## Minutes

**Oregon Board of Pharmacy – 2017**

**HB 2879/2527 Committee Meeting**
**July 28, 2017 9:30-11:30am**
**Board of Pharmacy; 800 NE Oregon Street Portland 97232**

### ATTENDEES

- Ruby Jason, Board of Nursing
- Maria Rodriguez, OHSU
- Emily Elman, OHA
- Linda McCauley, OHA
- Marc Watt, Board of Pharmacy (OBOP)
- Lorinda Anderson, OSU
- Lincoln Alexander, Albertsons/Safeway
- Jenny Kim, Fred Meyer
- Hong Nguyen, Fred Meyer
- Tim Frost, Board of Pharmacy

On Phone: Nicole Krishnaswami, Medical Board
Facilitator: Fiona Karbowicz, Board of Pharmacy

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Introductions</td>
</tr>
<tr>
<td>Review of 2017 HB 2527</td>
<td></td>
</tr>
</tbody>
</table>

- The committee reviewed **2017 HB 2527**. This new law adds the vaginal ring and depo-progesterone to the list of contraceptives that can be prescribed, dispensed and administered by a trained Oregon pharmacist. Some highlights of the law’s language are listed:
  - In accordance with rules adopted by the State Board of Pharmacy under ORS 689.205, a pharmacist may prescribe and administer injectable hormonal contraceptives and prescribe and dispense self-administered hormonal contraceptives.
  - “Injectable hormonal contraceptive” means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that a health care practitioner administers to the patient by injection.
  - “Self-administered hormonal contraceptive” means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may administer to oneself. “Self-administered hormonal contraceptive” includes, but is not limited to, hormonal contraceptive patches and hormonal contraceptive pills.
  - The amendments to ORS 689.005, 689.683 and 743A.066 by sections 1 to 4 of this 2017 Act become operative on January 1, 2018.
- The group had a short discussion on the legislative intent of a pharmacist administering depo (versus dispensing it and having patient self-inject, either IM or Sub-Q). The intent of the law is for administration by a pharmacist. Oregon pharmacists already have the statutory authority to administer a drug (ORS 689.655 and OAR 855-019-0265). A pharmacist should administer when prescribing depo, but for extenuating circumstances, in their professional judgment, might have a reason to dispense. In these rare events, RPH shall document decision and rationale.
The committee discussed updates to the ACPE educational training program.

- New content related to vaginal ring and depo is endorsed – Lorinda walked through the DMPA training on overhead, including patient care video which incorporated learning objectives and teaching points related to ongoing depo injection therapy.

- The committee suggested that the training module be made available to pharmacists prior to January 1, in order to prepare. This will be discussed at upcoming OBOP meeting (August 10, 2017). The program can send messages to all who have enrolled.

- Additional training programs to evaluate? None at this time. It is possible that some programs may be in development – Stay tuned.

The committee addressed edits to forms.

- Questionnaire
  - The addition of DMPA to the contraceptive list prompted the following components to be discussed:
    1. Unexplained vaginal bleeding.
       a. Proposed to add a new question: Have you had a recent change in vaginal bleeding that worries you? This allows the pharmacist to have a dialogue with the patient about recent pap smears, related to intercourse, etc.
       b. A YES answer is addressed on the new DMPA Algorithm (Step 5) “Address any unexplained vaginal bleeding that worries patient (Questionnaire #23) - Refer when necessary*”
    2. Long term corticosteroid (LTC) use. Lorinda and clinicians described the impact of LTC on certain disease conditions, primarily concerning bone mineral density loss. Group discussed the way to incorporate this topic into the forms.
       a. Decision to state “Caution with use of DMPA > 2 years (due to loss of bone mineral density). For therapy > 2 years, consultation with healthcare provider is indicated.” on the DMPA Algorithm.
  - Other Questionnaire content discussed:
    1. Solid organ transplant.
       a. Decision to add liver transplant to Question #18. This is still being discussed.
    2. Inflammatory Bowel Disease (IBD).
       a. Decision to add a new question (now Question #10) and add to Oregon MEC. Color “code” is dark green.
  - Other Questionnaire edits proposed:
    1. Move the patient preference question to the top of the form. Includes the addition of vaginal ring and injectable.
2. Create a new “back” of the form. This is optional and is customizable by the pharmacy.
   a. States “Optional – May be used by pharmacy.
      This side of form may be customized by pharmacy – Do not make edits to the Questionnaire (front side)”.
   b. Includes the “Rx” grey box that used to be on the front.
   c. Adds the Pregnancy Screen questions (Algorithm, Step 2).
   d. Adds a signature/date line.

- MEC
  - Added new DMPA category. Includes initiating/continuing columns
  - Added IBD; added vaginal bleeding
  - Still fitting on two pages!

- Algorithms
  - Standard
    ▪ Added corticosteroid prompt to see DMPA Algorithm (Step 3)
    ▪ Added greater than or equal to BP referral point for clarity
    ▪ For BP >/= 140/90 referral box, added “or consider POP”
    ▪ Added “(excluding DMPA)” to title
  - New Algorithm for DMPA
    ▪ Steps 1 and 2 are same
    ▪ Step 3: Caution long-term corticosteroid therapy and Questions #10, 20 and 21)
    ▪ Step 4: BP criteria is >/= 160/100 for referral
    ▪ Step 5: Discussion of DMPA therapy with patient, to include:
      a. Address unexplained worrisome vaginal bleeding
      b. Expectations and management of side effects
      c. Plans for follow-up visits for every 3-month administration of DMPA – Patient shall return within 11-15 weeks of previous injection. Pharmacist shall provide patient with specific calendar date range for next injection
      d. Counseling point – Caution with use of DMPA therapy greater than 2 years, due to loss of bone mineral density; Consultation with a healthcare provider is indicated
    ▪ Step 6 is to prescribe and administer. The algorithm splits at this step into First Dose and Ongoing Administration of DMPA
      a. First dose: Pharmacist shall monitor patient for 20 minutes after administration
b. Ongoing: Pharmacist shall confirm that date of last injection was within 11-15 weeks.
   - If > 15 weeks, pharmacist must rule out pregnancy. Repeat Step 2 and document. Instruct patient to abstain or use backup method for 7 days
   - If between 11-15 weeks ago, administer DMPA
   - Do not administer if < 11 weeks ago

➢ The committee discussed requests from various chains to utilize own questionnaire. It was recommended that at this time, pharmacies must continue to use the Oregon Questionnaire. However, it is also recommended that pharmacies may use the backside of the form for customization.

➢ The committee discussed the proposed edits to the rules in Division 019 and 041. No changes were suggested at this time. Will be reviewed by OBOP at August 10th meeting.

➢ Next Steps?
   - Fiona to make all suggested edits to forms and will email the committee for review. Committee members will “reply all” with comments to continue this conversation to get all the forms ready for publication prior to January 1, 2018 effective date of the changes.