms. Hawks seconded the motion.

The Board motion passed.

An appointment was made for Auro Pharmacies, DBA Central Drug to meet with the Board in November.

HRX PHARMACY, PROBATION REVIEW (00:43)

Dr. Dunford conducted the interview with Dr. Cody Walker.

Dr. Dunford asked Dr. Walker what brought him before the Board.

Dr. Walker stated there were several violations found during a random inspection conducted in October 2019. Dr. Walker reviewed the findings with the Board.

Ms. Falkenrath stated because this is a public reprimand the Board would need to review the corrective action plan and determine if it's sufficient to help Dr. Walker come into compliance. The Board can also provide guidance and additional resources to help maintain compliance.

Dr. Sheard reviewed the violations and asked Dr. Walker what steps have taken place or are in place to correct the identified violations.

Dr. Walker reviewed the areas that have been addressed and corrected and discussed the process and corrections made.

Dr. Walker stated he needed clarification regarding one of the findings. Dr. Walker stated the inspector stated the pharmacy was compounding commercially available product at the same strength and adding a vitamin to it. Dr. Walker stated he was unable to find this information within the Pharmacy Practice Act or on the inspection form regarding this.

Dr. Walker indicated the two products identified, fluorouracil and tretinoin, work together for the treatment they are prescribed for. Dr. Walker stated they are not adding a vitamin so that they can get around a commercially available product. Dr. Walker stated the product has been used and tested on the condition and found to be beneficial for treatment.

Dr. Dunford asked Dr. Walker if he had any published literature on the combination and the therapeutic value.

Dr. Walker stated there is information available on the pharmacy's website as well as information available on the web.

Dr. Dunford stated she would like the Board to be able to review and evaluate the stated reference. If its determined it's not an attempt to make an intentional copy, can a modification be made to the Order.

Ms. Falkenrath stated because the pharmacy signed the order they have agreed to all the findings as it's written and therefore no changes can be made.

Ms. Falkenrath stated without the inspector being available she is unable to provide any information regarding this section of the Order.

Dr. Walker stated he felt the inspector was intentionally looking for that compound because that was the area the inspector was focused on and went right to when he arrived.

Dr. Dunford stated when signing a Stipulation and Order you are agreeing to the information identified in that Order. Dr. Dunford stated if there is something that the signing party does not agree with they need to address it prior to signing.

Dr. Dunford stated she is concerned that this is an area where the pharmacy has agreed that they have done something wrong, compounding copies of commercially available product at the same strength and adding a vitamin. Dr. Dunford stated she assumed this would mean to cease from that activity.

Dr. Dunford asked Dr. Walker if he is continuing to compound those products.

Dr. Walker stated he is continuing to do so because he has not found where it states he can't. Dr. Walker stated this is why he is asking for clarification on this.

Dr. Sheard reviewed Utah Code 58-17b-102 (18), regarding the definition of compounding.

Dr. Walker stated he understands the definition but stated the compound in question is not available anywhere commercially.

Dr. Sheard stated he understood what Dr. Walker was saying, but recommended getting further clarification before continuing to compound a product that has been questioned in an inspection. Dr. Sheard stated he would not want to see Dr. Walker get into further trouble if he continues.

Dr. Walker stated he understood.

Ms. Falkenrath stated this may be something that can be referred to the advisory pharmacy compounding education committee. Ms. Falkenrath asked Dr. Walker to provide the information that he has.

Dr. Dunford provided some information for Dr. Walker to review and then asked he would provide the information to Ms. Falkenrath on the products he is using and for what treatment. Dr. Dunford stated this will help when the information is reviewed.

Dr. Sheard asked Dr. Walker what additional training has been provided to the staff.

Dr. Walker stated during the inspection documentation was not available to verify review and training had been completed. Dr. Walker stated training has been completed on hazardous drug review, drug disposal, handling and preparation. Dr. Walker stated training had also been completed regarding compounding.

Dr. Dunford stated USP <797> details what training documentation needs to be available.

Dr. Walker stated he was aware and has taken extra steps to ensure he has that information.

Dr. Sheard stated Mr. Walker has applied for permission to be a telepharmacy and that is going to require he be thorough and detailed. Dr. Sheard asked Dr. Walker if this experience has helped him better to prepare so he can meet the requirements of telepharmacy.

Dr. Walker stated it has.

Ms. Falkenrath stated she needs to know if the Board would like to meet with Dr. Walker again and do they approve of the HRX Pharmacy's corrective action plan.

Dr. Dunford stated it has been awhile since the Board has seen a Public Reprimand and not a probation of the license. Dr. Dunford asked Ms. Falkenrath if this means the license is in good standing and has an Order that stays with the license showing a Public Reprimand was issued.

Ms. Falkenrath stated that is correct.

Dr. Sheard stated if HRX Pharmacy is approved to be a telepharmacy an inspection will be performed. Dr. Sheard asked if an inspection will also be required for the consulting pharmacy.

Ms. Falkenrath stated that is correct.

Dr. Sheard stated with that information in mind he does not feel HRX needs to meet with the Board regarding their Public Reprimand. Dr. Sheard stated he feels the areas of violation have already been addressed by the pharmacy.

Ms. Falkenrath stated since the Board does not see a lot of Public Reprimand's with Corrective Action Plan, does the Board find this acceptable.

The Board stated it was.

Dr. Sheard stated he likes this better than placing a pharmacy on a two to three year probation. Dr. Sheard stated it addresses the Board's immediate concerns and addresses any public safety issues.

Dr. Dunford stated she likes this method in helping pharmacies come in to compliance with Utah law without suspending their license and placing a financial hardship on them that generally comes with a license placed on probation.

The Board asked if Dr. Walker had any questions for the Board at this time.

Dr. Walker thanked the Board and stated he does not have additional questions at this time.

The Board thanked Dr. Walker for his time.

SAM FLEGAL, PROBATION REVIEW (1:10)

Dr. Gunning conducted the interview with Dr. Flegal.

Dr. Gunning stated she was present at the last meeting with Dr. Flegal and stated the Board was impressed with the system he had put in place to keep him in compliance with his probation and assist with checking in.

Dr. Gunning asked Dr. Flegal to provide an update since he last met with the Board.

Dr. Flegal stated since he last met with the Board he is aware he had missed a few check-ins.

Dr. Gunning asked Ms. Hill to confirm that Dr. Flegal missed seven check-ins since he last met with the Board.

Ms. Hill stated that was correct and stated since she last ran the report Dr. Flegal is back on track. Ms. Hill stated the last missed check-in was in May and stated Dr. Flegal contacted Ms. Hill immediately regarding the missed check-in. Ms. Hill stated the other missed check-ins occurred in December and January. Ms. Hill stated Dr. Flegal missed two check-ins in December and four in January. Ms. Hill stated they were not consecutive.

Dr. Flegal stated he was aware of December but was not aware he missed four in January.

Dr. Gunning asked for an update on Dr. Flegal's probation time.

Ms. Hill stated Dr. Flegal's three year probation started May 18, 2018, and is expected to end May 17, 2021. Ms. Hill stated Dr. Flegal has completed more than half of the probation time.

Dr. Gunning stated she reviewed Dr. Flegal's employer report and they continue to be great reports.

Dr. Gunning stated the Board likes to see consistency and Dr. Flegal appears to be in compliance for a period of time and then non-compliant and then comes back into compliance. Dr. Gunning stated she understands Dr. Flegal was previously fined for not being in compliance and wanted to see if there had been any additional fines.

Ms. Hill stated Dr. Flegal has only received the one citation and fine for non-compliance with his probation.

Dr. Gunning asked if any of the other Board members had questions for Dr. Flegal.

Mr. Ligori asked why Dr. Flegal hasn't met with the Board sooner with the number of missed check-ins he had since last meeting with the Board.

Ms. Hill stated there were plans to have Dr. Flegal meet with the Board sooner but with the current situation and Board meeting's being cancelled, Dr. Flegal was not able to get on the agenda until now.

Ms. Hill stated during this time Dr. Flegal has gotten back on track. Ms. Hill stated with the missed check-in in May, there was a system issue that caused Dr. Flegal to not be able to check-in. Ms. Hill stated Dr. Flegal did contact her immediately regarding the situation. Ms. Hill stated besides the issue with May, Dr. Flegal has not missed a check-in since January.

Dr. Flegal stated there were some technical issues with the phone application that did not allow him to check in and Dr. Flegal stated he wonders if this was the issues with January.

Mr. Ligori stated he is concerned with the missed check-ins, but without knowing the full situation it's difficult to make a determination on those. Mr. Ligori stated he is otherwise impressed with Dr. Flegal and happy to hear that he is employed and working and just wanted to express that consistency is the main thing with the Board.

Dr. Gunning stated personal responsibility was shown with the last missed check-in and Dr. Flegal contacting Ms. Hill immediately. Dr. Gunning encouraged Dr. Flegal to continue to do that if these issues occur in the future.

Dr. Sheard asked Dr. Flegal if the support system he has set up for his progress is working.

Dr. Flegal stated he feels things are on track compared to where he was when he started this process. Dr. Flegal stated he has put in a lot of work with his recovery and his probation. Dr. Flegal stated the Board only sees a small portion of Dr. Flegal's process and there is more to his road to recovery and the changes that he has made than what the Board has seen.

Dr. Sheard stated he agrees with Dr. Gunning regarding Dr. Flegal's employer reports are getting better every time. Dr. Sheard stated while he does agree that missed check-ins do not define Dr. Flegal's entire process, they are method of accountability. Dr. Sheard stated he does recognize the responsibility and accountability Dr. Flegal has taken and understand Dr. Flegal takes the process very seriously.

Dr. Gunning stated Dr. Flegal's humility and willingness to share with others is very valuable and individuals have benefited from it.

Dr. Gunning asked Ms. Hill the frequency of when Dr. Flegal is required to meet with the Board.

Ms. Hill stated it's at the Board's discretion at this time. Ms. Hill stated currently Dr. Flegal is doing well and there is nothing concerning at this time that she would be comfortable with the frequency the Board determine. Ms. Hill stated during her monthly reviews with Dr. Flegal if there was anything concerning she would notify the Board.

Dr. Gunning stated at this time she would like to see Dr. Flegal in six months unless Dr. Flegal or Ms. Hill think he needs to meet sooner.

**Dr. Gunning made a motion for Dr. Flegal to meet with the Board in six months.
Dr. Sheard seconded the motion.
The Board motion passed.**

An appointment was made for Dr. Flegal to meet with the Board in six months.

NEXT SCHEDULED MEETING: Tuesday, June 23, 2020

ADJOURN: Meeting adjourned at 3:01 P.M.

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

6.23.2020
Date Approved

(ss) *Carrie B. Dunford*
**Carrie Dunford, Chairperson
Utah Board of Pharmacy**

6/23/20
Date Approved

Jennifer Falkenrath
**Jennifer Falkenrath, Bureau Manager
DOPL**