Commission SBAR Communication

Agenda Item/Title: Overlake 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 AUP

Background:

Assessment:

Pharmacy technicians are performing within their scope of practice

Recommendation:

Recommendation to approve the ancillary utilization plan for 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

Check One

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

1. Demographic Information

UBI # 604 494 288  
Federal Tax ID (FEIN) # 84-2602808

Legal Owner/Operator Name
Siddharth Viswanathan

Mailing Address
718 Long Bridge St, #705
City San Francisco  
State CA  
Zip Code 94158

Phone (enter 10 digit #)
301-806-3772
Fax (enter 10 digit #)
650-435-5932
Email Address sid@truepill.com
Web Address:

Facility/Agency Name (Business name as advertised on signs or We
Overlake Pharmacy, LLC

Physical Address 4124 148th Ave NE, STE J/A
City Redmond  
State WA  
Zip Code 98052
County KING

Facility Phone (enter 10 digit #)
650-353-5495
Fax (enter 10 digit #)
650-435-5932
Email Address:

Mailing Address (If different than physical address)
1700 S. Amphlett Blvd. Ste 221
City San Mateo  
State CA  
Zip Code 94402
County San Mateo
## 2. Facility Information

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

### 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-5pm</td>
</tr>
<tr>
<td>Saturday</td>
<td>closed</td>
</tr>
<tr>
<td>Sunday</td>
<td>closed</td>
</tr>
<tr>
<td>Holidays</td>
<td></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 [x]
   - 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]
   - If yes, list and explain on a separate sheet of paper.

### Pharmacist in Charge

**Pharmacist in Charge:** Mohammad Umar Afridi  
**License Number:** PH60148823  
**Date of Appointment:** 8/2/19

### 3. Contact Information

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Name</th>
<th>Title</th>
<th>Phone (enter 10 digit #)</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nick Terranova</td>
<td>Siddharth Viswanathan</td>
<td>Compliance</td>
<td>352-275-3794</td>
<td><a href="mailto:nick@truepill.com">nick@truepill.com</a></td>
</tr>
<tr>
<td>Mohammad Umar Afridi</td>
<td>718 Long Bridge St, #705 San Francisco, CA 94158</td>
<td>PIC</td>
<td>650-353-5485</td>
<td><a href="mailto:umar@truepill.com">umar@truepill.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>07/26/2019</td>
<td>84-2602808</td>
<td>Delaware</td>
</tr>
</tbody>
</table>

### 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>Siddharth Viswanathan</td>
<td>718 Long Bridge St, #705</td>
<td>(301) 808-3772</td>
<td>Manager</td>
</tr>
</tbody>
</table>

**DOH 690-152 December 2013**

**DOH/HSQA/OCS CREDENTIALING**  
**Page 2 of 3**
<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></td>
<td></td>
<td>PH60148823</td>
<td></td>
</tr>
</tbody>
</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>Mohammad Umar Afridi</td>
<td>PH16048823</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

Date

Print Name

Print Title

RECEIVED

AUG 16 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: [X] New  □ Update

1. Demographic Information

<table>
<thead>
<tr>
<th>UBI #</th>
<th>Federal Tax ID (FEIN) #</th>
</tr>
</thead>
<tbody>
<tr>
<td>604494288</td>
<td>842602808</td>
</tr>
</tbody>
</table>

Legal Owner/Operator Name  
Siddharth Viswanathan  

Pharmacy License #  
PHAR.CF.60997331  

Pharmacy Name  
Overlake Pharmacy LLC  

Physical Address  
4124 148th Ave NE, Ste J/A  

City  
Redmond  

State  
WA  

Zip Code  
88052  

County  
King  

Facility Phone (enter 10 digit #)  
855-910-8606  

Fax (enter 10 digit #)  
650-435-5932  

2. Facility Specific Information

Number of Employees:

Pharmacists 1  Technician(s) 1  Assistant(s)  

3. Key Individuals

Responsible Pharmacist  
Mohammed Afridi  
License # PH60148823  

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  
Mohammed Afridi  

Date  
11/01/19  

Print Name  
Mohammed Afridi  

Print Title  
PIC
Ancillary Personnel Utilization Plan

Overtake Pharmacy LLC
4124 148th Ave NE, Ste J/A
Redmond, WA 98052

Technicians

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. Prepares completed prescriptions for delivery to patients if delivery option selected.
5. Maintains assigned work areas and equipment in a clean and orderly condition.
6. Hands out refills when specifically requested to do so by a pharmacist where no counseling is deemed necessary.
7. Handles nonprofessional phone calls to/from:
   a. Patients requesting refill of a prescription by number.
   b. Calls to physician's office requesting refill authorization:
      i. Refill requests shall be made stating the patient's name, medication and 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.
   c. Calls from physician's office authorizing refills providing no changes in the prescription are involved.
   d. Calls concerning price information.
   e. Calls regarding business hours or delivery services.
   f. Calls regarding the availability of goods and services—these might require transferring the call to another person.
   g. Inquiries from patients asking if their prescriptions are refillable or the number of refills left, etc.
   h. Calls dealing with the ordering of drugs and supplies from wholesalers and distributors.
8. Operates cash register and related front counter tasks.
9. 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.
10. 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.
11. Enters prescription data into the computer and monitors label printing.
12. Transcribes orders—accuracy checked and initialed by licensed pharmacist.

Pharmacist in Charge: [Signature]

Date: 11/01/19
13. Reviews patient profile to retrieve specific clerical and other information as directed by a pharmacist.

14. 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.

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