



Oregon

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COVID-19 UPDATES

As circumstances and conditions continue to evolve, this document serves to compile information into a single source. The list of COVID-19 RESOURCES is available on last page of this document.

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COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information February 9, 2021

COVID-19 Updates from Oregon Health Authority (OHA)

- **OHA Partner Toolkit: Helping Older Adults Get COVID-19 Vaccinations**
 - Oregon Health Authority has created a [toolkit](#) to help older adults get COVID-19 vaccinations. The toolkit will be updated twice weekly updates with the most relevant information.
 - OHA is asking healthcare providers such as pharmacists and pharmacy staff to help ensure older adults have the information they need to get COVID-19 vaccines.
 - The toolkit contains: A message from the Oregon Health Authority, Talking Points for Older Adults, Know Before You Go, Frequently Asked Questions, Template Email, Newsletter blurb, and Social cards/infographic copy.

- **OHA Get Vaccinated Oregon Tool**
 - Oregon Health Authority launched a new tool at covidvaccine.oregon.gov called Get Vaccinated Oregon.
 - OHA hopes this tool will help reduce confusion and frustration as we work together to support older adults at a time when vaccines remain in critically short supply in the U.S. and here in Oregon.
 - This tool allows all Oregonians to determine if they are currently eligible for a vaccine and register to get email alerts or text notifications when they become eligible.
 - Once eligible to be vaccinated, this tool directs users to vaccine events in their area.
 - Using this tool does not guarantee users a specific "spot in line."
 - Once eligible, notified users may use the tool to find a vaccine event in their area.
 - Visitors should scroll down to “Let’s get started” and click on the blue rectangular box.
 - A chat tool will show up on the right side of the screen, and users should click affirmatively that they are seeking to find out about “vaccine eligibility.”

- **OHA COVID-19 Vaccine Protocol**
 - On 2/2/2021, the Oregon Health Authority Public Health Division Immunization Program temporarily updated the [COVID-19 Vaccine Pharmacy Protocol](#) for Immunization. The 2/2/2021 update strengthened the protocol language around allergies; however, after additional consultation with allergy experts at OHSU, OHA decided that the original protocol issued 12/20/2021, which was in line with CDC recommendations, should be adhered to. OHA has pulled the 2/2/2021 version of the protocol.

- If your pharmacy printed the protocol version posted 2/2/2021-2/5/2021, please discard this version. Please print and adhere to the protocol that is posted as of 2/8/2021 (v. 12/20/2021).
- **VAERS Reporting Requirements After a COVID-19 Vaccination**
 - Vaccine Adverse Event Reporting System ([VAERS](#)) is a national early warning system to detect possible safety problems in U.S.-licensed vaccines. VAERS is co-managed by the Centers for Disease Control and Prevention (CDC) and the U.S. Food and Drug Administration (FDA).
 - Online reporting [form](#) or pdf-fillable [form](#)
 - YouTube [video](#) on how to fill out the form
 - VAERS and COVID [FAQ](#)
 - In addition to being required in the [COVID-19 Vaccine Pharmacy Protocol](#), OAR [855-019-0280\(5\)](#) states: The pharmacist must report adverse events as required by the Vaccine Adverse Events Reporting System (VAERS) and to the primary care provider as identified by the patient.
 - Healthcare providers are required to report to VAERS the following adverse events after COVID-19 vaccination [under Emergency Use Authorization (EUA)], and other adverse events if later revised by CDC:
 - Vaccine administration errors, whether or not associated with an adverse event (AE)
 - Serious AEs regardless of causality. Serious AEs per FDA are defined as:
 1. Death;
 2. A life-threatening AE;
 3. Inpatient hospitalization or prolongation of existing hospitalization;
 4. A persistent or significant incapacity or substantial disruption of the ability to conduct normal life functions;
 5. A congenital anomaly/birth defect;
 6. An important medical event that based on appropriate medical judgement may jeopardize the individual and may require medical or surgical intervention to prevent one of the outcomes listed above.
 - Cases of Multisystem Inflammatory Syndrome
 - Cases of COVID-19 that result in hospitalization or death
 - Healthcare providers are encouraged to report to VAERS any additional clinically significant AEs following vaccination, even if they are not sure if vaccination caused the event.
 - Also report any additional select AEs and/or any revised safety reporting requirements per FDA's conditions of authorized use of vaccine(s) throughout the duration of any COVID-19 Vaccine being authorized under an Emergency Use Authorization (EUA).

US Department of Health and Human Services (DHHS) PREP Act 5th Amendment

On 1/28/2021 the U.S. Department of Health and Human Services (DHHS) issued a [Fifth Amendment](#) to the Declaration Under the Public Readiness and Emergency Preparedness Act (PREP Act) for Medical Countermeasures Against COVID-19 and Republication of the Declaration. This [amendment](#):

- Authorizes any healthcare provider who is licensed or certified in a state to prescribe, dispense, and/or administer COVID-19 vaccines in any other state or U.S. territory.

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- Authorizes any physician, registered nurse, or practical nurse whose license or certification expired within the past five years to prescribe, dispense and/or administer COVID-19 vaccines in any state or U.S. territory so long as the license or certification was active and in good standing prior to the date it went inactive.
- Requires any healthcare professional described above to complete Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Training and, for healthcare providers who are not currently practicing or whose license or certification is expired, requires an on-site observation period by a currently practicing healthcare professional.

Under the PREP Act and the Declaration, a qualified person is a covered person. Subject to certain limitations, a covered person is immune from suit and liability under federal and state law with respect to all claims for loss resulting from the administration or use of a covered countermeasure if a declaration under the PREP Act has been issued with respect to such countermeasure.

On 11/30/2020, the Oregon Board of Pharmacy issued a [statement](#) that it will not take disciplinary action against persons who act in accordance with DHHS guidance considering DHHS's position that state law is preempted. The Board does not take a position on whether DHHS's position on the preemption of state law is valid. If a complaint is received relating to activities covered under DHHS guidance, the Board will expect the licensee to provide documentation of full compliance. Failure to do so may result in disciplinary action.

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information January 28, 2021

SERV-OR Vaccination Call for Immunizers

The Oregon Health Authority is putting out a call to current and previously licensed healthcare workers in Oregon (including Pharmacists, Interns and Pharmacy technicians*) to register with SERV-OR to volunteer in support of COVID-19 vaccination efforts.

As you know, health care resources are strained, and communities need health care professionals who can make themselves available to join the response. [Sign up](#) today.

- What is [SERV-OR](#)? The State Emergency Registry of Volunteers in Oregon (SERV-OR) is a statewide pool of licensed physicians, nurses, pharmacists, Emergency Medical Technicians (EMTs), behavioral health providers, respiratory therapists and other health care professionals who are willing to volunteer in response to Federal, State, and/or local emergencies.
- As a licensed health care professional, you can register with SERV-OR with your local Medical Reserve Corps Unit (MRC) and the State Manager Volunteer Pool (SMVP). If you do not have a MRC unit in your area, you should join the SMVP if you meet the licensure requirements. If you do join an MRC, you should apply to this statewide unit in addition to the local MRC in order to access statewide volunteer and training opportunities.
 - You will receive a no-cost background check and be asked to complete required training before you can deploy.
- How can you help as a volunteer professional, after registering with SERV-OR? There are several ways you may be asked to help, depending on the need. You may be asked to:

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- Administer COVID-19 Vaccine
- Fill various logistical, administrative, or clinical support roles at mass vaccination events
- Work from home supporting public health vaccine data entry
- You also may have colleagues who are former health care professionals, and they can be part of this effort too!
- Previously licensed health care professional volunteers may register in SERV-OR to volunteer if their licenses expired fewer than 10 years ago and were in good standing at the time their licenses lapsed.
 - They may register at [SERV-OR](#) with their local Medical Reserve Corps Unit and the State Managed Volunteer Pool for Previously Licensed Volunteers. If they do not have a MRC unit in your area, they should join the SMVP for Previously Licensed Volunteers. If they do join an MRC, they should apply to this statewide unit in addition to the local MRC in order to access statewide volunteer and training opportunities.
 - They will receive a no-cost background check and be asked to complete required training before they can deploy.

*Note: Pharmacy technicians are not authorized to vaccinate under Oregon scope of practice laws but are authorized under the federal [PREP Act](#).

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information January 22, 2021

Oregon Health Authority (OHA) Temporary Rules for COVID-19 Vaccine Requirements

OHA recently adopted [temporary rules for COVID-19 Vaccine Requirements \(amending OAR 333-047-0010, 333-047-0040, 333-047-0050, adopting 333-047-1000, amending 333-049-0050\)](#) effective 01/21/2021.

- Amend OAR 333-047-0010: Adds a definition of “Authority’s Immunization Registry”; Amends the definition of “State-supplied Vaccine User Vaccine Reporting Requirements and Timelines”
- Amend OAR 333-047-0040: An entity that receives COVID-19 vaccine must comply with the new temporary rule OAR 333-047-1000, in addition to the requirements of OAR 333-047-0040. Clarifies that an entity may only transfer or redistribute vaccine to an Authority enrolled provider.
- Amend OAR 333-047-0050: An entity that receives COVID-19 vaccine must comply with the reporting requirements in the new temporary OAR 333-047-1000
- Adopt OAR 333-047-1000:
 - A person or entity that receives, stores, administers or transfers COVID-19 vaccine must report:
 - All COVID-19 vaccine dose administration within 24 hours of administration.
 - All on-hand inventory on a weekly basis, no later than 5 p.m. Pacific Time on Sunday.
 - All spoiled, expired, or wasted COVID-19 vaccine to ALERT or through an OHA survey within 24 hours of knowledge or discovery.
 - All transfers within 24 hours of the transfer.
 - Vaccine related information must be reported in accordance with this rule and OAR chapter 333, division 49.

- A person or entity receiving state-supplied COVID-19 vaccine must respond promptly (within 24 hours) to requests for information from OHA or a LPHA about vaccine storage, handling, use, administration plans, transfers, or inventory, including temperature logs.
- Permits OHA to ask for the vaccine to be transferred to another enrolled provider if the person cannot make immediate use of the vaccine and the vaccine is needed more urgently elsewhere.
- OHA can demand return of the vaccine or go get it if a person is not appropriately storing or handling the vaccine.
- A person or entity receiving COVID-19 vaccine must undergo specific training
- Civil penalties are established of \$500 per day per violation of the rule
- Amend OAR 333-049-0050: An entity that receives COVID-19 vaccine must comply with the reporting and other requirements in the new temporary OAR 333-047-1000.

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information January 12, 2021

Immunization Clinics

Oregon pharmacy statutes and rules allow pharmacists to participate in immunization clinics that are not affiliated with an Oregon pharmacy. When participating in immunization clinics that are not affiliated with an Oregon pharmacy, pharmacy personnel must assure that records are maintained in accordance with [OAR 855-019-0290](#). The immunization must be documented in the patient’s permanent record and the ALERT Immunization Information System. Immunizers must also have documentation of current CPR and immunization provider training. If CPR certification has lapsed during the COVID-19 public health emergency (since March 8, 2020), it should be renewed as soon as possible which may include after the public health emergency has ended if the immunizer is unable to receive updated certification during the PHE.

COVID-19 Updates from Oregon Health Authority (OHA)

- **OHA COVID-19 Vaccine Information and Training for Providers**
[Information](#): OHA has established a website that provides resources to support providers in COVID-19 vaccination efforts to achieve community immunity. This page is a COVID-19 vaccine providers one stop shop for all resources related to the provision of COVID-19 vaccine. On this page you can find links to key documents such as Oregon's COVID-19 Vaccination Plan, Vaccine Sequencing Plans & FAQs and links to information from the CDC, training programs, liability protection, presentations and other resources.

[Training/references](#): This OHA website contains links to required ALERT-IIS trainings and vaccine specific trainings and materials for providers of COVID-19 vaccine

- **OHA/OIP Vaccine Storage and Handling Equipment Funding**
 The OHA/Oregon Immunization Program (OIP) is announcing the availability of funding for vaccine storage and handling equipment for any site/facility participating in OIP’s vaccine supply programs, including the Vaccines for Children (VFC) and COVID-19 vaccine programs. Allowable purchases will be reimbursed up to \$1,000 per vaccination facility.

Allowable purchases include:

- Vaccine storage units (i.e., refrigerators and freezers approved for vaccine storage).
Note: NO dorm-style combined refrigerator/freezer units allowed under any circumstances.
- Temperature monitoring equipment
- Portable 'phase change material' (PCM) vaccine coolers

Click [here](#) for complete instructions and to access the required documentation and submission form.

- **OHA Updated General Guidance for Employers**

On December 22, 2020 the Oregon Health Authority issued revised [Statewide Reopening Guidance – General Guidance for Employers](#).

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information December 22, 2020

Updates Regarding COVID-19 Temporary Rules

On 12/22/2020, temporary rule [OAR 855-007-0080\(11\)](#) was adopted. It states:

(11) For immunization clinics, an immunizing pharmacist may supervise as many Oregon-licensed immunizing interns as that pharmacist determines, in their own professional judgement, will maintain public health and safety.

COVID-19 Updates from Oregon Health Authority (OHA)

- **OHA COVID-19 Vaccine Protocol**
 - On 12/22/2020, the Oregon Health Authority Public Health Division Immunization Program published a [COVID-19](#) Pharmacy Protocol for Immunization.
- **Connecting with the OHA COVID- 19 Vaccine Planning Unit:**
 - For general COVID-19 vaccine questions, please email <mailto:COVID19.vaccine@dhsoha.state.or.us>.
 - Depending on the volume of requests, we may not be able to respond directly to every email. We will triage questions and either refer them to the appropriate subject matter expert for response, or for more frequently received questions incorporate the responses into our communication.
 - For questions related to provider enrollment for COVID-19 vaccine, please email <mailto:Vaccine.ProviderEnroll@dhsoha.state.or.us>.
 - Please refer media questions related to COVID-19 and COVID-19 vaccine to the OHA Health Information Center email box: <mailto:orcovid19.media@dhsoha.state.or.us>.
- **CDC Communication Toolkit and EUA Fact Sheets:**
 - CDC has issued its [CDC COVID-19 Communications Toolkit](#)
 - [Vaccine information for consumers](#), including:
 - [What to expect at your vaccination appointment](#)

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- [What to expect after getting vaccinated](#)
- [Post-vaccination considerations for healthcare personnel](#)
- [Post-vaccination considerations for long-term care residents](#)
- Emergency Use Authorizations (EUA) Fact Sheets
 - The FDA requires manufacturers to provide an [EUA fact sheets \(Pfizer-BioNTech and Moderna\)](#). These should be provided to patients and their caregivers.
 - Please note: You will not find a Vaccine Information Sheet (VIS). VIS documents are not issued for vaccines are under emergency use authorizations.
 - Translations of EUA fact sheets: CDC has indicated that we can expect FDA to translate the EUA fact sheets and post them on the FDA website by the end of the week. FDA has not indicated the specific link they will use. They have previously made materials available on their [Emergency Use Authorization website](#). Languages that will be available include: Spanish, Russian, Chinese (Mandarin, Simplified and Traditional), Vietnamese, Somali, Korean, Arabic, Yiddish, Marshallese, Chuukese, Hmong, Mam, Burmese, Portuguese, Khmer, Mein, Haitian Creole, Polish, Hindi, Gujarati, Filipino-Tagalog.
- **OHA COVID-19 Vaccine Information Online:**
 - OHA COVID-19 [vaccine landing page](#) and
 - OHA COVID-19 [provider page](#).

US Department of Health and Human Services (DHHS) PREP Act 4th Amendment

On 12/3/2020 the U.S. Department of Health and Human Services (DHHS) issued a [Fourth Amendment](#) to the Declaration Under the Public Readiness and Emergency Preparedness Act (PREP Act) for Medical Countermeasures Against COVID–19 and Republication of the Declaration

This amendment makes explicit that the requirement in Section V for certain qualified persons to have a current certificate in basic cardiopulmonary resuscitation (CPR) is satisfied by, among other things, a certification in basic CPR by an online program that has received accreditation from the American Nurses Credentialing Center, the Accreditation Council for Pharmacy Education (ACPE), or the Accreditation Council for Continuing Medical Education.

It also amends Section V’s training requirements for licensed pharmacists to order and administer certain childhood or COVID-19 vaccines. To order and administer vaccines, the licensed pharmacist must have completed the immunization training that the licensing State requires in order for pharmacists to administer vaccines. If the State does not specify training requirements for the licensed pharmacist to order and administer vaccines, the licensed pharmacist must complete a vaccination training program of at least 20 hours that is approved by the Accreditation Council for Pharmacy Education (ACPE) to order and administer vaccines. This training program must include hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.

On 11/30/2020, the Oregon Board of Pharmacy issued a [statement](#) that it will not take disciplinary action against persons who act in accordance with DHHS guidance considering DHHS's position that state law is preempted. The Board does not take a position on whether DHHS's position on the preemption of state law is valid. If a complaint is received relating to activities covered under DHHS guidance, the Board will expect the licensee to provide documentation of full compliance. Failure to do so may result in disciplinary action.

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information December 9, 2020

COVID-19 Vaccine Storage and Distribution

It is anticipated that in the next few weeks, Oregon will receive distribution of COVID-19 vaccine. Please be aware of the following guidance:

- If COVID-19 vaccine will be stored inside of a pharmacy currently registered with the board then additional registration is not needed with the board for receipt, storage and distribution of COVID-19 vaccine.
- If COVID-19 vaccine will be stored outside of a pharmacy currently registered with the board then additional registration is needed with the board for receipt, storage and distribution of COVID-19 vaccine.
 - The pharmacy will need to register the outside location as a Drug Room by completing the [COVID-19 Vaccine – Drug Room Application](#)
 - Applicable rules include: [OAR 855-007-0060](#) SNS and State Stockpile Emergency Drugs and [OAR 855-007-0080](#) Emergency Immunization and Drug Distribution.

If the pharmacy and/or drug room is licensed with the Board as outlined above, then no further registration is needed as a Wholesaler or Drug Distribution Agent in order to store or distribute COVID-19 vaccine.

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information December 4, 2020

Oregon OSHA Regulations

Oregon OSHA recently adopted a [Temporary COVID-19 rule \(OAR 437-001-0744\)](#) that combats the spread of coronavirus in all workplaces by requiring employers to carry out a comprehensive set of risk-reducing measures.

The rule was effective 11/16/2020, with certain parts phased in, and is expected to remain in effect until 05/04/2021. It is a continuation of the guidance produced by the Oregon Health Authority and enforced in the workplace by Oregon OSHA, including physical distancing, use of face coverings, ventilation, exposure risk assessment, infection control plan, information/training, notification/testing/medical removal, and special measures for high risk jobs (i.e. direct patient care). The rule is intended to further improve the current structure for reducing risks in the workplace by requiring several measures many employers have voluntarily implemented. For example, it requires employers to notify employees of a workplace infection and provide training to workers on how to reduce risks. Likewise, employers must formally assess the risk of exposure, develop infection control plans, and address indoor air quality within their current capability. A [fact sheet](#) is available that outlines the provisions of OAR 437-001-0744.

In addition on 11/25/2020, Oregon OSHA published a [COVID-19 Workplace Advisory Memo: Application of COVID-19 Rule to Direct Patient Care within Retail Pharmacies](#) that includes a distinction between the rules for all workplaces and those additional requirements that apply to work activities defined as involving “exceptional risk.” One of the triggers for exceptional risk is “direct patient care.” The Temporary COVID-19 rule’s definition of “direct patient care” includes the following statement: “Direct patient care does not include customer service activities provided in retail settings that have embedded healthcare offices, such as retail pharmacies.” While that language clearly excludes all activities in a retail pharmacy that do not directly involve the treatment of patients, it does not exclude the provision of services such as vaccinations. However, in the interest of ensuring that the rule does not discourage vaccinations and any health screening services provided by retail pharmacies or similar establishments, Oregon OSHA will not be enforcing most of the “exceptional risk” requirements found in Subsection 4 of the temporary rule in relation to such activities. Click on the link above to read detail on what will and will not be enforced.

Oregon Health Authority (OHA) Updated Face Covering Guidance

On December 3, 2020 the Oregon Health Authority issued revised [Statewide Reopening Guidance – Masks, Face Coverings, Face Shields](#).

Oregon Board of Pharmacy Statement on Immunization Services Under DHHS Guidance & PREP Act 3rd Amendment

On October 20, 2020, U.S. Department of Health & Human Services (DHHS) issued the [third amendment](#) to a declaration under the Public Readiness and Emergency Preparedness Act (or PREP Act). This declaration provides liability protection and authorizes both qualified pharmacy technicians and State-authorized pharmacy interns acting under the supervision of a qualified pharmacist to administer FDA-authorized or FDA-licensed COVID-19 vaccines to persons ages three or older and to administer FDA-authorized or FDA-licensed ACIP-recommended vaccines to persons ages three through 18 according to ACIP’s standard immunization schedule. The DHHS guidance lists requirements that qualified pharmacy technicians and State-authorized pharmacy interns must satisfy.

The declaration states that the authorization preempts any state and local law that prohibits or effectively prohibits those who satisfy requirements as set forth in the declaration from administering COVID-19 or routine childhood vaccines. The Oregon Board of Pharmacy will not take disciplinary action against persons who act in accordance with this DHHS guidance considering DHHS’s position that state law is preempted. The Board does not take a position on whether DHHS’s position on the preemption of state law is valid. If a complaint is received relating to activities covered under DHHS guidance, the Board will expect the licensee to provide documentation of full compliance. Failure to do so may result in disciplinary action. This statement is available on the Board [website](#).

List-Servs of Interest

The board has been forwarding other agency newsletters and list-serv announcements pertinent to COVID-19 vaccine distribution via the board’s list-serv. With the upcoming deployment of COVID-19 vaccine, licensees may find it helpful to subscribe to the following list-servs for the most up to date vaccine information at the state and federal levels:

- [OHA Immunization Partners](#)
- [OHA CD Summary](#)- The CD Summary is a publication of the Oregon Health Authority, Public Health Division. Its intended audience is: licensed health care providers, public health and health care

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agencies, media representatives, medical laboratories, hospitals, and others with an interest in epidemiology and public health.

- [FDA Advisories](#)

COVID-19 Resources

Additional links specific to COVID-19 vaccines and vaccination distribution plans have been added to the list of [COVID-19 Resources](#) at the end of the comprehensive communication document.

COVID-19 UPDATE – Oregon Board of Pharmacy (OBOP) Information October 23, 2020

COVID-19 Resources

The list of [COVID-19 Resources](#) at the end of the comprehensive communication document on the Board’s website has been updated to make searching for specific information easier. Information is arranged into international, US and Oregon sections.

US Department of Health and Human Services (HHS) Vaccine Guidance

On October 21, 2020 the U.S. Department of Health and Human Services (HHS) issued [guidance](#) under the Public Readiness and Emergency Preparedness Act (PREP Act) authorizing qualified pharmacy technicians and State-authorized pharmacy interns to administer childhood vaccines, COVID-19 vaccines when made available, and COVID-19 tests, all subject to several requirements. The latest guidance document is also listed under the COVID-19 Resources at the end of the board’s comprehensive communication document. The board will not be issuing additional guidance on these expanded authorities at this time.

Centers for Disease Control and Prevention (CDC) Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination

On October 16, 2020 the U.S. Department of Health and Human Services (HHS) and Department of Defense (DoD) announced that the Centers for Disease Control and Prevention (CDC) is partnering with CVS and Walgreens to offer on-site COVID-19 vaccination services for residents of long-term care facilities (LTCFs – nursing homes and assisted living facilities) once vaccination is recommended for them. The program provides end-to-end management of the COVID-19 vaccination process, including cold chain management, on-site vaccinations, and fulfillment of reporting requirements, to facilitate safe vaccination of this patient population, while reducing burden on LTCFs and local health departments. The services will be available in rural areas that may not have easily accessible pharmacies. Facility staff who have not received COVID-19 vaccine can also be vaccinated as part of the program. A [program description](#) and [FAQ document](#) provide additional information.

Oregon Health Authority (OHA) Updated Face Covering Guidance

On October 19th, 2020 the Oregon Health Authority issued revised [Statewide Mask, Face Covering, Face Shield Guidance](#).

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information July 17, 2020

The Oregon Board of Pharmacy serves to promote and protect public health, safety and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

Pharmacy Provision of Vaccines and Other Routine Services

Due to the ongoing nature of the COVID-19 pandemic and the impending flu season, it is advised for pharmacies to develop robust vaccination strategies and communicate clearly to patients how their immunization plan/processes will be carried out to prevent disease spread. Related reference links are provided in this document's COVID-19 Resources (pg. 19)

Updates Regarding COVID-19 Temporary Rules

On 7/14/2020, the OBOP 'repealed' the temporary rule related to hydroxychloroquine/chloroquine (HCQ/CQ) prescription dispensing, effective immediately. Pharmacists and prescribers are expected to utilize professional judgment for appropriate clinical decision-making.

On 7/14/2020, the OBOP voted to send two current COVID-19 temp rules through the formal rulemaking hearing process, due to the ongoing nature of the PHE. One is related to pharmacist supervision of technician and interns for certain remote processing tasks; if adopted, this will remain in effect through the declared emergency timeframe only, unless repealed sooner. The second rule is related to SRI intern ratio for the 2020-2021 academic year. See [9/9/2020 Rulemaking Hearing Notices](#) for details.

On 7/16/2020, temporary rule [OAR 855-007-0086](#) was adopted. It obligates OBOP licensees and registrants to comply with the Governor's Executive Orders enacted during declared emergencies.

FDA Updates Compounding Guidance

On 7/15/2020, the [FDA](#) sent a update: The FDA's Intergovernmental Affairs (IGA) team would like to bring your attention that the Agency has added dexamethasone sodium phosphate to the lists of drugs for temporary compounding by [outsourcing facilities](#) and [pharmacy compounders](#) during the COVID-19 public health emergency.

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information May 22, 2020

Considerations for Reopening of Oregon and the End of the Declared Public Health Emergency (PHE)

Temporary rules and advisories will end and change options at the end of declared PHE. For example, items permitted under [Division 007](#) rules will no longer be in effect when the state's public health emergency is over; these include such emergency permissions as Temporary Pharmacy registration, temporary employment under EMAC/PNEMA, and reactivation of retired pharmacist licensure. The Board's temporary rules specific to the PHE will also be repealed, effective the date of the end of the declared PHE; these are OARs [855-006-0005\(29\)](#) (remote supervision of technicians), [855-007-0085](#) (HCQ), and [855-031-0026](#) (Intern SRI ratio/supervision).

If a pharmacy would like to continue pharmacist remote processing functions beyond the end of the PHE, it will be necessary to complete and submit the customary [Remote Processing designation application](#) for Board review and approval.

Manufacturer registrations issued to permit the temporary manufacturing of hand sanitizer via FDA guidance expire on 9/30/2020. Any location that wishes to continue this activity shall re-apply with the OBOP as a traditional manufacturer after 9/30/2020 and the end of the declared PHE.

If a pharmacy's annual CS inventory came due during the COVID-19 PHE *and* you were unable to complete the written inventory of all controlled substances annually within 365 days of the last written inventory, the pharmacist must complete and document the inventory within 15 days of the end of the declared PHE.

OBOP plans to continue to provide information with as much lead time as possible of the end of the declared PHE, and pharmacies should consider transitioning away from temporary processes for those that are no longer needed, in preparation for the end of the PHE.

Clarification of 4/8/2020 Statement Related to Vaccines and Routine Pharmacy Services

In the update sent on 4/8/2020 the message stated expectations and considerations for pharmacists and pharmacies: *"...pharmacists shall use professional judgment per individual circumstances and pharmacies should avoid offering routine services, such as adult vaccinations and blood pressure monitoring, that require person-to-person contact and are not required for the immediate health and safety of the individual."*

This statement is not written, nor was not meant to be interpreted as an overall prohibition on vaccination. Rather, as intentionally stated and in alignment with routine professional decision-making rationale, a pharmacist is expected to use judgment to assess the individual circumstances of an identified patient need, in tandem with assessing whether the service, such as administering a vaccine, can be provided safely, considering such things as whether the location has proper PPE, etc. Please work directly with individual patients and other care providers, in consideration of pharmacy supplies and policies, to take care of your patients and maintain a safe environment in your pharmacy.

New Links Added to Resources

Refer to pg. 19 of this document for COVID19-related resources.

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information May 7, 2020

General Statement Related to Ongoing Public Health Emergency (PHE)

All temporary rules will remain in effect for the duration of the declared public health emergency unless modified or rescinded. The Board will continue to issue COVID-19 updates to communicate advice, clarifications, and changes to temporary rules.

In-State Pharmacy Drug Compounding

A registered Oregon pharmacy drug outlet, located in Oregon, may compound drugs in shortage in accordance to all requirements set forth in the FDA's [Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Pharmacy Compounder Not Registered as Outsourcing Facilities During the COVID-19 Public Health Emergency](#) and the following requirements:

1. The in-state pharmacy must maintain written documentation of a request for the compounding of drugs in shortage by a medical director of a hospital or an Oregon licensed pharmacist who is authorized by the hospital to act on behalf of the medical director. The documentation of a request is not required if the hospital owns and operates the compounding pharmacy. NOTE: For the purposes of this guidance, hospital includes free-standing emergency departments and any satellite location of a hospital that is being used to treat COVID-19 patients.
2. The in-state compounding pharmacy shall maintain documentation of a drug shortage for three years.
3. If the compounding pharmacy is not owned or operated by the hospital, both the compounding pharmacy and the recipient hospital pharmacy shall maintain the following records for three years of any non-patient specific drug transferred, sold or received:
 - The name, strength, dosage form, expiration date and quantity of each drug transferred, sold or received;
 - The address of the location where the drugs were transferred, sold or received; and
 - The date of transfer, sale, or receipt; and
 - Invoices containing the above information will suffice as records of transfer, sale, or receipt.
4. The compounding pharmacy and recipient hospital pharmacy must submit notification via email (pharmacy.compliance@oregon.gov) to the Board of Pharmacy of the intent to transfer, sell or receive non-patient specific drugs in shortage. The notification email must include the following:
 - Name and address of the pharmacy;
 - Contact telephone number of the pharmacy;
 - Oregon registration number of the pharmacy; and
 - A complete list of non-patient specific drugs in shortage that the pharmacy will be compounding or receiving (if the pharmacy intends to compound or receive additional drugs after submission, a new notification email from each pharmacy is required).

This FDA guidance is in effect for no longer than the duration of the public health emergency related to COVID-19 declared by HHS, including any renewals made by the HHS Secretary in accordance with section 319(a)(2) of the Public Health Service Act (PHS Act) (42 U.S.C. 247d(a)(2)). Records must be produced for review no later than three business days to an agent or inspector of the Board.

Emergency Rule for COVID-19 Testing at Waived Laboratories

On April 24, 2020, the Oregon Health Authority's Public Health Clinical Laboratory Division adopted temporary rule [OAR 333-024-3000](#), related to pharmacist provision of COVID-19 tests. It is expected that any pharmacist and pharmacy performing testing shall comply with all related rules (see message dated 4/22/2020). Additionally, locations not otherwise registered with OBOP as a pharmacy shall register with OBOP as a Temporary Pharmacy for the purposes of pharmacists performing COVID-19 lab testing.

The Oregon Board of Pharmacy serves to promote and protect public health, safety and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information April 22, 2020

Oregon Pharmacist Legal Scope and COVID-19 Testing

Per [ORS 689.661](#), it is within a registered Oregon pharmacist's scope to perform point-of-care CLIA-waived tests. Please refer to HHS and OHA Laboratory Regulation Division for regulations and requirements a pharmacist must follow to perform CLIA-waived COVID-19 tests. It is essential that the pharmacy has written policies and procedures and retains documentation of personnel training associated with lab tests. Further, it is expected that pharmacy employers implement infection control practices in their pharmacies to protect workers and patients, in accordance with the state's social/physical distancing guidelines (see "Safe Work Environment and Routine Pharmacy Services" in OBOP's 4/8/2020 update).

The following related resources are provided:

- [United States Department of Health and Human Services](#)
 - [Guidance for Licensed Pharmacists, COVID-19 Testing, and Immunity under the PREP Act](#)
 - [HHS Statement- Authorizing Licensed Pharmacists to Order and Administer COVID-19 Tests](#)
 - [Centers for Medicare and Medicaid Services](#)
- [Oregon Health Authority – Clinical Laboratory Regulation](#)
 - [Rules and Regulations](#)
 - [Guidelines for Emergency Testing Authorization](#)
 - [Health Screen Testing Permit Program](#)
- [CDC/FDA Clarification Re: CLIA-waived Status for Point-of-Care SARS-CoV-2 Tests under Emergency Use Authorizations](#)
- [CDC Guidance – Reduce risk during COVID-19 testing and other close-contact pharmacy care services](#)
 - [CDC Guidance for Pharmacists and Pharmacy Technicians in Community Pharmacies during the COVID-19 Response](#)
 - [Personal Protective Equipment](#)

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information April 8, 2020

Safe Work Environment and Routine Pharmacy Services

Oregon Administrative Rule [855-041-1015](#) states that "Persons working in a pharmacy shall practice appropriate infection control." It is the expectation of the Board of Pharmacy that pharmacy employers implement infection control practices in their pharmacies to protect workers and patients. During the declared Public Health Emergency (PHE) due to the Corona Virus (COVID-19) outbreak and per Executive Orders 20-10 and 20-12, pharmacists shall use professional judgment per individual circumstances and pharmacies should avoid offering routine services, such as adult* vaccinations and blood pressure monitoring, that require person-to-person contact and are not required for the immediate health and safety of the individual.

- [CDC's Considerations for Pharmacies During COVID-19 Pandemic](#)

The Oregon Board of Pharmacy serves to promote and protect public health, safety and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

On 4/2/2020, the Oregon Board of Pharmacy revised the adopted an emergency temporary rule ([OAR 855-007-0085](#)) which limits the dispensing of chloroquine and hydroxychloroquine (CQ/HCQ) *as a measure to preserve supplies for treatment of malaria, inflammatory conditions, and patients with COVID-19 infection.* In response to the challenges related to testing availability and delayed resulting times faced by Oregon care providers, the revised language permits dispensing of CQ/HCQ to hospitalized/institutionalized individuals with either a positive test result for COVID-19 or pursuant to a clinical diagnosis of COVID-19 infection.

- [Prescription Therapy for COVID-19 Patients Informational/FAQs](#) – updated 4/2/2020

As this situation evolves, the Board continues to reassess temporary rule OAR 855-007-0085, to continue monitoring emerging evidence, availability of testing, and by working with state leadership, the Oregon Health Authority and the Oregon Medical Board to modify or rescind the rule as appropriate.

Oregon Pharmacy Intern - School-Based Internship Ratio

During the PHE, an Oregon preceptor may monitor more than two interns completing non-direct patient care learning in school-based internships (SRIs). It is the responsibility of the preceptor to monitor only as many SRI interns they believe in their professional judgment is appropriate, and shall retain documentation of all interns monitored during this timeframe.

Oregon Pharmacy Drug Outlet – Annual Controlled Substance Inventory

Due to the potential of staff shortages during this PHE, the Board has received a number of inquiries related to the Annual Controlled Substance Inventory requirement [OARs [855-080-0070](#) & [855-019-0300\(5\)\(d\)](#)].

If your pharmacy's annual CS inventory comes due during the COVID-19 PHE *and* you are unable to complete the written inventory of all controlled substances annually within 365 days of the last written inventory, you must complete the inventory within 15 days of the end of the declared PHE. Retain documentation on site, for inspector review.

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information, March 31, 2020

Chloroquine/Hydroxychloroquine (CQ/HCQ) Dispensing Limitations

On 3/23/2020, the Oregon Medical Board and The Oregon Board of Pharmacy issued statements to licensees related to the inappropriate prescribing of chloroquine/hydroxychloroquine.

On 3/25/2020, the Oregon Board of Pharmacy adopted an emergency temporary rule ([OAR 855-007-0085](#)) prohibiting the dispensing of chloroquine and hydroxychloroquine for presumptive treatment or prevention of COVID-19 infection *as a measure to preserve supplies for treatment of malaria, inflammatory conditions, and documented COVID-19 infection in hospitalized patients.*

On 3/29/2020, the FDA issued an [Emergency Use Authorization](#) (EUA) to allow HCQ/CQ products donated to the Strategic National Stockpile (SNS) to be distributed and used for certain hospitalized patients with COVID-19. These drugs will be distributed from the SNS to states for doctors to prescribe to adolescent and adult patients hospitalized with COVID-19, as appropriate, when a clinical trial is not available or feasible. The EUA requires that fact sheets that provide important information about using chloroquine phosphate and hydroxychloroquine sulfate in treating COVID-19 be made available to health care providers and patients, including the known risks and drug interactions. The SNS will work with the Federal Emergency Management Agency (FEMA) to ship donated doses to states.

As this situation evolves, the Board continues to reassess temporary rule OAR 855-007-0085.

Related note: The FDA issued a [letter](#) to stakeholders, warning people to not use chloroquine phosphate intended for fish as treatment for COVID-19 in humans. Products marketed for veterinary use, “for research only,” or otherwise not for human consumption have not been evaluated for safety in humans. People should not take any form of chloroquine unless it has been prescribed by a licensed healthcare provider and is obtained through a legitimate source.

DEA Policies Updated

On 3/27/2020, the Drug Enforcement Agency (DEA) issued a policy entitled [Exception to Regulations Emergency Oral CII Prescription](#) in light of the current Coronavirus public health emergency (PHE). This temporary policy impacts [21 CFR 1306.11\(d\)](#), related to emergency schedule II prescribing, that states a pharmacist may dispense a schedule II controlled substance (CII, CS) upon receiving oral authorization of a prescribing individual practitioner, provided that certain requirements are fulfilled.

The DEA announced two temporary exemptions to the criteria of 1306.11(d) in order to enable greater flexibility on oral prescribing, during the PHE:

1. DEA grants practitioners 15 days within which to provide the follow-up paper prescription to the pharmacy (extending from 7 → 15 days)
2. DEA recognizes that during the PHE there may be times when providing the follow-up paper prescription to the pharmacy may prove very challenging or impossible. Therefore, in these instances, DEA permits the practitioner to send the follow-up prescription to the pharmacy via fax, or to take a photograph or scan of this follow-up prescription and send to the pharmacy in place of the paper prescription (Note: practitioner shall maintain the original paper rx in the patient file).
 - a. It is the responsibility of the practitioner to ensure that the rx contains all requirements of [21 CFR 1306.05](#) and [1306.11\(d\)](#), including the statement “*Authorization for Emergency Dispensing*”.
 - b. Pharmacists continue to have a corresponding responsibility to ensure that any CS rx filled/dispensed was issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice, per [21 CFR 1306.04\(a\)](#).

Note: DEA does not assign a numerical limit to the amount of CII CS to be prescribed. Rather, the quantity prescribed and duration of the emergency oral CII rx is to be determined by the practitioner’s “sound medical discretion”, and shall be limited to “the amount adequate to treat the patient during the emergency period.”

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Prescription Refills – Options for Oregon Pharmacists to Issue Emergency Fills or Continuation of Therapy

As previously stated, the Division 007 rules are “in effect”, allowing pharmacists the ability to address individual patient needs to provide timely access to safe care, while actively working to minimize the burden on clinics for the routine refills needed. The OBOP appreciates every single effort made by each pharmacist, intern, and technician working steadfastly on the “frontlines” of this global coronavirus crisis. The state of Oregon’s emergency situation is or will soon be entering the next wave of this pandemic – it is anticipated that our hospitals will potentially begin admitting a surge of patients, struggling with advanced stages of the COVID-19 infection. The following options are provided for Oregon pharmacists to issue emergency refills, continuation of therapy of patient’s maintenance medications, and respond to other patient needs.

As a reminder, Division 007 ([OAR 855-007-0090](#)) refill rules permit a pharmacist to dispense a refill of a prescription drug without a valid prescription provided that:

- In the pharmacist’s professional judgment, the drug is essential to the maintenance of the patient’s health or the continuation of therapy; and
- The pharmacist provides no more than a 30-day supply; and
- The pharmacist records all relevant information and indicates that it is an Emergency Prescription; and
- The pharmacist informs the patient or the patient’s agent that the drug is being provided without a prescriber’s authorization and that a prescriber authorization is required for any additional refill.

Note: The DEA has not suspended any regulations related to the scheduling of CS drugs, therefore a pharmacist may not dispense a refill of any CS medication without prescriber authorization.

Oregon licensed pharmacists and pharmacies should consider creating P&Ps and training staff to provide the pharmacy services and medication access permitted by [Division 020 – Pharmacist Prescriptive Authority](#), such as prescribing of:

- Any post-diagnostic drugs and devices listed in the [Formulary Compendium](#)
- Medications/patient care services listed in the [Protocol Compendium](#)
 - Continuation of Therapy
 - A pharmacist may prescribe any non-controlled medication to extend a patient’s prescription therapy to avoid interruption of treatment; and in such cases, a pharmacist shall only prescribe a drug quantity sufficient for the circumstances, not to exceed a 60 day supply, and no more than two extensions in a 12 month period per medication.
 - Note: For patients seeking > 30 day supply of certain psychotherapeutic drugs, seek prescriber authorization, particularly in consideration of the potential risk for suicide.
 - Suicide Prevention Lifeline call 1-800-273-8255 or chat online at www.suicidepreventionlifeline.org
 - [Oregon Health Authority – Crisis Lines](#)
 - Cough and cold symptom management

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- Pseudoephedrine products for patients 18 years of age and older, verified by positive identification, not to exceed 3.6 grams or a 60 count quantity per prescription, whichever is less, or a total of three prescriptions in a 12 month period. Pharmacist must review PDMP prior to issuing prescription and retain documentation of PDMP review
- Benzonatate, for the treatment of cough, not to exceed a 7 day supply
- Short-acting beta agonists, not to exceed 1 inhaler with or without a spacer, or 1 box of nebulizer ampules, per year
- Intranasal corticosteroids
- Preventative care
 - Emergency Contraception, not including abortifacients
 - Male and female condoms
 -

All prescribing pursuant to the Formulary and Protocol Compendia must adhere to regulations outlined in [OAR 855-020-0110](#). Links to the Oregon Statewide Drug Therapy Management Protocols and additional information are provided on the Board's [webpage](#).

All pharmacists may additionally consider the use of [Collaborative Drug Therapy Management](#) practice agreements with available clinicians and [Local Public Health Authorities](#), identifying a variety of ways that pharmacists can address local needs (of patients, health systems and various care facilities in communities throughout the state). *Having proactive strategies in place, having anticipated unique needs is a critical element of preparedness.*

Professional Volunteer Opportunities – SERV-OR

Health care workers in Oregon can support their community's response to COVID-19 by registering with SERV-OR and their local Medical Reserve Corps. Visit <https://serv-or.org/> to learn more and register.

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information, March 23, 2020

Executive Order – “Stay Home, Save Lives”

On 3/23/2020, Governor Brown issued an [Executive Order](#) describing updated social distancing requirements – “*Stay Home, Save Lives*”. Based on this and ongoing reports in Oregon and via the media throughout this country this past weekend, the Oregon Board of Pharmacy strongly urges pharmacy drug outlets to deploy employee protection measures. Further, pharmacies shall provide appropriate guidance and ongoing direction to staff so they may continue to offer critical pharmacy services and access to patients.

New - Technician Supervision Regulations to be Amended

For the declared emergency timeframe only, on or after March 23, 2020 a pharmacy may consider remote processing functions, to include the option of pharmacy interns and pharmacy technicians to perform *limited functions* from a secure off-site, non-pharmacy location. A pharmacist may provide “remote monitoring” of a pharmacy intern or technician for the following remote processing functions only:

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- Prescription order entry;
- Other data entry; and
- Insurance processing of prescriptions and medication orders

Pharmacy drug outlet shall download and complete the Board’s updated [Remote Processing Checklist for use during COVID-19 Public Health Emergency](#). Checklist Policies & Procedures must be created, enforced and maintained on-site at the pharmacy drug outlet. ***As of 3/23/2020 and until further notice, any Oregon registered pharmacy participating in remote processing functions by ANY licensee must notify the Board.*** Send notification to pharmacy.board@oregon.gov (subject line: “Remote Processing Notification”). You are required to *notify* the Board, however do not submit checklist P&Ps.

Prescriptions for Chloroquine/Hydroxychloroquine to treat COVID-19

Across the nation, and in Oregon pharmacies are reporting an increase in the number of prescriptions being issued for this non-FDA approved purpose.

On 3/23/2020 the Oregon Medical Board (OMB) shared the following related statement about

‘Inappropriate Hydroxychloroquine Prescribing’:

The Board has received reports from pharmacies regarding physicians inappropriately prescribing hydroxychloroquine (Plaquenil). **The Board does not approve of inappropriate or false prescribing, especially in times of crisis.** Further, the Medical Board and the Board of Pharmacy provide the following reminders of some of the risks related to administering unproven therapies:

- Creating the risk of adverse effects and additional harm.
- Creating shortages of therapies for patients who have legitimate medical need for the drug's intended purpose and use.
- Confounding the interpretation of efficacy (particularly when randomized controlled studies are necessary and are currently underway).
- Providing false hope to patients or a false sense of security.

Other Pharmacy Practice Considerations

- There are no Board of Pharmacy regulations that require a patient to sign for a medication upon pick-up. Please review and adjust pharmacy policy to comply with Governor’s latest executive order.
- To reiterate: Consider alternative methods to get prescriptions to patients – drive-thru, curbside delivery, home delivery, mailing
 - For patient counseling, a verbal offer or providing an offer to counsel in writing (i.e. a telephone number where a pharmacist may be reached) is required in accordance with [OAR 855-019-0230](#).
- There are no pharmacy board regulations to prohibit e-prescribing of a Death with Dignity Act (DWDA) prescription. It is recommended that a DWDA e-prescription be transmitted to a pharmacy with a pharmacist who is aware of and has agreed to fill the DWDA prescription. For additional information, contact the [Oregon Health Authority DWDA Program](#).

Licensing Clarification

Attention CPTs – Now is the time to renew your license! Certified Pharmacy Technician license renewal is active and available [online](#). CPT licenses must be renewed by 6/30/2020. The process is an online process and our state’s current declared emergency does NOT present any barriers to renewal. (Recall that “Live CE” is not an Oregon Board of Pharmacy requirement.)

COVID-19 UPDATE- Oregon Board of Pharmacy (OBOP) Information, March 19, 2020

All items from OBOP’s prior notices remain current. As circumstances and conditions continue to evolve, this document serves to compile information into a single source. The list of COVID-19 RESOURCES is growing – available on last page of this document

Oregon Administrative Rule (OAR) Division 007 – Public Health Emergency is in effect for all Oregon pharmacies, as of 3/8/2020. In accordance with the nature of this COVID-19 pandemic, the focus **remains on** minimization of individuals in close contact with one another (“social distancing”). As this is a rapidly evolving situation, pharmacists and pharmacies should continue to care for their patients in a manner that assures access and safety. All state and federal pharmacy regulations remain in effect and Division 007 – Public Health Emergency rules apply only for the duration and scope of the declared public health emergency (PHE).

Pharmacist, Technician, Intern Licensing

- **Inactive Pharmacist License Reactivation:**
 - Per [OAR 855-007-0050\(4\)](#), the [Pharmacist License Reactivation Application](#) is available.
 - Any pharmacist whose license has been inactive for no more than two years may reactivate their license *without* having to complete continuing education or MPJE. There is no fee and the license will revert back to lapsed status at the end of six months.

- **Due to test site closure:**
 - NAPLEX or MPJE exam score expirations, pharmacist licensure transfer application dates and the internship requirements within the one-year period for reciprocity will be extended for 90 days after the ending date of the PHE issued on 3/8/2020. Extensions will be considered on a case by case basis, as requested. Please email pharmacy.licensing@oregon.gov, subject line “Extension Request”.
 - All Pharmacy Technician (PT) licenses with an expiration date of 6/30/2020: plan to extend to 12/31/2020. New licenses will be printed and mailed out to all PTs, prior to 6/30/2020. No action is required for this extension.

Conservation of Personal Protective Equipment (PPE)/USP 797

Pharmacies and pharmacy personnel are expected to utilize and triage existing supplies in the most appropriate ways based on the needs of your specific location and circumstances, and in accordance with national recommendations. A pharmacy’s documented PPE Conservation Plan does not need to be approved by the OBOP.

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If certification for PECs and SECs lapse due to vendor unavailability, the PIC should evaluate their setting, consider actions such as shortening BUDs, increased surface sampling and gloved fingertip sampling and take appropriate action. Consult national recommendations. Certification should be completed as soon as practical after end of the PHE.

Controlled Substance Refills

As of 3/19/2020, the DEA has not suspended any regulations. All controlled substance regulations remain in effect. Prescriber authorization is required for all controlled substance refills.

Miscellaneous Pharmacy Practice Considerations

- We appreciate but do not require notification of pharmacy policy changes, such as plans related to CPR expiration, certification lapses, hours of operation changes, resource allocation
- Notification to OBOP is required for:
 - Pharmacy closure
 - Request for extension of NABP, MPJE, reciprocity deadlines
- Other issues and considerations:
 - Implement and train staff on infection prevention practices in all pharmacy sites to maintain social distancing and disinfection routines to keep patients and staff safe
 - CPR certification for vaccine-certified pharmacists that lapse during the PHE should be completed as soon as practical after end of the PHE.
 - Do what you can to reduce fax refill requests that can be managed at pharmacy; clinics are inundated
 - Discontinue all auto-faxes regarding proactive refill requests, if possible
 - Consider alternative methods to get prescriptions to patients – drive-thru, curbside delivery, home delivery, mailing
 - Consider providing special hours for high-risk persons to help with social distancing

COVID-19 UPDATE - Oregon Board of Pharmacy Information, March 16, 2020

- **Temporary Pharmacies** (OAR [855-007-0100](#)): For the purpose of creating an alternative medication pick-up or dispensing location, the Oregon Board of Pharmacy has created an application for [Temporary Pharmacy](#) registration, for in-state pharmacy locations only. If applicable, pharmacies should download, complete and submit the completed application to pharmacy.board@oregon.gov
 - There is no fee for this application
 - Temporary Pharmacy must comply with all State and Federal pharmacy regulations, including those related to security, counseling, personnel (including requirement for pharmacist on site), recordkeeping, etc.
- **Emergency Licensure** (OAR [855-007-0050](#)): An Oregon registered drug outlet may employ a pharmacist, intern or pharmacy technician who does not hold a license issued by the Board, provided that the individual provides evidence that they hold a comparable license issued by any other state or signatory to the Pacific Northwest Emergency Management Arrangement (PNEMA) or Emergency

Management Assistance Compact (EMAC). The pharmacy shall retain on-site documentation of each such employee during the declared emergency and for 3 years.

- Pacific Northwest Emergency Management Arrangement (PNEMA) means the compact between the states of Alaska, Idaho, Oregon and Washington, and the Province of British Columbia, and Yukon, to provide mutual assistance in an emergency or public health emergency.
- Emergency Management Assistance Compact (EMAC) means the compact for mutual assistance that was ratified by Congress and signed by all states, and is codified in ORS 401.043.
- **Emergency Pharmacy Rules** (OAR [855-007-0090](#)):
 - Does not apply to controlled substance medications
 - Pharmacist must retain all documentation on-site for each medication dispensed when pursuant to these emergency prescription rules
- **Temporary Compounding of Certain Alcohol-Based Hand Sanitizer:** The Oregon Board of Pharmacy permits this practice – [guidance document from the FDA](#).
Note: Permitted for OTC-sales and for patient-specific prescriptions

All items from OBOP's 3/13/2020 notice remain current, including:

- A pharmacy may deliver or mail medications to patients (permitted any time)
- Pharmacies and health-systems need to do what is necessary to treat patients and manage employee health. For the declared emergency timeframe only, if minimization of on-site personnel is needed, any Oregon licensed pharmacy may consider remote processing functions. If applicable, pharmacy shall download and complete [Remote Processing Checklist](#)
 - Checklist P&Ps must be created and followed, but DO NOT NEED TO BE APPROVED BY OBOP prior to use; maintain on-site at the pharmacy
 - This means formal waivers are NOT necessary for these functions during the declared emergency timeframe
- **Technicians must be working in a pharmacy at the direction and control and under the supervision of a pharmacist – if staff minimization/reduction becomes critical, then it must be a pharmacist that physically functions at a pharmacy (not a technician working unsupervised)**
 - **This means that “remote supervision” of a pharmacy technician is not permitted by regulations.**

Conditions and guidance are changing rapidly. Pharmacists should maintain up-to-date information on this evolving public health emergency to provide the public with factual and detailed information to help reduce the spread of this virus, particularly to vulnerable persons. The board will continue to provide updates as conditions evolve and trusts that you will take care of yourselves, your families, your patients, and your communities. We will get through this unprecedented situation together!

COVID-19 - Oregon Board of Pharmacy Information, March 13, 2020

State of Emergency

Governor Kate Brown declared a 60-day state of emergency on March 8, 2020, to help the state prepare for the impacts of COVID-19 in Oregon and the US. At this time, COVID-19 is demonstrating sustained person-to-person community spread and on 3/12/2020, Governor Brown announced urgent strategies to slow the

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spread of the virus throughout the state. Federal and state health officials are emphasizing mitigation strategies to keep communities safe, focusing on older people and people with chronic diseases who are at higher risk of complications.

Oregon Pharmacy Impacts

[Oregon Administrative Rule Division 007 – Public Health Emergency](#) is in effect for all Oregon pharmacies, as of 3/8/2020. In accordance with the nature of this COVID-19 pandemic, the focus is minimization of individuals in close contact with one another (“social distancing”). As this is an evolving situation, pharmacists and pharmacies should continue to care for their patients in a manner that assures access and safety. All state and federal pharmacy regulations remain in effect.

- Division 007 addresses drug distribution and dispensing
- A pharmacy may deliver or mail medications to patients (permitted any time)
- The Oregon Board of Pharmacy (OBOP) is prepared to issue Temporary Pharmacy registrations, but only in the event of mass drug distribution needs
- Pharmacies and health-systems need to do what is necessary to treat patients and manage employee health. For the declared emergency timeframe only, if minimization of on-site personnel is needed, pharmacy may consider remote processing functions. If applicable, pharmacy shall download and complete [Remote Processing Checklist](#):
 - Checklist P&Ps must be created and followed, but DO NOT NEED TO BE APPROVED BY OBOP prior to use; maintain on-site at the pharmacy
 - This means formal waivers are NOT necessary for these function during the declared emergency timeframe
- Technicians must be working in a pharmacy at the direction and control and under the supervision of a pharmacist –if staff minimization/reduction becomes critical, then it must be a pharmacist that physically functions at a pharmacy (not a technician working unsupervised)
- If it becomes necessary, pharmacists have the authority to issue emergency refills of prescription drugs during the declared emergency and may assist in the storage and distribution of drugs from the Strategic National Stockpile.

Conditions and guidance are changing rapidly. Pharmacists should maintain up-to-date information on this evolving public health emergency to provide the public with factual and detailed information to help reduce the spread of this virus, particularly to vulnerable persons.

The board will continue to provide updates as conditions evolve and trusts that you will take care of yourselves, your families, your patients, and your communities. We will get through this unprecedented situation together!

Joe Schnabel, Pharm.D, R.Ph.
Executive Director, Oregon Board of Pharmacy

COVID-19 Resources:

INTERNATIONAL

- [World Health Organization \(WHO\)](#)

UNITED STATES

- [Centers for Disease Control and Prevention \(CDC\)](#)
 - [CDC Guidance for Pharmacies](#)
 - [CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#)
 - [CDC Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
 - [Optimizing Personal Protective Equipment \(PPE\) Supplies \(General Optimization Strategies, N95, Facemasks, Eye Protection, Gowns, Gloves\)](#)
 - [CDC Healthcare Facility Tools](#)
 - [CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 \(COVID-19\)](#)
 - [CDC Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection \(Interim Guidance\)](#)
 - [CDC Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings](#)
 - [CDC Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#)
 - For more guidance on this topic and a comprehensive list, see [CDC Guidance Documents Directory](#)
- [Centers for Medicare and Medicaid Services \(CMS\)](#)
 - [Clinical Laboratory Improvement Amendments \(CLIA\)](#)
 - [COVID-19 Partner Toolkit](#)
- [Drug Enforcement Administration \(DEA\)](#)
 - [DEA COVID-19 Prescribing Guidance](#)
 - [DEA Registrant Guidance on Controlled Substance Prescription Refills](#)
 - [DEA Exception to Separate Registration Requirements Across State Lines](#)
 - [DEA Exception to Regulations Emergency Oral CII Prescription](#)
 - [DEA Guidance: Q&A Remote Identity Proofing EPCS at hospital/clinics.](#)
 - For more guidance on this topic and a comprehensive list, see [DEA COVID-19 Guidance Documents Directory](#)
- [Food and Drug Administration \(FDA\)](#)
 - [Clinical Trials](#)
 - [FDA Guidance on Conduct of Clinical Trials of Medical Products during COVID-19 Public Health Emergency](#)
 - [Compounding](#)
 - [Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Outsourcing Facilities During the COVID-19 Public Health Emergency](#)

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- FDA has identified the following [list of drugs](#) for the purposes of this guidance.
 - [Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Pharmacy Compounders not Registered as Outsourcing Facilities During the COVID-19 Public Health Emergency Guidance for Industry](#)
 - FDA has identified the following [list of drugs](#) for the purposes of this guidance.
 - [Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency](#)
 - [Temporary Policy Regarding Non-Standard PPE Practices for Sterile Compounding by Pharmacy Compounders not Registered as Outsourcing Facilities During the COVID-19 Public Health Emergency](#)
 - [Emergency Use Authorizations](#)
 - [Medical Devices](#)
 - [Lab Update: FDA Clarifies CLIA-waived Status for Point-of-Care SARS-CoV-2 Tests under Emergency Use Authorizations](#)
 - [Therapeutics](#)
 - [Vaccines](#)
 - [Immunizations](#)
 - [Vaccine Development 101](#)
 - [Emergency Use Authorization for Vaccines Explained](#)
 - [Path for COVID-19 Vaccine \(Research to EUA\)](#)
 - [COVID-19 Vaccines](#)
 - [Guidance for Industry: Development and Licensure of Vaccines to Prevent COVID-19](#)
 - [Vaccine Adverse Event Reporting System \(VAERS\)](#)
 - [Online reporting form](#) or [pdf-fillable form](#)
 - [YouTube video](#) on how to fill out the form
 - [VAERS and COVID FAQ](#)
 - [List-Serv\(s\) of Interest](#)
 - [FDA Advisories](#)
 - [Repackaging](#)
 - [Temporary Policy on Repackaging or Combining Propofol Drug Products During the COVID-19 Public Health Emergency](#)
 - For more guidance on this topic and a comprehensive list, see [COVID-19-Related Guidance Documents for Industry, FDA Staff, and Other Stakeholders](#).
- [Health and Human Services \(HHS\)](#)
 - [Public Readiness and Emergency Preparedness Act](#)
 - [Declaration and Amendments](#)
 - [Advisory Opinions of the General Counsel](#)
 - [HHS Guidance](#)
 - For more guidance on this topic and a comprehensive list, see [HHS COVID-19-Related Guidance Documents](#).
- [United States Pharmacopeia \(USP\)](#)

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- [USP Response to Shortages of Garb and Personal Protective Equipment \(PPE\) for Sterile Compounding During COVID-19 Pandemic](#)
- [USP Compounding Alcohol-Based Hand Sanitizer during COVID-19 Pandemic](#)
- [USP Hand Sanitizer Toolkit](#) (Information for Compounders, OTC drug manufacturers, other facilities like distilleries and USP standards for hand sanitizer ingredients)
- [USP COVID-19 Vaccine Handling Toolkit](#)
- [White House](#)
 - [Guidance: Opening Up America Again](#)

OREGON

- [Oregon Board of Pharmacy](#)
 - [Application/Registrations](#)
 - [Temporary Pharmacy](#)
 - [Pharmacist License Reactivation](#)
 - [Remote Processing Designation](#) (non-COVID process)
 - [Remote Processing Checklist for Use During COVID-19 Public Health Emergency](#)
 - [Position Statements](#)
 - [Statement on Immunization Services Under DHHS Guidance](#)
 - [Rules and Regulations](#)
 - [Division 7- PUBLIC HEALTH EMERGENCY](#)
 - [Division 20- PHARMACIST PRESCRIPTIVE AUTHORITY](#)
 - [Rulemaking Information](#)
- [Oregon Health Authority \(OHA\)](#)
 - [Clinical Laboratory Regulation](#)
 - [Rules and Regulations](#)
 - [Guidelines for Emergency Testing Authorization for Oregon CLIA Certified Laboratories](#)
 - [Health Screen Testing Permit Program](#)
 - [Data Dashboards](#)
 - [List-Serv\(s\) of Interest](#)
 - [OHA Immunization Partners](#)
 - [OHA Communicable Disease Summary](#)
 - [Immunization](#)
 - [COVID-19 Vaccine](#)
 - [Information for Providers](#)
 - [Vaccination Plan](#)
 - [Training for Providers](#)
 - [Get Vaccinated Oregon](#) (tool to determine vaccine eligibility and locate appointments)
 - [Pharmacy Partnership for Long-Term Care Program for COVID-19 Vaccination](#)
 - [FAQ](#)
 - [Statewide Guidance](#)
 - [Mask, Face Covering, Face Shield Guidance](#)
 - [Mask, Face Covering, Face Shield Guidance for Health Care Offices](#)

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- [Statewide Reopening Guidance – General Guidance for Employers](#)
 - [Statewide Reopening Guidance – Retail Stores](#) (includes pharmacies)
 - [Guidance on Resumption and Continued Provision of Non-Emergent and Elective Procedures in Medical and Dental Offices, and Other Health Care Settings](#)
 - [Guidance on Resumption and Continued Provision of Non-Emergent and Elective Procedures at Hospitals](#)
- [Temporary rules for COVID-19 Vaccine Requirements \(amending OAR 333-047-0010, 333-047-0040, 333-047-0050, adopting 333-047-1000, amending 333-049-0050\)](#)
- Toolkits:
 - [OHA Partner Toolkit: Helping Older Adults Get COVID-19 Vaccinations](#)
- [Oregon Occupational Safety and Health \(OSHA\)](#)
 - [Temporary COVID-19 rule \(OAR 437-001-0744\)](#)
 - [Fact Sheet](#)
 - [COVID-19 Workplace Advisory Memo: Application of COVID-19 Rule to Direct Patient Care within Retail Pharmacies](#)
- [State Emergency Registry of Volunteers in Oregon \(SERV-OR\)](#)
 - [Agreement](#)
- [Governor Kate Brown](#)
 - [Building a Safe & Strong Oregon](#)
 - [Executive Orders](#)
 - [State of Oregon Newsroom](#)