



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504
WASHINGTON STATE BOARD OF PHARMACY
MEETING MINUTES
February 21, 2013
Blackriver Training and Conference Center
800 Oakesdale Ave SW
Renton WA 98057

CONVENE

Chair Christopher Barry called the meeting to order at 9:03 a.m., February 21, 2013

Board Members:

Christopher Barry, RPh, Chair
Emma Zavala-Suarez, Public Member
Gary Harris, RPh,
Elizabeth Jensen, PharmD
Donna Feild, RPh, MBA, Vice Chair
Dan Rubin, Public Member
Sepi Soleimanpour, RPh, MBA-HA

Guest / Presenters:

Jerry Berndt, RPh Bridgeport Pharmacy
Services and Omnicare Company
Randy McGladrie, Customer Facing
Technology Omnicare, Inc.
Glenn Adams, PharmD Director
Pharmacy for Confluence Health
Jennifer Tryon, PharmD Asst Director of
Pharmacy for Peachealth SW Med Ctr
Doug Beck, Pharmacy Director for Schick
Shadel
Jeannie Jenkins, Clinical Manager for Sarvey
Wildlife Care Center
Jeff Scott, Asst Operation Manager for Kroger
Central Fill
Jeff Welter, General Manager for Kroger/Fred
Meyer
Gerald Steel

Staff Members:

Joyce Roper, AAG
Christopher Humberson, Executive Director
Grant Chester, Chief Investigator
Julie Faun, Pharmacy Investigator
Tim Fuller, Pharmacist Consultant
Doreen Beebe, Program Manager
Leann George, Secretary Senior

Absent Staff Member:

Cathy Williams

- 1.1 Approval of Business Meeting Agenda
- 1.2 Approval of January 10, 2013 Business Meeting Minutes
- 1.3 Approval of Consent Agenda

MOTION: Donna Feild moves that the board approves 1.1, 1.2, and 1.3. Gary Harris second.

MOTION CARRIED: 7-0.

CONSENT AGENDA

Items listed under the consent agenda are considered routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda.

- 1) NPLEx Monthly Report Acceptance
 - January 2013 Administration and Transaction Reports
- 2) Pharmacies and Other Firm Application Approval
 - New and Closed Pharmaceutical Firms January 4 thru February 11, 2013
- 3) Pharmacy Tech Training Program Approval
- 4) Ancillary Utilization Plan Approval
- 5) Pharmacy Technician – Specialized Functions Approval
- 6) Continuing Education Program Approval
- 7) Automated Drug Dispensing Device Approval
 - NW Hospital and Medical Center
- 8) Electronic Prescription Transmission System Approval
- 9) Sample Drug Distribution Approval
- 10) Household Pharmaceutical Waste Take Back Program Approval
- 11) Tamper Resistant Prescription Paper/Pads Approval

Items listed under the consent agenda are considered routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Items 3, 4, 5, 6, 8, 9, 10, and 11 were deleted** from the agenda.

MOTION: Elizabeth Jensen moved that the board approve items 1, 2, and 7. Gary Harris second.

MOTION CARRIED: 7-0.

REPORTS

Board Member

Dan Rubin reported:

- He has been participating weekly legislative discussion calls.

Gary Harris reported:

- Gary has been part of the panel interviewing for a new board member. He believes several of the prospects seem as if they will make great future board members.

Sepi Soleimanpour reported:

- She attended a meeting that Janet Wright from the CDC presented. This was about the value of education

to prevent high blood pressure, stroke and heart attacks.

- She also attended the HIV National Strategy day.

Donna Feild reported:

- Donna has also been on the interview panel for a new board member.

She has been busy interviewing for the residency program at the hospital.

Chris Barry reported:

- Mr. Barry works half of his time in an IV room in a hospital. He visited the River Point Pharmacy in Spokane which is a compounding pharmacy. He did not do this as a board member but as a pharmacist looking at a compounding pharmacy that hospital occasionally uses. He also visited a Home Infusion Company.

Executive Director

Chris Humberson reported:

- Chris Humberson acknowledged Doreen Beebe for all her hard work during the legislative session!
- Rules Coordinator job position has been posted. Hope to have this position filled by April 1, 2013.
- Interviews for a new board member have been completed packets have been submitted through DOH to the Governor's office.
- There was an article put in the newsletter regarding compounding practices. Letters were mailed out to all resident and non-resident pharmacies
- We have been increasing contact with other boards and commissions.
- Chris will attend the Naturopathy meeting February 22, 2013 and attending Veterinarian Board of Governors meeting March 4, 2013.
- He will be getting together with the Medical and Dental Commission on topics related to pharmacy.
- Attended Health Care Committee chaired by Representative Cody on HB 1800 on compounding.
- Tim Fuller and Cathy Williams and Chris attended and presented to the WSPA Law Review on February 10, 2013. This was very well attended.

Assistant Attorney General

Joyce Roper reported:

- Joyce has been included in an AGO internal workgroup focusing on Initiative 502, because she is the attorney for the Board of Pharmacy and has worked on medical marijuana issues. The AGO has put together an Initiative 502 workgroup for the various assistant attorneys general whose clients have some role in implementing the initiative 502 recreational marijuana law to better assure consistent approaches in addressing this new law. The Governor and Attorney General have met with U.S. Attorney General Eric Holder and we are awaiting guidance from the United States Department of Justice about what they intend to do with respect to these new laws in Washington and Colorado. Governor Inslee and Attorney General Ferguson told Eric Holder that they are moving forward to fully implement the initiative as directed by Washington's voters.

Pharmacist Consultants

Tim Fuller reported:

- Tim introduced University of Washington Extern Svetlana Nozdrina and Washington State University Extern Robin Seagrove.

Chief Investigator/Field Investigator

Grant Chester reported:

- Pharmacist investigator Jim Doll retires at the end of this month after 21+ years of service to the Board of Pharmacy and Department of Health.
- We are in the process of modernizing the pharmacy investigator's computer equipment.
- February 7, 2013 Grant presented a Law Presentation at SW Pharmacy Association in Vancouver, Washington.
- February 7, 2013 he gave "Pharmacy Tips for Consumers" at the Department of Health in Tumwater.

Julie Faun reported:

- They are finding that there are pharmacists who are responsible pharmacists at multiple locations. This is a challenge because there really is not accountable.
- Also continue to find pharmacists are overworked and wish the board would set guidelines for the amount of prescriptions a pharmacist can fill.
- The incentives that are offered for transferring prescriptions are causing problems with pharmacies because they are ending up with incomplete files.

PRESENTATIONS

OmniviewDR

Tim Fuller introduced Jerry Berndt, General Manager for Bridgeport Pharmacy Services an Omnicare Company. Jerry is asking for the board's approval to use OmniviewDR the Certified Electronic Prescription System which has met the Drug Enforcement Agency's (DEA) standards. After some background and overview Randy McGladrie was introduced by Jerry. Randy provided a demonstration on how the system works.

Overview:

- OmniviewDr is the first electronic prescription transmission system in Washington State to meet the DEA requirements for transmission of controlled substances. In addition it meets the requirements for both prescribers sending electronic controlled substance prescriptions and pharmacies receiving them. The Board needs to determine how the EPCS systems will be recognized in Washington State.
- In Washington State electronic prescriptions for Schedule II controlled substances are not authorized in law or rule. Schedule III and IV electronic prescriptions for controlled substances are.
- There are many details to be satisfied to achieve compliance and use EPCS transmission systems. The DEA is concerned about security and processing integrity to maintain a closed system for controlled substances. The DEA Interim Final Rule for EPCS requires that the software for the prescriber and for the pharmacy must be independently certified as compliant with EPCS as stated in 21CFR1311.
- Potentially each prescriber and each pharmacy in the state would like to send and receive EPCS. The pharmacy could receive a controlled substance prescription prior to arrival of the patient and prescriber could see that the prescription arrived at the pharmacy. The software should make it easier to determine if the prescription is for a legitimate medical purpose. Pharmacies and prescribers who do not have a DEA-certified software system will likely be upset. The decision could have a workload impact on the Board of Pharmacy.

Board Concerns that were discussed:

- Can the devices be shared or delegated? No, sharing devices is not allowed.

- Does this system prevent someone who has “limited” prescribing authority from prescribing medication they are not authorized to prescribe? This was discussed and part of the motion some changes will be made.
- Does the system flag clinical errors, or any other type of alerts? The system does not flag all situations it is the pharmacist’s responsibility.

MOTION: Elizabeth Jensen moved that the board approve the use of OmniviewDR with the following conditions. This is specifically a closed system for use only in skilled nursing environments. The board does not imply that it would approve a technically similar system for an “open environment.” The system is approved at this point only for Schedules 3-5. The board will reconsider this restriction if the Legislature enacts changes in law permitting e-prescribing for Schedule 2, and assuming an appropriate request by Omnicare. The text telling prescribers what classes of drugs they can e-prescribe will be changed to add the caveat that prescribing also is limited by specific provider’s legal scope including any disciplinary conditions that may pertain. An addition also will be made to the software’s reference library linking to the board’s prescriber authority’s document. Training for prescribers will include a caution to verify the prescriber’s audit profile frequently. A report is due to the board in one year addressing the board’s desire for further improvements to increase specificity of prescribing rights by provider legal type, and other improvements. Donna Feild second. **MOTION CARRIED: 7-0.**

Sterile compounding

Tim Fuller introduced Glenn Adams, PharmD Admin Director of Pharmacy for Confluence Health. Glenn Adams led the presentation to the board asking for them to consider the proposal from Confluence Health Systems (a new healthcare organization). Confluence Health Systems is seeking approval for “non-chemo” sterile compounding be performed by the “non-chemo experts” and distributed to affiliated hospitals/clinics and “Chemo” sterile compounding be performed by the “Chemo experts” and distributed to affiliated hospital/clinics.

Overview:

- Hospitals currently are aligning under a health-system management in response to the Affordable Care Act. Pharmacy departments within these systems of care have sought efficiencies with these health-systems. For example, they have changed from preparing sterile products pursuant to a prescription from a provider at the pharmacy’s facility to using one pharmacy site to prepare sterile products for hospitals, facilities, and home care programs.
- Confluence Health is a new affiliated business in North Central Washington. Confluence Health operated the following hospitals. Wenatchee Valley Hospital and Central Washington Hospital and associated clinics for both.
- The patients of Confluence Health will be receiving sterile products from hospital pharmacies that specialize in either non-chemotherapy sterile products or in chemotherapy sterile products. This is expected to provide increased quality of the products and care, particularly at clinic sites that do not currently receive sterile products from the pharmacies.
- The licensing of the hospital (compounding) pharmacies under the umbrella of Confluence Health allows these pharmacies to continue to be licensed as hospital pharmacies.
- The centralized system of parenteral product preparation and delivery should provide Confluence Health with some additional efficiencies.
- The standardization of the sterile product services will support the “reduced expiration dating” program being developed by Confluence pharmacies.

Expected Outcome:

- Goal: To improve patient safety
- Sterile Compounding Compliance: Confluence Health pharmacy is attempting to limit/eliminate our need to outsource sterile compounding of medications. Instead of utilizing extended dating guidelines, we want to produce medications in small batches, more frequently, with shorter expiration dates. Ultimately, our goal is to utilize robot technology for sterile compounding procedures.
- Workload Distribution: Confluence Health pharmacy would like to utilize our current equipment, space, and staff at each facility to evenly distribute workload across the system.
- Product Line Experts: Irrelevant of patient location, the pharmacy experts in specific areas of pharmacy (i.e oncology) would perform the sterile compounding needs for the health system.

The board discussed and asked questions to clearly explore areas of risk as applied to clinic setting and therefore there is no presumption that this would apply to other situations for central compounding for transport to clinical settings and to non hospital settings.

MOTION: Donna Feild moved that the board allow Confluence Health Systems “non-chemo” sterile compounding be performed by the “no-chemo experts” and distributed to affiliated hospitals/clinics and “Chemo” sterile compounding is performed by the “chemo experts” and distributed to affiliated hospital/clinics. Gary Harris second. **MOTION CARRIED: 7-0.**

Pharmacy Services from Remote Locations.

The board was asked to re-consider a proposal by PeaceHealth Southwest Medical Center (PHSW), heard at the November meeting, to allow staff pharmacists to provide limited patient care services from remote locations. The board requested PHSW return with written policies and procedures to address issues such as competencies, opt-out process, site inspection, dedicated workspace/time, security, etc.

Overview:

Why Remote Medication Order Processing?

- In many instances when there is a situation which results in increased medication orders, it is impossible to train new staff quickly and there is often a reduced number of pharmacy staff.
- Due to the complexity of pharmacy care and lean staffing guidelines it allows the pharmacy to free up on-site staff with specialty knowledge to help co-workers (ex: NICU, Oncology) and better serve the patient.

Medication-Use Management and Safety

- Policies and procedures reflect the special efforts required in the coordination of quality-assurance, quality-improvement, and patient safety practices between the hospital and the remote site which include safety, quality, and risk management. The remote pharmacist needs the ability to:
 - Review of the Patient’s Profile
 - Clarify Medication Orders
 - Participate in Quality-Assurance and Medication Error Reporting Systems
 - Handoff Communications.
 - Access Drug Information Resources
 - Access other related Hospital Policy and Procedures

Training and Orientation

- Each volunteer will be trained to ensure competency with:
 - Technical Standards and Specifications
 - Confidentiality, Privacy, and Security.
 - Regulatory Considerations

- Communication and Problem Resolution
- Inspection of Remote Sites

Implementation Requirements

- Early and frequent communication
- 24/7 technical support
- Education of other hospital staff
- Flexibility to adjust to workload demands after the “go-live” date
- Report back to the Board of Pharmacy a year after implementation.

MOTION: Gary Harris moved that the board approve the proposal by PeaceHealth Southwest Medical Center (PHSW), heard at the November meeting, to allow staff pharmacists to provide limited patient care services from remote locations. Elizabeth Jensen second. Donna Feild recused herself. **MOTION CARRIED: 6-0.**

Automated Drug Distributions Device

Tim Fuller introduced Doug Beck, Pharmacy Director for Schick Shadel. The board was asked to consider approval of the policies and procedures for the use of ADDDs by Schick Shadel Hospital.

Due to some pharmacy issues, it was determined in the spring of 2012 that Schick Shadel needed to reapply for approval to use automated medication storage devices (Pyxis and MedStation). Doug provided the board a list of override medications. He clarified that Schick Shadel Pharmacy did not employ a pharmacy technician.

The board discussed concerns regarding criteria used to override medications and who was authorized to do overrides. A common concern in all ADDD proposals is who restocks these devices. Doug was able to provide the board with answers and give any other explanations needed for the board. Doug was able to prove that the benefits out ways the risk.

MOTION: Donna Feild moved that the board approve the policies and procedures for the use of ADDD’s by Schick Shadel hospital written. Dan Rubin second. **MOTION CARRIED: 7-0.**

The board adjourned for Executive Session and Case Presentations at 12:00 p. m.

The board reconvened from Executive Session and Case Presentations at 1:00 p.m.

P RESENTATIONS Cont’d

NAPLEX Study Plan

A board panel was asked to consider a request by Pharmacy intern Desiree Heslop for authorization to re-take the North American Pharmacist License Examination. The intern will presented a study plan for consideration by a panel of the board.

MOTION: Dan Rubin moved that the panel reject the study plan as submitted. Desiree was asked to work with the Pharmacist Consultants and Chris Humberson for assistance in preparing a study plan to resubmit for consideration from the panel. Elizabeth Jensen second. **MOTION CARRIED: 3-0.**

Euthanasia Training Program

Doreen Beebe introduced Jeannie Jenkins, Clinic Manager for the Sarvey Wildlife Care Center. Jeannie asked the board to consider a request from Sarvey Wildlife Care Center for approval of its euthanasia training program.

Training will consist of two parts:

- A lecture will be taught by a licensed veterinarian or a person who has completed an approved training program taught by a licensed veterinarian and a practicum using animal carcasses and live animals, if available, taught by the same. This course will be at least four hours in length.
- There will be a written exam directly following the course that will require a passing score of at least 75%.
- *The HSUS Euthanasia Training manual* by R.H Rhodes, DVM, *Compassionate Wildlife Euthanasia* by Lesanna Lahner, DVM, MPH, and Sarvey's *Amended WACs Protocol*, *Sarvey's Record Keeping for Controlled Substances February 2013*, *Sarvey's Procedures for Euthanasia*, and *Sarvey's Dosing and Administration* will be the bases for the training.
- The practical training will include step by step explanations and all participants will complete each step until proficient before going onto another step or species.
- Various dangerous and unusual circumstances concerning handling wildlife will be discussed along with the proper safety precautions.
- The final portion will be a demonstration of the correct method of logging controlled substances as per the amended WACs 246-889.

The board asked questions regarding storage, accountability and keeping track of drugs being used.

MOTION: Elizabeth Jensen moved that the board approve the euthanasia training program from Sarvey Wildlife Care Center with the amended sentence, "Sarvey Wildlife Care Center will issue certificates of completion and maintain a list of participants for at least two years". Donna Feild second. **MOTION CARRIED: 7-0.**

Central Fill Pharmacy Proposal

Chris Humberson introduced Jeff Welter from Kroger Fred Meyer who asked the board to consider a proposal by Kroger/Fred Meyer for approval of centralized prescription processing and filling.

Workflow:

- Users at the local pharmacy perform the following regular workflow steps:
 - Reception (or Rx Intake)
 - Data Entry
 - Release to Patient
- Users at the Central Fill facility perform the following regular workflow steps for eligible Rxs:
 - DUR (if any) (can also be performed by a store user†)
 - Adjudication Exception handling (can also be performed by a store user†)
 - Pre-Verification (for new Rxs) (can also be performed by a store user†)
 - Product Dispensing
 - Verification
- Furthermore, for Central Fill processing some additional tasks are added to the workflow:
 - Local pharmacy options added for central fill processing:
 - Pull Back – *optional step to pull Rx back from Central Fill at any time*
 - Check In – *filled Rxs from Central Fill added into local system when received*
 - Central Fill tasks added for Central Fill processing:
 - Decline Back – *Central Fill can return Rx to local store for them to fill (don't have drug, etc)*

- Restock – *Rxs returned to Central Fill are returned to stock (patient didn't pick up, etc)*
- Check Out – *after Rx filling is complete, it is 'checked out' & placed in store tote for delivery*

Central Fill Prescription Eligibility:

- The delivery time is equal to or greater than the “Next Available CF Delivery Time”
 - A promise time check is performed at two points during workflow. A Central Fill eligibility check is done immediately after the Reception step to determine if CF can meet the promise time. If a Central Fill facility cannot meet the time, then the prescription is not a Central Fill candidate. Once it is identified that Central Fill can meet the promise time, the prescription can proceed to the next workflow step.
 - After Pre-Verification of a new prescription and a DUR of refills, a second eligibility check is performed to insure that the system can still meet the promise time, since time has elapsed between the eligibility check and Pre-Verification. If CF can still meet the promise time, the prescription is sent to Central Fill. Otherwise, it is moved to the dispensing queue in the local store.
- Central Fill stocks around 2800 drug items – if the Rx is for a drug they don't stock, it is not Central Fill eligible and will be filled at the local store.
- SIG: The SIG must be less than or equal to 144 characters.
 - Central Fill labeling does not have extended SIG functionality

Other factors that make Rxs NON-Central Fill candidates:

- Controlled Substances: Central Fill does not stock any controlled substances.
- The system has the capability to prevent a patients prescriptions from being filled at Central Fill, if the patient so desires.
- Compound Prescriptions: compounds are NOT filled at Central Fill.
- Partial Fills: Partial and Completion fills are not allowed to go to Central Fill.
- High Priority Fills: High priority fills are not allowed to go to Central Fill.

Bag Return and Return to Stocks:

Bag return

- Empty Central Fill clear plastic bags should be returned DAILY

Return To Stocks

- A store may return a prescription filled by Central Fill no later than 21 days from the dispense date
 - If the user attempts to return an item to Central Fill after 21 days from dispense date, the system blocks the activity and prompts the user to place the item in local inventory instead.
- If a store user cancels a fill that has been checked in from Central Fill but not been released to the patient, the System alerts the user that the Rx was processed by Central Fill. The system presents the following options:
 - Add Product to Your Inventory – Black out patient name and mark bottle RTS before shelving
 - Your BOH is automatically adjusted by EPRN
 - Return Product to Central Fill keep the Rx as-is seal in tote for return
- If the Store user opts to return the prescription to Central Fill, the system routes the fill to Central Fill's Restock queue.
- An itemized credit memo will be sent at the beginning of each week detailing the previous week's returns to Central Fill with Rx #'s and dollar amounts.

Board Concerns that were discussed:

- All pharmacists that will be filling must be licensed in Washington State.
- Who will be held responsible/accountable if there is an error? Grant Chester spoke regarding this concern stating that during an investigation once it is discovered where the error happened that pharmacist will be held responsible.

MOTION: Donna Feild moved that the board approve Kroger Central Fill as submitted with the understanding that they must meet all laws of Washington State and all pharmacists must be licensed in Washington State. Dan Rubin second. Gary Harris recused himself. **MOTION CARRIED: 6-0.**

DISCUSSION

Rule Making Petition

Chris Humberson introduced Gerald Steel who is asked the board to consider a petition on behalf of the Washington Action for Safe Water for rulemaking to amend WAC 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW, and WAC 246-879-010(9) to identify fluoride as a legend drugs.

Mr. Steel went through several chapters of the WAC explaining his recommended amendments. After the board heard all of his suggested amendments, several Board members and the Board's AAG, Joyce Roper, asked questions and engaged in a dialogue with Mr. Steel. Ms. Roper explained the Washington Supreme Court decisions in the Parkland Light & Water and City of Port Angeles cases. Based on the Washington Supreme Court decisions in those cases, in which the Supreme Court said the decision to fluoridate drinking water is vested in the water districts, under chapter 57.08 RCW, and the State Board of Health and DOH's Drinking Water Program, under RCW 43.20.050, the Board of Pharmacy discussed whether it had jurisdiction on the question of fluoridation of water and decided that this was not within the jurisdiction of the Board of Pharmacy.

MOTION: Dan Rubin moved that the board deny the petition with the understanding that the Board of Pharmacy does not have jurisdiction over this issue. Gary Harris second. **MOTION CARRIED: 7-0.**

2013 Legislative Session

Dan Rubin presented a bill update from the calls he participated in.

HB: 1859 amends existing law adding provisions to evaluating the training experience of individual applying for licenses including pharmacy assistants not pharmacist and pharmacy technicians.

SB: 5629 fines against hospitals for excessive boarding of patients in emergency department would go to support the PMP.

HB: 1448 recognizes telemedicine as a reimbursable service by which an individual receives medical services from a health care provider without face to face contact with the provider.

HB: 1565 a bill on funding PMP from Medicaid fraud penalty account. This has moved out of the policy committee into the rules committee and is moving forward.

HB: 1596 authorizing Washington Pharmacies fill prescriptions written by Physician Assistants.

HB: 1518 this is the next step in the pilot to evaluate the effect of granting the commission additional authority over budget development, spending and staffing.

SB: 5265 provides patients a meaningful estimate of fees and charges related to a specific service, visit or stay.

SB: 5148 was the original version of the medication distribution bill.

HB: 1003 applies to individuals applying for a license or temporary practice permit or holds either and has a final

finding issued by the Department of Social and Health Services of abuse or neglect of a minor or abuse, abandonment, neglect or financial exploitation of a vulnerable adult is prohibited from practicing in a health care profession in this state until proceedings of the appropriate disciplining authority have been completed.

Chris Humberson presented updates to these bills

HB: 1609: Reformatting pharmacy board into Pharmacy Commission and increasing membership to 15 from 7. This bill would increase the size of the pharmacy board from 7 members to 15 members, doubling the pharmacist membership to 10, the public member ship to 4 and adding 1 pharmacy technician. It would rename the board of pharmacy, Pharmacy Quality Assurance Commission. WSPA sponsored...

HB: 1565 PMP Funding. This bill discusses funding sources for PMP program.

HB: 1596 Authorizes pharmacists to fill prescriptions from P.A.'s in other states.

Interestingly, this is only for controlled substances, not legend drug.

HB: 1381 Transfers from DOH to office of administrative hearing, health care judges.

HB: 1155 Electronic communication of controlled substance prescription information, provisions.

This bill standardizes the electronic communication of controlled substance prescriptions with current federal laws.

HB: 1163 regarding administrative procedures that promote accountability, transparency, and economic relief.

This bill would place a moratorium on rule making for three years

HB: 1182 Prescription drugs, legend drug act, include pharmacists when authorized by board of pharmacy. This bill lists pharmacists as providers when operating under a collaborative drug therapy agreement. This is mainly for insurance billing purposes.

HB: 1084 Bill is concerning the medical use of Cannabis. Bill that provides clarity on medical use of cannabis as opposed to the recreational use approved by initiative on November 2012's election.

HB: 1195 Bill is concerning nursing staffing practice at hospitals. Just of note, this bill speaks to workloads for hospital based nurses. Similar issues facing pharmacist, but pharmacists were not listed on this bill...just an FYI.

SB: 5469 Biosimilar Products. This bill allows for pharmacists to substitute biosimilar products on prescriptions.

SB: 5459 90 day supply limits on prescriptions. This tweaks the laws on prescriptions written for 30 day supply with 90 day refills authorized by providers, except for controlled medications.

SB 5148 Prescription drugs and supplies donated authorizing to uninsured persons. This bill would allow pharmacies to take back for reuse for patients that meet an income level, in date medications in sealed packages. Similar programs in Iowa, Virginia.

SB 5149 Robbery of a pharmacy .This bill would enhance the penalties for pharmacy robbery.

HB: 1637 is a medication management bill, if a patient is on 5 or more drugs, they need counseling session for reconciliation if there is any drug interaction or issues with their medications.

HB: 1800 only applies to compounding eye drops. If this goes through it will begin immediately and Board of Pharmacy will need to begin rulemaking.

Background:

In response to the New England Compounding Center (NECC) tragedy, the board distributed notices to all non-hospital pharmacies (resident and non-resident locations) to emphasize the current compounding rules in Chapter 248-878 WAC. Following the mailing we have received several calls asking if pharmacies can compound for physicians offices that are non-patient specific. We have said that all compounded medications **must be based upon an individual prescription for a specific patient.** 'Bulk or mass compound is manufacturing and requires a manufacturer's license with additional oversight by the federal Food and Drug Administration.

The discussion on the interpretation of the rules continued with input from the audience as well as additional

guidance from the board's legal advisor Joyce Roper. In conclusion, a notice will be sent out on behalf of the board providing clarification to WAC 246-878-020(4) which does allow a pharmacy to provide compounded products 'for office use' to a practitioner for administration to a patient without a prescription.

2013- 2014 Board Travel Plans

MOTION: Donna Feild moved that the board vote that board member Elizabeth Jensen and Executive Director Chris Humberson represent the board and are delegated to vote on behalf of this board at the NABP 109th Annual Meeting May 18-21, 2013 in St. Louis, MO. Dan Rubin second. **MOTION CARRIED: 6-0.**

Planning Session and Rules Re-write Update

Chris Humberson updated the board regarding the rules re-write.

- We are hoping to have a new rules coordinator by April 1, 2013.
- There are no other updates for now because the Legislative session has been heavy.

Correspondence

The board discussed any correspondence received or distributed.

- Counseling Question
- Hasche-Kluender MD
- ISMP Alert- Glacial Acetic Acid
- Office Use list
- PhRMA Statement Disposal of Unused Meds
- WSPA BOP Letter Office Use

OPEN FORUM

There being no further business, the board adjourned at 4:57 pm

PRESENTATION OF AGREED ORDERS

CLOSED SESSION

Next scheduled business meetings: **April 11, 2013 – 9:00 a.m.**
Department of Health
PPE Room 152/153
310 Israel Rd SE
Tumwater WA 98501

Respectfully Submitted by:

Leann George, Program Support

Approved on April 11, 2013

Christopher Barry, Chair

Washington State Board of Pharmacy

PUBLIC HEALTH ALWAYS
WORKING FOR A SAFER AND HEALTHIER
WASHINGTON