

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

MINUTES OF MEETING

Date: Thursday, January 17, 2019

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
Mary Jo Keefe, RPh, Pharmacist
Alanna Isobe, Pharmacist
Carolyn Ma, Pharmacist
Ronald Weinberg, Public Member
Kenneth VandenBussche, RPh, BCACP, Pharmacist

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

Guests: Paul Smith, Walgreens
Erika Roby, Walgreens
Tiffany Espe, Walgreens, SDSU Student
David Macadangdang, Walgreens, UW-Madison Student
Kellie Noguchi, Kaiser Permanente
Catalina Cross, Times
Chris Kamei, Longs
Maria Felix, Pharmicare
Reece Uyen, Pharmicare Hawaii
Dean Yamamoto, NED
Stacy Pi, Kaiser
Tiffany Yajima, Ashford/Wriston/Walgreens
Ashok Kota, Foodland
Tanya Demattis, CVS

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 asked the audience to introduce themselves.

Approval of the Previous Minutes – November 15, 2018 Meeting

The Chair called for a motion for the minutes of the November 15, 2018 meeting.

There being no substantive amendments, upon a motion by Ms. Keefe, seconded by Dr. Ma, it was voted on and unanimously carried to approve the minutes for the November 15, 2018 meeting as circulated.

NABP Interactive Forum – Board Presidents, November 28-29, 2018, Illinois – Report on Attendance

The Chair provided a brief report on her attendance at the forum. She highlighted on the following topics discussed:

- Opioid Lawsuits – Impact on State Boards of Pharmacy;
- Non-traditional dispensing models;
- Competency, standards of care and independent confirmation of eligibility;
- Resident and non-resident remote processing;
- Use of prescription drug monitoring programs by health care provider;
- Report from the Suspicious Orders Work Group
- Report from the Task Force on Mutual-Recognition Licensure;
- Report from Task Force to Develop Regulations Based on Standards of Care;
- Collaborative practice;
- Electronic prescriptions; and
- Disciplinary issues

Executive Officer's Report:

Conferences/Seminars/Meetings

NABP Annual Meeting, May 16-18, 2019, Minneapolis, Minnesota

The EO asked if anyone was able to attend.

Ms. Keefe volunteered.

2019 Legislation

Relating to Opioid Antagonist

The EO reported that a draft of the proposed amendments to the opioid antagonist bill from the 2018 Legislative Session was submitted to Senator Baker and Representatives Mizuno and Ohno.

Return for disposal bill

The EO also mentioned that initially the Board planned to amend the admin rules to allow pharmacies to take back drugs for disposal purposes only, however, there may be a bill that would include the same language that was being considered for the admin rules.

Pilot project

The EO also reported that there may be a bill that would authorize the Board to approve pilot or research projects that are not in conflict with the laws or rules.

Amendments to Title 16, Chapter 95

Return for Disposal, HAR §16-95-87

The EO stated that this is on hold until it is determined that a bill is introduced that would produce the same results.

State Prescription Drug Return, Reuse, and Recycling Laws

The EO reported that she received a very comprehensive report from Hunter Price, a student at Union University College of Pharmacy in Jackson, Tennessee who is doing research of State Prescription Drug Return, Reuse, and Recycling Laws.

The EO reported that Hawaii used to have a law to allow pharmacies to return drugs for credit and/or donation, however, that required the Department of Health (DOH) to promulgate administrative rules and since they did not, the law was repealed without ever being implemented...twice and that the DOH does have a donation law.

After further discussion, the Board referred Mr. Price to the DOH and their laws on donation, HRS Chapter 328C and takes no position on this matter at this time.

Revisions to Pharmacist's Corresponding Responsibility Guidance Statement - Draft

The Chair stated that the draft now includes the recommendations from the DAG that included disclaimer language and other revisions and that the County Fire Departments are also endorsing this document.

She stated that once the draft is finalized, it will be posted on the Board's web page replacing the current draft.

Working Conditions Survey

The EO stated that she was looking into survey monkey to be included on the renewal page for the online renewals as well as the Board's web page for those pharmacists who do not renew online, but was wondering if pharmacists would not complete the survey if they had to indicate their PH license number because we are keeping the identity of the responders confidential but she wanted to make sure there was no duplicate responses?

The Board determined that pharmacists would see the benefit of completing the survey and provide their PH number.

The EO also asked if the last question on the survey that ask for comments can be deleted?

The Board agreed.

State Board of Pharmacy ACPE CPE Activity

No changes to previous report, however Ms. Isobe volunteered to assist on this project.

Report on Pharmacy Working Group's November 15, 2018 Meeting

The EO reported on the following discussions at the November 15, 2018 Pharmacy Working Group Meeting:

- Amendments to the opioid antagonist law;
- Providership status;
- Board approved pilot and demonstration research projects for safe and innovative application in pharmacy practice;
- PDMP; and
- Return for disposal.

Balanced Living, December 2018 Issue

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

Working Solutions, December 2018 Issue

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

Correspondence:

FDA

Required Risk Evaluation and Mitigation Strategy ("REMS") for Serious Drug Risks

The Chair asked the Vice Chair to lead the discussion on this agenda item.

The Vice Chair reported on the FDA's efforts to provide resources to comply with the required Opioid Analgesic Risk Evaluation and Mitigation Strategy (REMS).

The Board asked that the Patient Counseling Guide be posted on the Board's web page.

Statement on Agency's Approval of Dsuvia and the FDA's Future Consideration of New Opioids

The Chair asked the Vice Chair to lead the discussion on this agenda item.

The Vice Chair reported on the FDA's justification for approving Dsuvia, a sublingual formulation of sufentanil that is restricted to use in certified medically-supervised health care settings for administration by health care professionals. According to the FDA, learning from the harmful impact that other oral opioid products can have, there are very

tight restrictions being place on the distribution and use of this product that will also require a REMS. The FDA will continually monitor the implementation of the REMS associated with Dsuvia and compliance with its requirements and plan to work quickly to make any regulatory adjustments if problems arise.

Prescription Conversion from 30 to 90 Day Supply

The Chair asked Dr. Ma to lead discussion on this agenda item.

“My name is Lisa Le and I am a pharmacy student at the University of Arizona College of Pharmacy. I am doing a quality improvement project for one of our courses. Upon looking through Hawaii pharmacy law book and regulations, I could not find the information we need. I was wondering if you could direct me to the pharmacy laws on whether your state allows a prescription conversion from 30 to 90 days supplies and refills on chronic maintenance medications.”

Dr. Ma stated that HAR §16-95-92 Valid prescriptions includes “if refillable, the number of allowable refills” but does not specifically prohibit dispensing 90 day supply when the prescription is written for 30 day supply with refills.

The Board concurred with Dr. Ma’s assessment and note that this does not apply to prescriptions for any controlled substance.

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.

Dispensing/Distribution of Pet Medications

The Chair asked Dr. Ma to lead discussion on this inquiry pertaining to veterinarian/pet meds.

Dr. Ma again referred to the HAR §16-95-82 Valid prescriptions and also HRS §328-16 Drugs limited to dispensing on prescription and §328-17.8 Electronic prescription information in order to respond to the questions as follows:

1. Do we need a special license to dispense veterinarian medications?
Response: No special license, requires pharmacy license/ miscellaneous permit for an out-of-state pharmacy.
2. Once we receive the prescription from the veterinarian (non DEA holding prescriber) can we dispense the medications?
Response: If licensed/permitted and received “valid” prescription
3. How can we receive the prescription? Phone, fax, eFax, mail, pet owner brings in the hardcopy? See HRS 328-16 Drugs limited to dispensing on prescription and HRS 328-17.8 Electronic prescription information. Please note that HRS 328 falls under the Hawaii State Department of Health, Food and Drug Branch.
4. THIS IS ALL FOR NON-COMPOUNDED MEDICATIONS. Are the rules and laws the same for checking the medication?
Response: Yes

Specifically, a pharmacist has to check the prescription for Pet owner name, animal name, animal and species, dob of pet owner, drug name, dosage, directions, qty, refills, veterinarian license #, and signature of the veterinarian?

Response: See HAR §16-95-82 Valid prescription

5. Are there any limitations to dispensing veterinarian meds across state lines?

Response: You would have to check with the State you are shipping into.

The Board concurred with Dr. Ma's responses and additionally noted that these responses do not apply to prescriptions or the dispensing of any controlled substance.

Questions Regarding Return/Exchange of Prescription Drugs

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

"Re statute: §16-95-87 Return or exchange of drugs prohibited – strictly addresses the return or exchange after a drug has been taken from the premises. No prescription drug shall be accepted for return or exchange after the drug has been taken from the premises where dispensed or sold by prescription.

- Does this also apply to situations where patients medications (legend, non-controlled medications) have been discontinued and the patient would like the clinic or the pharmacy to remove it from their possession merely for destruction so they don't get confused with their current drug therapy?
 - Are there any separate legal requirements for the clinic versus the clinic pharmacy regarding the management of these types of medications?
- Does the Board of Pharmacy have any recommendations in how patient specific medications that have been sent directly to the clinic from another pharmacy or insurance company for provider administration directly to the patient need to be managed?
 - We have had situations where the patient moved and did not provide a forwarding address and/or the medication was discontinued/not administered? Are there any specific Board requirements in managing these medications?
- Does the Board of Pharmacy have any specific requirements for Medication management for clinics and physician practices and where can these be found in the HAR and HRS chapters of the PVL?

Dr. Ma referred to HAR §16-95-87 and that there are no exceptions or circumstances under this section that would allow a pharmacy to take back drugs after it has been taken from the premises and also the Board does not have jurisdiction over a "clinic", only pharmacies.

The Board concurred with Dr. Ma's response.

Out-of-State Pharmacy Technician Services

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

“The purpose of this email is to request clarification on the licensure requirements for an out of state pharmacy technician for each of the following services (the “Services”):

- Contacting patients (via telephone) to verify or confirm prescriber information or current medication therapies.
- Contracting health care provider’s office (via telephone) to confirm whether the office received the fax relating to a medication recommendation. In the event the office wanted any additional information about the recommendation or had any questions, the pharmacy tech would transfer the office to the pharmacist.
- Contacting healthcare providers via telephone and facsimile on status of original faxed medication intervention created by a Pharmacist (e.g., relating to a potential medication issue as identified by a Pharmacist).
- In the event medication intervention is approved by the healthcare provider, the pharmacy technician will reach out to the patient to (i) identify the patient’s preferred dispensing pharmacy (the “Local Pharmacy”) and (ii) transfer the patient to a pharmacist to discuss the details of the approved intervention. The pharmacy technician will not discuss the details of the approved intervention with the patient. Further, the pharmacy technician will fax the prescription to the Local Pharmacy.

Note that the Services will be provided outside of your state, but provided for patients located within your state. The pharmacy technicians will work for a non-dispensing pharmacy that provides pharmacy consulting services, such as medication review. Note, it is unclear whether your state will issue a pharmacy permit for the non-dispensing pharmacy, but the pharmacy will have a home-state pharmacy permit.

Specifically, my questions (with respect to each of the Services outlined above) are as follows:

- Generally, is a non-resident pharmacy technician permitted to provide the Services?
- If the pharmacy technician is nationally certified, does the pharmacy technician need a separate permit in your state? No, Hawaii does not license/register/certify pharmacy technicians
- If the pharmacy technician is not nationally certified, does the pharmacy technician need a separate permit in your state? Same response as above
- Do the above answers change if the pharmacy technician works for an pharmacy that does not hold a pharmacy permit in your state (because your state does not have a pharmacy license for a non-dispensing pharmacy)?”

Ms. Keefe stated that Hawaii does not license/register/certify pharmacy technicians and that the pharmacy technician could provide these services under the immediate supervision of a pharmacist.

The EO asked the Board under which section in §16-95-86 Scope of practice of a pharmacy technician allows a pharmacy technician to perform the tasks mentioned in the inquiry, i.e. Contacting patients (via telephone) to verify or confirm prescriber information or current medication therapies, for example?

The Board reviewed the following section:

§16-95-86 Scope of practice of a pharmacy technician. A pharmacy technician may perform the following tasks, not requiring professional judgment, under the immediate supervision of a pharmacist:

- (1) Process prescription labels, drug packaging, stocking, delivery, record keeping, pricing, documentation of third party reimbursements, and preparing, labeling, compounding, storing, and providing medication; and
- (2) Medication preparation is permissible provided that the pharmacy technician:
 - (A) Has a working knowledge of the pharmaceutical medical terms, abbreviations, and symbols commonly used in the prescribing, dispensing, and charting of medications;
 - (B) Is able to perform the arithmetic calculations required for the usual dosage determination and solution preparation;
 - (C) Has a thorough knowledge and understanding of the pharmacy technician's duties and responsibilities, including standards of ethics and applicable laws and regulations governing the practice of pharmacy;
 - (D) Has a working knowledge of drug dosages, route of administration, and dosage forms and therapeutics;
 - (E) Has a working knowledge of the procedures and operations relating to the manufacturing, packaging, and labeling of drug products; and
 - (F) Has an appropriate working knowledge of the procedures and operations relating to aseptic compounding and parenteral admixture operations.

After further discussion, it was the consensus of the Board that pharmacy technicians may perform the activities indicated in the email pursuant to §16-95-86(1) provided the pharmacy technician is immediately supervised by the pharmacist pursuant to HRS 461-9 Pharmacist in charge; pharmacy personnel.

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.

Limitations on Transfer of Prescriptions

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

“I am writing to ask a question regarding transfer of prescriptions. Does your state or territory have any limitation restrictions regarding the number of transfers of a non-controlled, legend drug, or a “medical device” prescription in state or out of state?

This prescription would be within the one-year valid restriction law present in most states/territories.

We are registered in your state/territory”

Ms. Keefe said that HAR §16-95-84 Transfer of prescriptions. does not have any restrictions in regard to the number of times a prescription can be transferred.

The Chair also referred to HRS 328-17.6 (b), (d) and (g).

After further discussion, it was the consensus of the Board that these sections although addressing transfer of prescriptions, did not restrict the number of times a prescription for a non-controlled substance could be transferred.

Pharmacists Scope of Services – License Requirements

The Chair asked Ms. Keefe to lead the discussion on this agenda item:

“I am hoping this is the correct email to request guidance on pharmacy licensure issues. Specifically, my inquiry relates to the licensure requirements of pharmacists (and their employing entity) to provide the following types of potential services (the “Services”) that will be provided outside of the state of Hawaii:

1. The pharmacists would review and screen a patient’s medication list to identify high-risk medications and consult with the patient and/or physician regarding the patient’s regimen.
2. The pharmacists would also communicate and collaborate with the patient’s various health care providers to coordinate care, including by providing clinical education and answering medication related questions.
3. The pharmacists would connect with patients to review their medication list, provide counseling, and if necessary, connect with the patients’ prescriber regarding the patient’s regimen.

Do any of these activities fall within the scope of practice as defined under the “Practice of pharmacy”? Practice of pharmacy is not limited to dispensing of medications...

Neither the pharmacists nor its employing entity will store, dispense, or otherwise handle any drugs. The Services will be limited to review, analysis, and recommendations regarding a patient’s current drug regimen. Further, the pharmacists will not have the ability to make any independent changes to the patient’s treatment plan or order any additional tests for the patients. Instead the pharmacist will simply consult with the prescriber and patient.

The types of patients that would benefit from the Services may vary depending on the requesting entity. However, it could potentially include (by way of example) Hawaii residents who (i) are enrolled in CMS special need plans, (ii) receive ongoing treatment at a clinic for chronic diseases, and/or (iii) are enrolled in an insurance plan that wishes to offer these additional services. The purpose of the review is to improve the patient's treatment through a review and analysis of the patient's drug regimen. Again, the individuals providing the Services will be located outside of the state of Hawaii. The entity will receive a non-dispensing pharmacy permit from its home state.

Based on the above facts, can you please confirm the following:

- A. Is a Hawaii pharmacy permit required to perform the above Services (since the pharmacy will not house any drugs and/or ship into the state)?
- B. If a Hawaii pharmacy permit is required, do the individual pharmacists providing the services also need to hold a Hawaii non-resident pharmacist license to perform the Services or is the home-state pharmacist licensure sufficient?
- C. If a non-resident pharmacy permit is NOT required for the pharmacy, would the individual pharmacists providing the Services for Hawaii residents be required to hold a non-resident Hawaii pharmacist permit or is the home-state pharmacist licensure sufficient?
- D. Can a non-resident pharmacy technician provide the Services (with oversight of a pharmacist)? If so, does the pharmacy technician need to hold a Hawaii permit?
- E. Do any of the above answers change if the services are limited only to outreach to prescribers (and do not involve any outreach to patients)?

Ms. Keefe stated that the activities described appear to fall within the definition of "Practice of pharmacy" and that the pharmacists performing these activities would be required to obtain a Hawaii pharmacist registration/license and that if these services are being provided in a pharmacy, then the pharmacy must hold a miscellaneous permit as an out-of-state license and for the pharmacy technician scope of practice, she referred to HAR §16-95-86 and that the requirements would be the same if they were only contacting prescribers.

It was the consensus of the Board that they concur with Ms. Keefe's responses.

USP Roundtable on Opioid Prescription Labeling

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

"My name is Donna Bohannon, and I work for USP (US Pharmacopeia), a standard setting organization. We are exploring standards-based approaches to addressing parts of the opioids crisis, and one possible approach is through using the space on the prescription container label in an impactful way to educate patients on the risk of opioid abuse and addiction.

We are reaching out because we know that your state [has passed a policy to require certain labeling on opioids prescription containers. Other states have passed similar laws, and legislation has been introduced in a few states as well. In addition, Canada has issued regulations to require opioid labeling nationally.

We'd like to convene a discussion around this topic, exploring the evidence used to develop labeling statements for prescription containers, as well as current experience from states and others that are currently implementing such statements. The goals of such a discussion will be to have a dialog about successes and challenges and to explore whether national standardization would increase the effect and impact.

We would very much appreciate your participation in such a discussion or in the preparation for the discussion. We're targeting the end of January (January 31) for our roundtable discussion. Ideally, we'd like to have a representative from each state present on that state's experience with implementing the labeling requirements and then have a facilitated discussion exploring the implications for a national standard in this space. We'd also like to hear from stakeholders who are charged with implementing the new requirements (for example, pharmacists) and explore any challenges they are experiencing.

We are happy to set up some time to discuss further, but I wanted to reach out initially by email to gauge your potential interest and availability."

Ms. Isobe referred to legislation passed last year that requires warning language on the labels for opioid dispensed products.

The EO stated she will try to participate in the roundtable discussion if she is available.

Remote Pharmacist Order Verification Licensure Requirements

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

"In order to improve patient care and expand the role of our Pharmacists, Adventist Health is exploring opportunities thru telehealth and telepharmacy. We believe it will allow our hospital based pharmacists the ability to have more time at the bed side and also will our patients and communities access to a Pharmacist at all hours/days of the week.

I wanted to confirm licensure requirements to support our Hawaii hospital and clinics at Castle Medical Center. We will have remote pharmacists located at our Roseville, California based office supporting Castle Medical center in both remote order verification (hospital inpatient order verification) and possibly some patient care activities (ie phone follow up and drug information).

What are the licensure requirements for the California based pharmacists to support Castle Medical Center in Hawaii?

Thank you for your help! Look forward working with you on this opportunity to improve the health of the community and expand the role of the Pharmacist!

Ms. Isobe stated that previously the Board determined that the out-of-state pharmacist providing remote prescription verification or activities that fall within the definition of "Practice of pharmacy", would be required to be licensed as a Hawaii pharmacist and if providing the services from a pharmacy, that pharmacy would have to be licensed as a Miscellaneous permit as an out-of-state pharmacy.

It was the consensus of the Board to concur with Ms. Isobe's response.

Questions on Prescriptions

The Chair asked Ms. Isobe to lead the discussion on the following:

"I have a few questions regarding some of the state laws which I could not find. Are multiple prescriptions allowed to be written on the same prescription pad? Is an Rx copy permissible for approval? Is a facility required to notify the state board of pharmacy for positive growth during environmental monitoring? Thank you."

Ms. Isobe referred to HAR §16-95-82 and that this section does not apply to prescriptions for controlled substances.

The Board agreed.

503B Outsourcing Facility License Requirements

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

"If we (503B FDA outsourced facility) are shipping drug products to a Federal Government customer/location in Hawaii from out-of-state, we will not require any state licensing, correct?"

I just wanted to verify please because it is not in the State regulations. Our client is in the process of applying for the license but the Federal Contract was expanded from Washington (the initial point of delivery) and I want to make sure to be compliant with Hawaii rules."

Mr. VandenBussche stated that Hawaii does not have a separate license/permit for outsourcing facilities and that if the out-of-state outsourcing facility is shipping only to a federal facility, the State may not have jurisdiction over that federal facility, but may still have jurisdiction over the out-of-state outsourcing facility who may be required to hold a miscellaneous permit as an out-of-state pharmacy that can dispense drugs into this State pursuant to a valid patient specific prescription.

The Board concurred with Mr. VandenBussche's conclusion.

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.

Controlled Substance and Telemedicine Question(s)

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

“I'm contacting you in search of some state laws that I'm having trouble in finding. I am a pharmacy intern currently working at a mail order pharmacy that ships to patients throughout the country.

First, I have read that some states have put Gabapentin on their controlled substance list. Is gabapentin controlled in your state?

Next, with the evolution of technology, we believe telemedicine is up and coming. Since we deal with your state, we are in search of your state laws regarding the practice of telemedicine and how it differs between what doctors, physician assistants, nurse practitioners, etc are allowed to do. If there is any specific information regarding this or a link to where I can find it, that would be greatly appreciated!”

Mr. Yamamoto was asked if Gabapentin was a controlled substance in Hawaii.

Mr. Yamamoto said no.

As for the second question regarding telemedicine, since various laws and rules address telehealth or telemedicine, the Board refers the inquirer to the PVL web page to search the difference practice acts.

Schedule of Gabapentin? Ken to lead the discussion:

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

“I am writing about the status of gabapentin in the state of Hawaii. As you are most likely aware, some states have re-classified gabapentin as a controlled substance. Other states have not reclassified it and have instead mandated prescription monitoring program reporting for gabapentin dispensing. Our mail-order pharmacy occasionally mails prescriptions into your state.

I would like to know the status of gabapentin in your state. Is it a controlled substance? If not, is PMP reporting required for it? Is this likely to change soon?

Any information you supply us will help us determine if we can dispense gabapentin to our patients in your state.”

Mr. VandenBussche reiterated that Gabapentin is not a controlled substance in this State and also recommends that the out-of-state pharmacy follow the DEA guidelines regarding telemedicine and controlled substances if Gabapentin is considered a controlled substance in the state where the dispensing pharmacy is located.

NABP – State News Roundup

The Chair asked the members if they had any articles that they wanted to discuss from the following issues:

- 11/7/2018
- 1/8/2019

There were none.

Pharmacy Technician Entering Prescriptions Remotely (from another state)

The Chair lead the discussion on the following email inquiry:

“If a pharmacy technician wanted to remotely enter prescriptions (From KY or another state) for the state of Hawaii, could we do that? What at the rules for pharmacy technicians in your state.”

The Chair referred to Hawaii Administrative Rules §16-95-86 Scope of practice of a pharmacy technician.

She also recommended that the Pharmacy Working Group review the pharmacy technician scope of practice for possible amendments for alignment to current practice.

Chapter 91, HRS
Adjudicatory Matter(s):

At 10:29 a.m., the Chair called for a recess pursuant to Chapter 91, HRS to discuss and deliberate on the following adjudicatory matters:

In the Matter of the Miscellaneous Permit of **Gipsco Investment Corp, doing business as Lee Silsby Compounding Pharmacy; PHA 2018-25-L**, Settlement Agreement Prior to Filing of Petition for Disciplinary Action and Board’s Final order; Exhibits “1”

Upon a motion by Ms. Keefe, seconded by Mr. Weinberg, it was voted on and unanimously carried to approve the Board’s Final Order.

Following the Board’s review, deliberation, and decision in these matters, pursuant to Chapter 91, HRS, the Chair announced that the Board was reconvening its scheduled meeting at 10:31 a.m.

Executive Session:

At 10:31 a.m., upon a motion by Dr. Ma, seconded by Mr. Weinberg, 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 11:11 a.m., upon a motion by Ms. Isobe, seconded by the Vice Chair, it was voted on and unanimously carried to move out of executive session.

Applications:

Ratification Lists

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

Applications

Pharmacist

It was the consensus of the Board to defer the following application for additional information:

Jarrett W. K. Chang

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

John P. Simonds

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

Michael R. Petrilli (Pursuant to HRS §461-21(a)(2) & (5))

Michael A. Spiese (Pursuant to HRS §§436B-19(13), 461-21(a),(2), (5) & (7) and HAR §16-95-110(a)(4), (11) & (12))

Miscellaneous Permit

It was the consensus of the Board to defer the following application:

Complete Pharmacy and Medical Solutions

Upon a motion by the Chair, seconded by the Vice Chair it was voted on and unanimously carried to approve the following miscellaneous permits:

Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio
JHC Acquisition LLC, dba Omnicare of Northern Illinois (PMP 1568) – Zishan Kahn, PH

Pensacola Apothecary Inc., dba Everwell Specialty Pharmacy (PMP 1569) – Christopher Schulte

Wedgewood Village Pharmacy LLC

Fountain Plaza Pharmacy LLC (PMP)- Ryan Hollingsworth, PH

Board of Pharmacy Ratification List for January 17, 2019

Pharmacist (PH)

PH 4372 KIMBERLEE A ROSEMAN
PH 4373 JIMMY C CHAN
PH 4374 TAMIKO L USHIO
PH 4375 ELDER SOTO
PH 4376 BRENDAN A FERRIS
PH 4377 ERICKA K RICHARDS
PH 4378 SCOTT B PORTMAN
PH 4379 LISA M CLINTON
PH 4380 RYAN K KELE
PH 4381 MARI TAKUSHI
PH 4382 EMMANUELLE F M ESQUIVEL
PH 4383 SAMANTHA T ARRINGTON
PH 4384 CIERRA A GAUVIN
PH 4385 JIM K NGUYEN
PH 4386 AMIT PATEL
PH 4387 KAYLEE S AL-SAIGH
PH 4388 RYAN T H KINOSHITA
PH 4389 ASHA H FRAZER
PH 4390 NABIHA MAHMOOD
PH 4391 MATTHEW A GENTRY
PH 4392 CHRISTINA KIM
PH 4393 ANDREW V PHAN
PH 4394 SAI LOI
PH 4395 WANDA A DAGHER
PH 4396 MICHAEL D CURCIO
PH 4397 CODY T BAIR
PH 4398 JOSHUA K BELCHER
PH 4399 MICHAEL L ANCZAK
PH 4400 MIYUKI T MILLER
PH 4401 KEVIN A MAZA
PH 4402 JENNIFER L FUJIO

Pharmacy (PHY)

PHY	926	16-192 PILI MUA ST	KEAAU	HI	96749	BAY CLINIC, INC
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Miscellaneous Permit (PMP)

PMP	1550	4854 WOODBINE RD UNIT 5	PACE	FL	32571	PROFESSIONAL PHARMACY RESOURCES
PMP	1551	4410 W NEWBERRY RD STE A5	GAINESVILLE	FL	32607	WESTLAB PHARMACY INC
PMP	1552	123 COLUMBIA DR STE E	MARSHALLS CREEK	PA	18335	EDPHARMALLC
PMP	1553	352 W NORTHFIELD BLVD	MURFREESBORO	TN	37129	TWELVESTONE MEDICAL INC
PMP	1554	6730 ATASCOCITA RD	HUMBLE	TX	77346	PRO SCRIPT SOLUTIONS PHARMACY, LLC
PMP	1555	1361 MAIN ST	DUNEDIN	FL	34698	ASAP PHARMACY, INC
PMP	1556	485 N JUNIPER DR	CHANDLER	AZ	85226	DIPLOMAT SPECIALTY PHARMACY OF PHOENIX LLC
PMP	1557	8731 ROUTE 30 STE #1	NORTH HUNTINGDON	PA	15642	NORTH HUNTINGDON MEDICAL INC
PMP	1558	9555 KINGS CHARTER DR	ASHLAND	VA	23005	PROCARE PHARMACY L L C
PMP	1559	11425 STRANG LINE RD	LENEXA	KS	66215	ROYAL PHARMACY LLC
PMP	1560	502 BUSINESS PARKWAY	RICHARDSON	TX	75081	PINELAND PHARMACY LLC
PMP	1561	856 HERCULES DR STE 30	COLCHESTER	VT	5446	EDGE PHARMACY SERVICES LLC
PMP	1562	17255 N 82ND ST STE 130	SCOTTSDALE	AZ	85255	TC SCRIPT LLC
PMP	1563	216 EARNHARDT ST	CONWAY	SC	29526	SYNTHETOPES, INC
PMP	1564	4700 N HANLEY STE B	ST LOUIS	MO	63134	UBC PHARMACY LLC
PMP	1565	1819 ASTON AVE SUITE 104	CARLSBAD	CA	92008	BIORX LLC
PMP	1566	1601 MAIN ST STE 106	RICHMOND	TX	77469	ZSZ ENTERPRISE, INC
PMP	1567	1471 E BUINESS CENTER DR	MT PROSPECT	IL	60056	DELIVERCARERX PHARMACY LLC
PMP	1568	2313 S MOUNT PROSPECT RD	DES PLAINES	IL	60018	JHC ACQUISITION LLC
PMP	1569	6506 NORTH DAVIS HWY	PENSACOLA	FL	32504	PENSACOLA APOTHECARY, INC
PMP	1570	929 BROADWAY	DENVER	CO	80203	ALTO PHARMACY
PMP	1571	15644 POMERADO RD #303	POWAY	CA	92064	PACIFICO WEST RX, INC
PMP	1572	124 S GLENDALE AVE	GLENDALE	CA	91205	SORTPAK RX, INC