

**Hawaii State Board of Pharmacy
(BOP)
Lee Ann Teshima, Executive Officer**

*Presentation for Pharmacy Diversion Awareness Conference
hosted by the Drug Enforcement Administration*

Sunday and Monday, January 22 & 23, 2017

2016 Legislature

Act 68, SLH 2016 Relating to Opioid Antagonists;

Act 218, SLH 2016 Relating to the Uniform Controlled Substances Act

2017 Legislature

HB 156 Relating to Reimbursement of Pharmacists

SB 187 Relating to Pharmacists

"Pharmacy and Pharmacist Important Announcements"

cca.hawaii.gov/pvl/boards/pharmacy

[Board of Pharmacy's Emergency Contraception Oral Drug Therapy Program](#)

[Durable Medical Equipment Suppliers – Licensing Requirements \(posted 12/12/2016\)](#)

[Immunization of Persons 14-17 Years Old – Participating Pharmacies/Pharmacists](#)

"Pharmacy and Pharmacist Important Announcements"

cca.hawaii.gov/pvl/boards/pharmacy

[Information from the CDC – Pharmacists: On the Front Lines \(posted 11/17/2016\)](#)

[Information on 2016 Legislative Measures Board of Pharmacy \(posted 8/11/2016\)](#)

[Frequently Asked Questions on Immunization of Persons 14-17 years old](#)

“Pharmacy and Pharmacist Important Announcements”

cca.hawaii.gov/pvl/boards/pharmacy

[Board of Pharmacy Information from the National Transportation Safety Board \(“NTDB”\) Regarding Concerns with Pilots’ Increase Use of Over-the-Counter, Prescription and Illicit Drugs](#)

[Message on Changes to Fees \(posted 10/27/2014\)](#)

“Pharmacy and Pharmacist Important Announcements”

cca.hawaii.gov/pvl/boards/pharmacy

[2014 Pharmacy Technician Survey Results](#)

[Guidance Statement – Pharmacist’s](#)

[Corresponding Responsibility When Dispensing](#)

[Controlled Substances](#)

Board of Pharmacy and State Narcotics
Enforcement Division

Guidance Statement – Pharmacist's
Corresponding Responsibility When Dispensing
Controlled Substances

Guidance Statement – Pharmacist's Corresponding Responsibility When Dispensing Controlled Substances

“Red” Flags

Guidance Statement – Pharmacist's Corresponding Responsibility When Dispensing Controlled Substances

FAQs

Board of Pharmacy Contact Information

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State Narcotics Enforcement Division

Prescription Drug Monitoring Program

"PDMP"

Summary of the Hawaii PDMP

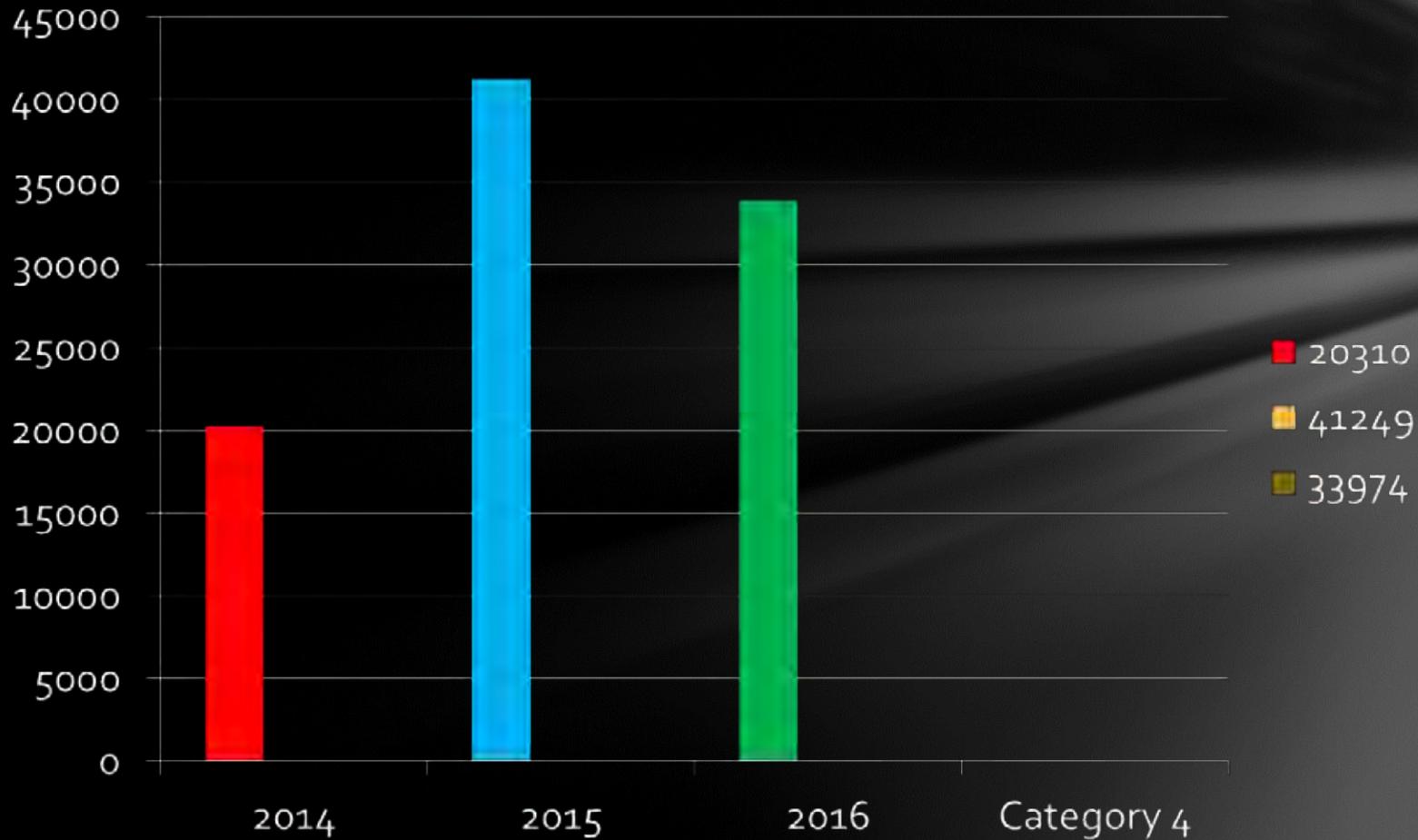
The PDMP is presently in transition to a new vendor—APPRISS HEALTH

The new vendor's program is called PMP AWARE

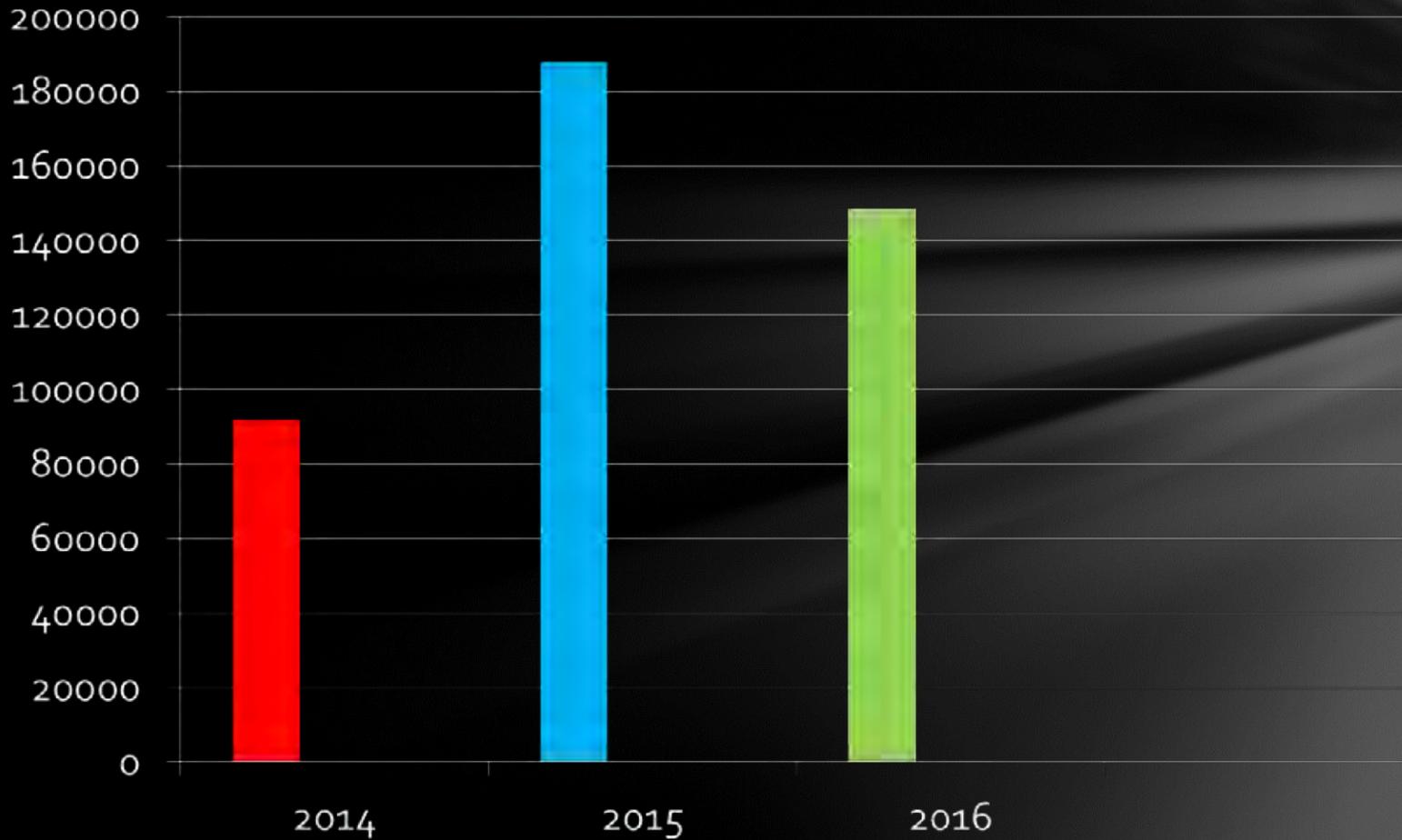
www.HawaiiPMPAware.net

WENT LIVE ON THE WEEK OF DECEMBER 12,
2016

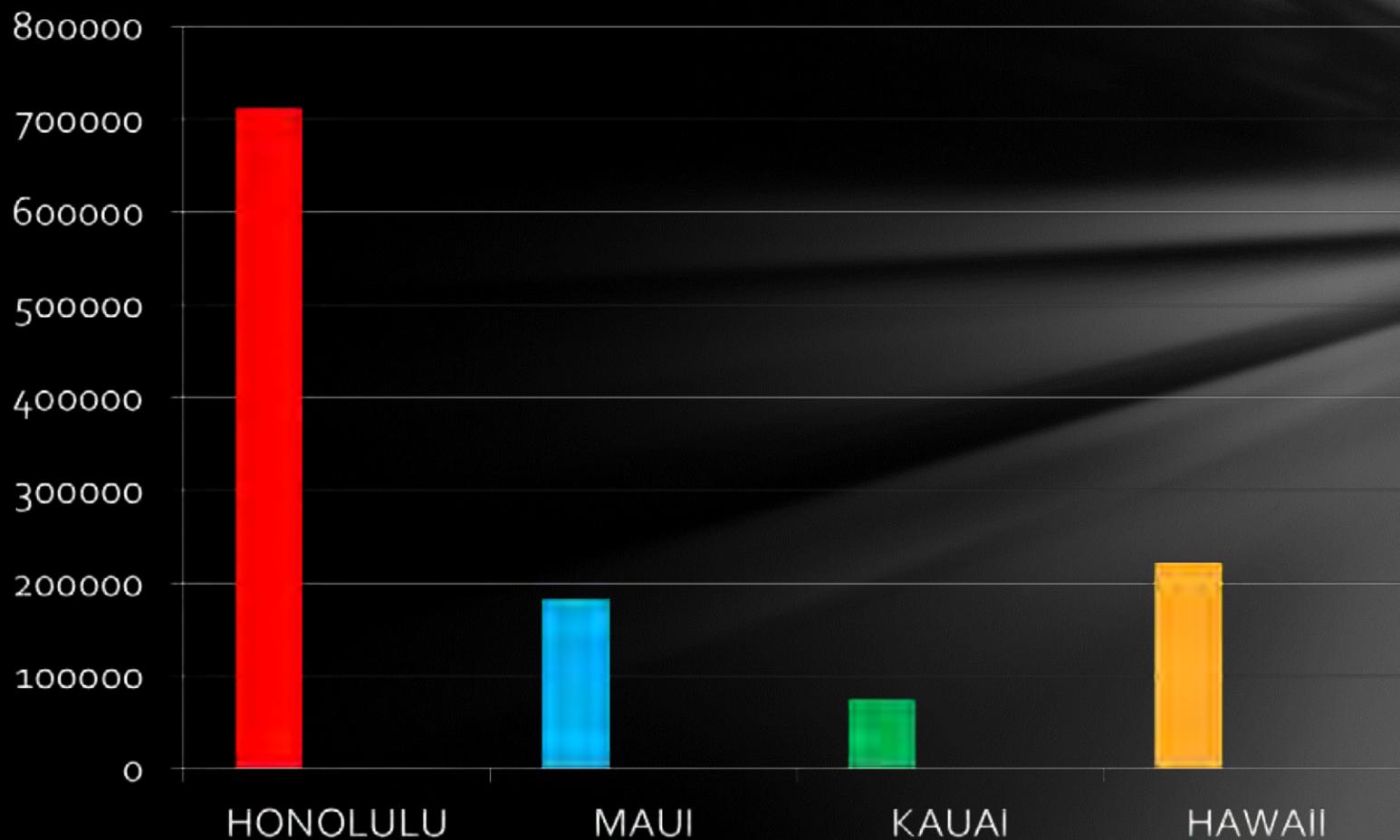
Physician Inquiries by Year



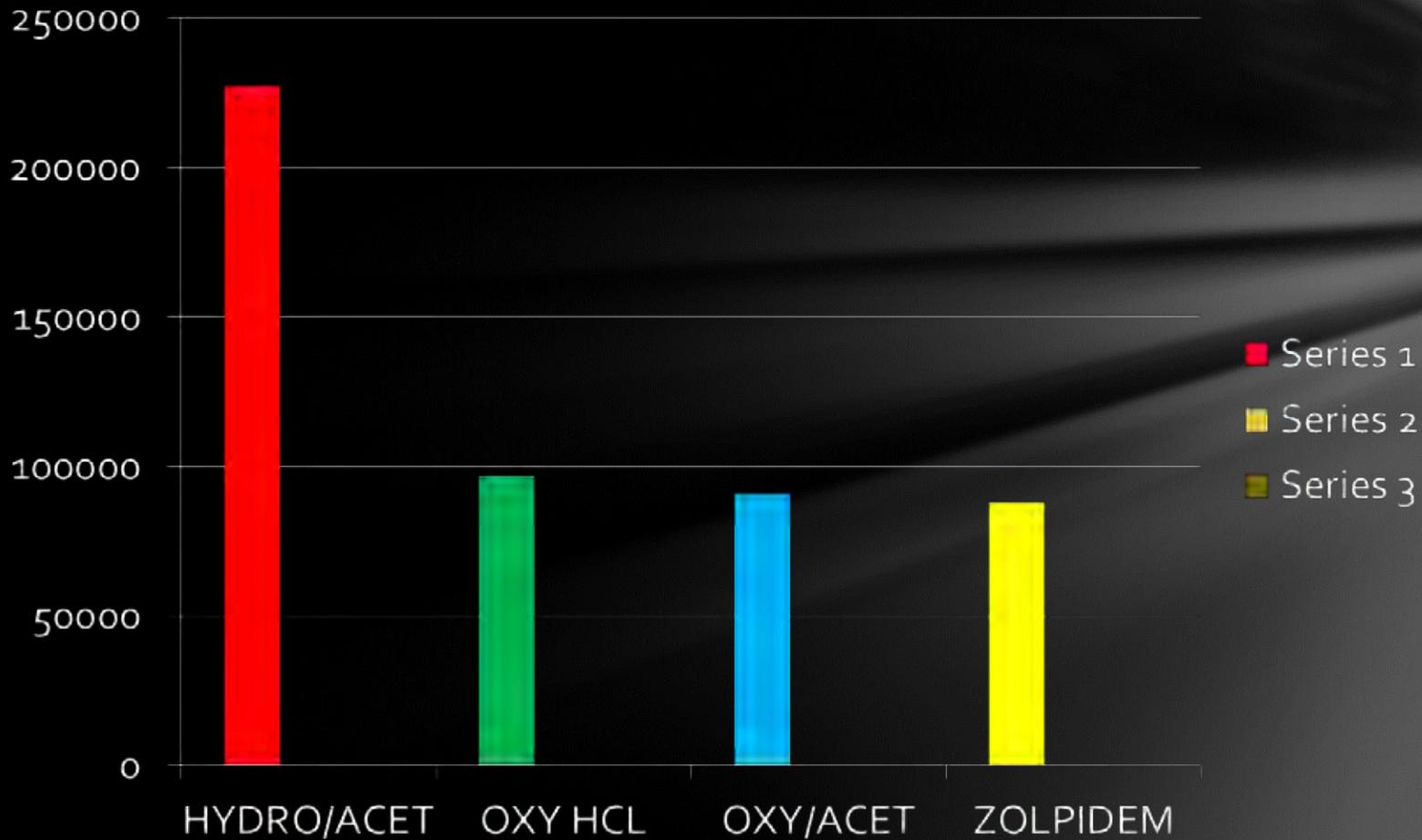
Pharmacist Inquiries by Year



CONTROLLED RX's BY COUNTY-2016



TOP CONTROLLED SUBSTANCES PRESCRIBED 2016



of Pharmacist Registered to use the
PDMP

912

NEW PDMP ADVANTAGES

HIGHER QUALITY/INTEGRITY OF DATA

- New patient linking algorithms enduring comprehensive/accurate data
- Intuitive and adaptive user interface
- Improved administrator platform-streamlines workflow and clear visibility into operating metrics
- Scalable Infrastructure to support millions of transactions each month
- Appriss PMP Gateway supports secure integration of many healthcare IT Systems
- Capability for interstate sharing with 33 other States.

THE NEW DELEGATE LAW

Act 218 passed in July 2016 allowing for a pharmacist to appoint trusted employees as a pharmacist's delegate to access the PDMP and check patients.

The infrastructure for this has not yet been completed. However, NED conceives that each pharmacist's delegate will be issued their own passwords and login names.

IMPORTANT: The pharmacist will have to delegate authority to the employee to be a delegate and identify the delegates to the NED. The delegating pharmacist is **RESPONSIBLE FOR THE ACTION'S OF THE DELEGATE**

THE NED Administrator will allow for delegation to two people.

NEW 30 DAY LAW FOR CII NARCOTICS

In July 2016, The Hawaii State Legislature passed Act 218 which updated Chapter 329 of the Hawaii Revised Statutes (HRS). One particular update is in regard to the prescribing and dispensing of schedule II narcotic controlled substances in Chapter 329-38 of the HRS. The new law states in part:

(2) No schedule II narcotic controlled substance may be prescribed or dispensed for more than a thirty-day supply, except where such substances come in a single unit dose package that exceeds the thirty-day limit or where a terminally ill patient is certified by a physician to exceed the thirty-day limit;

WHAT IS A NARCOTIC DRUG UNDER CHAPTER 329?

Essentially, drugs that are made from or contain opium or coca.

A very long definition is in Chapter 329-1 “Narcotic Drug”

They include, **but are not limited to** drugs such as oxycodone, hydrocodone, etc. and synthesized drugs such as fentanyl and methadone.

NEW 30 DAY LAW FOR CII NARCOTICS

GUIDANCE:

A prescriber may not issue or dispense a prescription for more than a thirty day supply of a schedule II narcotic controlled substance.

“Schedule II narcotic controlled substances” are drugs that are made from or contain opium or coca. They include, but are not limited to drugs such as oxycodone, hydrocodone, etc. and synthesized drugs such as fentanyl and methadone.

A pharmacist may not dispense more than a thirty day supply of a schedule II narcotic controlled substance

A pharmacist may not dispense more than a thirty day supply of a schedule II narcotic controlled substance.

It does not say:

You have to wait 30 calendar days in between

Only that for a Schedule II narcotic prescription-You cannot dispense more than a 30 day supply (except for the two exceptions)

Whether to wait 30 days in between dispensing or to grant an early fill is a professional judgement call of the Pharmacist based on a number of factors like: Insurance authorization, going on vacation etc., AND MAY RAISE A RED FLAG THAT HAS TO BE RESOLVED.

Are there any changes to NED ID requirements? (FOR PDMP REPORTING)

NO

(A) When dispensing a controlled substance directly to an individual, the practitioner or pharmacist shall first obtain and document, in a log book or an electronic database, the full name, identification number, identification type, and signature, whether by actual signature or by electronic signature capture device, of the individual obtaining the controlled substance. If the individual does not have any form of proper identification, the pharmacist shall verify the validity of the prescription and identity of the patient with the prescriber, or their authorized agent, before dispensing the controlled substance;

For the purpose of this section, "proper identification" means government-issued identification containing the photograph, printed name, identification number, and signature of the individual obtaining the controlled substance;

NEED GOVERNMENT ID INFORMATION

What about "other ID Qualifiers" as asked on the PDMP reporting screen

"Proper identification" means **government-issued identification** containing the photograph, printed name, identification number, and signature of the individual obtaining the controlled substance

The "individual obtaining" the controlled substance may not be the patient!

The Current Suboxone Law

(3) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for the purpose of "detoxification treatment" or "maintenance treatment" except as follows:

(A) The administering or dispensing directly (but not prescribing) of narcotic drugs listed in any schedule to a narcotic drug-dependent person for "detoxification treatment" or "maintenance treatment" shall be deemed to be "in the course of a practitioner's professional practice or research" so long as the practitioner is registered separately with the department and the federal Drug Enforcement Agency as required by section 329-32(e) and complies with Title 21 Code of Federal Regulations section 823(g) and any other federal or state regulatory standards relating to treatment qualification, security, records, and unsupervised use of drugs; and

(B) Nothing in this section shall prohibit a physician or authorized hospital staff from administering or dispensing, but not prescribing, narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction;

The Attorney General's Opinion

In short, the AG said that prescribing Suboxone could continue.

But here are some interesting things that the AG also said:

The law is a "difficult read"

The law can be "interpreted in many different ways"

The major considerations here are:

Much of what we all do relies upon common sense, reasonableness, and discretion. What we all may refer to as “professional judgement”