

# REQUIREMENTS AND INSTRUCTIONS FOR FILING - WHOLESALE PRESCRIPTION DRUG DISTRIBUTORS

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

## ACTIVITIES COVERED UNDER THIS LICENSE

- Handling, distributing or storing of legend or prescription pharmaceuticals, controlled substances, medical gases, transfilling of medical gases, or supplies and devices that contain or are accompanied by legend/prescription drugs, to persons other than a consumer or patient.
- "Wholesale distributor" means any person or entity in this State engaged in wholesale distribution of prescription drugs, including, but not limited to, manufacturers; re-packers; own label distributors; private label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; prescription drug re-packagers; physicians; dentists; veterinarians; birth control and other clinics; individuals; hospitals; nursing homes and their providers; health maintenance organizations and other health care providers; and retail and hospital pharmacies that conduct wholesale distributions. The term "wholesale distributor" shall not include any carrier for hire or person or entity hired solely to transport prescription drugs. For purposes of this section, "manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, re-packaging or labeling of a prescription drug; and "prescription drug" means any human drug required by federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to section 503(b) of the Federal Food, Drug and Cosmetic Act.

## APPLICATION IS REQUIRED WHEN

- A person or entity will be operating, maintaining, opening, storing, changing location or establishing a wholesale prescription drug distribution within the State of Hawaii.
- Ownership changes.
- A person or entity will be operating, maintaining, opening, storing or establishing a vendor-managed inventory arrangement ("consignment arrangement") within Hawaii.

**NOTE:** If the person or entity is licensed in its state of domicile, and does not have a facility, office or vendor-managed inventory located in Hawaii, the person/entity is not required to obtain a wholesale drug distributor license.

## CONTROLLED SUBSTANCES

Be advised that the State may have different substances listed in its schedules of controlled substances. You are required to register with the Department of Public Safety, Narcotics Enforcement Division, if you will be shipping controlled substances. For further information, contact:

Department of Public Safety                      Phone: (808) 837-8470  
Narcotics Enforcement Division  
3375 Koapaka Street, Ste. D100  
Honolulu, HI 96819

## APPLICATION FORM (ORIGINAL AND 1 COPY)

**COMPLETE APPLICATION AND SUBMIT THE ORIGINAL AND ONE COPY TO THE BOARD.** Fill out the on-line fillable form or print *legibly* in dark ink. Failure to provide the requested information will delay the processing of your application. **On the application, provide the name and position of person or persons responsible for the distribution of drugs, and an outline of at least one year's experience in the handling, storage, manufacture or distribution of prescribed drugs.**

(CONTINUED ON PAGE 2)

**SOCIAL  
SECURITY  
NUMBER**

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **For a license to be issued, you must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

**42 U.S.C.A. §666(a)(13)** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

**§576D-13(j), HRS** requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

**§436B-10(4), HRS** which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

**VERIFICATION OF  
WORK  
EXPERIENCE**

**Submit** written verification from a third party (for example, letter from a former employer) to verify at least one (1) year of work experience for the person(s) who will be responsible for the distribution and handling of prescribed drugs.

**MAP OF  
FACILITY**

**Attach** two (2) copies of a map of the facility showing the storage area for drugs, the storage area for quarantined drugs, and the placement of the lighting, ventilation and temperature control equipment. Schematic drawing will be accepted; need not be a blueprint nor to scale.

**WRITTEN  
POLICIES AND  
PROCEDURES**

**Attach** two (2) copies of written policies and procedures for the receipt, security, storage, inventory and distribution of prescription drugs (which shall include medical gases) including policies and procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories. These written policies and procedures shall include a procedure:

- 1) For the receipt, security, storage, inventory and distribution of prescription drugs;
- 2) For identifying, recording and reporting losses or thefts and correcting errors in inventories;
- 3) Whereby the oldest stock is distributed first;
- 4) For handling recalls and withdrawals of prescription drugs;
- 5) For handling return of outdated prescription drugs, its segregation and documentation of disposal; and
- 6) To ensure the handling of any crisis in the event of natural disasters or local, state, or national emergencies.

(CONTINUED ON PAGE 3)

**ENTITY  
REGISTRATION**

If the application is for a corporation, partnership, LLC or LLP, submit the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce & Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, Hawaii 96810.

If the corporation/partnership/LLC/LLP has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below (copy acceptable).

If the corporation/partnership/LLC/LLP has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a "Certificate of Good Standing" or "Certificate of Qualification" (copy acceptable).

**TRADE NAME**

If the applicant will be using a trade name, **attach a current** "filed-stamped" copy of the "Application for Registration of Trade Name" approved by the Business Registration Division. You may contact them at (808) 586-2727.

**INSPECTION  
REQUIRED**

An inspection conducted by the Department of Health, Food and Drug Branch, on the minimum requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drugs distribution records **shall be successfully completed before a license is issued.** A copy of the inspection report is attached indicating the items for which the applicant will be inspected. Any item deemed unsatisfactory by the Department of Health shall prevent the issuance of a license. We will forward a copy of your application to the Department of Health.

**RELOCATION**

**If filing for the relocation of a wholesale prescription drug distribution, complete and submit the attached application in duplicate, map of the facility, written policies and procedures, and the non-refundable application fee of \$100.**

**NEW LICENSE-  
BUSINESS  
FORMERLY  
OWNED BY  
SOMEONE ELSE**

**Attach** a letter of verification from the former owner that the business (facility) has been bought and the effective date.

**FEES**

A license will be issued upon fulfillment of the above requirements, passing an inspection of the facility, approval by the Board and the receipt of the appropriate fees due.

Make check payable to: **COMMERCE & CONSUMER AFFAIRS.** (check must be in U.S. dollars and be from a U.S. financial institution.)

If applying for license in an EVEN-NUMBERED year, pay ..... \$410  
(\*Application fee - \$100, License - \$65, Compliance Resolution Fund - \$148,  
1/2 renewal - \$97).

If applying for license in an ODD-NUMBERED year, pay ..... \$239\*\*  
(\*Application fee - \$100, License - \$65, Compliance Resolution Fund - \$74).

**If applying for Relocation, pay ..... \$100**  
**\*Application fee - \$100 (license fee not required).**

\*Application fee is non-refundable.

\*\*ALL licenses expire on December 31, ODD-NUMBERED years and are subject to renewal regardless of license issuance date.

**FEES  
(Cont'd)**

**NOTE:** *One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service fee shall be assessed for payments that are dishonored for any reason.*

*If denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.*

**BOARD'S  
ADDRESS**

Mail all required documents to:

Board of Pharmacy  
DCCA, PVL Licensing Branch  
P.O. Box 3469  
Honolulu, HI 96801

**OR**

Deliver to office location at:

335 Merchant St., Room 301  
Honolulu, HI 96813  
Phone: (808) 586-3000

Toll free voice access numbers for the neighbor islands:

Kauai: 274-3141 Ext. 6-3000  
Maui: 984-2400 Ext. 6-3000  
Hawaii: 974-4000 Ext. 6-3000  
Molokai: 1-800-468-4644 Ext. 6-3000  
Lanai: 1-800-468-4644 Ext. 6-3000

**LAWS & RULES  
PUBLICATIONS**

Copies are available by submitting a written request to: Board of Pharmacy, Department of Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801.

1. Chapter 461, Hawaii Revised Statutes; Pharmacists & Pharmacies
2. Title 16, Chapter 95, Hawaii Administrative Rules, Pharmacists & Pharmacies
3. Chapter 329, HRS, Uniform Controlled Substances Act
4. Chapter 328, HRS, Food, Drugs and Cosmetics
5. Chapter 436B, HRS, Professional and Vocational Licensing Law

The laws and rules are also available on our website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl). Click on "Pharmacy". Then click on "Statute/Rule Chapter".

**APPLICATION  
STATUS**

It is the responsibility of the applicant to arrange for submission of all required documentation for timely completion of the application. Applicants may contact the Department of Commerce & Consumer Affairs periodically to monitor the status of their file with regard to receipt of supporting documents.

**BIENNIAL  
RENEWAL**

**All licenses, regardless of issuance date, are subject to renewal on or before December 31, of each ODD-NUMBERED year.**

The failure to timely renew a license, including payment of fees shall cause the license to be automatically forfeited. A license which has been forfeited may be restored within three (3) years after the date of forfeiture upon compliance with the licensing renewal requirements. After 3 years, a new application for license shall be required.

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**ABANDONMENT  
OF APPLICATION**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**RELEASE OF  
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on "**Release of Information to Third Party**", sign and date it.

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

# WHOLESALE DRUG DISTRIBUTOR INSPECTION FORM

(Keep for Reference)

	S	U
<b>FACILITIES:</b>		
A. Facility's size and construction facilitates cleaning, maintenance and proper storage.		
B. Storage areas provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment and security conditions.		
C. Quarantine area maintained for storage of outdated, damaged, deteriorated, misbranded, adulterated prescription drugs.		
D. Facility is free from infestation from insects, rodents, birds and vermin of any kind.		
<b>SECURITY:</b>		
A. Facility is secured from unauthorized entry; only authorized personnel are allowed into prescription drug area.		
B. Access from outside premises is kept to a minimum.		
C. Outside perimeter is well lighted.		
D. Facility is equipped with alarm system.		
E. Facility is equipped with security system to provide protection from theft and diversion.		
<b>STORAGE:</b>		
A. Prescription drugs stored at appropriate temperature and conditions as defined in an official compendium.		
B. Firm is equipped with appropriate manual, electromechanical or electronic temperature and humidity recording equipment, devices, logs.		
<b>RETURNED OR DAMAGED DRUGS:</b>		
A. Damaged, outdated, deteriorated, misbranded or adulterated drugs are physically separated from other prescription drugs.		
<b>EXAMINATION OF MATERIALS:</b>		
A. All outgoing and incoming merchandise is examined for damage and accuracy.		
<b>RECORD KEEPING:</b> Records kept at the firm indicate the following:		
A. Source of drugs, name and principal address of seller or transferor, and address from which drugs were shipped.		
B. Identify and quantity of drugs received and distributed/disposed, date of receipt and distribution/disposal.		
C. Records are stored at the firm or are easily retrievable by computer. Records are stored for five years.		
<b>RESPONSIBLE PERSONS:</b>		
A. Current list of officers, directors, managers and other personnel in charge of wholesale distribution, storage and handling of prescription drugs is maintained at the firm.		
B. Description of duties and qualifications of personnel is maintained at the firm.		
<b>SALVATION AND REPROCESSING:</b>		
A. Salvaging and reprocessing operation in compliance with 21 CFR 207, 210, 211.		

(CONTINUED ON NEXT PAGE)

<b>WRITTEN POLICIES AND PROCEDURES:</b>	<b>S</b>	<b>U</b>
A. Firm established and follows written policies and procedures for the receipt, security, storage, inventory and distribution of prescription drugs.		
B. Firm has policies for identifying, recording and reporting losses or thefts and correcting errors in inventories.		
C. Firm has a procedure where oldest stock is distributed first.		
D. Firm has a procedure for handling recalls/withdrawals of prescription drugs.		
E. Firm has a procedure for handling return of outdated prescription drugs; segregation and written documentation of disposal.		
F. Procedure for preparation, protection and proper handling of any crisis that affects security or operation of any facility in the event of strike, fire, flood or other natural disaster or emergencies.		
<p><b>COMMENTS:</b></p>		

**APPLICATION FOR LICENSE - WHOLESALE PRESCRIPTION  
FOR RELOCATION OF BUSINESS DRUG DISTRIBUTOR**

Access this form via website at: [cca.hawaii.gov/pvl](http://cca.hawaii.gov/pvl)

**Check type of BUSINESS ENTITY:**

INDIVIDUAL (Sole Owner)       CORPORATION       PARTNERSHIP  
 LIMITED LIABILITY CO. (LLC)       LIMITED LIABILITY PARTNERSHIP (LLP)

Name of Applicant (First-Middle-LAST; or name of corporation, partnership, LLC or LLP):

Trade Name (if used):

Hawaii Location (include suite no., city, state & zip code):	Social Security No.:
	Date of Birth (if individual):
Mailing Address (if different from location):	E-Mail Address:

Business Ph. No. (include area code):	Toll free No. (if any):	Fax No. (include area code):	Website Address:
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PWD CHECKOUT

Fees: \$410 / \$239 / \$100       BREGS  
 Policy & Procedure       Map of Facility  
 Verification of work experience

Date Routed to Dept of Health	Pre-Assigned No. <b>PWD -</b>
Effective Date:	License No. <b>PWD -</b>

**Relocation**

**FOR OFFICE USE ONLY**

Check the type of application being made:

NEW LICENSE. Business NOT owned by anyone else before.

NEW LICENSE. Business formerly owned by someone else (**Attach** letter of sale).  
 License No. of former owner: \_\_\_\_\_

**RELOCATION.** Same owner but in a different location.  
 License No. : **PWD -** \_\_\_\_\_

**Is the premises ready for inspection?** .....  YES  NO

**If "NO", when will it be ready?** \_\_\_\_\_

Provide name and position of person or persons responsible for the distribution of drugs. **Attach** an outline of at least one year of experience in the handling, storage, manufacture, or distribution of prescription drugs. **Attach** written verification from third-party. (If additional space is required, attach a separate sheet).

Name	Position	
		Have you attached verification of work experience? ..... <input type="radio"/> YES <input type="radio"/> NO
		Have you attached verification of work experience? ..... <input type="radio"/> YES <input type="radio"/> NO
		Have you attached verification of work experience? ..... <input type="radio"/> YES <input type="radio"/> NO

(CONTINUED ON PAGE 2)

**FILE IN DUPLICATE (Original and one copy)**

Appl.....	496.....	\$100
Lic.....	499.....	\$ 65
CRF.....	497.....	\$ 74/\$148
1/2 Ren.....	490.....	\$ 97
Service Fee.....	BCF.....	\$ 25



Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**The following questions pertain to the applicant and any persons (pharmacist, officers, directors, managers, partners, etc.) responsible for the distribution of drugs. Check your answers and attach pertinent documentation.**

1. Have any of the applicants and/or persons responsible for the distribution of drugs had any:
  - a) Convictions relating to the distribution of drugs (including samples)? .....  YES  NO
  - b) Felony convictions? .....  YES  NO
  - c) Suspensions or revocations of licensure for the manufacture or distribution of drugs by federal, state, or local laws, of any license currently or previously held by the applicant or persons responsible for the distribution of drugs in any state the applicant is conducting business? .....  YES  NO

*If "YES", list, explain, and **attach** copies of court documents on the date, place, violation of each conviction and fulfillment of the conditions of each sentence or the Board's documents including Board's Final Order and current status.*
2. Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....  YES  NO
3. List all Parent or Subsidiary companies, if any: \_\_\_\_\_  
\_\_\_\_\_
4. If applicant is a corporation, partnership, LLC or LLP, is verification attached to attest that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii? .....  YES  NO

<b>RESIDENCE ADDRESSES:</b>			
<b>Name</b>	<b>Social Security No.</b>	<b>Residence Address</b>	<b>Phone No.</b>
Sole Owner			
President, Partner or Director			
Vice-President, Partner or Director			
Secretary, Partner or Director			
Treasurer, Partner or Director			

Business Entities Applicant will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesale/Distributors
- Other (list) \_\_\_\_\_

Type of Products to be handled and distributed by applicant:

- Legend pharmaceuticals, supplies or devices
- Controlled substances
- Medical gases only

Print Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Are the written policies and procedures for the receipt, security, storage, inventory and distribution of prescription drugs including procedures for identifying, recording and reporting losses or thefts and for correcting all errors and inaccuracies in inventories attached? .....  YES  NO

If "NO", give a date when it will be available: \_\_\_\_\_

**(NOTE: An inspection with the Department of Health will not be scheduled until this and all other requirements are met.)**

Affidavit of Applicant:

I certify that the statements, answers and representations made in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license and is a misdemeanor (*Section 710-1017, Sections 436B-19 and 461-21, Hawaii Revised Statutes*).

I further certify that the wholesale prescription drug distributor for which the license is sought is or will be in full compliance with all state drug, narcotic and poison laws, and Chapters 461 and 95, Hawaii Revised Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Title of Applicant

**Release of Information to Third Party:**

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following third party:

Print Name of Individual who is assisting you: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.