1002 6th Street
Nevada, IA 50201
(p) 515-382-2485
(f) 515-382-3473

March 4, 2016

Andrew Funk, PharmD
Executive Director
Iowa Board of Pharmacy
400 SW Eigth Street, Suite E
Des Moines, IA 50309-4688

Dear Dr. Funk;

Please find attached our pilot project and waiver petition renewal request for Zearing Telepharmacy Pilot Project and the AMDS requirement of the telepharmacy rules. We have been very pleased with the results of the pilot thus far and look forward to building upon the success to further serve our patients in Zearing. We also look forward to continued dialogue as we work towards a permanent telepharmacy approval process over the coming months.

As you may recall, we began operation in a temporary location within Story Medical Clinic – Zearing and moved to our newly remodeled permanent location on Zearing's Main Street in July of 2013. In 2014, Story Medical Clinic added a second nurse practitioner to their team in Zearing due to the increased clinic volume they have seen since our opening. Story Medical administration feels that without our partnership, this would not have been possible.

In the 2015 calendar year, we filled 9640 prescriptions with 5249 prescriptions being new and 5249 being refills. We are pleased to report that we had no errors reach the patient.

We look forward to answering any questions or concerns that you and the Board may have.

Sincerely,

Brett H. Barker
Vice President of Operations

After filling out form, print, sign, and mail to: Iowa Board of Pharmacy
400 SW 8th Street, Suite E, Des Moines, Iowa 50309-4688. Deadline for inclusion on Board's agenda is three weeks prior to Board meeting.

Case No. or State ID No.

Rec'd:

(FOR PHARMACY BOARD USE ONLY)

IOWA BOARD OF PHARMACY
Petition for [X] Waiver [ ] Variance
(check the appropriate box)

PLEASE PRINT OR TYPE ALL INFORMATION IN INK

A waiver excuses the petitioner from the requirements of a rule in its entirety or from a part of a rule; a variance does not. Instead, a variance is a modification to the requirements of a rule or a part of a rule. Example: A rule requires the fencing of certain property and further requires that the fence be at least 6 feet in height. A waiver of that rule would excuse the petitioner from the requirement for fencing the property. A variance would require the property be fenced but would allow the petitioner to maintain the current fencing configuration of 5 feet in height (perhaps the fence was constructed prior to the height requirement). When replacement of the current fence becomes necessary as a consequence of normal wear and tear, the variance would terminate and the petitioner would be required to comply with the 6-foot height requirement.

Note: Statutory requirements that have been repeated in administrative rules are not subject to consideration for a waiver or variance.

Is this petition an initial request or is it a request for renewal? [ ] Initial Request [X] Request for Renewal
If a request for renewal, explain below why the renewal is necessary.

Petitioner Information (include licensee/registrant name and name of contact person, i.e. pharmacist in charge)

Name: NuCara Pharmacy #9 (Brett Barker – VP Operations) Phone No.: 515-382-2485
(include area code)

Address: 1002 6th Street

City: Nevada State: IA Zip Code: 50201

Petition Information

1. Chapter Number and Title.

   Chapter 9 AUTOMATED MEDICATION DISTRIBUTION SYSTEMS AND TELEPHARMACY SERVICES

2. Rule Number(s) and Title(s).

   9.3(2) Telepharmacy

3. Describe in your own words the essence of each Rule Number(s) and Title(s) that pertains to this petition.

   NuCara Pharmacy #9 requests a waiver renewal of the AMDS requirement in order to maintain a remote telepharmacy service in Zearing, IA.

4. Describe the specific nature and scope of your petition. In your description, include the anticipated time period (beginning and ending) for which the petition would apply. A waiver or variance may not be requested or granted on a permanent basis; the petition must identify an end date.

   NuCara Pharmacy will maintain a limited use pharmacy license for a telepharmacy in Zearing, IA. The managing pharmacy will be NuCara Pharmacy #9 in Nevada, IA. The request for waiver only includes the

AMDS requirement for telepharmacy and all other telepharmacy rules will be in effect. The request is for one year beginning June 1, 2014. Previous request was for 18 months beginning December 1, 2014.

5. Describe the relevant facts and reasons that, in your opinion, justify and provide "clear and convincing evidence" as to why this petition merits consideration for waiver or variance. In your description, explain why the rule(s) poses an undue hardship. If there is a public health, safety and welfare issue associated with this rule(s), or if this rule(s) addresses security or confidentiality issues, also explain how equal protection will be maintained if this petition were granted.

   Zearing, Iowa (population 555) is 17 miles from the next closest pharmacy services that are provided by NuCara Pharmacy in Story City and Nevada, IA. Zearing has an underserved population of rural Iowans and seniors that have a great need for accessible pharmacy services. However, there is not a big enough population in the area to support a traditional community pharmacy or a telepharmacy that utilizes an AMDS machine. It would be not financially possible to install an AMDS in Zearing. Without a waiver of this requirement, the residents of Zearing will resume travelling over 45 minutes round trip to access pharmacy services. Current technology allows operation of a remote telepharmacy that would ensure public health and safety without the use of an AMDS. Proposed Operational Policies and Procedures are attached.

6. Does anyone else (inside or outside state government) possess knowledge relevant to this petition?

   [ ] Yes [X] No [ ] Do not know

   If yes, list their names, addresses and phone numbers below.

7. Would anyone (inside or outside state government) be adversely affected if this petition were granted?

   [ ] Yes [X] No [ ] Do not know

   If yes, list their names, addresses and phone numbers below.

8. Do you know how the Board of Pharmacy has treated similar situations?

   [X] Yes [ ] No

   If yes, describe below how similar situations were handled.

   The AMDS requirement has been waived for four telepharmacy pilot projects including the Zearing project.

9. Have you had any past interaction with the Board of Pharmacy that might impact or relate to this petition?

   [ ] Yes [X] No

   If yes, describe below the issue involved and the outcome.

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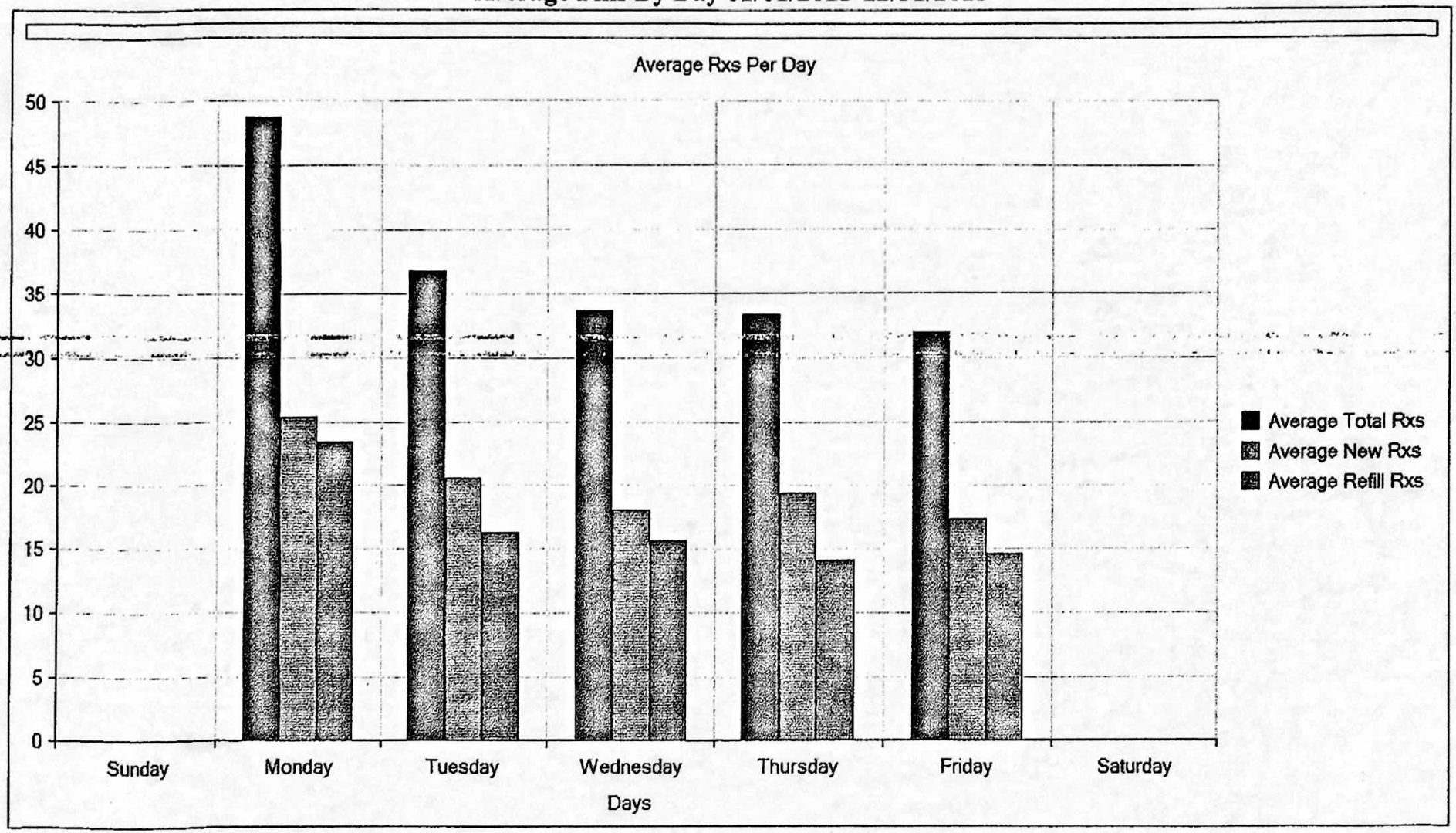
I authorize any person with knowledge of the relevant or important facts relating to this petition to release any pertinent information to the Iowa Board of Pharmacy. I hereby attest to the accuracy and truthfulness of the information contained herein.

Brett Barker	3/4/16
Petitioner's Signature	Date

Nucara Pharmacy #29
110 W. Main St.
ZEARING, IA 50278

Average Fills By Day 01/01/2015-12/31/2015