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

MINUTES OF MEETING

Date:	Thursday, September 20, 2018
Time:	9:00 a.m.
Place:	King Kalakaua Building 335 Merchant Street Queen Liliuokalani Conference Room First Floor Honolulu, Hawaii 96813
Members Present:	Kerri Okamura, RPh, Chair, Pharmacist Julie Takishima-Lacasa, PhD, Vice Chair, Public Alanna Isobe, Pharmacist Mary Jo Keefe, RPh, Pharmacist Carolyn Ma, Pharmacist Kenneth VandenBussche, RPh, BCACP, Pharmacist Ronald Weinberg, Public Member
Staff Present:	Lee Ann Teshima, Executive Officer ("EO") Shari Wong, Deputy Attorney General ("DAG") Nohelani Jackson, Secretary
Guests:	Kellie Noguchi, Kaiser Permanente Ross Takara, Kaiser Permanente Bhavesh Desai, Hawaii Specialty Pharmacy Amanda Ramsey, Hawaii Specialty Pharmacy Lindsey Reinholz, UHH DKICOP Paul Smith, Walgreens Dean Yamamoto, Narcotics Enforcement Division Tiffany Yajima, Ashford/Wriston/Walgreens Christopher Edwards, PVL Tanya Demattis, CVS/Longs Ashok Kota, Foodland Jonathan Ching, Kaiser Permanente Mark Currie Asteras Inc. Catalina Cross, Times Pharmacy
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, the Chair called the meeting to order at 9:00 a.m.

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

The Chair gave a brief report on the Hawaii MPJE Item Review and asked the audience to introduce themselves.

Approval of the Previous Minutes – August 16, 2018 Meeting

The Chair called for a motion in regards to the minutes of the August 16, 2018 meeting.

There being no substantive amendments, upon a motion by Mr. Weinberg, seconded by Ms. Keefe, it was voted on and unanimously carried to approve the minutes for the August 16, 2018 meeting as amended.

Executive Officer's Report: **Conferences/Seminars/Meetings**

NABP/AACP Districts VI, VII & VII (Annual Meeting, October 14, 17, 2018, Kansas City, Missouri
The EO confirmed that Ms. Keefe will be attending at her own expense.

2018 Legislation

SB 2247, SD1, HD2, CD1 Relating to Opioid Antagonists – Authorizes pharmacists to prescribe, dispense, and provide related education on opioid antagonists to individuals at risk of opioid overdose and to family members and caregivers of individuals at risk of opioid overdose without the need for a written, approved collaborative agreement; subject to certain conditions. (CD1) Governor approved on 7/9/2018, Act 154, SLH 2018.

The EO reported that the pharmacy working group is working on a bill for the 2019 Legislative session that would amend Act 154, SLH 2018 and align it with the HD2 version and other amendments for clarification.

Revisions to Pharmacist's Corresponding Responsibility Guidance Statement - Draft

No changes to previous report.

Pharmacists Continuing Education Audit – Report

No changes to previous report.

Working Conditions Survey

No changes to previous report.

State Board of Pharmacy ACPE CPE Activity

No changes to previous report.

Balanced Living, August 2018 Issue

A copy of the issue was distributed to the Board members for their information.

Working Solutions, August 2018 Issue

A copy of the issue was distributed to the Board members for their information.

Correspondence: **National Association of Boards of Pharmacy ("NABP")**

News Roundup
The Board was distributed the August 2018 issue that included the following articles:

Ohio Board Launches Medical Marijuana Control Program Helpline, Responds to Inquiries
In June 2018, the State of Ohio Board of Pharmacy launched the opening of the Ohio Medical Marijuana Control Program toll-free helpline. The toll-free helpline responds to inquiries from patients, caregivers, and health professionals regarding adverse reactions to medical marijuana, and provides information about available services and additional assistance as needed.

The Board continues to receive questions about cannabidiol (CBD) oil (derived from hemp or derived from marijuana). House Bill 523, which legalized medical marijuana and created the state's Medical Marijuana Control Program, includes CBD oil in the definition of marijuana, regardless of whether it is an extract or wholly synthesized.

The Board notes that all marijuana products will need to be dispensed in a licensed Medical Marijuana Control Program dispensary, and those products will have to comply with the rules and regulations of the program. All products must have a known source, as well as known quantities of active ingredients. Testing laboratories licensed by the Ohio Department of Commerce will conduct testing procedures.

As the Medical Marijuana Control Program becomes operational this fall, the Ohio Board will continue to provide updates through the program's website at www.medicalmarijuana.ohio.gov.

South Carolina Passes Law That Limits Initial Opioid Prescriptions
The South Carolina Department of Labor, Licensing, and Regulation – Board of Pharmacy implemented a new law (S.918) that establishes limitations on initial opioid prescriptions for acute pain management or postoperative pain management and designates exceptions to those limitations. Section 1 amends current legislation, and states that "[i]nitial opioid prescriptions for acute pain management or postoperative pain management must not exceed a seven-day supply, except when clinically indicated for cancer pain, chronic pain, hospice care, palliative care, major trauma, major surgery, treatment of sickle cell disease, treatment of neonatal abstinence syndrome, or medication-assisted treatment for substance use disorder."

The law states that for "any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill, or new opioid prescription." In addition, the amendment "does not apply to opioid prescriptions issued by a practitioner who orders an opioid prescription to be wholly administered in a hospital, nursing home, hospice facility, or residential care facility."

Section 2 was also amended and notes that as part of the prescription monitoring program (PMP), the department shall develop and maintain "a system to provide prescription report cards to practitioners to inform the practitioner about certain prescribing trends. The report card must provide, at a minimum:

(1) a comparison of the practitioner's number of prescriptions issued per month by therapeutic class code or by specific substances to peer averages by specialty throughout the State;
(2) a comparison of the practitioner's number of milligrams prescribed per month by therapeutic class code over by specific substances to peer averages by specialty throughout the State;
(3) the total number of patients receiving ninety morphine milligram equivalents (MMEs) or more a day;
(4) the total number of patients receiving opioid medications for thirty days or more;
(5) the total number of patients receiving opioids and benzodiazepines medications at the same time;
(6) the total number of patients issued prescriptions from three or more practitioners;
(7) the total number of patients filling prescriptions at three or more pharmacies;
(8) the total number of patients with controlled substance prescriptions whose dispensing dates overlap;
(9) the total number of patients obtaining refills on their prescriptions more than one week early; and
(10) the total number of prescription drug monitoring program queries made by the practitioner and a ratio of the queries to the number of patients or prescriptions issued.

The report card also must provide data on the number of practitioners registered against which the comparisons of items (1) and (2) are being made and any other demographic data relating to the pool of practitioners and may include regional or nationwide prescribing comparison data that would be useful to the practitioner."

The South Carolina General Assembly passed the legislation on May 9, 2018, and it was signed by the governor on May 15, 2018. Additional details are provided in the South Carolina Board's August 2018 Newsletter.

South Carolina Updates Law on Prescription Refills During a State of Emergency
South Carolina implemented the following updates to its state of emergency law regarding prerequisites for emergency refills, the dispensing of medications by pharmacists not licensed in the state, and to allow for a one-time, 30-day emergency refill during a state of emergency.

SECTION 1. Section 40-43-170(A)(1) of the 1976 Code is amended to read:

"(A) When the Governor issues a 'State of Emergency':
(1) A pharmacist may work in the affected county and may dispense a one-time emergency refill of up to a thirty-day supply of a prescribed medication if:
(a) the pharmacist has all prescription information necessary in order to accurately refill the prescription;
(b) in the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy;
(c) the pharmacist reduces the information to a written prescription marked 'Emergency Refill', files the prescription as required by law, and notifies the prescribing physician within fifteen days of the emergency refill; and
(d) the prescription is not for a controlled substance."

South Carolina Adopts a New Sterile Compounding Inspection Form
Upon the passage of the Pharmacy Practice Act (Act 143), which covers compounding pharmacies, the Board approved a new sterile compounding inspection form to be utilized by pharmacist inspectors in the field. The implementation date will be October 1, 2018.

Oklahoma Changes Law on Prescriptions From Out-of-State Mid-Level Practitioners
Beginning on November 1, 2018, Oklahoma pharmacies will be able to fill non-controlled dangerous substance prescriptions from out-of-state optometrists, physician assistants, advanced practice registered nurses-certified nurse practitioners, advanced practice registered nurses-certified nurse midwives, and advanced practice registered nurses-clinical nurse specialists.

PMP Alert Notifications Having an Impact in Minnesota

In 2015, the Minnesota PMP began alerting prescribers and pharmacies when a patient's prescription history indicates a potential high-risk behavior. These notifications have been given the name "Controlled Substance Insight Alerts (CSIAs)."
Since the inception of CSIAs, the number of notices distributed has declined each year. In 2015, 1,661 CSIAs were sent to prescribers. In 2017, this number decreased to 322 prescriber notices. This decline may be due to a number of factors, including an increase in prescriber registration and use of the PMP database, and a rise in the awareness of controlled substance prescription misuse. PMP staff are considering the implementation of enhanced notices aimed at minimizing overdose risk and increasing patient safety. State and federal guidelines will be used in defining the additional patient safety notices currently under consideration. More information regarding CSIAs can be found under Frequently Asked Questions on the Minnesota PMP's website at http://pmp.pharmacy.state.mn.us.

Inpatient and Outpatient Dispensing Emergency Kits – Deferred from August 16, 2018 Meeting

The Board continued their discussion on the following email inquiry that was deferred from the August meeting:

"I we spoke yesterday about some questions regarding inpatient MedDispense units being managed from out of state. I was just following to see if you were able to get some clarification.

To expand on that question- if it allowed what license would be needed? Just a regular Hawaii pharmacy license?

My other question regarding off side medication management pertains to outpatient dispensing. You had mentioned that automatic dispensing pharmacy laws were repealed, so is there a way to dispense emergency medications from an IPU to out patients?

For example, if a hospice patient in an outpatient setting emergently needs morphine in the middle of the night, would there be a way to utilize meddispense or another dispensing model to dispense the medication without an RPH present from the inpatient setting (ie pyxis) to get delivered to the patient? "

At the August meeting, the Board discussed this scenario as an ekit under HAR 16-95-80 or possibly more like a Pyxis machine since an out-of-state pharmacy was servicing the unit.

The Board also discussed who can stock a Pyxis machine and reviewed HAR §16-95-81 (e) specifies that a pharmacist replace any expired drugs, relabel, and reseal the kit.

The Board continued their discussion including reference to sections 16-95-79 Supervision by a registered pharmacist., 16-95-80 Physical presence of a registered pharmacist, and 16-95-81 Emergency kits and based on the information in the email, it was the consensus of the Board to refer the inquirer to these sections and to the NED in regards to the dispensing of controlled substances.

Disaster Notification Process

The Chair led the discussion on the following email inquiry:

"Our team is working on updating our notification procedures for temporary pharmacy closures. Can you please help to clarify the process by answering the following questions?

1. Does your state require notification of a temporary pharmacy closure?

2. If yes:
a. What information is required to be in the notification?

b. Do you want the notification to be sent via email or mail? If email, is there a specific email address to send it to?

3. Is there a maximum amount of days a pharmacy can be temporarily closed before further action needs to be taken on our part?

We appreciate your guidance as we work to update our notification procedures. Mr. Yamamoto stated that they should check to see as a registrant, if HRS 329 addressed this issue.

After some discussion, it was the consensus of the Board that the pharmacy laws and rules do not specifically require notification of a temporary closure due to disasters but to refer them to NED if they are a registrant.

Executive Session: At 9:37 a.m., upon a motion by Dr. Ma, seconded by Ms. Isobe, 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 10:15 a.m., upon a motion by Dr. Ma, seconded by Ms. Keefe, it was voted on and unanimously carried to move out of executive session.

Applications: **Ratification Lists**

Upon a motion by Mr. Weinberg, seconded by Dr. Ma, it was voted on and unanimously carried to approve the attached ratification list(s).

Applications

Pharmacy
Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on with the Chair, Vice Chair, Dr. Ma, Ms. Isobe, Ms. Keefe and Mr. Weinberg voting yes and Mr. VandenBussche voting no, to approve the following pharmacy application:

Hawaii-Rx LLC, dba Hawaii Specialty pharmacy

Miscellaneous Permit
Upon a motion by the Chair, seconded by Ms. Keefe, it was voted on to approve the following miscellaneous permit application(s):

DDP Pharmacy, Inc., dba Drugco Health

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to defer the following application(s) for additional information:

ProCare Pharmacy, LLC, dba CVS/Pharmacy #10762
Western Pharmacy Group, LLC, dba Community Medical Center Pharmacy

Upon a motion by the Chair, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the following application(s) with condition(s):

Agropec Trading, LLC, dba Allivet

Next Meeting: Thursday, November 15, 2018
9:00 a.m.
Queen Liliuokalani Conference Room, First Floor
335 Merchant Street
Honolulu, Hawaii 96813

The Chair asked if everyone could attend.

The Vice Chair and Ms. Keefe stated that they would not be able to attend.

Adjournment: With no further business to discuss, the Chair adjourned the meeting at 10:18 a.m.

Taken and recorded by:

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

9/22/18

[X] Minutes approved as is.

[ ] Minutes approved with changes; see minutes of _____

Board of Pharmacy Ratification List for September 20, 2018

Pharmacist (PH)

PH	4308	LAURA A CARDWELL
PH	4309	MEGAN L MAGNANT
PH	4310	SARAH C OSELLAME
PH	4311	JAIME-ROSE C TANGONAN
PH	4312	AMANDA M ITAI
PH	4313	JI IN HAN
PH	4314	KRISTINE M MCGILL
PH	4315	STACI TREASURE
PH	4316	LIANE M N HORIUCHI
PH	4317	JUDY K RIDENOUR
PH	4318	DAVID S BOURGEOIS
PH	4319	JARED B OTTE
PH	4320	STACY W FITZGIBBON
PH	4321	MELISSA P ASARCH
PH	4322	CHRISTINA N FINN
PH	4323	DAVIS Y H CHANG
PH	4324	BERT MATSUO
PH	4325	SHARON H F WU
PH	4326	MAILANI K PULI
PH	4327	ALEXANDER A POPPEN
PH	4328	JANINE F CLEVELAND
PH	4329	CAROL A ZINKE

Miscellaneous Permit (PMP)

PMP 1508 416 S TYLER AMARILLO TX 79101
MAXOR NATIONAL PHARMACY SERVICES LLC
PMP 1509 200 RITTENHOUSE CIRCLE EAST BRISTOL PA 19007
MEDARBOR LLC
PMP 1510 8821 KNOEDL COURT LITTLE ROCK AR 72205
SCA PHARMACEUTICALS HOLDINGS LLC
PMP 1511 1312 NORTHLAND DR STE 500 MENDOTA MN 55120
STERLINGRX INC
PMP 1512 622 BANYAN TRAIL STE 614 BOCA RATON FL 33414
MAILMYPRESCRIPTIONS.COM PHARMACY CORPORATION
PMP 1513 34571 SEVENTH ST UNION CITY CA 94587
ENTIRELYPETS PHARMACY LLC

PMP 1514 5834 LOUETTE RD STE D SPRING TX 77379
GORDIAN MEDICAL II INC
PMP 1515 23 TOWN CENTER SQUARE HATTIESBURG MS 39402
HIGHLAND SPECIALTY PHARMACY LLC
PMP 1516 3500 EAST FLETCHER AVE TAMPA FL 33613 HEPZIBAH INC
PMP 1517 1021 W FAIRBANKS AVE WINTER PARK FL 32789
FLORIDA DISCOUNT DRUGS INC
PMP 1518 30 WEXFORD ST NEEDHAM MA 2494 MEDMINDER SYSTEMS INC
PMP 1519 3121 DIABLO AVE HAYWARD CA 94545 POSTMEDS INC
PMP 1520 2465 SALVIO ST STE B CONCORD CA 94520 BSB VETERINARY CORP
PMP 1521 16612 107TH CT ORLAND PARK IL 60467
AMERICAN SERVICE AND PRODUCT INC
PMP 1522 2560 EAST SUNSET RD #102 LAS VEGAS NV 89120
SUNRISE PHARMACY LLC
PMP 1523 755 RAINBOW RD STE B WINDSOR CT 6095
SCA PHARMACEUTICALS HOLDINGS LLC