Oregon Board of Pharmacy

CCO PHARMACY DIRECTOR'S MEETING

NOVEMBER 21,2019

OVERVIEW

- Oregon Pharmacist Prescribing Scope
  - Describe various ‘avenues’ of Oregon pharmacist prescribing (Statutory review)
  - Legislative Intent
  - Billing nexus to implementation

- 2019 HB 2257 – PDMP and Oregon Pharmacies

COLLABORATIVE DRUG THERAPY MANAGEMENT

- Definition: "…participation by a practitioner and a pharmacist in the management of drug therapy pursuant to a written agreement… initiated upon a prescription order for an individual patient"
- CDTM is not pharmacist prescribing
- Prescription is from the provider and written for an individual patient referred by that provider for a prescription under the CDTM agreement

ELEMENTS OF A PRESCRIPTION

1 = Patient information

2 = Drug therapy instructions/protocol

3 = Prescriber's authorization (signature)

1 + 2 + 3 = complete prescription

The basis for CDTM is that when all 3 elements above are present, it is a valid prescription.



PHARMACIST PRESCRIBING AVENUES

Statutory Authority

- Hormonal Contraception
- Naloxone
- Emergency Refills of Insulin

Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) recommendations

Adoption by Board rules

- Statewide Protocols
- Formulary of Post-Diagnostic Drugs and Devices

Statutory Directives

- Allows a pharmacist to prescribe and dispense a drug or device included on the established formulary pursuant to a diagnosis by a healthcare practitioner (with prescriptive authority and qualified to make the diagnosis) and to provide approved patient care services via established protocols.
- The Formulary is established pursuant to Committee recommendations that are adopted to the list via Board rule.
- The Committee is made up of 2 physicians, 2 nurse practitioners and 3 pharmacists appointed by the Governor
- The formulary may include "post-diagnostic drugs and devices such as diabetic testing supplies, emergency refills of insulin, albuterol inhalers, epinephrine auto injectors, smoking cessation aids, discharge medications for transitions of care, rapid strep tests and spacers."

2017 HB 2397

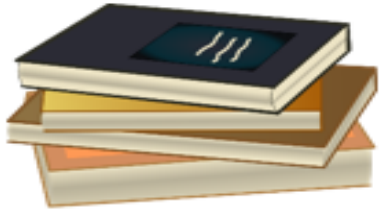
THE LAW

Advisory Committee Process

1. RPh submits a concept intake form



2. Board staff reviews request; gathers additional information if necessary



3. Board staff will summarize the information and present the concept to the committee



4. Committee reviews and discusses concept



5. Committee makes a recommendation to the Board (via a motion)



6. Board reviews recommendation; if approved, Board staff will draft rule



7. Board sends proposed rule to a public rulemaking hearing for comments



8. Board reviews comments, decides to approve ("adopt") or not approve proposed rule (see *Board's Timeline*)



9. Committee reviews formulary and protocols on a regular basis



PUBLIC HEALTH PHARMACY FORMULARY ADVISORY COMMITTEE RECOMMENDATIONS

Formulary currently includes:

- Devices & Supplies
  - Diabetic blood sugar testing supplies
  - Nebulizers and associated supplies
  - INR testing supplies
  - Enteral nutrition supplies
  - Injection supplies
  - Inhalation spacers
  - Peak flow meters
  - Ostomy products and supplies
- Continuation of Therapy
- Cough/cold/symptom management: PSE, benzonatate, SABAs, intranasal corticosteroids
- EC
- Male/Female condoms

Each has its own set of parameters as recommended by the Committee and adopted by OBOP rules

SAMPLE SDTM PROTOCOL

COUGH AND COLD SYMPTOM MANAGEMENT - PSEUDOEPHEDRINE

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE: Per ORS 689.645, a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.

- Following all elements outlined in OAR 855-020-0110, a pharmacist licensed and located in Oregon may prescribe pseudoephedrine.

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- INCLUSION CRITERIA: Age 18 and older, verified by positive ID
- EXCLUSION/REFERRAL CRITERIA:
  - Age < 18

PRESCRIBING PARAMETERS:

- Pharmacist must review PDMP prior to issuing prescription, and retain documentation of review
- Maximum quantity: 3.6g or a 60 count quantity per prescription, whichever is less
- Maximum frequency: 3 prescriptions in a 12 month period

2019 HB 2257 - PDMP

- Section 17 of the bill added:

Not later than 72 hours after dispensing a prescription drug that is subject to the prescription monitoring program established under ORS 431A.855, a pharmacy shall electronically report to the Oregon Health Authority: **(i) The diagnosis code used by the practitioner and the reason for the prescription.**

- Oregon PDMP is updating OARs, specifically 333-023-0810 'Reporting Requirements' in response (proposed language):

  (k) ICD-10, if it is provided by the prescriber with the prescription; and

  (l) Reason for prescription, if it is provided by the prescriber with the prescription.

- Rulemaking hearing 11/19/2019, comment period thru 11/22 5:00pm

QUESTIONS?

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