

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

MINUTES OF MEETING

Date: Tuesday, February 16, 2017

Time: 9:00 a.m.

Place: **The Daniel K. Inouye College of Pharmacy
677 Ala Moana Blvd., Suite 1025 – New Location
Honolulu, Hawaii 96813
AND
The Daniel K. Inouye College of Pharmacy
at the University of Hawaii at Hilo, Classroom I
722 South Aohoku Street
Hilo, Hawaii 96720**

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

Members 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: Wesley Sumida, Daniel K. Inouye, College of Pharmacy
Ted Sakai, Pu'ulu Lapa'au
Pajnhag Real, Pu'ulu Lapa'au
Susie Murphy, Pu'ulu Lapa'au
Kris Bjordson, Pu'ulu Lapa'au
Kellie Noguchi, Times
Dean Yamamoto, Dept. of Public Safety Narcotics Enforcement Div.
Steven Sedenio, Dept. of Public Safety Narcotics Enforcement Div.
Paul Smith, Walgreens
Fred Cruz, CVS Caremark
Tiffany Yajima, Ashford & Wriston LLP
Stacy Pi, Kaiser Permanente
Catalina Cross, Times
Jennifer Schofield, Times
Heidi Muniz, Walgreens

Leanne Drusen, Daniel K. Inouye, College of Pharmacy
Angela Nguyen, Daniel K. Inouye, College of Pharmacy
Zi Zhang, Daniel K. Inouye, College of Pharmacy

Guests from the Daniel K. Inouye UH Hilo College of Pharmacy ("DKICP") via webcast: See attached list.

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 9:10 a.m. and excused Dr. Chock and the Vice Chair from today's meeting.

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

The Chair welcomed the students and Dr. Ma via live feed from the class of the Daniel K. Inouye College of Pharmacy and asked the audience at the Honolulu location to introduce themselves, including Dean Yamamoto, Special Agent, Department of Public Safety, Narcotics Enforcement Division.

Approval of the Previous Minutes – January 24, 2017 Meeting

The Chair called for a motion in regards to the minutes of the January 24, 2017 meeting.

There being no discussion, upon a motion by Mr. Weinberg, seconded by Dr. Takishima-Lacasa, it was voted on and unanimously carried to approve the minutes for the January 24, 2017 meeting as circulated.

Presentation by Pu'ulu Lapa'au

Mr. Sakai introduced himself and the other members of the staff at Pu'ulu Lapa'au as Ms. Real, Ms. Murphy, and Dr. Bjordson. Pu'ulu Lapa'au is a 501c3 non-profit corporation that exists for the purpose of monitoring healthcare providers who may get in trouble with issues such as substance abuse, disruptive behaviors, and medical conditions which may indicate that they may not be safe to practice their particular profession. At this time they presented a Power Point presentation.

Ms. Real at this time shared with the audience why she joined Pu'ulu Lapa'au. She stated that while in pharmacy school she suffered from depression, and in her entire class she had only one real friend. This friend suffered from a seizure disorder, but she was always so empathetic to Ms. Real's depressive episodes. This friend got Ms. Real through all four years of pharmacy school, she was her best friend. They would often daydream about working at the local drugstore, meeting a nice boy and having beautiful babies. After pharmacy school her best friend stayed in the mid-west and worked at the

local drugstore and Ms. Real after doing her residency, moved to Hawaii where she did end up meeting a nice boy and having a beautiful baby. Her best friend during this time had developed chronic pain on top of her seizure disorder. She tried to tell her managers that she could not work eleven days in a row, but they continued to schedule her and this went on for a long time. The last time Ms. Real saw her best friend she had lost her job for stealing narcotics. Her license was pending and she did not know what to do as she waited for the board of pharmacy to determine her fate. She became more and more withdrawn and depressed. Her parents found her dead six months later, she was thirty-two years old. Upon hearing of her death, Ms. Real was in shock and despair, she felt guilty and for leaving her behind and for living a life that was more fulfilling than anything they had dreamed of. Ms. Real stated she used to have nightmares where she would be with her best friend and all of a sudden she would interrupt her and ask her if she knew she was dead. There is a Buddhist principal called "Changing Poison into Medicine" and she did not want her best friend's life to be another sad story of addiction. She wanted her life to be a limitless source of inspiration, and when she was asked to join Pu'ulu Lapa'au, she felt that this was a direct call to action that she had been waiting for and she has been on the board ever since. Ms. Real stated that she urges you to always take care of yourself, and each other. You may not need help today, but if you or someone you know ever does need help, please know that yes, despair is blinding, but even a sliver of hope will lead you to overcome it.

Dr. Bjordson spoke at this time. He stated that Pu'ulu Lapa'au services mainly substance abuse disorder. Their contracts are usually five years long and very stringent, but their success rates are very good.

Ms. Keefe asked if during this process, is the individual still employed?

Dr. Bjordson stated it depends on the circumstance, but about 80% of them are still employed.

Mr. Sakai stated every participant that comes to Pu'ulu Lapa'au has to enter into an agreement with them. In the agreement they agree to things such as drug screening, attending regular meetings, etc. Also as part of the agreement, they sign a waiver of confidentiality, so they could share information. For example if it was a pharmacist, they could share information with the Board of Pharmacy. We want to advocate for the pharmacist, because we want to believe that everyone who comes to us can safely practice.

Ms. Keefe asked if employers are also involved?

Dr. Bjordson stated probably half of the people referred to them are by the employer.

Mr. Weinberg asked as an organizations, what kind of support would you like to receive that you are not receiving now?

Dr. Bjordson stated what they need from the employer is “teeth”. They are not a regulatory agency so they are only as strong as the support or back-up they receive.

Mr. Weinberg asked how frequent are contracts broken?

Dr. Bjordson stated it is pretty rare that they are broken.

The Chair asked if your clients are mainly on Oahu?

Dr. Bjordson stated they have several from the neighbor island and also out-of-state.

Ms. Cross stated at Times they have a program called “Employee Assistance Program” or “EAP” that is confidential and funded by the company. It allows employees to reach out for assistance. Does Pu’ulu Lapa’au work in conjunction with them or do you receive referrals for support?

Dr. Bjordson stated they encourage employers to use their EAP first, because they see Pu’ulu Lapa’au as a last line. However, if they fall short of EAP and are still not functioning well, then they could be referred.

Mr. Sakai stated they have been talking about the monitoring they provide, but another service they provide is educational programs. What they do is they have the consultants who are on contract with them develop a presentation that is accredited so the attendees can receive credit.

Dr. Takishima-Lacasa asked in addition to your contracts with hospitals, and employer referrals, could the licensing boards refer to you when disciplinary actions come up?

Dr. Bjordson replied yes, and that their relationship with the Hawaii Medical Board has become much better over the years.

Special Agent Yamamoto asked if you take referrals from law enforcement? The reason behind this question is sometimes arrest is not always the correct avenue. Over the years there have been more arrest of professionals whether it be doctors, nurses, dentist, etc. that are not the drug dealers, they just need help, and although it may not solve the law enforcement problem that they are in, a referral could get them the help they need.

Mr. Sakai stated if you encourage them to seek Pu’ulu Lapa’au’s services, they most likely will.

The EO stated you mentioned that you work with the Hawaii Medical Board. Would this be for instances when the board is looking at a new applicant who may have indicated that they had a problem with addiction who the board would consider issuing a license with conditions that they be monitored?

Dr. Bjordson stated yes, the typical case would be someone who is seeking a new license or in the process of renewing a license.

The EO stated you mentioned five year contracts, can that be shortened or extended?

Dr. Bjordson stated when talking about the length of the contract, five years is really the minimum. There is a possibility of shortening the contract if they do really, really well, and we may also extend the contract if they miss meetings or a screening or of course if they relapse. It would depend on the circumstances.

Mr. Weinberg asked how do you measure your success?

Mr. Sakai stated we feel we are underutilized which is why we are reaching out to boards like this today. We also have to consider our resources when expanding.

The EO stated the Board of Nursing has a separate statute for a diversion program and the Board of Pharmacy has been looking at that to see if they could adopt the same language. Do you also work with the Regulated Industries Complaints Office ("RICO")?

Dr. Bjordson stated typically the request would come from the Hawaii Medical Board, but yes they have worked with RICO also.

The Chair thanked the staff from Pu'ulu Lapa'au for presenting today.

Executive Officer's
Report:

Conferences/Seminars/Meetings

NABP's 113th Annual Meeting – May 20-23, 2017, Orlando, Florida

The EO reported that Ms. Keefe will be attending

ACPE Evaluation Team Site Visit at the University of Hawaii Daniel K. Inouye,
College of Pharmacy, March 7-9, 2017, Hilo, Hawaii

The EO reported the Chair will be attending.

MPJE Item Development Workshop, March 14-16, 2017, Northbrook, Illinois

The EO reported the Chair will be attending.

Professional Development

None.

2017 Legislative Session

The Board reviewed the following bills:

HB 1406/HB 1406, HD1 Relating to the Practice of Pharmacy – Amends the definition of “Practice of pharmacy”.

The EO reported this bill was referred to the Health, Judiciary, and Finance Committees on the House side. This was a triple referral bill. That means by tomorrow it has to be in the Finance Committee or it will not move forward, but it can't be in the Finance Committee by tomorrow because Judiciary has not heard the bill yet. It was only heard by Health. So it is now basically dead. However, it could be resurrected if it is re-referred and they remove the Finance Committee referral, then it has more time for Judiciary to schedule a hearing. Or, they could take another bill and place this language in it.

HB 156 Relating to Reimbursement of Pharmacists – Requires insurers, mutual and fraternal benefit societies, and health maintenance organizations to recognize services provided by pharmacists.

The EO reported this is also a triple referral bill. However at its first hearing, the House Health Committee deferred this measure indefinitely, which means it is not moving forward. The EO does not believe this issue is dead, so she needs the Board to review the testimony that was submitted. That way should this be introduced again next session, you can be prepared to address any concerns that were raised.

HB 676/HB 676, HD1/SB514 Relating to Health - Authorizes pharmacists to prescribe and administer the human papillomavirus vaccine to persons between eleven and seventeen years of age. Specifies requirements pharmacists must meet prior to administering the human papillomavirus vaccine.

The EO reported HB 676 was passed with amendments by the House Health Committee. The three amendments were:

1. Authorizing pharmacists to administer the meningococcal vaccine, influenza vaccine, tetanus, diphtheria and pertussis vaccine, in addition to the human papillomavirus vaccine, to individuals aged eleven to seventeen;
2. Changing its effective date to July 1, 2090, to encourage further discussion; and
3. Making technical nonsubstantive amendments for the purpose of clarity and consistency.

The EO stated when they change the effective date to a date this far in the future, it is to encourage discussion, but to keep the bill alive.

Mr. Weinberg stated he prefers the doctors administering and talking with the patients.

The EO stated that will still happen. For clarification, if a pharmacist is going to administer a vaccine or immunization to a minor, they need a patient specific prescription from the patients' medical home. This would mean the patient was seen by their practitioner and was given a prescription to get this vaccine or immunization. Under no circumstances was that waived or removed. The pharmacist is not prescribing it, they are only administering.

Dr. Ma stated the reason Department of Health ("DOH") amended the bill is because those four vaccines are usually given together for that age group and they did not want the other three vaccines left out, so that is why they bundled those four vaccines together. DOH has continued to have a lack of manpower to cover that age group, so that is why they would advocate for pharmacists to do this.

Mr. Weinberg stated a lot of it is the public's perspective. If you go into a doctor's office and they give you something, it is different than if a pharmacist comes out from behind the counter and says they will be with you in a moment they have to give a shot first. Things have more credibility if they come from a medical doctor.

The Chair stated this bill is allowing pharmacists to administer these vaccines and lowering the age to eleven, it does not take out their pediatrician or primary care provider from the picture. They would still need to see their physician to get that prescription to take to the pharmacy for that pharmacist to administer. They are still going to their medical home for care.

The EO stated she went through the testimony and made a summary of excerpts from those in support as well as those in opposition to see what the concerns were. At the hearing she was asked if pharmacists are trained to provide emergency services in the case of adverse effect. The EO told them that pharmacists are trained for emergency service during the immunization training, and to also call 911.

The Chair stated after reading some of the testimony, she saw that there were concerns about the training, that it was not adequate for pharmacists to safely administer. However the training that most pharmacists go through is with the American Pharmacists Association ("APHA"), is accredited by the Accreditation Council for Pharmacy Education ("ACPE") and supported by the Centers for Disease Control ("CDC"). The CDC has written letters commending APHA for this program. The other testimony she read was not necessarily about the pharmacist safely administering the vaccine, but about the safety of the vaccine itself.

Dr. Ma stated another issue that has come out was the question of the pharmacist sending notification back that the vaccination had been given. Right now with the vaccine registry it is easier than it was before. The other discussion was regarding the bundling of the four vaccines, and if the community pharmacies handle the load if this should pass.

Ms. Cross stated Times can handle it.

Mr. Smith stated Walgreens can handle it.

There being no further discussion, the Board by consensus is in support.

SB 187 Relating to Pharmacists - Authorizes pharmacists to practice clinical pharmacy, including providing patient care services. Defines "clinical pharmacy agreement", "patient care services", and "practice of clinical pharmacy". Requires all insurers in the State, including health benefit plans under chapter 87A, Hawaii Revised Statutes, and medicaid managed care programs, to reimburse pharmacists who provide patient care services.

The EO reported this bill was referred to the Senate Consumer Protection and Health Committee and to the Senate Ways and Means Committee, although it does not have appropriations.

Ms. Keefe stated on page five, line nine of the bill it says, ..."(3) In a setting located in a health professional shortage area as defined in section 332 of the Public Health Service Act, medically underserved area, or medically underserved population..." Does this mean everyone is included, or only those in underserved areas?

The Chair stated she believes it is any pharmacist providing patient care services.

Dr. Takishima-Lacasa stated we know that there are shortages across the state, even in Honolulu, but they may not be federally designated as underserved areas. I think the language is a way of emphasizing a certain benefit this bill would provide.

There being no further discussion, the Board by consensus is in support. However the Board believes that all residents of the state deserve the same services regardless of where they reside.

HB 675/SB 513 Relating to Contraceptive Supplies - Authorizes pharmacists to prescribe and dispense self-administered hormonal contraceptive supplies to patients, regardless of a previous prescription from an authorized prescriber. Specifies requirements pharmacists must meet prior to prescribing and dispensing contraceptive supplies.

The EO reported it is only one referral for SB 513 and a double referral for HB 675. This is the same bill that came up last year and there was no opposition on it then, but it did not pass. The Board supported last year with clarification on the training component.

Mr. Weinberg stated he believes you still need to have a doctor involved.

The Chair stated the patient would have to have evidence that they have been seen by a practitioner.

There being no further discussion, the Board by consensus is in support.

HB 370 Relating to Pharmacy - Requires outsourcing facilities to obtain a permit from the Board of Pharmacy before providing medications to healthcare providers.

The EO reported this bill has not been scheduled for hearing yet. It was referred jointly to the House Committee on Health and the House Committee on Interstate Commerce, and also to the House Consumer Protection & Commerce Committee, so it is considered a double referral. Should this bill be heard, is the Board okay with the way it is written, or did you want to add requirements for outsourcing facilities? For example, should they be a pharmacy? Do outsourcing facilities apply to animal drugs?

Ms. Keefe stated it is only for human drugs.

The Chair stated the outsourcing facility should be a pharmacy.

There being no further discussion, the Board by consensus is in support, however would require that the outsourcing facility hold a pharmacy license.

SB 191 Relating to Health Care Practitioner Transparency - Requires advertisements for health care services that name a health care practitioner to identify the type of license held by the health care practitioner and be free of deceptive and misleading information. Requires health care practitioners to conspicuously post and affirmatively communicate the practitioner's specific license and related information.

The EO reported she is tracking this bill only and will report to the Board.

HB 527/SB 347 Relating to Mobile Clinics - Appropriates funds for establishing, staffing, and operating two mobile clinics to serve the homeless population.

The EO reported she is tracking these bills only and will report to the Board.

SB 357 Relating to Aid in Dying - Authorizes a terminally ill adult with the capacity to make an informed health care decision to request a prescription for aid in dying medication from their attending physician to facilitate a peaceful death. Establishes that an attending physician determines a terminally ill adult's capacity to make an informed health care decision. Establishes that medical aid in dying does not constitute euthanasia, suicide, homicide, elder abuse or neglect, or cause a person to be considered a danger to self. Protects physicians who assist patients in obtaining aid in dying medication from civil or criminal liability. Makes it a felony to coerce an individual to request medication for the purpose of ending his or her life or to conceal a rescission of such request.

The EO reported she is tracking this bill only and will report to the Board.

HB 150 Relating to End of Life Option - Establishes a person's ability to choose the End of Life Option when afflicted with a terminal illness; provides safeguards for the affected person; and repeals penalties for participating in the End of Life Option Act.

The EO reported she is tracking this bill only and will report to the Board.

HB 197/SB 1080 Relating to Administering, Dispensing, or Prescribing Narcotic Drugs for Use in Maintenance or Detoxification Treatment to a Narcotic Dependent Person - Clarifies that treatment drugs such as suboxone may be used in the maintenance or detoxification of narcotic dependent persons.

The EO reported she is tracking these bills only and will report to the Board.

SB 190 Relating to the Controlled Substances Act - Amends Hawaii's controlled substances act to mirror federal regulations, which permit qualified practitioners to administer, dispense, and prescribe any schedule III, IV, or V narcotic drug approved by the Food and Drug Administration for use as a detoxification treatment or maintenance treatment; provided the practitioner complies with specific federal requirements.

The EO reported she is tracking this bill only and will report to the Board.

HB 797 Relating to Pharmacists - Authorizes pharmacies to dispense controlled substances, other than Schedule II substances, without an authorization to refill a prescription under limited conditions.

The EO reported she is tracking this bill only and will report to the Board.

HB 667/SB 505 Relating to Health - Requires an opioid therapy informed consent process agreement to be executed between a patient and any prescriber of opioids within the State under certain conditions. Requires the administrator of the narcotics enforcement division to develop and make available a template of an opioid therapy informed consent process agreement for use in the State. Specifies the contents of the template. Limits initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

The EO reported she is tracking these bills only and will report to the Board.

HB 1131/SB 997 Relating to the Uniform Controlled Substances Act - Updates chapter 329, Hawaii Revised Statutes, to include emergency scheduling as required under section 329-11 incorporating amendments made to the federal Controlled Substance Act.

The EO reported she is tracking these bills only and will report to the Board.

HB1132/SB 998 Relating to the Uniform Controlled Substances Act – Updates chapter 329, Hawaii Revised Statutes as follows: amends sections 329-16 and 329-38(f) to be consistent with federal law which allows prescribing authorization of drugs including buprenorphine and naloxone to patients undergoing detoxification treatment and maintenance treatment by practitioners who are properly registered. Requires that the collections of fines under section 329-49 be deposited into the State controlled substance registration revolving fund under section 329-59 to support the program.

The EO reported she is tracking these bills only and will report to the Board.

HB 666/SB 504 Relating to Controlled Substances - Limits initial prescriptions for opioids and benzodiazepines to a maximum of seven consecutive days.

The EO reported she is tracking these bills only and will report to the Board.

HB 1316/SB 868 Relating to the Uniform Controlled Substances Act - Amends Hawaii's controlled substances act to mirror federal regulations, which permit qualified practitioners to administer, dispense, and prescribe any schedule III, IV, or V narcotic drug approved by the Food and Drug Administration for use as a detoxification treatment or maintenance treatment; provided the practitioner complies with specific federal requirements.

The EO reported she is tracking these bills only and will report to the Board.

HB 767/SB 384 Relating to Prescriptive authority for Certain Clinical Psychologists - Authorizes and establishes procedures and criteria for prescriptive authority for clinical psychologists who meet specific education, training, and registration requirements, including requiring prescribing psychologists to adhere to all applicable statutory regulations. Requires the board of psychology to report to the legislature prior to the regular session of 2021. Effective July 1, 2018. Sunsets August 31, 2025.

The EO reported she is tracking these bills only and will report to the Board.

SB 223 Relating to Naturopathic Medicine - Authorizes a naturopathic physician to prescribe controlled substances that are consistent with naturopathic medical practice. Clarifies that narcotic drugs shall not be included within the naturopathic formulary.

The EO reported she is tracking this bill only and will report to the Board.

HB 1299/HB 1299, HD1 Relating to Health - Authorizes a pharmacy to provide a customized patient medication package to any patient of an institutional facility or any member of the general public, subject to certain conditions.

The EO reported she is tracking these bills only and will report to the Board.

HB 1444/HB 1444, HD1/SB 1158 Relating to Pharmacy Benefit Managers - Requires pharmacy benefit managers to register with the insurance commissioner.

The EO reported she is tracking these bills only and will report to the Board.

Correspondence:

National Association of Boards of Pharmacy **NABP)**

The Chair reported on the following:

State News Roundup, January 2017

- Arizona Governor Signs Executive Order Limiting Initial Fill of Opioid Prescriptions

Arizona passes law to limit the initial fill of a prescription for an opioid to no more than 7 days and to limit all initial and subsequent opioid prescriptions for minors to no more than 7 days except for the case of cancer, other chronic disease, or traumatic injury.

➤ Minnesota Provides Update on Proposed Work Condition Rules

The Minnesota Board of Pharmacy anticipates new rules to go into effect on July 1, 2017 that would prohibit pharmacies from requiring pharmacists, pharmacy technicians and pharmacy interns to work more than 12 continuous hours per day; require pharmacies to allow 30 minute breaks if they work longer than 6 hours and require pharmacies to allow these individuals “adequate time from work within each four consecutive hours of work to utilize the nearest convenient restroom”. Pharmacies will be allowed to remain open while a pharmacist is on break, provided certain conditions are met.

The EO stated that it was disconcerting to her that Boards of Pharmacy had to include that pharmacists must take breaks (lunch and bathroom) and what she considers other labor law issues in the pharmacy practice act and that employers need to realize the pharmacists’ workload issues and perhaps this should be referred to the Laws and Rules Committee.

Special Agent Yamamoto stated coming from a law enforcement aspect, some of the recent cases he has been working on, there are some pharmacies where staff has been scaled back and more demands have been put on the pharmacists, where they do not have a break during the day to even use the restroom or eat lunch. The reason law enforcement would be concerned about this is that drugs are still going out and inevitably mistakes will be made because of the workload and strain on the staff.

➤ Nevada Adopts Regulations Related to Pharmacists Dispensing Opioid Antagonists

Nevada pharmacists are allowed to dispense an opioid antagonists, in compliance with regulations developed by the Board of Pharmacy, to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist such a person without a prescription. According to NAC 639.

➤ North Carolina Requires Proper Identification of Compounding Risk Levels and Notification to the Board

Pharmacies that hold a permit from the North Carolina Board of Pharmacy and engage in compounding are required to notify the North Carolina Board of Pharmacy of whether the pharmacy engages in nonsterile or sterile compounding, how much of the pharmacy’s dispensing involves compounded products and what risk level of sterile compounding the pharmacy performs.

➤ North Carolina Board Proposes Amendments to Rule Governing Licensure by Examination

North Carolina Board of Pharmacy proposed amendment to admin rule to codify a cap on the number of attempts a candidate can take the NAPLEX and MPJE to five attempts. NABP established five attempts as the default limit to ensure test integrity, etc.

➤ North Carolina Board Proposes New Rule Requiring an NABP e-Profile ID
Also being proposed by the North Carolina Board of Pharmacy admin rules would require all licensees to obtain a NABP-e-Profile ID and report it to the North Carolina Board of Pharmacy. The e-Profile ID is a unique identifier that allows the Board to ensure accurate information and collection of licensure, disciplinary action, inspection, and other information in a secured electronic profile.

➤ Washington Proposes New Rule Regarding Continuity of Care Refills During a Proclaimed Emergency
The Washington Board of Pharmacy Quality Assurance Commission has proposed a new rule to address patients' access to medication during a governor proclaimed emergency to allow licensed pharmacists to use their professional judgment while providing prescription refills for legend drugs, maintenance medication and certain controlled substances to patients who are displaced and whose access to their medications is disrupted in a declared emergency. Under the existing rule, pharmacists may dispense a 72-hour supply if the patient's prescription is expired or if refill authorization cannot be obtained by the prescriber, this rule does not address refills when patients are displaced from their homes or pharmacy services for longer periods during a major declared emergency. As a result, a new emergency rule was drafted and adopted in September 2015 and subsequently readopted three additional times. The Commission determined that rulemaking was needed to provide consistent and enforceable standards instead of having to adopt emergency rules each time a governor-declared emergency occurs.

➤ Washington Commission Issues Emergency Rules Regulating Hospital Pharmacy Associated Clinics
Legislation enacted in March 2016 created a new emergency rule requirement for allowing individual practitioner offices and multipractitioner clinics owned and operated by a hospital to be added to the hospital pharmacy license.

ACLS Training Center, "The Effects of Illegal Drugs on the Heart"

The Chair asked Ms. Keefe to lead the discussion on an email asking if the Board would consider posting on its webpage an article titled "The Effects of Illegal Drugs on the Heart" from the ACLS Training Center. The article talks about illegal drug abuse and addiction and the resulting heart complications or problems that occur.

The Board by consensus agreed to request that the article be posted on its webpage.

“Preventing Medication Errors in the Retail Setting: What Pharmacists Should Know, do, and Say” – Free Webinar from Georgia Pharmacy Association for Georgia Pharmacists and Technicians

The Chair asked Ms. Keefe to lead the discussion on an email asking if the Board would be interested in a free webinar from the Georgia Pharmacy Association developed in Georgia in response to an article in the Chicago Tribune titled “Pharmacists miss half of dangerous drug combinations”. The email states that this article is a wake-up call to the profession and we simply cannot let this happen here.

Therapeutic Equivalence of EpiPen Auto-Injector and Mylan’s Authorized Generic

The Chair asked Dr. Ma to lead the discussion on a letter received from Mylan Specialty informing the Board of its authorized generic version of the EpiPen Auto-Injector that is being offered at a significantly reduced price from the branded product (more than 50% lower). Like all generics, the EpiPen authorized generic isn’t what some would call a “true” generic; it isn’t approved under its own application and listed individually in the Orange Book with an “A” rating reflecting an FDA determination that the product is therapeutically equivalent to the branded product. That’s because the authorized generic isn’t a generic copy of the EpiPen Auto-Injector, it is the same drug product as the EpiPen Auto-Injector – just without the EpiPen name on the product and labeling.

Impax Laboratories’ Epinephrine Auto Injector

The Chair asked Dr. Ma to lead the discussion on a letter received from Impax Laboratories informing the Board that it is currently marketing a low-cost Epinephrine Auto Injector (“EAI”). It is approved by the FDA as safe and effective, and is indicated for emergency treatment of allergic reactions, including anaphylaxis. Impax’s EAI provides the same active ingredient, dosage and route of administration as Mylan’s EpiPen.

Dr. Ma was excused from the meeting at 11:07 a.m.

Executive Session:

At 11:07 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 11:20 a.m. upon a motion by Ms. Keefe, seconded by Dr. Takishima-Lacasa, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification List

Upon a motion by Dr. Takishima-Lacasa, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the attached ratification lists.

Pharmacist(s)

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

Jeffrey Kaufhold

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:

Pharmascript, Inc. – Thomas M. Kouris, Pharmacist
Wells Pharmacy Network LLC (PMP 802) – Grady Saxton, New PIC
Dermatran Health Solutions LLC (PMP 800) – Robert Mack Pemberton, New PIC

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to not approve the new PIC for the following miscellaneous permit pursuant to HRS 461-15(7), and HRS 436B-19(7), (8), (12) and (13)

Concierge Compounding Pharmaceuticals Inc. (PMP 847) – Michelle Badten, New PIC

Next Meeting:

The Chair announced that the next Board meeting is scheduled for March 16, 2017.

Mr. Weinberg, Ms. Keefe and the Chair stated they will not be able to attend.

The EO stated that Dr. Chock previously told her she cannot attend the March meeting. The EO will see if the March 16th meeting can be rescheduled to March 9th or March 23rd.

TBA
9:00 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 11:24 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

3/2/17

[X] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____

GUEST SIGN IN SHEET

FOR THE

BOARD OF PHARMACY
MEETING

February 16, 2017

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Lara Gomez	UHH DKICP		
Lindsey Reinholz	UHH DKICP		
Clarissa Buted	UHH DKICP		
Athena Borhauer	UHH DKICP		
Nancy Wong	UHH DKICP		
Natalie Chan	UHH DKICP		
Kate Malasig	UHH DKICP		
Torrence Ching	UHH DKICP		
Samantha GONZALEZ	UHH DKICP		
Dennis Le	UHH DKICP		
Veronica Morales-Colon	UHH DKICP		
Gam Phan	UHH DKICP		
Janet Vu	UHH DKICP		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Ashley Uehara	UHH DKICP		
Kayla Uehara	UHH DKICP		
Adam Schronce	UHH DKICP		
Nathaneal Wells	UHH DKICP		
Carrie Yeung	UHH DKICP		
LESLIE DOMINGO	UHH DKICP		
Nicholas Tsei	UHH DKICP		
Gurinder Kaur	UHH DKICP		
Marisa Corpuz	UHH DKICP		
Jaesung Shim	UHH DKICP		
Preston Ho	UHH DKICP		
Kevin Lei	UHH DKICP		
Alexander Hiu	UHH DKICP		
Cathlyn Goo	UHH DKICP		
Trish Huynh	UHH DKICP		
Sydney Barney	UHH DKICP		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Stacy Huynh	UHH DKICP		
Leigh Heffner	UHH DKICP		
KELLY KOFALT	UHH DKICP		
Davis Zheng	UHH DKICP		
J. Preston Young	UHH DKICP		
KEVIN PHU	UHH DKICP		
JENNIFER NGUYEN	UHH DKICP		
Thu Nguyen	UHH DKICP		
Tyler millar	UHH DKICP		
RENE CHAVEZ	UHH DKICP		
Tin Le	UHH DKICP		
Amber Marulit	UHH DKICP		
camie kanaheli	UHH DKICP		
Geralynn Gamayo	UHH DKICP		
Jessica Regalado	UHH DKICP		
Stephanie Ramirez	UHH DKICP		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
AKASH PARIKH	UHH DKICP		
Deniz Bicakci	UHH DKICP		
Sean Janeway	UHH DKICP		
Logan Kostor	UHH DKICP		
Devin Holke	UHH DKICP		
Kelsey Noetzelmann	UHH DKICP		
Kristin Yasay	UHH DKICP		
Rachel Randall	UHH DKICP		
Katrina Dawney	UHH DKICP		
MICHAEL RESSA	UHH DKICP		
Joshua Frazier	UHH DKICP		
Thomas Ha	UHH & DKICP		
Tyler Hirokawa	UHH DKICP		
David Pham	UHH DKICP		
Jennifer Q. Nguyen	UHH DKICP		
Ashley Kintan	UHH DKICP		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Lauren Glover Alejado	UHHilo DKICP		
San Ly	UH Hilo DKICP		
Sue Lao	UH Hilo DKICP		
Michael Land	UHHILODKICP		
Kristelle Kunakeearna-Mendoza	UHH DKICP		
Ryan Shirona	UH Hilo DKICP		
Patricia Jusczo	UH Hilo DKICP		
Shannon Trinh	UH Hilo DKICP		
Kaylee Hoang	UH Hilo DKICP		
Mandy Lynn Lui	UH Hilo DKICP		
Sabine Callave	UH Hilo DKICP		
Gina Yoon	UH Hilo DKICP		
Maria Felix	UH Hilo DKICP		
Clement Tran Tang	UH Hilo DKICP		
Kamran Sahba	UH Hilo DKICP		
Ashley Gordon	UH Hilo DKICP		

[illegible]

LTYPE	LIC NUM	BP NAME PART 1
PH	4133	GRACE <CHAN<
PH	4134	PATRICK J <JOHNSON<

LTYPE	LIC NUM	BUSN ADDR 1	BUSN CITY	BUSN		
				ST	BUSN ZIP	BP NAME PART 1
PMP	1362	3416 BLACKHAWK RD	ROCK ISLAND	IL	61201	DIVVYMED
PMP	1363	15733 SAN PEDRO AVE	SAN ANTONIO	TX	78232	ONE SOURCE PHARMACY AND MEDICAL SUPPLIES LLC
PMP	1364	3361 FAIRLANE FARMS RD	WILLINGTON	FL	33414	PRESCRIPTION PLUS INC
PMP	1365	6348 NE HALSEY ST #A	PORTLAND	OR	97213	CREDENA HEALTH LLC
PMP	1366	159 GIBRALTAR RD	HORSHAM	PA	19044	PATIENT DIRECT RX
PMP	1367	2611 E WASHINGTON BLVD	PASEDNA	CA	91107	PASEO RX INC
PMP	1368	416 GEORGETOWN DR	MORGANVILLE	NJ	07751	IDEAL SPECIALTY APOTHECARE INC

BOARD OF PHARMACY
February 16, 2017 Ratification List

Miscellaneous Permits (PMP)

Change of PIC

Wells Pharmacy Network LLC (PMP-802)

450 US Hwy. 51 Bypass N
Dyersburg, TN. 38024
New PIC: Craig Woodruff
Effective: 1/10/17

Cantrell Drug Company (PMP-672)

7321 Cantrell Rd
Little Rock, AR. 72207
New PIC: Ashley D. Wagner
Effective: 1/20/17

Mobimeds Inc. dba The Pill Club (PMP-1310)

133 Arch St. #7
Redwood, CA. 94062
New PIC: Janell Sanford
Effective: 1/26/17

California Pharmacy and Compounding Center Inc. (PMP-685)

4000 Birch St. #120
Newport Beach, CA. 92660
New PIC: Dale Neuls
Effective: 1/25/17

Ameripharma dba Medvantx Pharmacy Services (PMP-386)

2503 E 54th N
Sioux Falls, SD. 57104
New PIC: Sean Harms
Effective: 1/3/17

Pharmacy (PHY)

Closure/Cancellation

Kmart Corporation dba K Mart Pharmacy #7680 (PHY-512)

4561 Salt Lake Blvd.
Honolulu, HI. 96818
Effective: 2/14/17