

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

MINUTES OF MEETING

Date: Thursday, February 8, 2018

Time: 9:00 a.m.

Place: Daniel K. Inouye College of Pharmacy
722 South A'ohoku Place
Joseph M. Long Pavilion #2 (LPLH2)
Hilo, Hawaii 96720

AND

Daniel K. Inouye College of Pharmacy
677 Ala Moana Blvd., Suite 1025
Honolulu, Hawaii 96813
King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813

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

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

Guests: Alanna Isobe, Safeway
Paul Smith, Walgreens
Kellie Noguchi, Kaiser Permanente
Jonathan Villarreal, Dept. of Public Safety Narcotics Enforcement Division
Dean Yamamota, Dept. of Public Safety Narcotics Enforcement Division
Matt Tsujimura, Walgreens
Fred Cruz, CVS Caremark
Ashok Kota, Foodland
Kerry Lum, Amerisource Bergen
Caroline Lee, Daniel K. Inouye, College of Pharmacy

Guest 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.

Executive Session:

At 9:10 a.m., upon a motion by Mr. Weinberg, seconded by Dr. Chock, it was voted on and unanimously carried to move into executive session pursuant to §92-4 and §92-5(a)(1) and (4), HRS, "To consider and evaluate personal information relating to individuals applying for professional or vocational licenses cited in section 26-9 or both;" and "To consult with the Board's attorney on questions and issues pertaining to the board's powers, duties, privileges, immunities, and liabilities".

At 9:14 a.m., upon a motion by Dr. Ma, seconded by Mr. Weinberg, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification List

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

Applications

Miscellaneous Pharmacy Permits

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the following application with the exception of Stephen Scott Laddy. Mr. Laddy may not dispense, adjudicate or process any prescriptions coming into this State:

MasterPharm LLC

Upon a motion by the Chair, seconded by the Vice Chair, it was voted on and unanimously carried to accept:

David Faulkner as the interim PIC for RSVP Pharmacy #7, LLC, dba RSVP Pharmacy #700 (PMP 1257)

Recess:

The Chair called for a recess of the meeting at 9:14 a.m.

The Chair announced that the Board was reconvening its scheduled meeting at 10:03 a.m.

Chair's Report:

Announcements and Introductions

The Chair and Dr. Ma welcomed the students from the Daniel K. Inouye, College of Pharmacy.

The Chair asked the audience and Board members to introduce themselves.

Approval of the Previous Minutes – January 18, 2018 Meeting

The Chair called for a motion in regards to the minutes of the January 18, 2018 meeting.

There being no substantive amendments, upon a motion by Mr. Weinberg, seconded by Mr. VandenBussche, it was voted on and unanimously carried to approve the minutes for the January 18, 2018 meeting as circulated.

Vice Chair's Report:

No report.

Executive Officer's Report:

2018 Legislation

The Board discussed the following bills:

- ✓ HB 1950 Relating to the Practice of Pharmacy - Amends the definition of "Practice of pharmacy" to expand the scope of services and specific medications that pharmacists may furnish.

The EO reported that this bill was heard by the House Committee on Health and Human Services on January 25, 2018. Although the Board did not have an opportunity to review and provide comments, the EO did submit testimony informing the Committee of that fact and also indicated that the Board would consider whether amendments are needed to clarify the pharmacist's scope of practice to "furnish" certain prescription drugs without a valid prescription pursuant to HAR §16-95-82. She also stated that at the hearing, she was concerned that some of the Legislators were questioning the current pharmacy practice act as one Legislator asked if "ordering drug therapy related laboratory tests" was considered the practice of medicine.

The EO stated that she would recommend that in the Board's testimony for this bill that they clarify what is currently in the pharmacy practice act to minimize any confusion.

The Chair stated that on page 4 lines 17-21 and page 5 lines 1-8, new language requiring the pharmacist who administers immunizations to persons 18 years or older, that the pharmacist must provide information to the Department of Health ("DOH") immunization registry with information including but not limited to, the patient and vaccine administered.

The EO asked if the DOH immunization registry is for minors who receive a vaccine or immunization only.

The Chair replied that is applicable to all ages and vaccines/immunizations. She further stated that this additional requirement for pharmacists to report immunizations and vaccinations for adults is a workload issue and may create obstacles to access pharmacist administered vaccines and immunizations.

Ms. Keefe stated that on page 6 lines 14-21, it refers to “furnishing” of prescription drugs and the definition of “Furnish” or “furnishing” on page 3 lines 11-12 does not address a prescription.

The EO stated that when she drafted the testimony that was one of the concerns and if the intent of the proponents of the bill was to authorize pharmacists to “prescribe and dispense” an opioid antagonist, epinephrine auto injector, hormonal contraception, travel medications, and tobacco cessation nicotine replacement therapy, then it should be clearly indicated.

Dr. Ma stated that on page 7 lines 9-10, they included a reference to “standing orders” but the bill does not provide for a definition for “standing orders”.

After further discussion on the bill, it was the consensus of the Board to support the intent, but with concerns previously discussed.

- ✓ HB 1406, HD1 (carryover bill from 2017) Relating to the Practice of Pharmacy – Amends the definition of “Practice of pharmacy.”

Based on the deadline for the bills, this bill has not been scheduled for hearing and does not appear to be moving forward, however, the EO said she will monitor in case this bill is rereferred to a single committee.

The EO stated based on the Board’s discussion of HB 1950, she can prepare similar testimony, if necessary for this bill as the language appears to be similar, but not identical.

- ✓ SB 2247/Proposed HB 1924, H.D.1 Relating to Opioid Antagonists – Authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.

The EO stated that the Board previously discussed this bill at their January 2018 meeting and recommended that provisions to maintain the acknowledgment form and not requiring an appointment for the pharmacist to prescribe/dispense an opioid antagonist be deleted.

The EO also reported that “proposed” HB 1924, H.D.1 was being considered by the House Committee on Health and Human Services this morning. The original language in HB 1924 was “guttled” and replaced with language from SB 2247. She said she would check on the decision for HB 1924, H.D.1 and if the language is the same as SB 2247, she can prepare the same testimony for HB 1924, H.D.1.

The Board agreed.

- ✓ SB 2271 Relating to Opioid Antagonists – Authorizes a registered pharmacist to dispense an opioid antagonist pursuant to a standing order without any other prescription. Requires the standing order to limit the dispensing of an opioid antagonist to certain individuals or a harm reduction organization. Establishes that the practice of pharmacy includes the dispensing of an opioid antagonist pursuant to a standing order. Requires the board of pharmacy to identify the pharmacists who are authorized to dispense an opioid antagonist and annually review the dispensing practices of pharmacists who dispense the opioid antagonist pursuant to a standing order.

The EO asked which bill the Board preferred, SB 2247 or SB 2271.

The Board had the following concerns with SB 2271 and therefore prefer SB 2247 with amendments over SB 2271:

1. The authority to allow a pharmacist to dispense an opioid antagonist pursuant to a “standing order” requires both a “standing order” **and** a written collaborative agreement and the authority is also referenced in in HRS §329E;
 2. “Standing order” is not defined in HRS 461.
- ✓ HB 2125/SB 2339 Relating to Prescription Drugs - Requires every pharmacy to accept for disposal the return of any unused, remaining, or expired prescription drug that the pharmacy previously dispensed.

The Chair stated that her concerns with this bill is that it does not address what pharmacies do with the drugs, address controlled substances, diversion issue and also a financial and administrative burden on the pharmacies.

The EO asked Mr. Yamamoto if HRS 329 allows pharmacies to take back controlled substances for the purpose of disposal.

Mr. Yamamoto said no.

After further discussion, it was the consensus of the Board that although they support the intent of the bill to properly and safely dispose of unused and unwanted drugs, this bill does not include sufficient guidelines or safeguards for pharmacies to take back drugs for disposal.

- ✓ HB 2145 Relating to Medication Synchronization - Requires health insurance and hospital and medical service plans that provide prescription drug benefits to apply prorated daily cost-sharing rates for prescriptions dispensed by pharmacies.

The EO stated that the Board previously decided to support the medication synchronization of medications and that she submitted testimony that included a statement that this bill does not define “network pharmacy” and “contracted pharmacy” and that we hope these terms will not prohibit a pharmacy licensed under HRS 416-14 from receiving reimbursement.

The Chair clarified that normally a pharmacy that is not contracted with an insurer will not fill the prescription or the patient may have to pay out of pocket.

After further discussion, it was the consensus of the Board to support this bill.

- ✓ SB 2656 Relating to Medication Synchronization – Allows the synchronization of plan participants' medications. Requires plans, policies, contracts, or agreements that are offered by health insurers, mutual benefit societies, and health maintenance organization and provide prescription drug benefits, to apply prorated daily cost-sharing rates for prescriptions dispensed by pharmacies for less than a thirty-day supply.

The EO reported that this bill is slightly different from HB 2145 and that she did submit testimony on behalf of the Board to support the intent with amendments that would more clearly define the purpose of adjusting a patient's medication.

After further discussion, it was the consensus of the Board to support this bill.

- ✓ HB 1967/SB 2298 Relating to Healthcare Preceptor Tax Credits – Allows advanced practice registered nurses, physicians, dentists, and pharmacists to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate.

The EO reported that the Board previously discussed this bill and decided to support it and the testimony submitted did support the sections in the bill that allows for the preceptor tax credit but defers to the Department of Taxation regarding any possible fiscal impacts to the State.

It was the consensus of the Board to support the bills pertaining to preceptor tax credits.

- ✓ HB 2347 Relating to Insurance – Amends various portions of the Hawaii Insurance Code under Hawaii Revised Statutes title 24 to update and improve existing Insurance Code provisions.

The EO reported that the Board previously decided they would support provisions of this bill that would reimburse pharmacists for practicing within their scope of practice.

After further discussion, it was the consensus of the Board to continue to support these bills.

- ✓ HB 1602 Relating to Opioids - Requires that persons who sell opioid drugs must also provide a label warning of the risks of addiction and death.

The EO reported that this bill was heard by the House Committee on Health and Human Services and was passed out with amendments. Testifiers on the bill included the Department of Public Safety who supported the intent but had concerns with controlled substance labeling and recommended that the proposed warning be included in literature provided to the patient when opioid drugs are dispensed by practitioner other than a pharmacist; Hawaii Substance Abuse Coalition testified in support of the intent but had concerns with the font size indicating it was too big for a container; Hawaii Chapter of the American Physical Therapy Association testified in support and Walgreen testified in support of the intent but had concerns with the font size.

Dr. Ma stated that there is no evidence that making the font size bigger will deter the patient from taking the drug or from becoming addicted.

Mr. VandenBussche stated the perhaps it should be included in the medical guide.

After further discussion, it was the consensus of the Board to support the intent but that concerns regarding the implementation of requiring the label be 14 pt. font size was problematic since most pharmacies may not be able to print the all the information on the drug container and that pharmacist already include medication guides to patients as required by the FDA.

The EO reported on the following pharmacy related or bills of interest not amending HRS Chapter 461 that she is **tracking**:

- ✓ HB 2631 Relating to the Electronic Prescription Accountability System – Enhances the electronic prescription accountability system to inform prescribers of the percentile ranking of their opiate prescription practices as compared to their peers. The House Committee on Health and Human Services will be hearing this bill tomorrow.
- ✓ SB 2275 Relating to Mandatory Report Requirements - Requires certain health care professionals, health care employees, social workers, and law enforcement employees or officers to report suspected cases of labor trafficking or sex trafficking. The Senate Committees on Human Services, Commerce, Consumer Protection and Health and Public Safety, Intergovernmental and Military Affairs heard this bill on January 31, 2018. All Committees deferred this measure indefinitely.
- ✓ HB 1631, HD1 Relating to Workers' Compensation Prescription Drug Reimbursement - Limits physician-dispensed prescription drugs in workers' compensation claims to an unspecified number of days from the work injury date. Lowers the reimbursement rates of prescription drugs in workers' compensation claims. This bill was heard by the House Committee on Labor and Public Employment on January 30, 2018. The Committee passed the measure out with amendments. The bill now moves to Finance.
- ✓ HB 1603 HD1 Relating to Health Insurance - Requires health insurers, mutual benefit societies, and health maintenance organizations to provide health care coverage and benefits for a minimum of 6 months of inpatient and outpatient treatment for opioid dependence beginning after 12/31/2018. (HB1603 HD1)
- ✓ SB 3072 Relating to Pharmacy Benefit Managers - Requires pharmacy benefit managers to notify contracting pharmacies of changes to maximum allowable costs by the National Drug Code fifteen days prior to the change. Requires pharmacy benefit managers to disclose where an equivalent drug can be obtained at or below the maximum allowable cost, when a maximum allowable cost appeal is upheld on appeal. Requires pharmacy benefit managers to: allow contracting pharmacies to reverse and rebill claims if the pharmacy benefit manager establishes a maximum allowable cost that is denied on appeal; and pay the difference to the contracting pharmacies. Permits contracting pharmacies to decline to dispense a drug if the reimbursement is less than the acquisition cost. Permits the insurance commissioner to suspend a pharmacy benefit manager's certification if the manager does not comply with state law. Requires the Department of Health to annually report to the legislature and any other state agency on appeals and disposition. On February 6, 2018, the Senate Committee on Commerce, Consumer Protection and Health heard this bill and deferred the measure. The Committee also heard SB 3104 during the same hearing...see below.

- ✓ HB 2644/SB 3104 – Relating to Pharmacy Benefit Managers - Effective 1/1/2020: establishes requirements for pharmacy benefit managers and maximum allowable cost, including the ability of pharmacies to receive comprehensive maximum allowable cost lists and bring complaints, within the purview of the department of commerce and consumer affairs, rather than the department of health; and clarifies the available penalties for violations of maximum allowable cost requirements. Effective upon approval: removes requirement that prohibits a contracting pharmacy from disclosing the maximum allowable cost list and related information to any third party. On February 6, 2018, the Senate Committee on Commerce, Consumer Protection and Health heard this bill and passed it out with amendments. Testifiers preferred this measure over SB 3072.
- ✓ SB 2727 Relating to Health - Establishes a medical aid in dying act that establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease may obtain a prescription for medication to be self-administered to end the patient's life. This bill has not been scheduled for hearing to date.
- ✓ HB 2622/SB3061 Relating to Informed Consent for Vaccinations - Requires health care providers to obtain informed consent in writing from a person before administering a vaccination. Establishes requirements for obtaining informed consent. The House Committee on Health and Human Services heard this bill on February 6, 2018 and deferred this measure. The Senate bill has not been scheduled for hearing to date.

Naloxone Collaborative Practice/Standing Order – Discussion on Latest Draft from Department of Health

The EO reported that she received an email from DOH that the standing order is on hold as they are waiting to see what bills are passed to allow pharmacists to prescribe and dispense an opioid antagonist.

Revisions to Pharmacist's Corresponding Responsibility Guidance Statement

The EO reported that she has not had an opportunity to make the changes to the guidance statement.

The Chair reported that she will assist and make the changes to the guidance statement.

2017 Gallup Poll – Nurses ranked #1 for honesty and ethical standards in a profession for 16th consecutive year...pharmacists dropped to 5th place

The EO reported that according to the article, the reason there was a drop for pharmacists was because of the opioid crisis.

Correspondence: **National Association of Boards of Pharmacy**

NABP State News Roundup – January 2018

The Chair asked Dr. Chock to summarize some of the news in other states:

- **Arizona Approves Technology-Assisted Prescription Medication Verification Process for Technicians**
Arizona has joined a growing number of states to approve a technology-assisted prescription medication verification process, which gives the duties of pharmacy technicians in Arizona a new permissible role in the prescription dispensing process. Per R4-23-1104 and R4-23-1104.01, certified technicians in Arizona may now perform a final technology-assisted verification of the product in a prescription to be dispensed. This is a change in the product selection process and does not include items of professional practice that are reserved for the pharmacist or pharmacy intern. If a pharmacy chooses to implement this process change, the pharmacist-in-charge or permittee holder shall develop and implement the procedures necessary to ensure accuracy and shall promote following those procedures. These policies must specify the allowed duties a technician may perform to ensure compliance with the rule and must include the training requirements, monitoring, and evaluation process to be used to ensure competency of the verification system utilized.
To be eligible, technicians must have a minimum of 1,000 hours of technician work experience and must complete four hours of continuing education (CE) prior to training and biannually thereafter on patient safety. The products that may be checked via this procedure must have a manufacturer's or robotically applied barcode for a unit-dose product. Compounded items or Schedule II controlled substances may not be verified by this manner and require final product verification by the pharmacist or intern.
- **Louisiana Regulatory Projects Amend Rules on Pharmacy Technicians and Intern Requirements**
The Louisiana Board of Pharmacy completed two regulatory projects that became effective on January 1, 2018, and amended several sections of the Board's rules related to pharmacy technicians and intern requirements.
Regulatory Project 2015-9 ~ Pharmacy Technicians amended sections of Chapter 9 – Pharmacy Technicians. Amendments to this section are as follows:
 - There are now three eligibility options for pharmacy technician candidate (PTC) registration.
 - The PTC registration is now valid for 24 months instead of the previous 18 months, but is still not renewable.
 - To qualify for the pharmacy technician certificate, the applicant must demonstrate practical experience as well as successful completion of a Board-approved technician certification examination.
 - Pharmacy technicians are no longer prohibited from compounding high-risk sterile preparations as defined by United States Pharmacopeia.
 - Finally, technicians are now required to maintain their CE records through CPE Monitor®.
Regulatory Project 2017-1 ~ Pharmacy Internship Requirements amended two sections of Chapter 7 – Pharmacy Interns. Amendments to this section are as follows:
 - Intern registrations issued to students enrolled in Accreditation Council for Pharmacy Education-accredited schools of pharmacy will continue to expire one year after the date of graduation; however, intern registrations issued to foreign pharmacy graduates now expire two years after the date of issuance.

- The amount of professional experience required for licensure was increased from 1,500 hours to 1,740 hours, which is consistent with contemporary pharmacy school accreditation standards.
- The requirement for preceptors of pharmacy interns to be licensed pharmacists was amended to allow the use of licensed practitioners such as physicians, as long as their professional license is not on probation.
- The amount of credit awarded by the Board for professional experience programs in schools of pharmacy increased from 1,000 to 1,740. The effect of this change is that students will no longer be required to earn hours of experience separate and apart from their curriculum.
- In the event an applicant for pharmacist licensure is unable to demonstrate the 1,740 hours with a pharmacy school dean's certificate of graduation, then the applicant must demonstrate 1,740 hours of pre-licensure practical experience in a licensed pharmacy.
- Finally, hours of practical experience credited by the Board now expire two years after the expiration date of the intern registration, instead of the previous one year.

South Dakota Passes Legislation Updating Prescriber Permissions for Nurse Practitioners and Nurse Midwives

Legislation was passed in South Dakota in 2017 that removed the supervising physician protocol requirement for nurse practitioners (NPs) and nurse midwives (NMs). The legislation also removed the 30-day limit on prescribing Schedule II medications for NPs and NMs. An updated prescriber permissions document is available to download on the South Dakota State Board of Pharmacy website at <http://doh.sd.gov/boards/pharmacy/assets/PrescribingAuthority.pdf>.

Washington State GovDelivery Provides Sign-Up Options for Commission Email Updates

Washington State's GovDelivery is a new communication platform that allows its users to self-select content that interests them. Washington licensees may sign up to receive updates from the Washington State Pharmacy Quality Assurance Commission to stay compliant with the latest changes in rules and laws or have the Commission's *Newsletter* delivered straight to their email. GovDelivery users can change or cancel their subscription at any time. The Commission currently has four topic lists that can be found in the drop-down list of Health Systems Quality Assurance after signing in:

- Pharmacy Commission Meeting and Agenda
- Pharmacy Commission Newsletter
- Pharmacy Commission Rules
- Rx Fraud Alert

GovDelivery also provides options to subscribe to other Washington State Department of Health (DOH) topics, including health professions discipline news releases, DOH rulemaking activities, and other organizations. To sign up for updates through GovDelivery, visit <https://public.govdelivery.com/accounts/WADOH/subscriber/new>.

Scope of Practice Questions

Transferring a prescription

The Chair asked Mr. VandenBussche to lead the discussion on the following inquiry:

"I just have a question regarding transfers. I was under the impression that after transferring out a prescription we needed to write on the hardcopy of each prescription "void/invalid transfer out" as well as the receiving pharmacy information, name of pharmacist, and date of transfer. I was

reviewing HAR 95 (16-95-84) and it states: "Transfers of prescription information for the purpose of initial fill or refill dispensing is permissible between pharmacies provided the pharmacist transferring the prescription provides all information necessary for a valid prescription, and records on the prescription, the name and location of the pharmacy receiving the prescription, the name of the pharmacist receiving the prescription information, the date of transfer, and the name of the pharmacist transferring the prescription, **or notes the pharmacist's name on the electronic files, and records that the prescription is inactivated or made void for future refills at the location from which it is being transferred.**" My interpretation of the bolded part is that we don't necessarily need to write on the hardcopy prescriptions if we've documented all required information electronically? Is that correct or should we continue to pull hardcopies?"

Mr. VandenBussche stated that based on the information in the email, it looks like they are meeting the requirements under HAR 16-95-84.

Ms. Keefe stated that the rules were amended and the requirement to write "void/invalid transfer out" was deleted.

After further discussion, it was the consensus of the Board that based on the information provided, it appears that the pharmacy's current practice of maintaining prescription records electronically is in compliance with HAR §16-95-84.

In accordance with HAR § 16-201-90, the above interpretation is for informational and explanatory purposes only and based solely on the information provided. It is not an official opinion or decision and therefore not binding upon the Board.

ii. Question on HRS §461-11.4(c)

The Chair asked Dr. Ma to lead the discussion on the following email inquiry:

"Ch. 461 requires us to provide immunization information to the immunization registry with 5 business days when providing an immunization to a minor patient. With the registry being non-functional, is there any way a pharmacist could still provide an adolescent with an immunization?"

The EO said that she contacted Dr. Park at the DOH and was informed that yes, DOH's server for the registry has an "issue" and that it may require a couple of months to address but that she believes that as long as the pharmacies are able to transmit the data to DOH in a format so they may be imported directly into the Registry once the server is back online, that should address the situation.

The Chair stated that they log in to the immunization website and type in the information for each patient, however, they are not able to login at this time because their server is down. She said you can also do a data dump but her pharmacy is not set-up to do provide the information this way.

Ms. Isobe stated that they are submitting the information to the registry and was not aware that the DOH server was down.

Mr. Smith also said they were not getting any rejections when information was submitted.

The EO asked the DAG if the DOH server is down and pharmacies are unable to submit information can the pharmacist still administer vaccines and immunizations to minors?

The DAG responded that HRS §461-11.4(c) is very specific about pharmacists providing specific information to the health immunization registry within five business days.

There was discussion on how the information is transmitted to the DOH, i.e. fax and whether or not the information can be transmitted by another means that would allow pharmacies to be in compliance with HRS §461-11.4(c) so that the pharmacies may continue to vaccinate and immunize minors.

The EO said she would check and report back at the March meeting.

iii. Question on HAR §16-95-82

The Chair asked Ms. Keefe to lead the discussion on the following email inquiry:

"I would like to get a clarification on statute 16-95-82 (b) which states:

Except where a written prescription is required by law, a practitioner or the practitioner's agent may use a phone order, provided:

- (1) Only a pharmacist or a pharmacy intern shall receive the oral prescription;
- (2) The oral prescription shall be immediately reduced to writing, including the practitioner's oral code designation, by the pharmacist or pharmacy intern and shall be kept on file for five years; and
- (3) The oral prescription contains all of the information required under subsection (a).

Our pharmacy software produces a prepopulated form that contains:

- (3) The practitioner's name and business address;
- (4) The name, strength, quantity, and specific instructions for the drug to be dispensed;
- (5) The name and address of the person for whom the prescription was written or the name of the animal and address of the owner of the animal for which the drug is prescribed, unless the pharmacy filling the prescription has such address on file;
- (6) The room number and route of administration if the patient is in an institutional facility; and

On this form, the pharmacist or pharmacy intern documents:

- (1) The date of issuance;
- (7) If refillable, the number of allowable refills.

as well as checking off if the prescription refill is approved or denied, the name of the prescriber or prescriber's agent that is calling in the order and the prescribers oral code.

The order is then scanned into our pharmacy system and stored. The hardcopy is also filed and stored for a minimum of 5 years.

Humana has stated that per 16-95-82 the entirety of the phone order must be reduced to writing and the prepopulated form cannot be used.

Can you clarify if the use of the prepopulated form meets all requirements and is a legal to use?

I have attached an example of the form that is produced by our pharmacy software.”

Ms. Keefe stated that she thought the Board previously determined that “reduced to writing” did not limit it to “hand-written” so an electronic prepopulated form that conforms to all the requirements of a valid prescription could be utilized.

After further discussion it was the consensus of the Board that an oral prescription that is required to be “reduced to writing” was not limited to “hand-written” forms and a prepopulated form that conforms to all the requirements of a “valid” prescription in HAR §16-95-82 is acceptable for compliance with HAR §16-95-82(b)(2).

Next Meeting:

The Chair announced that the March Board meeting that was originally scheduled for March 8, 2018, has been changed to March 15, 2018:

Thursday, **March 15, 2018 – New Date**

9:00 a.m.

Exam Conference Room, Third Floor – New Room

335 Merchant Street

Honolulu, Hawaii 96813

The Vice Chair, Mr. VandenBussche and Ms. Chock stated they are not able to attend the March 15, 2018 meeting.

Adjournment:

With no further business to discuss, the Chair adjourned the meeting at 11:45 a.m.

Taken and recorded by:

Reviewed and approved by:

/s/ Nohelani Jackson
Nohelani Jackson, Secretary

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

2/9/18

[X] Minutes approved as is.

[] Minutes approved with changes; see minutes of _____

GUEST SIGN IN SHEET

FOR THE
BOARD OF PHARMACY
MEETING

FEBRUARY 8, 2018

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Robyn Rector	DKICP Hilo, HI 96720		
Joseph Tancherski	DKICP Hilo, HI 96720		
Amelia Furlan	DKICP Hilo, HI 96720		
Robin Delmaced	DKICP Hilo, HI 96720		
Ethan Slusher	DKICP Hilo, HI 96720		
Taryn Chang	DKICP Hilo, HI 96720		
FELIX RASCO	DKICP Hilo, HI 96720		
Ni/loofar Soltanipour	DKICP Hilo, HI 96720		
Jennifer Lee	DKICP Hilo, HI 96720		
Joanna Bryant	DKICP Hilo, HI 96720		
STACIE WAIAMANA	DKICP Hilo, HI 96720		
Elaine Cotton	DKICP Hilo, HI 96720		
Ima Chock	DKICP Hilo, HI 96720		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Shahrazad Mohammadi	DKICP Hilo HI		
Rachel Pappas	DKICP Hilo HI		
Brandi Shimada	DKICP Hilo HI		
Kelsey Trujillo	DKICP Hilo, HI		
Tracy Lopez	DKICP Hilo, HI		
Stacey Nguyen	DKICP, Hilo, HI		
Thi Hong Vo	DKICP, Hilo, HI		
Tin Nguyen	DKICP, Hilo, HI		
Khoa Le	DKICP, Hilo, HI		
KIMBERLY TRAN	DKICP HILO, HI		
Lisa Nguyen	DKICP Hilo, HI		
Brandi Chun	DKICP Hilo, HI		
VINCENT MANALO	DKICP HILO, HI		
Johnathan Lam	DKICP HILO, HI		
Johnson Tran	DKICP Hilo, HI		
Taylor Hori	DKICP, Hilo HI		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Andrew Thai	DKICP, Hilo, HI, 96720		
Brent Ocker	DKICP, Hilo, HI, 96720		
Andrew Nguyen	DKICP, Hilo, HI, 96720		
Shaina Saiti	DKICP, Hilo, HI, 96720		
Kathleen Nguyen	DKICP, Hilo, HI, 96720		
Andrew Pector	DKICP, Hilo, HI, 96720		
Cleighton Uchima	DKICP, Hilo, HI, 96720		
Jarin Miyamoto	DKICP Hilo HI 96720		
Heather Hancock	DKICP Hilo, HI 96720		
Johnny Tran	DKICP Hilo, HI 96720		
My Nguyen	DKICP Hilo, HI 96720		
Taunie Ritchie	DKICP Hilo, HI 96720		
Raj Shrestha	DKICP Hilo, HI 96720		
Tony Moua	DKICP Hilo, HI 96720		
Kyle Tsubota	DKICP Hilo, HI 96720		
Brandon Frijas	DKICP Hilo, HI 96720		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Tyler Peterson	DKICP, Hilo, HI, 96720		
Reid Shimada	DKICP Hilo, HI 96720		
Trang Than	DKICP Hilo, HI 96720		
Su Hyon Kwon	DKICP Hilo, HI 96720		
BJ Isaac Acosta	DKICP Hilo, HI 96720		
Nicholas Pang	DKICP Hilo, HI 96720		
Joel Pascua	DKICP Hilo, HI 96720		
Cherie Baldugo	DKICP Hilo HI 96720		
Mary Lui	DKICP Hilo, HI 96720		
Isaiah Wise	DKICP Hilo, HI 96720		
Khanh Vy Tran	DKICP Hilo, HI 96720		
Jared Toba	DKICP Hilo, HI 96720		
SHAWN KOLAR	DKICP, Hilo, HI 96720		
Logan Abney	DKICP, Hilo, HI 96720		
Christine Balkas	DKICP Hilo HI 96720		
Courtney Flam	DKICP Hilo HI 96720		

Name (Please print)	Organization & Address	Daytime Phone No.	Email Address
Kamala Lizama	DKICP Hilo, HI 96720		
Brooke Zarriello	DKICP Hilo, HI 96720		
Simanwha teixeira	DKICP Hilo, HI 96720		
Joshua Dillon	DKICP Hilo, HI 96720		
Wilson Datarib	DKICP Hilo, HI 96720		
Jensine Domingo	UHH DKICP Hilo, HI 96720		
David Cao	DKICP Hilo, HI 96720		
Mia Tran	DKICP Hilo, HI 96720		
Jhoana Gonzalez	DKICP Hilo, HI 96720		
Gregg Tam	DKICP Hilo, HI 96720		
Melissa Minassian	DKICP Hilo, HI 96720		
Michael Kuznetsov	" "		
Adi GJOLLA	DKICP Hilo HI 96720		
Patricia Juszczak	DKICP Hilo, HI 96720		

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

AMENDED AGENDA

Date: **Thursday, February 8, 2018 – New Date**

Time: 9:00 a.m.

Place: **Daniel K. Inouye College of Pharmacy
722 South A'ohoku Place
Joseph M. Long Pavilion #2 (LPLH2)
Hilo, Hawaii 96720**

AND

**Daniel K. Inouye College of Pharmacy
677 Ala Moana Blvd., Suite 1025
Honolulu, Hawaii 96813**

1. Call to Order, Public Notice, Quorum – HRS §92-3 Open Meetings and HAR §16-89-70 Oral Testimony
2. Applications (The Board may move into Executive Session in accordance with HRS §92-4 and §92-5(a)(1) and (4) "To consider and evaluate personal information relating to individuals applying for licensure;" and "To consult with the Board's attorney on questions and issues pertaining to the Board's powers, duties, privileges, immunities, and liabilities;" Board will vote in Open Meeting.)
 - a. Ratification Lists
 - b. Applications
 - 1) Miscellaneous Pharmacy Permits
 - i. MasterPharm, LLC
 - ii. RSVP Pharmacy #7, LLC, dba RSVP Pharmacy #700 – New PIC, D. Faulkner
3. Chair's Report (Approximate time 10:00 a.m.)
 - a. Announcements and Introductions
 - b. Approval of the Previous Minutes – January 18, 2018 Meeting
4. Vice Chair's Report
5. Executive Officer's Report
 - a. 2018 Legislation
 - i. HB 1950 Relating to the Practice of Pharmacy - Amends the definition of "Practice of pharmacy" to expand the scope of services and specific medications that pharmacists may furnish.
 - ii. HB 1406, HD1 (carryover bill from 2017) – Relating to the Practice of Pharmacy – Amends the definition of "Practice of pharmacy."
 - iii. SB 2247 Relating to Opioid Antagonists – Authorizes pharmacists to prescribe and dispense an opioid antagonist to patients and to family members and caregivers of opioid patients without the need for a written, approved collaborative agreement.
 - iv. SB 2271 Relating to Opioid Antagonists – Authorizes a registered pharmacist to dispense an opioid antagonist pursuant to a standing order without any other prescription. Requires the standing order to limit the dispensing of an opioid antagonist to certain individuals or a harm reduction organization. Establishes that the practice of pharmacy includes the dispensing of an opioid antagonist pursuant to a standing order. Requires the board of pharmacy to identify the pharmacists who are authorized to dispense an opioid antagonist and annually review the dispensing practices of pharmacists who dispense the opioid antagonist pursuant to a standing order.

- v. HB 2125/SB 2339 Relating to Prescription Drugs - Requires every pharmacy to accept for disposal the return of any unused, remaining, or expired prescription drug that the pharmacy previously dispensed.
 - vi. HB 2145 Relating to Medication Synchronization - Requires health insurance and hospital and medical service plans that provide prescription drug benefits to apply prorated daily cost-sharing rates for prescriptions dispensed by pharmacies.
 - vii. SB 2656 Relating to Medication Synchronization – Allows the synchronization of plan participants' medications. Requires plans, policies, contracts, or agreements that are offered by health insurers, mutual benefit societies, and health maintenance organization and provide prescription drug benefits, to apply prorated daily cost-sharing rates for prescriptions dispensed by pharmacies for less than a thirty-day supply.
 - viii. HB 1967/SB 2298 Relating to Healthcare Preceptor Tax Credits – Allows advanced practice registered nurses, physicians, dentists, and pharmacists to receive tax credits for acting as preceptors in volunteer-based supervised clinical training rotations provided to eligible students that enable the students to obtain an eligible healthcare professional degree or certificate.
 - ix. HB 2347 Relating to Insurance – Amends various portions of the Hawaii Insurance Code under Hawaii Revised Statutes title 24 to update and improve existing Insurance Code provisions.
 - x. HB 1602 Relating to Opioids - Requires that persons who sell opioid drugs must also provide a label warning of the risks of addiction and death.
 - xi. HB 2631 Relating to the Electronic Prescription Accountability System.
 - xii. Other pharmacy related or bills of interest not amending HRS Chapter 461
 - xiii. HB 2622/SB3061 Relating to Informed Consent for Vaccinations - Requires health care providers to obtain informed consent in writing from a person before administering a vaccination. Establishes requirements for obtaining informed consent.
 - b. Naloxone Collaborative Practice/Standing Order – Status
 - c. Revisions to Pharmacist's Corresponding Responsibility Guidance Statement – Status
 - d. 2017 Gallup Poll – Nurses ranked #1 for honesty and ethical standards in a profession for 16th consecutive year...pharmacists dropped to 5th place
6. Correspondence
- a. National Association of Boards of Pharmacy
 - i. January 2018 State News Roundup
 - b. Scope of Practice Questions
 - i. Transferring a prescription
 - ii. Question on HRS §461-11.4(c)
 - iii. Question on HAR §16-95-82
7. Next Meeting: March 8, 2018
9:00 a.m.
Queen Liliuokalani Conference Room
King Kalakaua Building
335 Merchant Street, First Floor
Honolulu, Hawaii 96813
8. Adjournment

Individuals who require special needs accommodations are invited to call Lee Ann Teshima, Executive Officer, at (808) 586-2695 at least 4 working days in advance of the meeting.

Board of Pharmacy Ratification List for February 8, 2018

Pharmacist (PH)

PH 4278 TRANG D T <LE<
PH 4279 LUGINA B <MENDEZ-HARPER<
PH 4280 KAREN <MECKELNBURG<
PH 4281 ELIZABETH K <QUAN<

Miscellaneous Permit (PMP)

PMP 1460 2107 SOUTH US HWY 1 JUPITER FL 33477 COASTLINE PHARMACY
LLC
PMP 1461 7472 S TUCSON WAY STE 100-B CENTENNIAL CO 80112
WELLDYNERX LLC
PMP 1462 6040 TARBELL RD STE 106 SYRACUSE NY 13206 FOCUSED CARE
PHARMACY INC
PMP 1463 34911 US HWY 19 NORTH PALM HARBOR FL 34684 DRUG DEPOT
INC