Commission SBAR Communication

Agenda Item/Title: Alto Pharmacy

Date SBAR Communication Prepared: 12/10/2019

Reviewer: Irina Tiginyanu

Link to Action Plan:

- Action
- Information
- Follow-up
- Report only

Situation:

Pharmacy is seeking approval for their technician and assistant AUP

Background:

Assessment:

Pharmacy technicians and assistants are performing within their scope of practice.

Recommendation:

Recommendation to approve the ancillary utilization plan for assistants and technicians.

Follow-up Action:
Pharmacy License Application

This is for: [ ] New  [ ] Change of Ownership  [ ] Change of Location – Current License #.
[ ] Name Change Only – Current Facility Name

Check One

☐ Association  ☐ Limited Partnership  ☐ Sole Proprietor
☒ Corporation  ☐ Municipality (City)  ☐ State Government Agency
☐ Federal Government Agency  ☐ Municipality (County)  ☐ Tribal Government Agency
☐ Limited Liability Company  ☐ Non-Profit Corporation  ☐ Trust
☐ Limited Liability Partnership  ☐ Partnership

1. Demographic Information

UBI #  Federal Tax ID (FEIN) #
604377277  474390076

Legal Owner/Operator Name
Scriptdash Inc.

Mailing Address
1400 Tennessee Street, Unit 2

City  State  Zip Code  County
San Francisco  CA  94107  San Francisco

Phone (enter 10 digit #)
(800) 874-5881

Email Address
compliance@alto.com

Web Address: www.alto.com

Facility/Agency Name (Business name as advertised on signs or Web site)
Alto Pharmacy

Physical Address
13010 NE 20th Street, Suite 200

City  State  Zip Code  County
Bellevue  WA  98005  King County

Facility Phone (enter 10 digit #)
(800) 874-5881

Email Address:
compliance@alto.com

Mailing Address (If different than physical address)
1400 Tennessee Street, Unit 2

City  State  Zip Code  County
San Francisco  CA  94107  San Francisco

Fees (Check all that apply)

☐ Pharmacy Location  ☐ Controlled Substance Act  ☐ Ancillary Utilization
☐ Differential Hours

(Check the online fee page for current fees
All application fees are nonrefundable.)
2. Facility Information

<table>
<thead>
<tr>
<th>Type of Pharmacy</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Community/Retail</td>
<td></td>
</tr>
<tr>
<td>Mail-Order</td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td>Jail</td>
<td></td>
</tr>
<tr>
<td>Long-term Care (LTC)</td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td></td>
</tr>
<tr>
<td>Parenteral</td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td>Compounding</td>
<td></td>
</tr>
</tbody>
</table>

Pharmacy Hours—Indicate the hours the pharmacy will be open

<table>
<thead>
<tr>
<th>Days</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Friday</td>
<td>9am to 6pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>10am to 6pm</td>
</tr>
<tr>
<td>Sunday</td>
<td>10am to 6pm</td>
</tr>
<tr>
<td>Holidays</td>
<td>9am to 6pm</td>
</tr>
</tbody>
</table>

Drug Enforcement Administration (DEA) Registration Number

DEA Number: PENDING

Background Questions

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? Yes No
   If yes, list and explain on a separate sheet of paper.

2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? Yes No
   If yes, list and explain on a separate sheet of paper.

Pharmacist In Charge

<table>
<thead>
<tr>
<th>Pharmacist In Charge</th>
<th>License Number</th>
<th>Date of Appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Po-Yi Betty Cheung</td>
<td>PH60141851</td>
<td>9/19/19</td>
</tr>
</tbody>
</table>

3. Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charles Aguilar</td>
<td>Contracts Project Manager</td>
<td>(800) 874-5881</td>
<td><a href="mailto:charles@alto.com">charles@alto.com</a></td>
</tr>
<tr>
<td>Amil Patel</td>
<td>VP of Pharmacy</td>
<td>(800) 874-5881</td>
<td><a href="mailto:amil@alto.com">amil@alto.com</a></td>
</tr>
</tbody>
</table>

4. Additional Information

<table>
<thead>
<tr>
<th>Date of Incorporation</th>
<th>Corporate Number</th>
<th>State of Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/3/17</td>
<td>5763030</td>
<td>Delaware</td>
</tr>
</tbody>
</table>

Legal Owner Information—attach additional completed pages if you need more space.

Name | Address | Phone (enter 10 digit #) | Title   |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mattieu Gamache-Asselin</td>
<td>1 Polk Street #1204, San Francisco, CA, 94102</td>
<td>(800) 874-5881</td>
<td>CEO/President</td>
</tr>
<tr>
<td>James Dylan Karaker</td>
<td>3546 22nd Street, San Francisco, CA, 94114</td>
<td>(800) 874-5881</td>
<td>CTO</td>
</tr>
<tr>
<td>Name</td>
<td>License #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stacia McIntyre</td>
<td>PH60636901</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

[Signature]

Date: 9/19/19

Signature of Owner/Authorized Representative of Pharmacy

Print Name

Print Title

RECEIVED

SEP 18 2019

DOH/HSQA/OCS

CREDENTIALING
**Pharmacy Ancillary Utilization Application**

All utilization plans must be submitted 60 days prior to next Pharmacy Commission business meeting. You can find the Commission meeting schedule on the Department of Health website.

Note: Utilization plans for technicians and assistants must accompany this application.

Select One: ✔ New  ❑ Update

### 1. Demographic Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>UBI #</td>
<td>604377277</td>
</tr>
<tr>
<td>Federal Tax ID (FEIN) #</td>
<td>47-4390076</td>
</tr>
<tr>
<td>Legal Owner/Operator Name</td>
<td>Scriptdash Inc.</td>
</tr>
<tr>
<td>Pharmacy License #</td>
<td>PHAR.CF.61008836</td>
</tr>
<tr>
<td>Pharmacy Name</td>
<td>Alto Pharmacy</td>
</tr>
<tr>
<td>Physical Address</td>
<td>13010 NE 20th Street, Suite 200</td>
</tr>
<tr>
<td>City</td>
<td>Bellevue</td>
</tr>
<tr>
<td>State WA</td>
<td>WA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>98005</td>
</tr>
<tr>
<td>City</td>
<td>Bellevue</td>
</tr>
<tr>
<td>State WA</td>
<td>WA</td>
</tr>
<tr>
<td>Zip Code</td>
<td>98005</td>
</tr>
<tr>
<td>Facility Phone (enter 10 digit #)</td>
<td>(800) 874-5881</td>
</tr>
<tr>
<td>Facility Phone (enter 10 digit #)</td>
<td>(415) 484-7780</td>
</tr>
</tbody>
</table>

### 2. Facility Specific Information

Number of Employees:
- Pharmacists: 2
- Technicians: 2
- Assistants: 

### 3. Key Individuals

Responsible Pharmacist: Po-Yi Betty Cheung  
License #: PH60141851

**Signature**

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature:  
Date: 10/04/2019

Signature of Owner/Authorized Representative of Pharmacy: Po-Yi Betty Cheung
Print Name:  
Print Title:  

Page 2 of 2
Alto Pharmacy Ancillary Personnel Utilization Plans

Alto Pharmacy will employ pharmacy technicians upon the approval of the Pharmacy Commission. Also, in the future, Alto Pharmacy intends on employing pharmacy assistants.

Pharmacy technicians will support pharmacists in the preparation and delivery of pharmaceutical products. All duties will be performed in accordance with federal, state and departmental laws and policies, under the direct supervision of a licensed pharmacist.

Pharmacy Technician Duties:

- Places, receives, unpacks and stores drug orders.
- Files and retrieves various pharmacy records as required.
- Files completed prescriptions on the shelf alphabetically for patient pickup.
- Maintains assigned work areas and equipment in clean and orderly condition.
- Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
- Handles nonprofessional phone calls to/from:
  - Patients requesting refill of a prescription by number.
  - Calls to physician’s office requesting refill authorization:
    - Refill requests shall be made stating the patient’s name, medication and strength, number of doses and date of prior refills.
    - Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  - Calls from physician’s office authorizing refills providing no changes in the prescription are involved.
  - Calls concerning price information.
  - Calls regarding business hours or delivery services.
  - Calls regarding the availability of goods and services—these might require transferring the call to another person.
  - Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  - Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
- Operates cash register and related front counter tasks.
- Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
- Reconstitutes restoration of original form of medication previously altered for preservation and storage by addition of a specific quantity of distilled water or provided diluent requiring no calculation. In 100% of the cases, the accuracy of the technician is checked and the work initialed by a licensed pharmacist.
- Enters prescription data into the computer and monitors label printing.
• Transcribes orders—accuracy checked and initialed by licensed pharmacist.
• Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.
• Calls to and/or from the physician's office dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, etc.
• Performs tasks under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.

Pharmacy Assistant Duties:

• Places, receives, unpacks and stores drug orders.
• Files and retrieves various pharmacy records as required.
• Files completed prescriptions on the shelf for patient pick up.
• Maintains assigned work areas and equipment in clean and orderly condition.
• Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
• Handles nonprofessional phone calls to/from:
  o Patients requesting refill of a prescription by number.
  o Calls to physician's office requesting refill authorization:
    ■ Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills.
    ■ Any additional inquiries by the office concerning the prescription must be referred to the pharmacist.
  o Calls from physician's office authorizing refills providing no changes in the prescription are involved.
  o Calls concerning price information.
  o Calls regarding business hours or delivery services.
  o Calls regarding the availability of goods and services—these might require transferring the call to another person.
  o Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
  o Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
• Operates cash register and related front counter tasks.
• Counts and pours from stock bottles for individual prescriptions. This function is performed under the direct supervision of a licensed pharmacist and the accuracy of the prescription contents is checked and initialed by a licensed pharmacist.
• May generate a label for refill prescriptions only where there is no change in the prescription.