

BOARD OF PHARMACY
Professional & Vocational Licensing Division
Department of Commerce and Consumer Affairs
State of Hawaii

MINUTES OF MEETING

Date: Thursday, September 15, 2016

Time: 9:00 a.m.

Place: Queen Liliuokalani Conference Room
335 Merchant Street, First Floor
King Kalakaua Building
Honolulu, HI. 96813

Members Present: Kerri Okamura, RPh, Chair, Pharmacist
Carolyn Ma, PharmD., BCOP, Pharmacist
Mary Jo Keefe, RPh, Pharmacist
Julie Takishima-Lacasa, PhD, Public
Ronald Weinberg, Public

Member Excused: Marcella Chock, PharmD., Pharmacist
Garrett Lau, RPh, Vice Chair, Pharmacist

Staff Present: Lee Ann Teshima, Executive Officer ("EO")
Shari Wong, Deputy Attorney General ("DAG")
Lisa Kalani, Secretary

Guests: Joe Parriot, Walmart
Catalina Cross, Times
Tiffany Yajima, Ashford & Wriston LLP
Kellie Noguchi, Times
Paul Smith, Walgreens
Albert Lau, Kaiser Permanente
Pat Adams, Foodland and HCPA
Patrick Uyemoto, Times
Kari Kurihara, CVS Caremark
Sean Abreu, CVS Caremark
Gerry Fujii, pharmacy assistant
Tad Ushijima, Aloha Care
Sam Hodges, Aloha Care

Call to Order: The agenda for this meeting was filed with the Office of the Lieutenant Governor, as required by section 92-7(b), Hawaii Revised Statutes ("HRS").

There being a quorum present, the Chair called the meeting to order at 9:05 a.m. and excused the Vice Chair and Dr. Chock from today's meeting.

Chair's Report: **Announcements and Introductions**

The Chair asked the audience to introduce themselves.

The Chair congratulated Dr. Ma on being appointed Dean of the Daniel K. Inouye College of Pharmacy at UH Hilo.

Additions/Additional Distribution to Agenda

Upon a motion by Dr. Takishima-Lacasa, seconded by Dr. Ma, it was voted on and unanimously carried to add the following to the agenda:

Additions

3. Executive Officer's Report
 - d. Controlled Substance Prescriptions – Pharmacist's Corresponding Responsibility
 - 2) Update from the NED Regarding Act 218, SLH 2016
 - h. Distribution of Updated Version of HRS' 461 & 328 - HRS 329

Approval of the Previous Minutes – August 25, 2016 Meeting

The Chair called for a motion in regards to the minutes of the August 25, 2016 meeting.

There being no discussion, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the August 25, 2016 meeting as circulated.

Executive Officer's Report:

HAR Title 16, Chapter 95 – Status

The EO reported the final version of Chapter 95 with the two amendments is now available. One amendment allows the Board to issue a pharmacy intern permit to a pharmacy student "enrolled" in a pharmacy school. The second amendment was the transfer of an initial fill prescription, not just refills. Extra copies were made available to the audience in attendance.

Conferences/Seminars/Meetings

2016 NABP/AACP Districts VI, VII & VIII Joint Meeting, September 11-14, 2016, Portland, Oregon

The EO reported that Dr. Chock attended.

Food and Drug Administration – Inter-Governmental Working Meeting, September 20-21, 2016, Silver Spring, Maryland

The EO reported that Ms. Keefe and Ms. Kimoto, RICO's Supervising Investigator will be attending.

NABP Interactive Executive Officer Forum, October 4-5, 2016, Rosemont, Illinois

The EO reported she will be attending.

NABP Interactive Member Forum, November 30 – December 1, 2016, Rosemont, Illinois

The EO reported that the Chair will be attending.

2017 Legislative Session

The EO reported that she and the Chair participated in a working group conference call for a pharmacist's provider bill. The bill would amend the statutes to recognize pharmacists as providers so that they can get reimbursement for services. There is another conference call today at 2pm.

Controlled Substance Prescriptions – Pharmacist's Corresponding Responsibility

Draft of Pharmacist's Corresponding Responsibility Guidelines

The EO announced the new Administrator for the Department of Public Safety, Narcotics Enforcement Division is David Thornton. She is trying to see if he can attend one of the Board meetings to do a meet and greet. She will try to schedule the meet and greet at an upcoming Board meeting.

Collaborative Practice Agreement ("CPA")

The EO reported that a draft of a brochure was emailed to the Board for their review. She only received comments from the Vice Chair and Chair.

The Chair stated under "Red Flags" the following check mark should be modified to read:

- ✓ Individuals ~~from out-of-state~~ or who have traveled significant distances within state to fill prescriptions;

Because pharmacists in Hawaii cannot fill prescriptions from out-of-state anyway.

Ms. Keefe stated other red flags are:

- ✓ Individuals paying cash or using various forms of payment for controlled substances;
- ✓ Individual refuses or reluctant to show ID;

The EO asked what do you mean by various means of payment?

The Chair stated some people will have 2 or 3 different insurances, and also pay by cash. So they will tell you to bill insurance A, then go to another pharmacy and tell them to bill insurance B, and then go to another pharmacy and pay cash.

Dr. Ma stated if you're using insurance, there is a 30 day limit each time, so if they want to fill another prescription after only 1 week, they would go to another pharmacy and pay cash or bill a different insurance.

The Chair stated you're required to upload every 7 days into the PDMP, so if it hasn't been uploaded then that other pharmacy wouldn't know that prescription was just filled a week ago.

Mr. Weinberg asked if there was any "real-time" system of monitoring?

The Chair replied no, and asked if the audience had any comments.

Mr. Adams stated another red flag may be:

- ✓ A change in prescribers usual prescribing habits;

Meaning if all of a sudden you see controls coming frequently from someone or in a different way.

Ms. Noguchi stated going off what Ms. Keefe said about the various means of payment, maybe you could make it more specific to insurance versus not insurance, like individual refuses to bill to insurance.

Mr. Lau stated another red flag may be:

- ✓ A previously rejected prescription;

The Chair stated part of this brochure is to provide guidance to the pharmacist and so it has information on the pharmacist corresponding responsibility. It also includes a "Checklist" to ensure that the prescription is filled for legitimate medical purposes. The Chair asked if the Board had comments on that checklist.

Mr. Weinberg asked if it were possible to have one specific place for people to get controlled substance prescriptions filled?

The EO stated that would be up to the Narcotics Enforcement Division ("NED").

Dr. Takishima-Lacasa asked why "the signature of the prescriber" was stricken from the checklist? Is that not a necessary component of a valid prescription?

The EO stated she will add it back to the checklist and remove "etc" from the checklist.

The Chair stated she did have one question for NED, which is when should a pharmacist report discrepancies in the PDMP. Do we need to report discrepancies or does NED see them? Do they monitor the PDMP?

The EO stated the NED will be getting a new vendor for their PDMP, so that is another thing they want to talk about when they come for the meet and greet. They say this vendor will be better.

Mr. Weinberg asked if the NED asked for any kind of input?

The EO stated it is their program, their vendor, they don't have to run it by the Board.

The Chair stated we should also list resources and useful websites on the brochure.

The EO stated she will consolidate all of the comments and email a new draft to the Board and to the audience in attendance for any additional comments. She also stated in conjunction with this, the NED provided a Pharmacy Alert regarding the passage of Act 218 which updated Chapter 329 HRS regarding the 30 day supply of controlled substances. If there are any questions regarding the Pharmacy Alert, let the EO know via email and she can provide them to the NED so that they can try to answer any questions when they come for the meet and greet.

Collaborative Practice Agreement Chart

The EO stated at its August meeting the Board discussed a Naloxone Collaborative Agreement. The Board is also working on general language for a Collaborative Practice Agreement ("CPA"), but there seems to be a push for the Naloxone agreement. Does the Board want to come up with criteria or what should be in a Naloxone or opioid antagonist collaborative agreement?

Dr. Ma asked if this is something the Board has to address today?

The EO stated yes, or at least begin discussion on it. The EO asked, is the CPA between a single pharmacist and single licensed physician? Or can it be multiple pharmacists and single licensed physician?

Dr. Ma stated when you do immunizations in your pharmacy and you have 5 pharmacists doing them, the license physician has to sign a sheet for each pharmacist.

The EO asked what if they have a CPA with one physician and list of all the pharmacists?

The Chair stated that would be ok. That achieves the same one to one ratio.

Mr. Adams stated his concern is that there is a greater risk here than with anything else pharmacists do collaboratively because you're dealing with an overdose situation, and if someone dies, what physician is going to take on the responsibility with the pharmacist.

The EO stated the bill states, "(b) A health care professional or pharmacist who, acting in good faith and with reasonable care, prescribes, dispenses, or distributes an opioid antagonist pursuant to this chapter shall not be subject to any criminal or civil liability or any professional disciplinary action for:

- (1) Prescribing, dispensing, or distributing the opioid antagonist; and
- (2) Any outcomes resulting from the eventual administration of the opioid antagonist.

Mr. Adams stated if you acted properly.

The Chair stated going back to the first question, a list of pharmacists would be okay with a single licensed physician.

Mr. Adams stated this is not like giving a flu shot, someone has to determine the dose.

The Chair stated when looking at other Naloxone practice agreements, they do detail the steps you have to take before the delivering the Naloxone.

The EO stated she will put together a draft based on today's comments and questions for the Board to review at its next meeting.

Dr. Takishima-Lacasa clarified this is specifically using Naloxone for opioid overdose, no other Naloxone use.

The Chair replied yes, specifically to reverse opioid overdose.

[Washington State's Collaborative Drug Therapy Agreement for Naloxone](#)

See discussion under [Collaborative Practice Agreement Chart](#)

[CVS's Collaborative Agreement for Naloxone](#)

See discussion under [Collaborative Practice Agreement Chart](#)

Professional Development – Sorry? 6 Steps for a Successful Apology

The Board reviewed correspondence from CBS News titled "Sorry? 6 Steps for a Successful Apology". It provides information on how to offer an effective apology. Results show that the best apologies included all six of the following elements:

1. Expression of regret;
2. Explanation of what went wrong;
3. Acknowledgement of responsibility;

4. Declaration of repentance;
5. Offer of repair; and
6. Request for forgiveness.

2017 Board Meeting Schedule

The Board was provided with the 2017 Board Meeting Schedule – see attached schedule.

Mr. Weinberg asked if there will be a meeting held at the College of Pharmacy?

The EO asked Dr. Ma if the February 16, 2017 meeting can be held at the College of Pharmacy?

Dr. Ma replied yes, she will check with Dr. Gomez.

The EO indicated that the location of the February meeting may be changed to the Gold Bond Building.

Distribution of Updated Versions of HRS' 461 & 328 – Chapter 329

The Board and audience in attendance were provided with the updated versions of HRS' 461, 328 & 329. The updated versions are also posted on the Boards webpage: http://cca.hawaii.gov/pvl/boards/pharmacy/statute_rules/

Correspondence:

Outsourcing Facility Inquiries – Follow-up

Weichen Wang, Fagron

The Chair asked the EO to lead the discussion on a follow-up to an email inquiry from Weichen Wang, Legal Intern with Fagron asking if Hawaii has any state regulations for a registered 503B outsourcing facility that provides non-prescription based sterile compounding drugs to places such as ambulatory surgical centers, hospitals, and physicians' offices. At its August meeting the Board responded to this inquiry by stating that the current pharmacy laws and rules do not address whether an in-state or out-of-state pharmacy can compound a drug for office use and that compounding for office use is not included under the definition of "Practice of pharmacy" under HRS 461-1.

Mr. Wang responded by asking if they should obtain a Pharmacy Miscellaneous Permit in the meantime and only engage in patient-specific compounding or operate as an out-of-state wholesale prescription drug distributor.

After careful consideration and further review of the pharmacy laws and rules the Board by consensus determined the following:

- There is not specific mention of “outsourcing” facilities;
- Compounding falls under the definition of “Practice of pharmacy”;
- An out-of-state pharmacy is required to obtain a Hawaii miscellaneous permit in order to “dispense” a prescription drug, pursuant to a valid, patient specific prescription, to a patient residing in this State; and
- Compounding for “office use” is not specified.

Consequently, based on the above, the Board also determined that pharmacies may only “dispense” a compounded drug pursuant to a valid, patient specific prescription and an out-of-state pharmacy must obtain a Hawaii miscellaneous permit in order to “dispense” a compounded drug pursuant to a patient specific prescription, into this State. If the out-of-state entity is a prescription drug wholesale distributor in their domicile state and is “distributing” drugs into this State to a hospital, pharmacy, physician office or another wholesale distributor, then no license is required as Hawaii does not license out-of-state wholesale distributors.

In accordance with Hawaii Administrative Rules section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

Shaun Noorian, Empower Pharmacy

The Chair asked the EO to lead the discussion on a follow-up to an email inquiry asking the following:

“We recently registered as a 503B Outsourcing Facility and want to send Office Use medications to practitioners in Hawaii. Is there an additional Manufacturer/Wholesaler/Outsourcing Facility license that we need to obtain in your state before we are allowed to ship Office Use medications?”

The Board at its August meeting responded to this inquiry by stating that the current pharmacy laws and rules do not address whether an in-state or out-of-state pharmacy can compound a drug for office use and that compounding for office use is not included under the definition of “Practice of pharmacy” under HRS 461-1. Mr. Noorian responded by asking the following:

“With the passage of the DQSA in 2013 by President Obama it is allowed to dispense compounds for office use by compounding pharmacies registered as a 503B Outsourcing Facility. Since we are registered with the FDA to legally distribute Office Use medications and there is no Hawaii Board of Pharmacy law in place preventing this practice, is it ok if we ship medications for Office Use within your state?”

Ms. Keefe stated her interpretation of the law is if you are a 503B Outsourcing Facility you can do compounding for office use. If you are a 503A, which is what most pharmacies would be, they are not allowed to do compounding for office use. So it appears the Federal law would surpass state law.

The EO stated that some states have it in their practice act that pharmacies can compound for office use. We don't have that. How do the federal regulations affect our state law?

The DAG stated that in the absence of Hawaii having any laws on it, the Federal law would govern. If other states have it in their practice act that they can compound for office use, you would read the state law and federal law together.

The EO asked would that other state then require this pharmacy to register as a 503B Outsourcing Facility?

Ms. Keefe stated the state does not have to require that they register, but if they don't register, then those pharmacies are held to different standards than the registered 503B Outsourcing Facilities and those standards will be more stringent federally.

Mr. Adams stated the federal law is there to protect and we are protecting Hawaii with our laws.

The EO stated right now Hawaii pharmacies are not allowed to compound for office use, and that is a disadvantage for local pharmacies. If we change our practice act to allow compounding for office use, we would have to come up with requirements to ensure patient safety.

After careful consideration and further review of the pharmacy laws and rules the Board by consensus determined the following:

- There is not specific mention of "outsourcing" facilities;
- Compounding falls under the definition of "Practice of pharmacy";
- An out-of-state pharmacy is required to obtain a Hawaii miscellaneous permit in order to "dispense" a prescription drug, pursuant to a valid, patient specific prescription, to a patient residing in this State; and
- Compounding for "office use" is not specified.

Consequently, based on the above, the Board also determined that pharmacies may only "dispense" a compounded drug pursuant to a valid, patient specific prescription and an out-of-state pharmacy must obtain a Hawaii miscellaneous permit in order to "dispense" a compounded drug pursuant to a patient specific prescription, into this State. If the out-of-state entity is a prescription drug wholesale distributor in their domicile state and is "distributing" drugs into this State to a hospital, pharmacy, physician office or another wholesale distributor, then no license is required as Hawaii does not license out-of-state wholesale distributors.

In accordance with Hawaii Administrative Rules section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

FDA Issues Proposals to Implement Statutory Restrictions on Compounding Drugs That Are Essentially Copies of Commercially Available or Approved Drugs

The Chair asked Ms. Keefe to lead the discussion on guidance documents issued by the FDA describing how the FDA would implement provisions of federal law that restrict compounding human drug products that are essentially copies of commercially available or approved drug products. Basically it is saying you are not supposed to compound something that is already made, but you can compound if it's slightly different. So you cannot make an identical or nearly identical product.

Comprehensive Addiction and Recovery Act of 2016

The Chair asked Dr. Ma to read the correspondence put out by the National Association of Boards of Pharmacy ("NABP") about the Comprehensive Addiction and Recovery Act of 2016. The correspondence states:

- On July 22, 2016, in an effort to address the prescription opioid abuse crisis, Senate Bill 524, titled the Comprehensive Addition and Recovery Act of 2016 (Act), was signed into law. The Act amended the Controlled Substances Act to allow a pharmacist to partially fill a prescription for a Schedule II controlled substance (CS), such as prescription opioid painkiller. Whereas previously, according to 21 Code of Federal Regulations §1306.13(a), partially filling a Schedule II CS was only permissible if the pharmacist was unable to supply the full quantity as issued on the prescription and required that the remaining portion be filled within 72 hours.

The Act specifically amends 21 United States Code §829 by adding subsection (f), which allows for the partial filling of a Schedule II CS prescriptions if the following conditions are met:

- It is not prohibited by state law;
- the prescription is written and filled in accordance with federal and state law;
- the partial fill is requested by the patient or the practitioner who wrote the prescription; and
- the total quantity dispensed in all partial fillings does not exceed the total quantity prescribed.

The Act also provides that the remaining portion of a partially filled Schedule II CS prescription may be filled not later than 30 days after the date on which the prescription was written. However, if the partial filling of a Schedule II CS is the result of an emergency situation oral prescription, the pre-existing partial fill time frame of 72 hours after the prescription was issued remains.

As the intent of the law is to decrease the amount of unwanted and unused prescription opioid medications in households across the county, NABP encourages state boards of pharmacy to allow for partial fills as provided for in the Act, NABP is aware that many states mirror federal laws and regulations,

and as such, recognizes that some states may need to amend existing laws and regulations to allow pharmacists to partially fill Schedule II CS prescriptions in line with the new federal provisions. If necessary, NABP Member Relations and Government Affairs staff is available to assist you with this endeavor and can be contacted at GovernmentAffairs@nabp.net.

Dr. Ma asked if anyone knew why a physician would ask for a partial fill?

Ms. Keefe stated maybe if the patient wanted to try the drug first to see if it works for them. A patient may ask for a partial fill if they are paying cash and can't afford all the drugs at this time or if they don't feel they need the entire amount that is being prescribed.

The Chair stated this will be shared with Department of Public Safety, Narcotics Enforcement Division for their information since it is regarding controlled substances.

Naloxone

Overdose Awareness Day

The Chair asked Dr. Takishima-Lacasa to lead the discussion on an email from The C.H.O.W. Project thanking the Board for their support of Act 68, the new Naloxone law that was signed by Governor Ige on July 7, 2016. They are also writing in honor of Overdose Awareness Day with updates on overdose prevention and response efforts. Today, U.S. Health and Human Services announced funding (53 million) to address the opioid epidemic and Hawaii was awarded a Data-Driven Prevention Initiative which will:

- Improve data collection and analysis around opioid misuse and overdose;
- Develop strategies that impact behaviors driving prescription opioid misuse and dependence; and
- Work with communities to develop more comprehensive opioid overdose preventions programs.

Awardees are Alabama, Alaska, Arkansas, Georgia, Hawaii, Idaho, Kansas, Louisiana, Michigan, Minnesota, Montana, New Jersey, South Dakota, and Washington D.C... Lastly the C.H.O.W. Project is happy to announce that it will be officially launching its Naloxone training and distribution program on September 12th. They are also in the process of expanding their Overdose and Naloxone section of their website. Please visit: <http://www.chowproject.org/overdose-naloxone.html> for more information.

Governor of Vermont Orders That Heroin Overdose Drug Be Made Available Across Vermont Without a Prescription

The Board reviewed an article from Vermont Business Magazine titled, "Governor Shumlin announces all Vermont pharmacies can now sell naloxone without a prescription". The article states in part that in the face of a recent spate of heroin overdoses and growing fears that, in addition to fentanyl-laced heroin, a more dangerous

version of the drug called carfentanil is poised to move in the state, Governor Peter Shumlin and Health Commissioner Harry Chen, MD announced today that the Department of Health has issued a standing order for the opioid overdose rescue drug naloxone for all of Vermont. This allows any pharmacy to dispense the life-saving drug to anyone without a prescription.

Rite Aid Pharmacy To Offer Naloxone Without a Prescription in 13 States

The Board reviewed an announcement from Business Wire titled, "Rite Aid Pharmacy To Offer Naloxone Without a Prescription in 13 States". The announcement states in part that Rite Aid announced today that naloxone, a medication that can be used to reverse the effects of an opioid overdose, is now available at their pharmacies in 13 states without a prescription, subject to state regulations.

CVS Health Makes Overdose Reversal Drug Available Without a Prescription in Colorado

The Board reviewed a CVS Health announcement that the opioid overdose-reversal medication naloxone is now available without a prescription at all CVS Pharmacy locations in Colorado. CVS Health has established a standing order with physicians in Colorado that allows CVS Pharmacy to expand access to the medication across the state.

Fred's Pharmacy Assist in Fight Against Opioid Overdose by Offering Naloxone

The Board reviewed an announcement from Fred's Pharmacy that states they will have opioid overdose antidote readily available in select southeastern states.

NACDS, NFID Partner to Offer Webinar for Pharmacists on Preteen and Teen Vaccinations

The Chair announced that the National Association of Chain Drug Stores (NACDS) is collaborating with the National Foundation for Infectious Diseases (NFID) to present a live webinar, "Vaccines for Preteens and Teens: The Importance of Timely Vaccinations for All Adolescents" on Tuesday, August 23, at 12:00 noon. One hour of CE credit will be available for this program, which is ACPE accredited. Following the live webinar, the program will be available on NACDS' and NFID's web portals as enduring education.

FDA Approves Erelzi, a Biosimilar to Enbrel

The Board reviewed a press announcement that the FDA approves Erelzi for multiple inflammatory diseases, Erelzi is a biosimilar to Enbrel, which was originally licensed in 1998.

“Foreign” Prescriber – Can Hawaii Pharmacist Fill Prescription if Transferred by an Out-of-State Pharmacy?

The Chair lead the discussion on the following email inquiry:

“I understand that Hawaii doesn't allow prescriptions written from a foreign prescriber. However, if a prescription was entered into a pharmacy system by a state that DOES allow foreign prescriptions, and then transferred to a pharmacy in Hawaii, would the prescription be legal to fill?”

The Chair asked the members for their recommended response to the inquiry.

Dr. Ma stated the she did not believe a pharmacist would be able to fill the prescription from a foreign prescriber.

Ms. Keefe stated that initially she though so too, however, changed her mind when she found that Arizona, Florida, Maine, North Dakota, Texas, Vermont and Washington accepted prescriptions from foreign prescribers. She stated that since they were “registered” in another state, then the prescription would be acceptable here.

The EO asked what do you mean by they are registered in that state?

Ms. Keefe stated it would be her responsibility as a pharmacist to make sure that prescriber is registered in that state.

The EO stated if they are registered in that state, then they are an out-of-state practitioner, not a foreign practitioner.

The EO clarified that the definition of out-of-state practitioner in HRS 328 refers to a practitioner authorized to prescribe drugs under the laws of any state of the United States so not sure a “foreign” practitioner is “authorized” in another state to prescribe drugs just because a pharmacy is able to fill their prescription. She also asked if “registered” means that the prescriber was “authorized” to prescribe?

Mr. Parriott stated that foreign practitioners do not have an NPI or DEA number so the prescriptions may not meet the requirements of an electronic prescription in HRS §328-16(c)(1)(C) and §328-17.6.

Ms. Keefe asked how would you validate an out-of-state practitioners license?

The Chair stated normally you would check that state board’s webpage.

There being no further discussion, it was the consensus of the Board that Hawaii’s pharmacy laws and rules do not allow a Hawaii pharmacist to fill a prescription from a practitioner who is not authorized to prescribe drugs under the laws of another state of the United States.

In accordance with Hawaii Administrative Rules section 16-201-90, the above interpretation is for informational and explanatory purposes only. It is not an official opinion or decision and is thus, not binding upon the Board.

APRNs Prescribing

The Chair asked Dr. Ma to lead the discussion on an email from Planned Parenthood of the Great Northwest and the Hawaiian Islands that states they have been having difficulties in getting prescriptions filled by out-of-state Advanced Practice Registered Nurses.

The Chair reminded the Board and audience in attendance that HRS 328 now includes APRNs under the definition of “out-of-state practitioner” so pharmacies may fill prescriptions from out-of-state APRNs with prescriptive authority.

Mr. Smith stated he has some firsthand knowledge of this. What is happening is a patient from Hawaii is wanting to use APRN services, they set up a video conference where they are able to get prescriptions from an out-of-state APRN. This process has been going on for at least a year, so before the law was enacted. Now that law has passed and there has been no communication either way and they are probably just trying to communicate to these pharmacies through the Board. Now when we receive these electronic prescriptions, all we see is that it is an electronic prescription from an out-of-state APRN and we do not know that this is from Planned Parenthood of Hawaii. However, there does need to be some pro-activeness on both sides to let the pharmacies know that they can fill those prescriptions now.

The EO stated just to clarify, not all APRNs have prescriptive authority. For Hawaii, you can check online at: <https://pvl.ehawaii.gov/pvlsearch/> if they have a “special privilege” under their APRN license for prescriptive authority. If you check online and there is nothing under “special privilege” then they do not have prescriptive authority. So not all APRNs have prescriptive authority. For an out-of-state APRN that is where it may get a little complicated for the pharmacist to check because some states have prescriptive authority some don't, and some have prescriptive authority with a collegial working relationship with a licensed physician. So unlike MD's, APRNs have different levels of licensure depending on the state. Most states you can verify someone's license online. Also there is a site called NURSYS.com under the National Council of State Boards of Nursing, and you can verify someone's license there as well.

After further discussion, the Board will be creating a guidance document for pharmacists for filling prescriptions from out-of-state APRNs, and once complete it will be posted on the Board's webpage.

Executive Session:

At 10:43 a.m. upon a motion by Mr. Weinberg, seconded by Dr. Takishima-Lacasa, it was voted on and unanimously carried to move into Executive Session in accordance with HRS, 92-5(a)(4), “To consult with the board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities”.

At 10:49 a.m. upon a motion by Mr. Weinberg, seconded by Dr. Ma, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification List

Upon a motion by Dr. Ma, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the attached ratification lists.

Miscellaneous Pharmacy Permits (PMPs)

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the following:

ReCept Pharmacy, LP

Next Meeting:

The Chair announced the next Board meeting as October 20, 2016 and asked if everyone was available.

Dr. Ma, Dr. Takishima-Lacasa and the Vice Chair cannot attend the October 20, 2016 meeting.

The Chair stated the next Board meeting is tentatively scheduled as October 25, 2016

October 25, 2016 - Tentative

9:30 a.m.

King Kalakaua Conference Room – New Location

King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 10:55 a.m.

Taken and recorded by:

Reviewed and approved by:

/s/ Lisa Kalani
Lisa Kalani, Secretary

/s/ Lee Ann Teshima
Lee Ann Teshima, Executive Officer

9/22/16

Minutes approved as is.

Minutes approved with changes; see minutes of _____

LTYPE	LIC NUM	BP NAME PART 1
PH	4058	AMY L <HALL<
PH	4059	MELISSA A <BUMGARDNER<
PH	4060	KASIA L <QUINTAL<
PH	4061	JOSON A <PERREIRA<
PH	4062	GWYNNE H <PALACIO-MANZANO<
PH	4063	THUY-TIEN T <PHAM<
PH	4064	ALLEN J <BAGALSO<
PH	4065	TINA <LIU<
PH	4066	JACK W <HO<
PH	4067	MELISSA K <IIDA<
PH	4068	MINHHANG Q <MUI<
PH	4069	DANIEL S <DISTEFANO<
PH	4070	ALYSSA K <ONGJOCO<
PH	4071	MOANI-LEHUA C <HAGIWARA<
PH	4072	MAHLET <AKLILE<
PH	4073	DREANA R I <VALENCIANO<
PH	4074	SUBRAMANIAM <RAMACHANDRAN<
PH	4075	MEGAN R <MCKENZIE<
PH	4076	NATALIE Y <FUKUHARA<
PH	4077	MATTHEW L <DEVINE<
PH	4078	DEBORAH <HANSON<
PH	4079	ALYCIA M <HATASHIMA<

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN		
				ST	BUSN ZIP	BP NAME PART 1
PMP	1310	133 ARCH ST #7	REDWOOD	CA	94062	MOBIMEDS INC
PMP	1311	12 PLYMOUTH ST #100	WORCESTER	MA	01608	ALLCARE PHARMACY LLC
PMP	1312	7 CEDAR GROVE LN STE 24	SOMERSET	NJ	08873	MALANDA INC

BOARD OF PHARMACY
September 15, 2016 Ratification List

Miscellaneous Permits (PMP)

Change of PIC

Anovorx Group LLC (PMP-883)

1710 N Shelby Oaks Dr. Ste. 1

Memphis, TN. 38134

New PIC: E. Nelson Burford

Effective: 9/1/16

HIS Acquisition XXX Inc. dba US Bioservices (PMP-290)

109 Chelsea Pkwy.

Boothwyn, PA. 19061

New PIC: Andrew Wee

Effective: 8/1/16

Central Admixture Pharmacy Services Inc. (PMP-108)

10370 Slusher Dr. Unit 6

Santa Fe Springs, CA. 90670

New PIC: Bill Chun-Wei Chen

Effective: 8/31/16

The World Health Clinicians Inc. dba Circle Care Center Pharmacy (PMP-947)

618 West Ave.

Norwalk, CT. 06850

New PIC: Ranjeeta Mhatre

Effective: 5/13/16

Family LTC Pharmacy Inc. (PMP-1120)

1049 Brookdale St. Ste. B

Martinsville, VA. 24112

New PIC: Anquintarr Woodruff

Effective: 8/22/16

Martinsville Family Pharmacy (PMP-1104)

1049-A Brookdale St.

Martinsville, VA. 24112

New PIC: Anquintarr Woodruff

Effective: 8/22/16

Synergy Pharmacy LLC (PMP-1271)

101-E G T Thymes Dr.

Starkville, MS. 39759

New PIC: Crandall S. Hayes

Effective: 9/9/16

Express Scripts Pharmacy Inc. dba Express Scripts (PMP-954)

5151 Blazer Pkwy. Ste. B
Dublin, OH. 43017
New PIC: Jennifer Moore-Flowers
Effective: 9/2/16

Name/Trade Name Change

IHS Acquisition XXX Inc. dba TheraCom (PMP-870)

345 International Blvd. Ste. 200
Brooks, KY. 40109
Effective: 9/1/16

Puna Plantation Hawaii LTD dba KTA Waikoloa Village Pharmacy (PHY-834)

68-3916 Paniolo Ave.
Waikoloa, HI. 96738
Effective: 9/1/16

National Pharmaceutical Network Inc. dba EntrustRx (PMP-917)

4284 New Getwell
Memphis, TN. 38118
Effective: 8/29/16

Relocation

Carepoint Healthcare LLC dba Carepoint Pharmacy (PMP-1287)

9 E Commerce Dr.
Schaumburg, IL. 60173
Effective: 8/1/16

Closure/Cancellation

Rx Pros Inc. dba Sterlington Village Pharmacy/Aspire Rx (PMP-924)

10374 Hwy 165 N Ste. C
Sterlington, LA. 71280
Effective: 8/15/16

OptumRx Home Delivery of Illinois LLC dba OptumRx of Illinois (PMP-1266)

2441 Warrenville Rd. 5th Flr.
Lisle, IL. 60532
Effective: 9/13/16

OptumRx of Ohio (PMP-586)

33381 Walker Rd.
Avon Lake, OH. 44012
Effective: 10/3/16

The Medicine Store Pharmacy Inc. dba Rxpress Pharmacy (PMP-1045)

1000 W Weatherford St. Suite 200
Fort Worth, TX. 76102
Effective: 9/1/16

Pharmacy (PHY)

Name/Trade Name Change

Wal-Mart Stores Inc. dba Wal-Mart Pharmacy 10-3149

1032 Fort St. Mall

Honolulu, HI. 96813

Effective: 8/22/16