Commission SBAR Communication

Agenda Item/Title: Eastern’s Pharmacy

Date SBAR Communication Prepared: 1/16/2020

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 technicians and assistants

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 [ ] Corporation [ ] Federal Government Agency

[ ] Limited Partnership [ ] Municipality (City) [ ] Municipality (County)

[ ] Limited Liability Company [ ] Non-Profit Corporation [ ] Limited Liability Partnership

[ ] Sole Proprietor [ ] State Government Agency [ ] Tribal Government Agency

[ ] Limited Liability Partnership [ ] Partnership

Check the online fee page for current fees. All application fees are nonrefundable.

1. Demographic Information

UBI # 604 476 253

Federal Tax ID (FEIN) # 84-3370252

Legal Owner/Operator Name

UMESH GAJJALA AND DINESH GAJJALA

Mailing Address

PO BOX 871

City Omak

State WA

Zip Code 98841

County OKANOGAN

Phone (enter 10 digit #) 509-631-1453

Fax (enter 10 digit #)

Email Address DINESHRP@GHMAIL.COM

Web Address:

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

Eastern's Pharmacy

Physical Address

515 Minor Ave Ste 120

City SEATTLE

State WA

Zip Code 98104-2138

County KING

Facility Phone (enter 10 digit #) 206-622-6094

Fax (enter 10 digit #)

Email Address:

Mailing Address (if different than physical address)

City

State

Eastern's Pharmacy

515 Minor Ave Ste 120

Seattle, WA 98104-2138

PHAR.CF.61019875

DOH 690-152 December 2013

of 3
## 2. Facility Information

### Type of Pharmacy
- [x] Community/Retail
- [ ] Hospital
- [ ] Jail
- [ ] Long-term Care (LTC)
- [ ] Mail-Order
- [ ] Nuclear
- [ ] Parenteral
- [ ] 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>MONDAY-FRIDAY 8:30-5:00</td>
<td>CLOSED</td>
<td>CLOSED</td>
<td>CLOSED</td>
</tr>
</tbody>
</table>

### Drug Enforcement Administration (DEA) Registration Number

DEA Number: __________________________

### Background Questions

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

### Pharmacist in Charge

Pharmacist in Charge
- Rama Narasimha Rao Maganti
- License Number: PH60778909
- Date of Appointment: 03/30/2018

### Contact Information

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Title</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dinesh Gajjala</td>
<td>OWNER</td>
<td>509-631-1453</td>
<td><a href="mailto:DINESHRPH@GMAIL.COM">DINESHRPH@GMAIL.COM</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Title</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umesh Gajjala</td>
<td>Owner</td>
<td></td>
<td><a href="mailto:gumeshreddy@gmail.com">gumeshreddy@gmail.com</a></td>
</tr>
</tbody>
</table>

### Additional Information

Date of Incorporation: 06/20/2019
Corporate Number: 604 476 253
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>DINESH GAJJALA</td>
<td>PO Box 871, Omak, WA 98841</td>
<td>509-631-1453</td>
<td>Owner</td>
</tr>
<tr>
<td>Umesh Gajjala</td>
<td>36 DAYNA DR, MONROE, NJ 08831</td>
<td></td>
<td>Owner</td>
</tr>
</tbody>
</table>

RECEIVED

NOV 01 2019
DOH/HSQA/OC5
CREDENTIALING
**Change of Ownership Information**

<table>
<thead>
<tr>
<th>Previous Name of Legal Owner</th>
<th>Previous Name of Facility</th>
<th>Previous Pharmacy License #</th>
<th>Effective Date of Ownership Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>KHALED ABDELRAZZAK</td>
<td>Eastern’s Pharmacy</td>
<td>PHAR.CF.60446180</td>
<td>11/01/2019</td>
</tr>
</tbody>
</table>

**List all Pharmacist--attach additional completed pages if you need more space.**

<table>
<thead>
<tr>
<th>Name</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rama Narasimha</td>
<td>PH60778909</td>
</tr>
<tr>
<td>Rao Maganti</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 of Owner/Authorized Representative of Pharmacy: Dinesh Gajjala

Date: October 25, 2019

**RECEIVED**

NOV 01 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

New Ownership as of November 1, 2019

1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
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</tr>
</thead>
<tbody>
<tr>
<td>604 476 253</td>
<td>84-3370252</td>
</tr>
</tbody>
</table>

Legal Owner/Operator Name
UMESH GAJJALA AND DINESH GAJJALA

Pharmacy License #
PHAR.CF.60446180

Pharmacy Name
Eastern's Pharmacy

Physical Address
515 Minor Ave Ste 120

City: SEATTLE  State: WA  Zip Code: 98104-2138  County: KING

Facility Phone (enter 10 digit #)
206-622-6094

Fax (enter 10 digit #)

2. Facility Specific Information

Number of Employees:
Pharmacists 1  Technicians 1  Assistants 2

3. Key Individuals

Responsible Pharmacist  Rama Narasimha Rao Maganti  License # PH60778909

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

Dinesh Gajjala

Print Name  Owner

Print Title

Date: 10/25/2019
Pharmacy Assistant Utilization Plan
EASTERN’S PHARMACY

1. Maintains assigned work areas and equipment in a clean and orderly condition.

2. Files completed prescriptions alphabetically on the shelf for patient pick up.

3. Hands out refills ONLY when specifically requested to do so by a pharmacist AND where no counseling is deemed necessary.

4. Files and retrieves various pharmacy records as required.

5. Places, receives, unpacks and stores drug orders.

6. Handles incoming and outgoing nonprofessional phone calls regarding the following:
   a. Inquiries concerning price information;
   b. Inquiries from patients asking how many refills are remaining;
   c. Inquiries from patients asking if one or more of their prescriptions are refillable;
   d. Calls placed to a physician’s office requesting refill authorization:
      i. Refill requests shall be made stating the patient’s name, medication strength, number of doses and date of prior refills;
      ii. Any additional inquiries by the office concerning the prescription must be referred to the pharmacist;
   e. Calls received from a physician’s office authorizing refills AND providing there are no changes to the prescription;
   f. Calls from patients requesting refills using their prescription number
   g. Inquiries regarding business hours and delivery services.
h. Inquiries dealing with the ordering of drugs and supplies from wholesalers and distributors.

i. Inquiries regarding the availability of goods and services. These inquiries might require transferring the call to another person.

7. Handles the front counter and operates the cash register.

8. Counts and/or 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.

9. May generate labels for refill prescriptions only if there are no changes in the prescription being refilled.
Pharmacy Technician Utilization Plan
EASTERN’S PHARMACY

1. Places, receives, unpacks and stores drug orders.

2. Files and retrieves various pharmacy records as required.

3. Files completed prescriptions alphabetically on the shelf for patient pickup.

4. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.

5. Maintains assigned work areas and equipment in a clean and orderly condition.

6. Handles non-professional phone calls to and from the following:
   a. Inquiries concerning price information
   b. Patients requesting refill of a prescription by number
   c. Calls to a 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.
   d. Calls from a physician’s office authorizing refills and assuming no changes in the prescription.
   e. Calls concerning price information
   f. Calls regarding business hours and delivery services
   g. Calls regarding the availability of goods and services and depending on the nature of the inquiry, these might require transferring the call to the pharmacist.
h. Inquiries from patients asking if their prescriptions are refillable or how many
refills are remaining

i. Calls dealing with the ordering of drugs and supplies from wholesalers and
distributors

j. Operates cash register and other related front counter tasks.

k. Enters prescription data into the computer and monitors label printing.

l. Reconstitute from the original form of medication, previously altered for
preservation and storage, by addition of a specific quantity of distilled water or
provided diluents and requiring no calculation. In 100% of the cases, the
accuracy of the technician is checked and the work initialed by a licensed
pharmacist.

m. Performs tasks under pharmacist’s supervision such as obtaining individual
prepackaged and labeled medications for prescriptions, obtains stock bottles for
prescription filling.

n. Pulls, counts and pours from the 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 the licensed
pharmacist.

o. Calls to and from the physician’s office dealing with profile information where no
interpretation is necessary (e.g. quantity, date last filled and price)