Agenda Item/Title: WRx Pharmacy LLC

Date SBAR Communication Prepared: 10/10/2019

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 assistants and technicians 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: [X] New  [ ] Change of Ownership  [ ] Change of Location – Current License #  [ ] Name Change Only – Current Facility Name

Choose One:

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

Revenue: 0262010000

1. Demographic Information

UBI #: 604 426, 754
Federal Tax ID (FEIN) #: 83-4656012

Legal Owner/Operator Name:
Bryan Horne

Mailing Address:
1072 W. Ridgeside Ct

City: South Jordan
State: UT
Zip Code: 84095
County: Salt Lake

Phone (enter 10 digit #):
(801) 480-2656
Fax (enter 10 digit #):
(360) 314-4727

Email Address: bhorne@comcast.net
Web Address: www.wrx-pharmacy.com

Facility/Agency Name (Business name as advertised on signs or Web site):
WRx Pharmacy, LLC

Physical Address:
14313 NE 20th Ave, Ste 109

City: Vancouver
State: WA
Zip Code: 98686
County: Clark

Facility Phone (enter 10 digit #):
(360) 787-7406
Fax (enter 10 digit #):
(360) 314-4727

Email Address:
info@wrx-pharmacy.com

Mailing Address (If different than physical address):
Same

City: State:

WRx Pharmacy, LLC
14313 NE 20th Ave, Ste 109
Vancouver, WA 98686-1487
PHAR.CF.60990759
2. Facility Information

Type of Pharmacy
- Community/Retail
- Mail-Order
- Hospital
- Nuclear
- Jail
- Parenteral
- Long-term Care (LTC)
- Internet
- Compounding

Pharmacy Hours—Indicate the hours the pharmacy will be open

<table>
<thead>
<tr>
<th>Monday–Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM - 6:00 PM</td>
<td>NA</td>
<td>NA</td>
<td>NA</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?...
   - No

2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? ...
   - No

Pharmacist in Charge

Pharmacist in Charge: Cooper Millar

License Number: PH60944298

Date of Appointment: 07/25/19

3. Contact Information

Contact Person

Name: Bryan Horne
Title: Owner
Phone (enter 10 digit #): (801) 809-2656
Email Address: bhorne@comcast.net

Contact Person

Name: Cooper Millar
Title: PIC
Phone (enter 10 digit #): (801) 824-6996
Email Address: cooper.millar@gmail.com

4. Additional Information

Date of Incorporation: 04/26/2019
Corporate Number: 604 426 754
State of Corporation: Washington

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

List names, addresses, phone numbers, and titles of corporate officers, partners, members and managers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone (enter 10 digit #)</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bryan Horne</td>
<td>1072 W Ridgeline Ct</td>
<td>(801) 809-2656</td>
<td>Owner, manager</td>
</tr>
<tr>
<td></td>
<td>South Jordan, UT 84095</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RECEIVED

JUL 31 2019
DOH/HSOA/OCS CREDENTIALING
**Change of Ownership Information**
Previous Name of Legal Owner

<table>
<thead>
<tr>
<th>Previous Name of Facility</th>
<th>Previous Pharmacy License #</th>
<th>Effective Date of Ownership Change</th>
</tr>
</thead>
</table>

List all Pharmacists—attach additional completed pages if you need more space.

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooper Millar</td>
<td>PHY60946298</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.

Bryan Home 07/25/19

Signature of Owner/Authorized Representative of Pharmacy

Signature: Bryan Home

Print Name: Bryan Home

Print Title: 

RECEIVED

JUL 31 2019
DOH/HSQA/BCS
CREDENTIALING
Pharmacy Ancillary Utilization Application

All utilization plans must be submitted 60 days prior to the 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  SEP 23 2019  DOH/HSOA/QCS

1. Demographic Information

UBI #  C04 426 754  Federal Tax ID (FEIN) # 83-465 6012

Legal Owner/Operator Name  Bryan Home

Pharmacy License #  PHAR.CF.60707845

Pharmacy Name  WRx Pharmacy

Physical Address  14313 NE 20th Ave Ste 109

City  Vancouver  State WA  Zip Code 98686  County Clark

Facility Phone (enter 10 digit #)  360-787-7408

Fax (enter 10 digit #)  360-314-4727

2. Facility Specific Information

Number of Employees:

Pharmacists 2  Technicians 4  Assistants 2

3. Key Individuals

Responsible Pharmacist  Cooper D Millar  License # 60946298

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 of Owner/Authorized Representative of Pharmacy

Date  9/12/19

Pharmacy Manager/PIC

DOH 690-056 April 2016

Page 2 of 2
1. Places, receives, unpacks and stores drug orders
2. Files and retrieves various pharmacy records as required
3. Files completed prescriptions on the shelf's
   1. Sorted by delivery service
   2. Or sorted alphabetically for patient pick up
4. Maintains order and cleanliness of workspaces and equipment
5. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary
6. Handles nonprofessional phone calls to/from:
   1. Patients
      1. Requesting refill of a prescription by number
      2. To obtain payment and address information for delivered prescriptions
   2. Calls to physician's office requesting refill authorization:
      1. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills
      2. Any additional questions or clarification requested by the office must be transferred to the pharmacist
   3. Calls from physician's offices authorizing refills provided there are no changes from the original issues prescription
4. Calls concerning price information
5. Calls regarding hours of operation and delivery service options
6. Calls regarding the availability of goods and services - based on the nature of the call, transfers to the pharmacist may be necessary
7. Inquiries regarding number of refills remaining and/or date of next available refill, etc.
8. Calls dealing with ordering drugs and supplies from wholesale distributors
7. Operates cash register and related front counter tasks
8. Operates shipping desk
   1. Coordinates delivery service pick up
   2. Provides tracking information to patients through their preferred method of communication (SMS, Email, Phone)
9. Counts and pours from stock bottles for individual prescriptions. This is to be done under the direct supervision of a licensed pharmacist. Accuracy of prescription contents is checked and initialed by a licensed pharmacist.
10. May generate a label for refill prescriptions only where there is no change in the prescription
Ancillary Personnel Utilization Plans
Technicians

1. Places, receives, unpacks, and stores drug orders
2. Files and retrieves various pharmacy records as required
3. Files completed prescriptions on the shelves
   1. Sorted by delivery service
   2. Or sorted alphabetically for patient pick up
4. Maintains order and cleanliness of work spaces and equipment
5. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary
6. Handles nonprofessional phone calls to/from:
   1. Patients
      1. Requesting refill of a prescription by number
      2. To obtain payment, insurance, and address information for delivered prescriptions
   2. Calls to physician's office requesting refill authorization:
      1. Refill requests shall be made stating the patient's name, medication and strength, number of doses and date of prior refills
      2. Any additional questions or clarification requested by the office must be transferred to the pharmacist
   3. Calls from physician's offices authorizing refills provided there are no changes from the original issues prescription
4. Calls to and/or from physician's offices dealing with profile information where no interpretation is necessary, i.e., quantity, date last filled, price, patient address and/or phone number
5. Calls concerning price information
6. Calls regarding hours of operation and delivery service options
7. Calls regarding the availability of goods and services – based on the nature of the call, transfers to the pharmacist may be necessary
8. Inquiries regarding number of refills remaining and/or date of next available refill, etc.
9. Calls dealing with ordering drugs and supplies from wholesale distributors
7. Operates cash register and related front counter tasks
8. Operates shipping desk
   1. Coordinates delivery service pick up
   2. Provides tracking information to patients through their preferred method of communication (SMS, Email, Phone)
9. Counts and pours from stock bottles for individual prescriptions. This is to be done under the direct supervision of a licensed pharmacist. Accuracy of prescription contents is checked and initialed by a licensed pharmacist.
10. Performs task under pharmacist's supervision such as obtaining individual prepackaged, labeled medications for prescriptions, obtains stock bottles for prescription filling.
11. Reconstitutes restoration of original form of medication previously altered for preservation 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 initialed by a licensed pharmacist.
12. Enters prescription date into the computer and monitors label printing
13. Transcribes orders – accuracy checked and initialed by a licensed pharmacist
14. Reviews patient profiles to retrieve specific clerical and other information as directed by a pharmacist