

**PRESENTATION OF THE
BOARD OF PHARMACY**

TO THE HOUSE COMMITTEE ON
HEALTH

TWENTY-SEVENTH LEGISLATURE
Regular Session of 2014

Wednesday, February 5, 2014
10:00 a.m.

TESTIMONY ON HOUSE BILL NO. 2106, RELATING TO PHARMACISTS.

TO THE HONORABLE DELLA AU BELATTI, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Todd Inafuku, Chair of the Board of Pharmacy ("Board"). I appreciate the opportunity to testify on House Bill No. 2106, Relating to Pharmacists, which requires pharmacists to complete a training program approved by the Board to dispense veterinary prescriptions. The Board opposes this bill for the following reasons:

- 1) Currently, pharmacists are required to complete thirty (30) hours of continuing education every two (2) years, approved by the Accreditation Council of Pharmacy Education. The Board is not qualified to develop or approve a training program that would ensure that a pharmacist has sufficient knowledge to provide advice to the animal's owner when dispensing veterinary medications. Also, the availability of such a course is unknown. Pharmacists are unable to take the required course that would prevent the pharmacists from filling the veterinary prescription which could severely limit the availability of medications to animals;
- 2) It is unnecessary because most veterinary medications are dispensed by veterinarians.

- 3) The Board should determine what training, if any, a pharmacist requires in order to fill any prescription to ensure the animal patient's safety; and
- 4) The Board has posted "guidelines" on its web page that were provided by the Board of Veterinary Examiners for pharmacists who fill veterinary prescriptions. Attached is a copy of those guidelines for your information.

Thank you for the opportunity to testify in opposition to House Bill No. 2106.

NEIL ABERCROMBIE
GOVERNOR

SHAN S. TSUTSUI
LIEUTENANT GOVERNOR



KEALI'I S. LOPEZ
DIRECTOR

CELIA C. SUZUKI
LICENSING ADMINISTRATOR

BOARD OF VETERINARY EXAMINERS

STATE OF HAWAII PROFESSIONAL AND VOCATIONAL LICENSING DIVISION DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS

P.O. Box 3469
HONOLULU, HAWAII 96801
www.hawaii.gov/dcca/pvl

June 2013

In regards to veterinary prescriptions:

Veterinary prescriptions that are filled by pharmacists should not be altered and substitutions should not be made, without consultation or consent by the prescribing veterinarian. The following are explanations and reasons as to why this is such an important concern to veterinarians.

1. Human dosages can not be extrapolated to veterinary dosages. For example, a recommended human dosage of insulin for Humulin is 0.3-0.7 U/kg/day, as compared to a starting dosage of 0.25-0.5 U/kg twice a day for canines.
2. Dosages for one species (e.g. - canines) can not be extrapolated to another species (e.g. – felines). For example, fluoroquinolone antibiotics in canines have a wider dosage range than in felines. If a feline were to receive such a high dosage of a fluoroquinolone, blindness could result.
3. Published dosages for veterinary patients are not specific for age, and potential side effects of commonly used medications could be detrimental if given at an inappropriate age. For example, a published dosage of a fluoroquinolone antibiotic can be safely used in an adult canine, but the same published dosage given to a puppy may cause severe cartilage defects resulting in abnormal joint development and growth.
4. Dosages for one breed cannot be extrapolated to another breed. For example, some Collie dogs are genetically unable to tolerate ivermectin. A German Shepherd of the same weight as a Collie may be prescribed a dose of ivermectin to treat a parasitic condition, yet the same dose of ivermectin given to a Collie could be considered toxic and could even be fatal.
5. Many human medications can not be used in veterinary patients. For example, humans and canines both use a type of medication called NSAIDs (non-steroidal-anti-inflammatories) to control pain and inflammation. However there is a difference between human NSAIDs and canine NSAIDs. The human NSAID called Ibuprofen can not be used safely in canines, because it may cause severe gastric ulceration

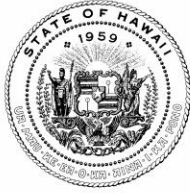
or liver failure. Additionally, both human and canine NSAIDs are toxic to felines. Another example is human insulin. Some canines and felines use human insulin to control diabetes mellitus. However, the type of human insulin used will have different and potentially detrimental effects on each species.

6. Veterinary formulary and/or veterinary drug handbook dosages are meant to be used in conjunction with the patient's history, knowledge of current medication, and physical examination/diagnostic test findings. For example, Trilostane is a medication used to treat a condition called hyperadrenocorticism in canines. With a published dosage range of 2-10 mg/kg, each individual canine's dosage is determined based upon bloodwork test results and clinical response. Some canines receive 2 mg/kg once a day, some receive 2 mg/kg twice a day, while others receive 10 mg/kg once a day -- all treating the same condition. If the pet receiving 2mg/kg once a day was suddenly changed to a published dosage of 10 mg/kg, the results for this particular medication and condition could be fatal.
7. Published veterinary dosages or veterinary drug handbooks can change or become outdated. Veterinarians rely on continuing education and professional meetings or discussions with colleagues to keep our patients' health and safety a priority in an ever-changing environment of pharmaceuticals.
8. Some commonly used or household human medications are extremely toxic to veterinary patients. For example, felines are unable to metabolize Tylenol (acetaminophen) properly, and the consequences could be liver failure and death.
9. Alterations/changes or substitutions in regards to the physical form of the medication may have a significant effect on the veterinary patient. For example, improper administration of a capsule/tablet of doxycycline (rather than a liquid formulation) to a feline may cause esophageal ulcers, erosions and strictures.
10. Off-label use of medications is commonly used to treat various conditions in veterinary patients. For example, Metacam (meloxicam) is an NSAID that is labeled for canines for pain and inflammation. This medication is used off-label in rabbits to treat pain and inflammation, at a much higher dosage than canines. Questions regarding off-label usage of medications should be directed to the prescribing veterinarian, not to the owner of the patient.
11. A veterinary drug handbook (e.g. - Plumb's Veterinary Drug Handbook) should be available if veterinary prescriptions are being dispensed by a pharmacy. The information in the handbook may be given to the veterinary patient owner to detail potential side effects or adverse effects of the medication, just as what is done with human prescriptions. As mentioned above, however, the dosages in the drug handbook should not be used to prescribe medication.
12. Some veterinary products are not compatible in the same patient. For example, a canine receiving Ivermectin for external parasite treatment, can not be prescribed Spinosad (a commonly used flea preventative). Without knowing prior medical history, this pet may be mistakenly prescribed Spinosad and will suffer a toxic reaction.

13. Dosages of veterinary medications are sensitive to and dependent on regular rechecks of bloodwork, physical examinations and client communication. For example, canines receiving the anticonvulsant medication Phenobarbital should have regular bloodwork done to monitor the therapeutic levels to ensure that the current dosage is neither toxic nor non-therapeutic. Another example is that heartworm preventatives should not be prescribed or dispensed to patients who may have existing heartworm disease. A blood test to confirm that the pet does not have heartworm disease is needed to ensure that the preventative will not cause a fatal reaction when given.
14. Prescriptions for veterinary patients may come from more than one veterinarian (for example, veterinarians at two different clinics may be seeing the same patient for two different conditions). Without prior knowledge of the patient's history and current medications, some prescribed medications may prove detrimental to their health. A prescription should not be dispensed to a patient without prior medical history or knowledge of current medications.
15. Physical application of veterinary products/medications to the patient can have significant consequences. For example, topical heartworm and flea preventatives must be applied to the skin (not to the fur) of a canine or feline to be effective and prevent disease. Proper client education and communication is also needed to ensure that these topical medications do not pose a safety threat to young children or the pet itself if accidentally ingested/placed in the eye.
16. Many OTC formulations of commonly used medications/supplements exist for both veterinary patients and humans. The side effects or efficacy of these medications are largely unknown and untested in veterinary patients. For example, there are many joint supplements available for both canine and human use. Some are veterinary-approved and only sold at veterinary clinics, while others are available at pet stores or online. Efficacy and safety of non-veterinary approved or human joint supplements in canines is unknown.

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January 2014

VETERINARY PRESCRIPTIONS

Dear Hawaii Pharmacists:

At its January 2014 meeting, the Board of Pharmacy ("Board") unanimously voted to post information/recommendations/guidelines of the Board of Veterinary Examiners for pharmacist who fill veterinary prescriptions. The information/recommendations/guidelines are to assist any pharmacist who may fill veterinary prescriptions.

The Board encourages pharmacist to contact the Veterinarian if you have any questions/concerns with the prescription and recommend that you also defer any questions from the consumer back to the Veterinarian.

The Board also responded to several questions from the Board of Veterinary Examiners as follows:

- 1) If a pharmacy changes or alters the veterinary prescription, who is liable or responsible for any ill consequences to the veterinary patient that may result?

Response: *A pharmacist is not allowed to change or alter a prescription without first consulting with the prescriber.*

- 2) How does the Pharmacy Board feel about diversion of veterinary products and medications?

Response: *The Board's current laws and rules do not dictate where a pharmacy obtains prescription drugs from. To further clarify, a pharmacy may obtain drugs to be dispensed from a wholesale distributor or manufacturer. If the drugs are determined to be misbranded or adulterated then the drugs are returned to the distributor/manufacturer.*

- 3) If diversion occurs, how are quality control, safety and efficacy of products managed if manufacturers void their liability/product guarantees because their products are being sold by non-veterinary sources?

Response: *Same response to question #2. Normally the manufacturer can track the distribution of the drugs and be able to notify the parties.*

- 4) If diversion occurs, how are quality control, safety and efficacy of products managed if a manufacturer recalls a product. For example, recall notices of products may not be sent to online pharmacies or any pharmacy that does not obtain the product directly from the manufacturer?

Response: *Same response to question #3.*

- 5) Will appropriate dispensing equipment be supplied with prescription? Will the pharmacist be responsible for providing the proper implement(s) for delivery of the medication? Veterinarians will usually provide syringes of the proper size to measure and deliver the medication to the patient. They will also clearly indicate the proper measurement on the syringe so that there is no confusion or improper dosage given. Will that be done at the pharmacies?

Response: *A pharmacist will use their professional judgment to assist patient in proper delivery of medications and will consult and/or defer any questions and concerns to the veterinarian.*

- 6) Currently, what information is required by pharmacists in order to process a prescription for a veterinary patient (e.g. breed, drug name, dosage, client information, etc)?

Response: *Hawaii Revised Statutes §16-95-82(a) lists the items required for a "valid" prescription as follows:*

§16-95-82 Valid prescriptions. (a) A pharmacist may fill and dispense prescriptions provided the prescription is valid. A valid prescription shall be legibly written and contain, at the minimum, the following information:

- (1) The date of issuance;*
- (2) The original signature of the prescriber;*
- (3) The prescriber's name and business address;*
- (4) The name, strength, quantity, and directions;*
- (5) The name and address of the person for whom the prescription was filled or the name and address of the owner of the animal for which the drug is prescribed (unless the pharmacy filling the prescription has such address on file);*
- (6) The room number and route of administration if the patient is in an institutional facility; and*
- (7) If refillable, the number of allowable refills.*

Thank you for your anticipated cooperation in this matter.

Lastly, in regards to HB 2106 Relating to Pharmacist, which requires pharmacists to complete a training program approved by the board of pharmacy to dispense veterinary prescriptions, the Board, after careful consideration would oppose the bill based on the following::

- Currently, pharmacists are required to complete 30 hours of continuing education every 2 years, approved by the Accreditation Council of Pharmacy Education. The Board is not qualified to develop or approve a training program that would ensure that a pharmacist has sufficient knowledge to provide advice to the animal's owner when dispensing veterinary medications. Also, the availability of such courses is unknown. If a pharmacist is unable to take the required course, that would prevent the pharmacist from filling the veterinary prescription which could severely limit the availability of medications to animals;
- It is unnecessary because most veterinary medications are dispensed by veterinarians; and
- The Board should determine what training, if any, a pharmacist requires in order to fill any prescription to ensure the patient's safety.

The Board understands the Board of Veterinary Examiner's concerns with pharmacists filling these prescriptions, especially providing "advice or consultation". The Board encourages pharmacists who fill veterinary prescriptions to follow the guidelines provided by the Board of Veterinary Examiners and to consult with the veterinarian regarding any questions about the filling, dispensing and administration of the medication.

I understand that the Board of Veterinary Examiners has a meeting scheduled for January 29, 2014. Provided there are no conflicts with any Legislative Hearings I am required to attend, I will be in attendance at your meeting to respond to questions and/or further discuss the Board's responses.

If you have any further questions, please feel free to call me at (808) 586-2695 or email me at pharmacy@dcca.hawaii.gov

Very truly yours,

Lee Ann Teshima
Executive Officer

c: Board of Pharmacy

morikawa2-Joanna

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 03, 2014 4:39 PM
To: HLTtestimony
Cc: ronthi@gmail.com
Subject: *Submitted testimony for HB2106 on Feb 5, 2014 10:00AM*

HB2106

Submitted on: 2/3/2014

Testimony for HLT on Feb 5, 2014 10:00AM in Conference Room 329

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Oppose	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Date: Tuesday, February 4, 2014 1:09 PM
From: akoe002@hawaii.rr.com
To: repbelatti@capitol.Hawaii.gov
Subject: HB 2106



Honorable Chair Representative Belatti, Vice Chair Morikawa, and members of the Committee on Health,

On behalf of the Hawaii Veterinary Medical Association and the 265 veterinarians in Hawaii, we respectfully request that HB2106 not pass out of committee. We fully appreciate its intent, having requested its introduction by Representative Hashem, but recent events make it unnecessary at this time.

Traditionally, animal medications were purchased directly from the attending veterinarian. This put the prescribing veterinarian in immediate contact and communication with the client, minimizing error, and maximizing correctness of dose, means or method of administration, and knowledge of potential adverse effects and expectations. Nowadays, consumers are increasingly driven to online sources and big box stores, despite FDA warnings to the contrary.

Most pharmacists have inadequate training in veterinary medicine, little or none at all. Unfortunately, errors have been documented across the nation, sometimes resulting in deaths.

The good news is that the Board of Veterinary Examiners and the Board of Pharmacy have developed 16 bullet points to address our concerns. They will be posted on the Pharmacy website. We would like to give this strategy time to work, and hope that legislated CE may not be required in the future.

Thank you very much,
Eric Ako DVM
Executive Vice President, Hawaii Veterinary Medical Association

