Oregon Board of Pharmacy
*REVISED BOARD MEETING AGENDA
October 7-9, 2026

Public Attendance Options:

1. **In-person: 800 NE Oregon St. Conf Room 1A, Portland, OR**
   (The Board will meet virtually on 10/9/2026)
2. **Virtually via Teams: Link**
3. **Audio only: (503) 446-4951 Phone Conference ID: 984 658 775#**

Mission
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.

Vision
All Oregonians have equitable access to medication and pharmacy services, provided safely and conveniently, through a network of highly skilled and dedicated Pharmacists, Interns and Pharmacy Technicians along with a well-regulated manufacturing and distribution network.

Equity Statement
The Oregon Board of Pharmacy is committed to Diversity, Equity, Inclusion, and Belonging (DEIB) within its organization and for the public it serves. This commitment is reflected in board membership, agency staffing, the services provided, and its efforts to promote patient safety and ensure access to quality pharmacy care. Our actions, outlined in our DEIB and Affirmative Action Plans, demonstrate this commitment.

The following principles guide our approach:

- *Promote a welcoming, safe, and inclusive culture for people of all backgrounds*
- *Foster an inclusive environment where all current and prospective licensees and registrants receive fair and unbiased service from the agency staff and board*
- *Advance Diversity and Equity in access through culturally responsive service delivery that addresses the changing climate within the pharmacy profession*
- *Ensure all patients needing pharmacy services are able to receive safe and timely access to medications, regardless of place of residence, economic or social status, physical ability, ethnicity, or gender identity*

Values
These values reflect both how our Board and staff strive to conduct ourselves, and the behaviors we seek to instill across the practice of pharmacy in Oregon.

Equity - *Each individual and group are valued, respected, and treated fairly ensuring equal access to medications and support for their unique and diverse requirements.*

Service - *We deliver a consistent standard of excellence in all work and respond promptly to the needs of patients, Licensees, Registrants, providers and partners.*

Safety - *We are committed to protecting the health, safety and welfare of the public. Safety is the foundation of the board's Mission.*

Adaptability - *We are open to new ideas and to responding to the changing needs and challenges in the field of healthcare and pharmacy.*

Integrity & Accountability - *Transparency and honesty govern the board's work. We accept responsibility for our actions, products, decisions, and policies.*

Professionalism - *We are committed to promoting excellence in pharmacy practice through expertise, commitment, and competence.*

Oregon Board of Pharmacy
***REVISED BOARD MEETING AGENDA**
October 7-9, 2026

Wednesday, October 7, 2026 @ 8:30AM
Thursday, October 8, 2026 @ 8:30AM
Friday, October 9, 2026 @ 8:30AM (*The Board will meet virtually)

- All OBOP meetings, except Executive Sessions, are open to the public. Pursuant to ORS 192.660(1)(2)(f)(h) and (L), Executive Sessions are closed to the public, with the exception of news media and public officials
- No final actions will be taken in Executive Session
- When action is necessary, the board will return to Open Session
- Sign up for Public Comment, email your request to pharmacy.board@bop.oregon.gov by **12:00PM on 10/8/2026**

If you need accommodations under the Americans with Disabilities Act (ADA), complete and submit the online OBOP Request for ADA Accommodations for Public Meetings form located on our website.

Board Members

- Kathleen Chinn, APRN, FNP-BC,
- Elisa Friedlander, LMFT, LPCC
- Jennifer Hall, Pharm.D., R.Ph.
- Rich Joyce, CPT
- Amy Kirkbride, R.Ph., Board President
- Victoria Kroeger, Pharm.D., R.Ph., Board Vice President
- Thomas Maslo, Pharm.D., R.Ph.
- Ana Pinedo, CPT
- Bryan Smith, R.Ph.

Board Staff

- Joe Ball, R.Ph., Chief Compliance Officer
- Brianne Efremoff, Pharm.D., R.Ph., Compliance Director
- Cheryl Fox, R.Ph., Compliance Officer
- Lauren Gutierrez, Compliance Assistant
- Jane Lee, Pharm.D., R.Ph., Compliance Officer
- Danny McComas, Pharm.D., R.Ph., Compliance Officer
- Rachel Melvin, Operations Manager
- Brian Murch, Pharm.D., R.Ph., Compliance Officer
- Gary Runyon, Pharm.D., R.Ph., Executive Director
- Laura Sonoiki, Strategic Initiatives Manager
- Angela Hunt, Board Counsel

WEDNESDAY, OCTOBER 7, 2026

I. OPEN SESSION, Amy Kirkbride R.Ph., Presiding

***Please note that the Board will meet in Executive Session for most of the day and anticipates resuming Open Session @ 4:30PM**

a. Roll Call
b. Public Comment Information
   i. The board will not deliberate any issues or requests during public comment such as formal requests, issues currently under investigation, requests pending before the board or currently proposed rules
   ii. Public comment is limited to matters that were noticed on the board meeting agenda
   iii. Comments will not be allowed that are longer than the time allotted by the chair
   iv. To sign up to provide public comment, email your request to pharmacy.board@bop.oregon.gov by 12PM on 10/8/2026

c. Housekeeping & Meeting Etiquette ***The Board anticipates breaking for lunch at 12:00PM**
d. Agenda Review and Approval
e. Recusal Announcements *Action Necessary*

Oregon Board of Pharmacy
***REVISED BOARD MEETING AGENDA**
October 7-9, 2026

II. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(1)(2)(f)(h) and (L), ORS 192.690(1), ORS 676.165, ORS 676.175.

a. Legal Advice
b. Consult with counsel concerning the legal rights and duties regarding litigation or litigation likely to be filed
c. Deliberation on Disciplinary Cases and Investigations
d. Contested Case Deliberation *if applicable

III. OPEN SESSION – PUBLIC MAY ATTEND – At the conclusion of Executive Session, the board may convene Open Session to review scheduled agenda items as time permits.

IV. ADJOURN *Action Necessary*

THURSDAY, OCTOBER 8, 2026

I. OPEN SESSION, Amy Kirkbride, R.Ph., Presiding

a. Roll Call
b. Public Comment Information
    i. The board will not deliberate any issues or requests during public comment such as formal requests, issues currently under investigation, requests pending before the board or currently proposed rules
    ii. Public comment is limited to matters that were noticed on the board meeting agenda
    iii. Comments will not be allowed that are longer than the time allotted by the chair
    iv. To sign up to provide public comment, email your request to pharmacy.board@bop.oregon.gov by 12PM on 10/8/2026
c. Housekeeping & Meeting Etiquette - ***The Board anticipates breaking for lunch at 12:00PM**

II. EXECUTIVE SESSION – NOT OPEN TO THE PUBLIC, pursuant to ORS 192.660(1)(2)(f)(h) and (L), ORS 192.690(1), ORS 676.165, ORS 676.175.

a. Legal Advice
b. Consult with counsel concerning the legal rights and duties regarding litigation or litigation likely to be filed
c. Deliberation on Disciplinary Cases and Investigations
d. Contested Case Deliberation *if applicable

III. GENERAL ADMINISTRATION

a. Discussion Items
    i. Board Presentation – Supply Chain Safety in Pharmacy to Pharmacy **#A**
        1. Shabbir Imber Safdar, Executive Director - Partnership for Safe Medicines
    ii. Rules
        1. Rules in Development **#B**

2. Rules Policy Discussion Items
    a. Div 115 – Pharmacists – Services: Prescribing Pursuant to – Protocol (OAR 855-115-0345) **#C** *Action Necessary*
        i. Coronavirus 19 (v. 09/2026) **#Ca**
        ii. Influenza (v. 09/2026) **#Cb**
        iii. Respiratory Syncytial Virus (v. 09/2026) **#Cc**
    b. Standard Vaccination Protocol for Adults 18 Years of Age and Older & Assessment and Treatment Care Pathway (v. 09/2026) **#Cd**
    c. Standard Vaccination Protocol for Persons 7 through 17 Years of Age & Assessment and Treatment Care Pathway (v. 09/2026) **#Ce**
    d. Standard Vaccination Protocol for Managing Adverse Reactions & Assessment and Treatment Care Pathway (v. 09/2026) **#Cf**

    e. Divs 006/007/110/145 – Mobile Pharmacy (2026 HB 4131) (OAR 855-006-0005, OAR 855-007-0030, OAR 855-110-0007, OAR 855-145-0001, OAR 855-145-0005, OAR 855-145-0010, OAR 855-145-0015, OAR 855-145-0020, OAR 855-145-0025, OAR 855-145-0030) **#C1** *Action Necessary*

IV. ADJOURN *Action Necessary*

FRIDAY, OCTOBER 9, 2026 **(*The Board will meet virtually)**

I. OPEN SESSION, Amy Kirkbride, R.Ph., Presiding
- a. Roll Call
- b. Public Comment Information
    - i. The board will not deliberate any issues or requests during public comment such as formal requests, issues currently under investigation, requests pending before the board or currently proposed rules
    - ii. Public comment is limited to matters that were noticed on the board meeting agenda
    - iii. Comments will not be allowed that are longer than the time allotted by the chair
    - iv. To sign up to provide public comment, email your request to pharmacy.board@bop.oregon.gov by 12PM on 10/8/2026
- c. Housekeeping & Meeting Etiquette

II. MOTIONS RELATED TO DISCIPLINARY ACTIONS *Action Necessary*
**At this time the board will vote on cases, including proposed disciplinary actions against licensees/registrants.*

III. GENERAL ADMINISTRATION
- a. Discussion Items
    - i. Rules Policy Discussion Continued (if applicable)
        1. Divs 006/007/110/145 – Mobile Pharmacy (2026 HB 4131) (OAR 855-006-0005, OAR 855-007-0030, OAR 855-110-0007, OAR 855-145-0001, OAR 855-145-0005, OAR 855-145-0010, OAR 855-145-0015, OAR 855-145-0020, OAR 855-145-0025, OAR 855-145-0030) **#C1** *Action Necessary*

b. Requests
   i. SBAR - Oregon Veterinary Medical Examining Board **#D** *Action Necessary*

c. 2026 Annual Progress Report Review/KPMs **#E**

d. Report from the Executive Director
   i. Board & Public Health & Pharmacy Formulary Advisory Committee appointments/reappointments Update
      1. New Public Board Member
         a. Elisa Friedlander, LMFT, LPCC
            i. Term 09/14/2026 – 09/13/2030
   ii. Financial Update **#F**
   iii. 2024-2029 Strategic Plan Update

ISSUES AND ACTIVITIES* (*Items in this section may occur at any time during the meeting as time permits*)

2026 Board Meeting Dates

- November 4-5, 2026 Portland *Strategic Planning Meeting
- December 9-11, 2026 Portland

2027 Board Meeting Dates

- February 10-11, 2027 Portland
- April 7-8, 2027 Portland
- June 9-10, 2027 Portland
- August 11-12, 2027 Portland
- October 6-7, 2027 Portland
- November 3, 2027 TBD *Strategic Planning Meeting
- December 8-9, 2027 Portland

2026 Rulemaking Hearing Dates

(The following dates are reserved for potential rulemaking hearings & identified only for planning purposes and approved by the board. Actual rulemaking activities will be noticed as required by law and may deviate from this schedule as needed.)

- November 24, 2026

Conferences/Meetings

- NABP Districts 6, 7, 8 Meeting – October 18-20, 2026 – Spokane, WA

IV. CONSENT AGENDA* *Action Necessary*

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

a. License/Registration Ratification Report 7/28/2026-9/21/2026 **# CONSENT -1**
b. August 2026 Board Meeting Summary - **#CONSENT -2**
c. September 18, 2026 Special Board Meeting Summary - **#CONSENT -3**

V. PUBLIC COMMENT
VI. MATTERS TO BE DISCUSSED BY THE BOARD
VII. MATTERS TO BE DISCUSSED BY AGENCY STAFF
VIII. ADJOURN *Action Necessary*

Supply Chain Safety In Pharmacy To Pharmacy Marketplaces

Shabbir Imber Safdar, Executive Director
Partnership for Safe Medicines
shabbir@safemedicines.org / 415-630-3736

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ADAP Advocacy Association
Alabama Pharmacists Association
Alaska Pharmacists Association
American Pharmacists Association
Arizona Pharmacy Alliance (AzPA)
Arkansas Pharmacists Association
Colorado Pharmacists Society
Community Access National Network
Connecticut Pharmacists Association
Delaware Pharmacists Society
Florida Pharmacy Association
Healthcare Distribution Association
HealthCare Institute of New Jersey
HealthHIV
Illinois Pharmacists Association
Indiana Pharmacists Association
Institute for Safe Medication Practices
International AntiCounterfeiting Coalition
Iowa Pharmacy Association
Kansas Pharmacists Association
Maine Pharmacy Association
Maryland Pharmacists Association
Michigan Pharmacists Association
Minnesota Pharmacists Association
Mississippi Pharmacists Association
Missouri Pharmacy Association
National Alliance of State Pharmacy Associations
National Association of Boards of Pharmacy
National Association of Drug Diversion Investigators
National Association of State Controlled Substances Authorities
National Coalition for LGBT Health
National Consumers League
Nebraska Pharmacists Association
NeedyMeds
Nevada Pharmacy Alliance
New Hampshire Pharmacists Association
New Jersey Pharmacists Association
New Mexico Pharmacists Association
North Carolina Association of Pharmacists
North Dakota Pharmacists Association
Oklahoma Pharmacists Association
Oregon State Pharmacy Association
Pennsylvania Pharmacists Association
Pharmaceutical Industry Labor-Management Association (PILMA)
Pharmaceutical Researchers and Manufacturers of America
Pharmaceutical Security Institute
Pharmacy Society of Wisconsin
Rx Outreach
Rx Partnership
South Carolina Pharmacists Association
Tennessee Pharmacists Association
Texas Pharmacy Association
Virginia Pharmacists Association
Washington State Pharmacists Association
West Virginia Pharmacists Association

PSM's membership is the entire supply chain: manufacturers, distributors/wholesalers, pharmacists, and patient advocates.

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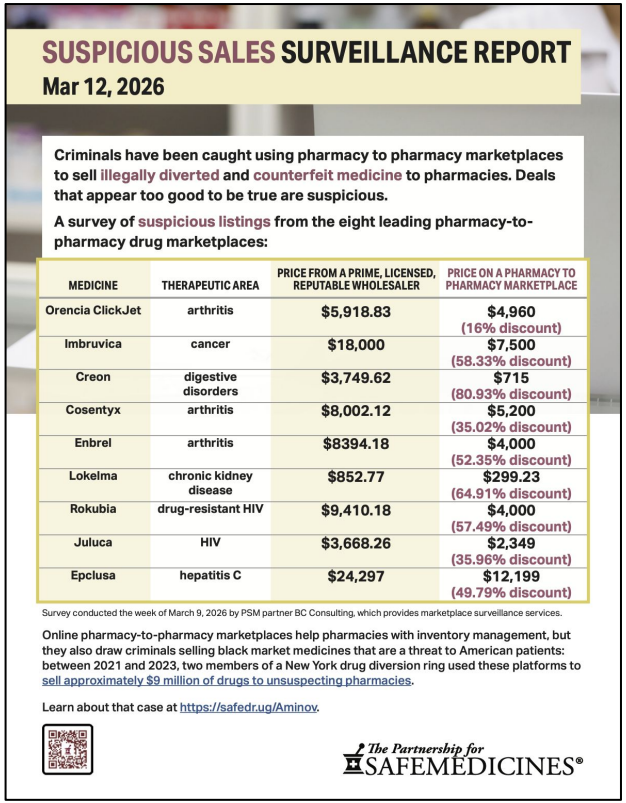
The “business model” of the marketplace

Justification	**…but…**
Sale of medicines outside the return window allow pharmacies to reduce inventory and free up funding.	..many manufacturers accept anything six months out from expiration.
Need a way to liquidate inventory of bankrupt pharmacies…	…and conveniently difficult to conduct product verification with a closed business.
We are DSCSA-compliant!	…because pharmacy to pharmacy sales are exempt from DSCSA requirements.
Alleviates drug shortages and hard-to-find medicines.	Drug shortage experts recommend against this as a mitigation tool because of fraud potential.
Alleviating over-purchasing mistakes.	See return window (above).

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Suspicious Sales Surveillance Report

We recently commissioned one of our secret shopper pharmacists to pull prices for medicines across the collection of online pharmacy marketplaces, and the discounts they found were all too good to be true.



SUSPICIOUS SALES SURVEILLANCE REPORT

Mar 12, 2026

Criminals have been caught using pharmacy to pharmacy marketplaces to sell illegally diverted and counterfeit medicine to pharmacies. Deals that appear too good to be true are suspicious.

A survey of suspicious listings from the eight leading pharmacy-to-pharmacy drug marketplaces:

MEDICINE	THERAPEUTIC AREA	PRICE FROM A PRIME, LICENSED, REPUTABLE WHOLESALER	PRICE ON A PHARMACY TO PHARMACY MARKETPLACE
Orencia ClickJet	arthritis	$5,918.83	$4,960 (16% discount)
Imbruvica	cancer	$18,000	$7,500 (58.33% discount)
Creon	digestive disorders	$3,749.62	$715 (80.93% discount)
Cosentyx	arthritis	$8,002.12	$5,200 (35.02% discount)
Enbrel	arthritis	$8394.18	$4,000 (52.35% discount)
Lokelma	chronic kidney disease	$852.77	$299.23 (64.91% discount)
Rokubia	drug-resistant HIV	$9,410.18	$4,000 (57.49% discount)
Juluca	HIV	$3,668.26	$2,349 (35.96% discount)
Epclusa	hepatitis C	$24,297	$12,199 (49.79% discount)

Survey conducted the week of March 9, 2026 by PSM partner BC Consulting, which provides marketplace surveillance services.

Online pharmacy-to-pharmacy marketplaces help pharmacies with inventory management, but they also draw criminals selling black market medicines that are a threat to American patients: between 2021 and 2023, two members of a New York drug diversion ring used these platforms to sell approximately $9 million of drugs to unsuspecting pharmacies.

Learn about that case at https://safedr.ug/Aminov.

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Criminals using online pharmacy marketplaces

SEALED SUPERSEDING INDICTMENT

S1 23 Cr. 110 (MKV)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA

v.

BORIS AMINOV,
CHRISTY CORVALAN,
IRINA POLVANOVA,
ROMAN SHAMALOV,
ANTONIO PAYANO,
DAVID FERNANDEZ,
CRYSTAL MEDINA,
JUAN HERNANDEZ,
a/k/a "Pop," and
ALBERT YAGUDAYEV,
a/k/a "Jeff,"

Defendants.

Alleged by the US DOJ:

- Medicaid defrauded for US$17mm in false claims
- US$9.5mm sold through online marketplaces to unsuspecting pharmacies (US$3mm were HIV medicines)
- 70+ defendants

From at least in or about 2021 through at least in or about October 2023, ROMAN SHAMALOV and IRINA POLVANOVA, the defendants, engaged in a related scheme where they bought and then re-sold diverted black-market prescription HIV medication **through online prescription drug marketplaces to other pharmacies** around the country that believed they were receiving legitimately sourced medication.

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Why would criminals want to use a marketplace?

- **Obvious**: unload diverted or counterfeit product
- **Less obvious**: to backfill a paper trail to cover for dispensing diverted medicine.

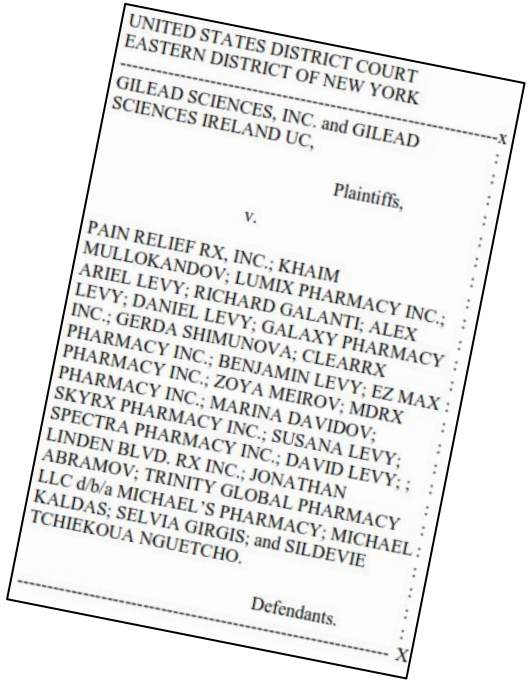
"On the first day I put in a requirement that to sell medicine in the marketplace you had to also upload the invoice showing where you got it from, **we saw our first forged wholesaler invoice**."

Pharmacy to Pharmacy marketplace owner interview Summer 2025

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Gilead Sciences, Inc. v. Pain Relief Rx, Inc. (1:26-cv-02172)

- Gilead alleges that a broad network of pharmacies and pharmacy fronts sold diverted product through online marketplaces.
- Case is filed under the Lanham Act.
- Gilead used a secret shopper to obtain infringing product over many months from sellers on Rxeed.com, rx-post.com, rxworld.com, and instockrx.com.
- Some of the defendants have previously been identified in diversion schemes.



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

GILEAD SCIENCES, INC. and GILEAD SCIENCES IRELAND UC,

Plaintiffs,

v.

PAIN RELIEF RX, INC.; KHAIM MULLOKANDOV; LUMIX PHARMACY INC.; ARIEL LEVY; RICHARD GALANTI; ALEX LEVY; DANIEL LEVY; GALAXY PHARMACY INC.; GERDA SHIMUNOVA; CLEARRX PHARMACY INC.; BENJAMIN LEVY; EZ MAX PHARMACY INC.; ZOYA MEIROV; MDRX PHARMACY INC.; MARINA DAVIDOV; SKYRX PHARMACY INC.; SUSANA LEVY; SPECTRA PHARMACY INC.; DAVID LEVY; ; LINDEN BLVD. RX INC.; JONATHAN ABRAMOV; TRINITY GLOBAL PHARMACY LLC d/b/a MICHAEL'S PHARMACY; MICHAEL KALDAS; SELVIA GIRGIS; and SILDEVIE TCHIEKOUA NGUETCHO.

Defendants.

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Anatomy of the scam







Gilead manufactures Biktarvy unit #554735942723 and distributes to McKesson.

McKesson sells it to pharmacy in Philadelphia, PA for $3,771 in October 2025 who dispenses it to a patient.





Suspected: patient sells Biktarvy to Pain Relief RX for $75- $125







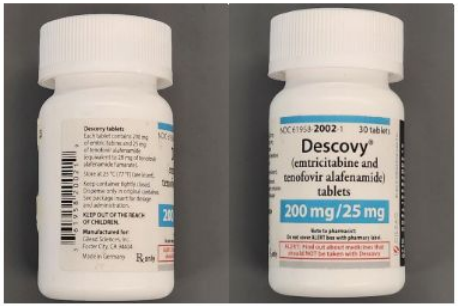
Pain relief RX sells that same unit to another pharmacy through an online marketplace in December 2025 for $1,999.

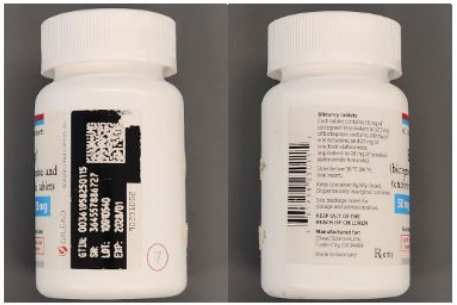
Products purchased all showed signs of damage











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Pharmacies in name only, with short licensure periods.





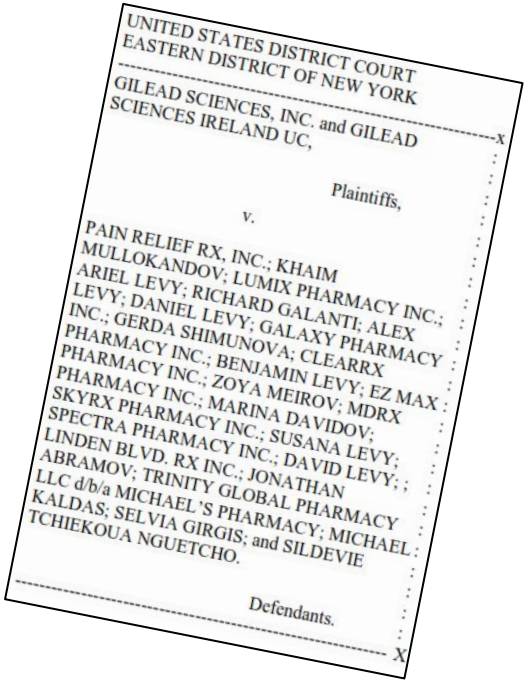




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Gilead Sciences, Inc. v. Pain Relief Rx, Inc. (1:26-cv-02172)

- One family-based set of pharmacies sold $26mm of Gilead product between 2022 and 2024 through one marketplace alone.
- One defendant, ClearRX, held a pharmacy license for only 13 months, but sold $4.05mm of Gilead product.
- EZMax pharmacy sold $4.1mm during their 10 month license period.
- MDRx Pharmacy sold $2.39mm of Gilead products during 5 months of licensure.
- SkyRx sold $6.11mm of Gilead-branded medicine during 13 months of licensure.



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

GILEAD SCIENCES, INC. and GILEAD SCIENCES IRELAND UC,

Plaintiffs,

v.

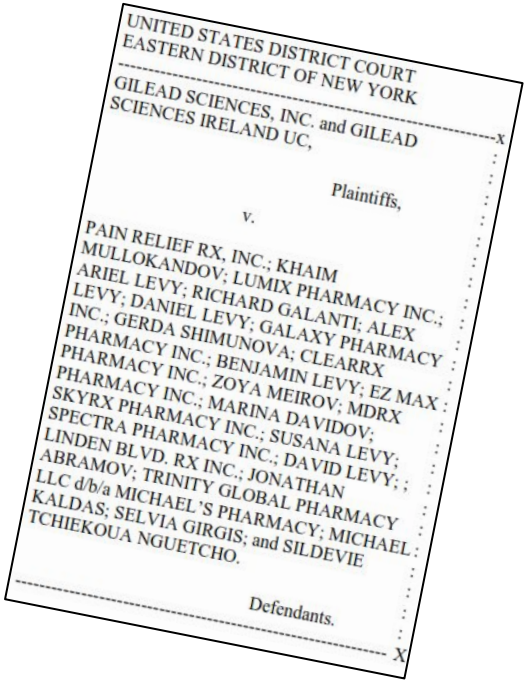
PAIN RELIEF RX, INC.; KHAIM MULLOKANDOV; LUMIX PHARMACY INC.; ARIEL LEVY; RICHARD GALANTI; ALEX LEVY; DANIEL LEVY; GALAXY PHARMACY INC.; GERDA SHIMUNOVA; CLEARRX PHARMACY INC.; BENJAMIN LEVY; EZ MAX PHARMACY INC.; ZOYA MEIROV; MDRX PHARMACY INC.; MARINA DAVIDOV; SKYRX PHARMACY INC.; SUSANA LEVY; SPECTRA PHARMACY INC.; DAVID LEVY; ; LINDEN BLVD. RX INC.; JONATHAN ABRAMOV; TRINITY GLOBAL PHARMACY LLC d/b/a MICHAEL'S PHARMACY; MICHAEL KALDAS; SELVIA GIRGIS; and SILDEVIE TCHIEKOUA NGUETCHO.

Defendants.

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Gilead Sciences, Inc. v. Pain Relief Rx, Inc. (1:26-cv-02172)

- This is a civil case (Lanham Act), not criminal.
- Diverted product has been identified in this suit, but nobody has demonstrated fake pills in any of these packages.
- Other pharmaceutical manufacturers have reported getting counterfeit product from online marketplaces.
- None of the marketplaces are named as defendants.
- If defendants lose this civil suit, they will likely only be enjoined from trafficking Gilead products.



UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

GILEAD SCIENCES, INC. and GILEAD SCIENCES IRELAND UC,

Plaintiffs,

v.

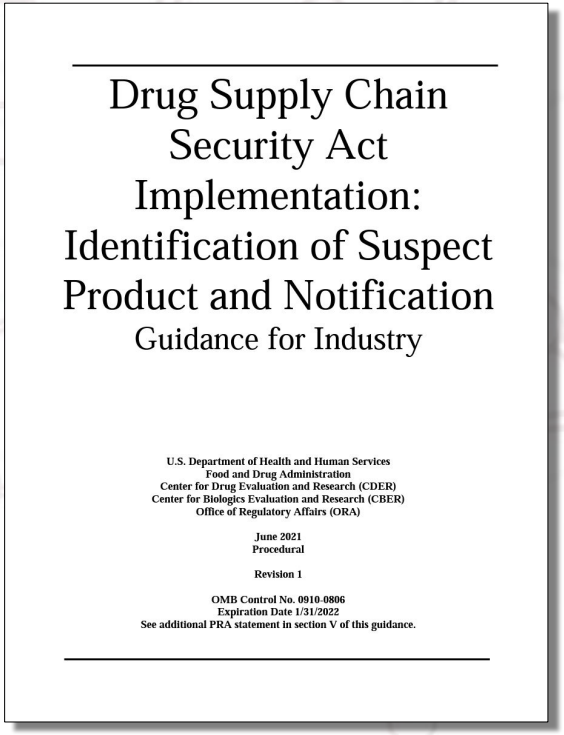
PAIN RELIEF RX, INC.; KHAIM MULLOKANDOV; LUMIX PHARMACY INC.; ARIEL LEVY; RICHARD GALANTI; ALEX LEVY; DANIEL LEVY; GALAXY PHARMACY INC.; GERDA SHIMUNOVA; CLEARRX PHARMACY INC.; BENJAMIN LEVY; EZ MAX PHARMACY INC.; ZOYA MEIROV; MDRX PHARMACY INC.; MARINA DAVIDOV; SKYRX PHARMACY INC.; SUSANA LEVY; SPECTRA PHARMACY INC.; DAVID LEVY; ; LINDEN BLVD. RX INC.; JONATHAN ABRAMOV; TRINITY GLOBAL PHARMACY LLC d/b/a MICHAEL'S PHARMACY; MICHAEL KALDAS; SELVIA GIRGIS; and SILDEVIE TCHIEKOUA NGUETCHO.

Defendants.

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All these products qualify as suspicious product as defined by FDA guidance.

- **It's cheaper than your normal wholesaler's price.**
- It's coming from a small, obscure, wholesaler.
- **It has a weirdly long or obfuscated supply chain.**
- **It appears to be in poor condition, or looks different than product you are used to dispensing, or has erroneous inserts.**
- You have reason to believe it was not handled properly.
- **You suspect it might be diverted, stolen, or part of a fraudulent transaction.**
- This is not an exhaustive list.



Drug Supply Chain Security Act Implementation: Identification of Suspect Product and Notification

Guidance for Industry

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Office of Regulatory Affairs (ORA)

June 2021
Procedural

Revision 1

OMB Control No. 0910-0806
Expiration Date 1/31/2022
See additional PRA statement in section V of this guidance.

[The FDA has outlined all the reasons you should be suspicious.]

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How do you pass an audit of supplier/dispense receipts?

	Profit/Loss
1. Buy $3,500 bottle of medicine back from patient for $400.	-$400
2. Dispense and get reimbursed $3,525.	+$3,125
3. But if you get audited, you can't show where it came from.	
4. Buy legitimate bottle from prime wholesaler for $3,500.	-$375
	———
5. Sell product on marketplace for $200 cheaper than prime wholesaler ($3,300). A great bargain for someone.	+$2,925
6. You can now match up purchase and sale records as long as you don't need to align serial numbers.	

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Our recommendations

- Pharmacists should cease buying HIV medicines from these platforms and **quarantine and verify all medicine** in inventory obtained from them with the manufacturer. (This is a legal requirement of DSCSA.)

- Boards of Pharmacy should study this alert and consider warning their licensees about the danger of purchasing HIV medicines from these platforms.

- P2P platforms should disallow sales of HIV medicines on their platform.

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Please share our handout and our conference break slide / ad



JUNE 2026 ALERT:
Pharmacists, pharmacy regulators, HIV patient advocates

Diverted HIV Medicines are Being Sold on Online Pharmacy-to-Pharmacy Platforms

All HIV medicines on these platforms should be considered suspect product until futher notice.

The Partnership for Safe Medicines and ADAP Advocacy are **issuing a warning today that discounted HIV products bought from online, pharmacy to pharmacy (P2P) marketplaces qualify as suspicious products** under U.S. Food and Drug Administration guidelines and the Drug Supply Chain Security Act.

Any HIV medicines available for sale on these platforms should be considered suspect product; Any HIV products you have purchased should be quarantined and verified before dispensing.

Given the risks, we believe that it isn't safe or cost-effective to purchase HIV products from these platforms.

THESE RED FLAGS, FROM THE FDA GUIDANCE, ARE WHY A PRODUCT WILL BE SUSPICIOUS EVEN BEFORE YOU HAVE IT IN HAND.

1 Purchasing from a source new to the trading partner. 2 Purchasing on the Internet from an unknown source.	Buying from a P2P marketplace means buying off the Internet from a selling pharmacy you've probably never heard of, or done business with.
3 Product offered at a price that is "too good to be true."	Many HIV medicines are available at 50% off WAC, which is a literally unbelievable deal.
4 Purchasing from... a trading partner that is reluctant to provide a transaction history.	P2P platforms conduct transactions under the "named patient" need and that avoids providing transaction histories. Assuming buyers can demonstrate a named patient to a regulator, that doesn't make it safe. Anyone purchasing medicine through a P2P platform that does not provide this history should consider this a red flag.
5 Product that has been previously or is currently being counterfeited or diverted. (e.g., HIV, antipsychotic, or cancer drugs).	Gilead Sciences has already brought several cases about diverted and counterfeit versions of their HIV medicines, and issued a public alert in January 2022 about this danger.

RED FLAGS OF DIVERSION WHEN YOU HAVE P2P-SOURCED MEDICINE IN HAND:

6 Are product inserts missing?	P2P buyers have found diverted product with missing inserts.
7 Any altered product information, such as smudged print or print that is very difficult to read. 8 Bubbling in the surface of a label.	As the photos on the next page show, there is often damage to the label.



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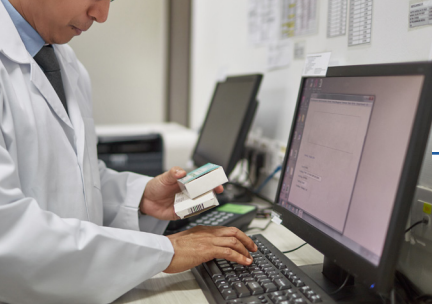
What's next?

Also read our important research about Alternative Funding Programs that circumvent community pharmacies, including one in Frankfort, KY at PSM's AFP webpage.



Shabbir Imber Safdar
Executive Director
Partnership for Safe Medicines
shabbir@safemedicines.org
415-630-3736

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JUNE 2026 ALERT:

Pharmacists, pharmacy regulators, HIV patient advocates

Diverted HIV Medicines are Being Sold on Online Pharmacy-to-Pharmacy Platforms

All HIV medicines on these platforms should be considered suspect product until futher notice.

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Drug Supply Chain Security Act Implementation: Identification of Suspect Product and Notification
Guidance for Industry

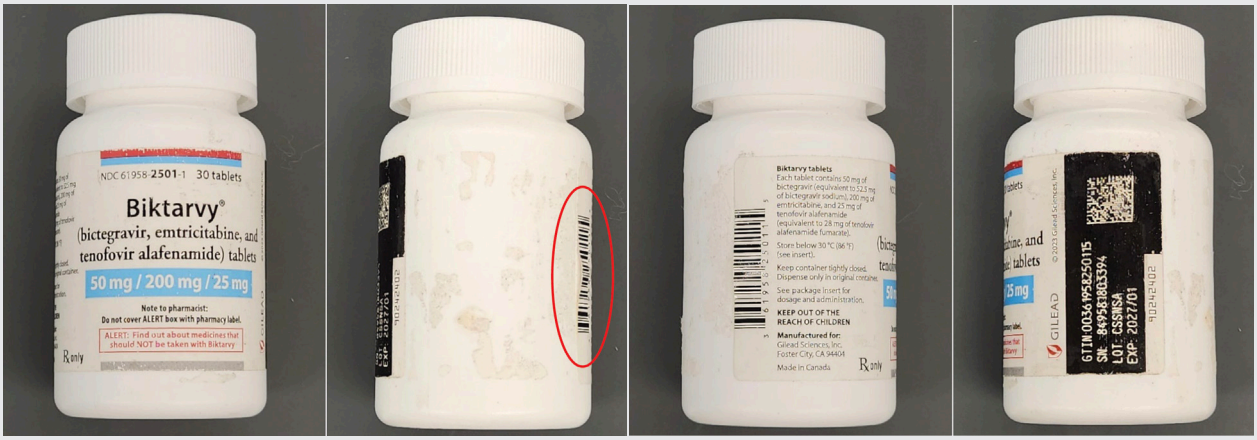
THESE RED FLAGS, FROM THE FDA GUIDANCE, ARE WHY A PRODUCT WILL BE SUSPICIOUS EVEN BEFORE YOU HAVE IT IN HAND.

1 Purchasing from a source new to the trading partner. 2 Purchasing on the Internet from an unknown source.	Buying from a P2P marketplace means buying off the Internet from a selling pharmacy you've probably never heard of, or done business with.
3 Product offered at a price that is "too good to be true."	Many HIV medicines are available at 50% off WAC, which is a literally unbelievable deal.
4 Purchasing from... a trading partner that is reluctant to provide a transaction history.	P2P platforms conduct transactions under the "named patient" need and that avoids providing transaction histories. Assuming buyers can demonstrate a named patient to a regulator, that doesn't make it safe. Anyone purchasing medicine through a P2P platform that does not provide this history should consider this a red flag.
5 Product that has been previously or is currently being counterfeited or diverted. (e.g., HIV, antipsychotic, or cancer drugs).	Gilead Sciences has already brought several cases about diverted and counterfeit versions of their HIV medicines, and issued a public alert in January 2022 about this danger.

RED FLAGS OF DIVERSION WHEN YOU HAVE P2P-SOURCED MEDICINE IN HAND:

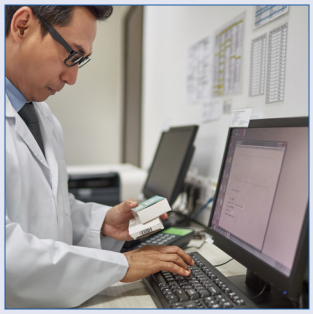
6 Are product inserts missing?	P2P buyers have found diverted product with missing inserts.
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PHOTOS OF DIVERTED AND UNSAFE PRODUCT FROM GILEAD SCIENCES V. PAIN RELIEF RX, ET AL:



Source: Complaint, Gilead Sciences v Pain Relief Rx, Inc, et al, April 14, 2026.

RECOMMENDATIONS FOR PRODUCTS WITH KNOWN COUNTERFEIT OR FRAUDULENT ACTIVITY



- **Pharmacists should cease buying HIV medicines from these platforms and quarantine and verify all medicine in inventory obtained from them.**
- **Boards of Pharmacy should study this alert and consider warning their licensees about the danger of purchasing HIV medicines from these platforms.**
- **P2P platforms should disallow sales of HIV medicines on their platform.**

To read more about these instances of fraud, the legal requirements of investigating suspicious packages, go to:

https://www.safemedicines.org/diverted-hiv-meds-on-p2p-platforms

AIDS Drug Assistance Programs ADAP ADVOCACY

The Partnership for SAFEMEDICINES®

RULES PRIORITIZATION LIST – ADOPTED BY THE BOARD on 4/9/2026

OCTOBER 2026 / #B

Immediate

- Any urgent patient safety risk or public health emergency
- Legislative Mandates from session (New Laws)
  - ~~2025 SB 236/ORS 689.338 – Pharmacy Prescription Locker Div 143~~ *sent to Nov 2026 RMH*
  - **2025 HB 3043/ORS 676.185, 676.190, 676.200,**
    - **Monitoring Agreement "Impaired Health Professional Program"**
  - **2026 HB 4131 – Mobile Pharmacy (New Div 145) *to be effective 1/1/2027**
- ~~UMPJE – Rule & Fee Amendments~~ *sent to Nov 2026 RMH*
- **Legislative Concept – Non-licensed personnel**

High

- **Drug Supply Chain Security Act**
  - Division 060- Manufacturers (new Div 200)
  - Division 062 DDA/3PL (new Div 206)
  - Division 065 Wholesalers (new Div 203)
  - Division 209 Outsourcing Facility
- **Cold Drug Storage – Universal Rules Div 104**
- **Division 041→Division 141**
  - **Pharmacies (IP and RP)**
    - **Standards for inspections for Non-Resident Pharmacies**
    - **Telework (Remote Work)/ Remote Processing/ Central Fill**
    - **Applicability**
    - **Long Term Care**
    - **PICs**
- **Remote Dispensing Site Pharmacy – Div 139**

Medium

- **CDTM and CPA**
- **Division 041 Clean up**
  - **RDF/RDM/Depot (Lockers/Kiosks)**
- **Nonprescription Drug Outlets**
- **Nuclear Pharmacy (compounding)**
- **Universal Rules**
- **Community Health Clinics (Family Planning)**
- **Dispensing Practitioner Drug Outlet**
- **Standards of Practice- unprofessional conduct**

Low

- **Drug Rooms**
- **Correctional Facilities (LTC and jails)**
- **Public Health Emergency**
- **Division 041**
  - Home Dialysis
  - Home Infusion
- **Precursors**
- **Charitable Pharmacies**

Annually

- Standards Adopted by Reference – Every April Bd Mtg
- Annual Fee Review - Div 110 – Every April Bd Mtg

Division 115: Pharmacists (Services: Prescribing Pursuant to Protocol)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Prescribing Pursuant to Protocol; COVID-19, Influenza, RSV vaccine Protocols and Standard Vaccination Protocols

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Amends rule by adopting new versions of the of the COVID-19, Influenza, and Respiratory Syncytial Virus (RSV) vaccine protocols and Standard Vaccination Protocols for Adults 18 yrs and older and 7-17 years of age and Managing Adverse Reactions.

Documents Relied Upon per ORS 183.335(2)(b)(D): Special 9/18/2026 Public Health & Pharmacy Formulary Advisory Committee
https://www.oregon.gov/pharmacy/Documents/Special_PHPFAC_9.18.2026_Agenda.pdf

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): The proposed rule amendments may increase Oregonians access to vaccines.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): No fiscal anticipated. Licensees, registrants and interested parties will have an opportunity to provide fiscal and economic impact statements during the open comment period.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): (1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s). The proposed rule amendments will have no additional economic impact on state agencies, units of local government, the public or licensees or registrants who identify as a small business.

Describe how small businesses were involved in development of the rules ORS 183.335: Registrants who identify as a small business and who have signed up to receive notices will receive an email notice of proposed rulemaking via GovDelivery and will have an opportunity to provide public comment on the proposed rules and protocols.

Was an Administrative Rule Advisory Committee Consulted? If no, why not? No. Subject Matter Experts (SME) are responsible for drafting proposed vaccine protocol amendments and the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) is responsible for recommending proposed protocols to the board for consideration.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):

855-115-0345 – Amends 4(a)(b)(c) by amending Step 4 on the assessment and treatment care pathway for both the Standard Vaccination Protocol for adults 18 years and older and the Standard Vaccination Protocol for persons 7-17 years of age. Amends Standard Vaccination Protocol for

Managing Adverse Reactions by revising Table 1, Table 2, Table 3, corrects rule reference, amends broken links, adds new links to the references section and incorporates existing Appendix A, B and C. Amends (5)(a) by adding a new version of the COVID-19 vaccine protocol, amends (5)(b) by adding a new version of the Influenza vaccine protocol and amends (5)(c) by adding a new version of the Respiratory Syncytial Virus protocol as recommended by the Public Health and Pharmacy Formulary Advisory Committee. (5)(b) by adding a new version of the Influenza vaccine protocol and amends (5)(c) by adding a new version of the Respiratory Syncytial Virus protocol as recommended by the Public Health and Pharmacy Formulary Advisory Committee.

Division 115
PHARMACISTS

855-115-0345
Services: Prescribing Pursuant to – Protocol

A Pharmacist may prescribe, according to OAR 855-115-0330 and OAR 855-115-0335, FDA-approved drugs and devices pursuant to a Protocol. Protocols in their entirety are adopted by the board by this rule pursuant to the respective effective date referenced and can be found on the board website at https://www.oregon.gov/pharmacy/Pages/PFAC.aspx. Pharmacists can prescribe pursuant to the protocols listed below.

(1) Continuation of Therapy Protocol including emergency refills of insulin (v. 02/2026).

(2) Conditions Protocols:

(a) Cough and cold symptom management:

(A) Benzonatate (v. 06/2021);

(B) Short-acting beta agonists (v. 06/2021);

(C) Intranasal corticosteroids (v. 06/2021);

(b) COVID-19 Antigen Self-Test (v. 12/2021);

(c) SARS-CoV-2 Antiviral (v. 08/2024).

(3) Preventative Care Protocols:

(a) Emergency Contraception (v. 06/2021);

(b) Male and female condoms (v. 06/2021);

(c) Tobacco Cessation, NRT (Nicotine Replacement Therapy) and Non-NRT (v. 06/2024);

(d) Travel Medications (v. 06/2024);

DRAFT

(e) HIV Post-exposure Prophylaxis (PEP) (v. 01/2026);

(f) HIV Pre-exposure Prophylaxis (PrEP) (v. 01/2026);

(g) Contraception (v. 06/2025);

(h) Sexually Transmitted Infections Post-exposure Prophylaxis (STI PEP) (v. 06/2024);

(i) Short-acting Opioid Antagonists (v. 06/2024);

(j) Medications for Opioid Use Disorder - Initiation of Care (v. 02/2026); and

(k) Medications for Opioid Use Disorder - Continuation/Modification of Care (v. 02/2026).

(4) Vaccine Protocols:

(a) Vaccination Protocol for Adults 18 Years of Age and Older (v. 01~~9~~/2026);

(b) Vaccination Protocol for Ages 7 through 17 Years (v. 01~~9~~/2026); and

(c) Vaccination Protocol for Managing Adverse Reactions (v. 08~~9~~/2025~~6~~).

(5) Board Excluded Vaccine Protocols:

(a) Coronavirus 19 (v. 01~~9~~/2026);

(b) Influenza (v. 08~~9~~/2026); and

(c) Respiratory Syncytial Virus (v. 08~~9~~/2025~~6~~).

[Publications: Publications referenced are available from the agency.]

Statutory/Other Authority: ORS 689.205, ORS 689.005 & ORS 689.698
Statutes/Other Implemented: ORS 689.645, ORS 689.649, ORS 689.689, ORS 689.005 & ORS 689.698

DRAFT

Protocol for Coronavirus 19 Vaccines
(Moderna, Novavax, Pfizer-BioNTech)

1) What's New

A. In September of 2026, the West Coast Health Alliance (WCHA) issued immunization recommendations for the 2026-2027 respiratory virus season. These recommendations were informed by trusted national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states and aims to ensure that public health recommendations are guided by safety, efficacy, transparency, access and trust.

B. Individuals 7 years of age and older may receive the current COVID-19 vaccine (Moderna, Novavax, or Pfizer-BioNTech).

2) Immunization Protocol

A. Administer one or more doses of the current COVID-19 vaccine based on level of immunocompetency, age, and previous vaccination status. Follow Section 3 for information regarding eligibility and dosing schedule.

B. COVID-19 vaccine may be given with all ACIP- and WCHA-recommended adult vaccinations. There is no need to separate COVID-19 vaccine from other vaccinations by 2 weeks.

3) Vaccine Schedule

Age/Condition	COVID-19
Children[A]	• All 7 through 18 years with risk factors or never vaccinated against COVID-19 • All who are in close contact with others with risk factors • All who choose to reduce risk of severe illness
Pregnancy[B]	• All who are planning pregnancy, pregnant or postpartum
Adults[C]	• All 65 years and older • All 19 -64 years with risk factors • All who are in close contact with others with risk factors • All who choose to reduce risk of severe illness
Healthcare Workers	• All

[A] For dosing details for children, including those who are moderately to severely immunocompromised, see the AAP Recommended Child and Adolescent Immunization Schedule.

[B] For dosing details for those who are planning pregnancy, pregnant or postpartum, see the ACOG Maternal Immunization Schedule.

[C] For dosing details for adults, including those who are moderately to severely immunocompromised, see the AAFP Recommended Adult Immunization Schedule.

4) Additional Considerations for Use[2]

B. Shared clinical decision-making:
   i) Unlike routine, catch-up, and risk-based recommendations, shared clinical decision-making vaccinations are not recommended for everyone in a particular age group or everyone in an identifiable risk group. Rather, shared clinical decision-making recommendations are individually based and informed by a decision process between the health care provider and the patient or parent/guardian.
   ii) For shared clinical decision-making recommendations, there is no default—the decision about whether or not to vaccinate may be informed by the best available evidence of who may benefit from vaccination; the individual's characteristics, values, and preferences; the health care provider's clinical discretion; and the characteristics of the vaccine being considered.
   iii) Generally, ACIP makes shared clinical decision-making recommendations when individuals may benefit from vaccination, but broad vaccination of people in that group is unlikely to have population-level impacts.
   iv) See link in Reference 2 for additional guidance.

5) Pregnancy and Lactation

A. COVID-19 vaccination is recommended for all who are planning pregnancy, pregnant or postpartum.
B. See current prescribing information for additional considerations regarding pregnancy and lactation.

6) Warnings and Precautions[3]

A. History of severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intravenous, intramuscular or subcutaneous).
B. Persons who have a contraindication to additional doses of mRNA COVID-19 vaccines are considered to have a precaution to the Novavax vaccine. A single dose may be given in an appropriate setting under the supervision of a health care provider experienced in the management of severe allergic reactions. Consider referral to an allergist-immunologist. This additional dose could be considered after a minimum interval of 28 days after the mRNA COVID-19 vaccine dose.
C. Moderate or severe acute illness.
D. Development of myocarditis or pericarditis within 3 weeks after a dose of any COVID-19 vaccine is a precaution to a subsequent dose of any COVID-19 vaccine, and subsequent doses should generally be avoided.
E. See current prescribing information for more details about warnings, precautions, formulation, and contents.

7) Contraindications

A. Severe allergic reaction (e.g., anaphylaxis) to a previous dose or to any vaccine component.
B. See current prescribing information for more details about contraindications.

8) Storage and Handling

A. Store medications according to manufacturer's directions.
B. See current prescribing information for more details about storage and handling.
C. All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 971-673-4VFC (4823).

9) References

1. Consensus WCHA 2026-2027 Respiratory Virus Season Immunization Recommendations. Available at: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Documents/WCHARespiratorySeasRecommendations.pdf
2. Centers for Disease Control and Prevention. Advisory Committee on Immunization Practices ACIP) Shared Clinical Decision-Making Recommendations. Available at: https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html
3. Interim clinical considerations for use of COVID-19 vaccines in the United States, October 31, 2024. Available at: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Protocol for Inactivated Influenza Vaccines (IIV), Recombinant Influenza Vaccines (RIV), Live Attenuated Influenza Vaccine (LAIV), and MRNA Influenza Vaccines

1. What's New

A. In September of 2026, the West Coast Health Alliance (WCHA) issued immunization recommendations for the 2026-2027 respiratory virus season. These recommendations were informed by trusted national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states and aims to ensure that public health recommendations are guided by safety, efficacy, transparency, access and trust.

B. Individuals 6 months of age and older should receive an age-appropriate influenza vaccination annually.

2. Immunization Protocol

A. Administer an FDA-approved dose, IM, of an appropriate influenza vaccine, to persons ≥ 6 months of age based on the patient's age and the formulation being used.

B. Administer an FDA-approved dose, Intranasally, if appropriate to persons ≥ 2 years of age.

C. May be given with all ACIP- and WCHA-recommended child and adult vaccinations, including COVID-19 vaccines.

3. Vaccine Schedule

	Influenza vaccine
Children	All ≥ 6 months*
Pregnancy	All planning, pregnant, postpartum, and lactating
Adults	All ≥ 18 years

*See flow chart in Section 4 for determining whether 1 or 2 doses is appropriate.

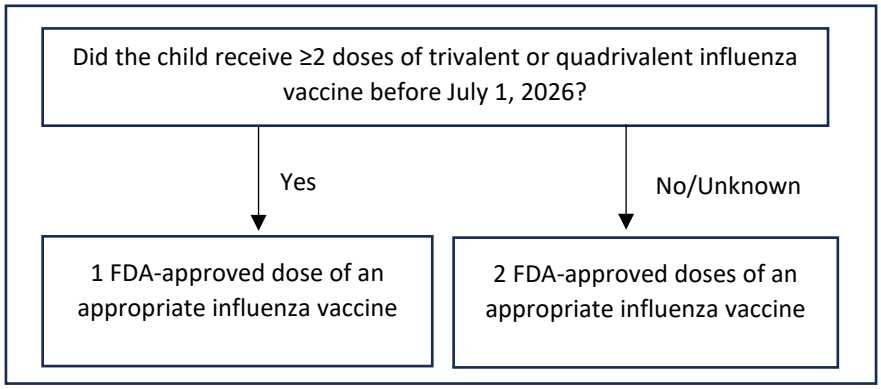
4. Additional Considerations for Use [1,2]

A. Persons with immunocompromising conditions should receive an age-appropriate IIV or RIV, with the exception of solid organ transplant recipients.

B. Immune response to influenza vaccines might be blunted in persons with some conditions, such as persons with congenital immune deficiencies, persons receiving cancer chemotherapy, and persons receiving immunosuppressive medications.

C. Influenza vaccine should be administered beginning at least 6 months after Hematopoietic Stem Cell Transplant (HSCT), and annually thereafter for the life of the patient. A dose of vaccine can be given as soon as 4 months after the transplant, and a second dose should be considered in this situation. Do not use live influenza vaccine in this population.

D. Children < 9 years of age receiving flu vaccine for the first time need 2 doses, separated by at least 28 days. Children who receive the first dose at age 8 years and turn 9 during flu season should receive the 2nd dose in the same season.



5. Pregnancy and Lactation [1,2]

A. All planning, pregnant, postpartum, and lactating may receive an FDA-approved dose of an appropriate influenza vaccine.
B. See current prescribing information additional considerations regarding pregnancy and lactation.

6. Warnings and Precautions [2]

A. Severe allergic reaction (e.g., anaphylaxis) to a previous dose or to any vaccine component, including egg protein.
B. Persons with immunocompromising conditions should receive an age appropriate IIV or RIV4. Immune response to influenza vaccines might be blunted in persons with some conditions, such as persons with congenital immune deficiencies, persons receiving cancer chemotherapy, and persons receiving immunosuppressive medications.
C. Hematopoietic Stem Cell Transplant (HSCT) recipients: Influenza vaccine should be administered beginning at least 6 months after HSCT and annually thereafter for the life of the patient. A dose of vaccine can be given as soon as 4 months after the transplant, but a second dose should be considered in this situation. Do not use live influenza vaccine in this population.
D. See current prescribing information for more details about warnings, precautions, formulation, and contents.

7. Contraindications

A. If Guillain-Barré syndrome (GBS) has occurred after receipt of a prior influenza vaccine, especially within 6 weeks, the decision to give influenza vaccine should be based on careful consideration of the potential benefits and risks.
B. A history of severe allergic reaction to a previous dose of any influenza vaccine or any component of the vaccine, excluding egg protein. For persons with severe egg allergy, refer Section 6.
C. See current prescribing information for more details about contraindications.

8. Storage and Handling

A. Store all drugs at the proper temperature according to manufacturer's published guidelines (pursuant to FDA package insert).
B. See current prescribing information for more details about storage and handling.

C. All clinics and pharmacies enrolled with the Vaccines for Children (VFC) Program must immediately report any storage and handling deviations to the Oregon Immunization Program at 971-673-4VFC (4823).

9. References

1. Consensus WCHA 2026-2027 Respiratory Virus Season Immunization Recommendations. Available at: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Documents/WCHARespiratorySeasRecommendations.pdf

2. Rubin LG, Levin MJ, Ljungman P, et al. 2013 IDSA Clinical practice guideline for vaccination of the immunocompromised host. Clin Infect Dis 2014; 58:e44– 100. Available at: https://academic.oup.com/cid/article/58/3/e44/336537

Protocol for Respiratory Syncytial Virus (RSV) Vaccine

1. What's New

A. In September of 2026, the West Coast Health Alliance (WCHA) issued immunization recommendations for the 2026-2027 respiratory virus season. These recommendations were informed by trusted national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states and aims to ensure that public health recommendations are guided by safety, efficacy, transparency, access and trust.

2. Immunization Protocol

A. Administer a single lifetime dose, IM, RSV vaccine to all adults ages 75 years and older.
B. Administer a single lifetime dose, IM, RSV vaccine to persons ages 50 through 74 years of age if they are at increased risk of severe RSV disease, as described in Section 4.
C. Administer a single lifetime dose, IM, RSV vaccine to pregnant patients at 32-36 weeks gestational age.
D. RSV vaccine may be given with all ACIP- and WCHA-recommended adult vaccinations, including COVID-19 vaccines.

3. Vaccine Schedule [1]

	RSV immunization
Pregnancy	32 through 36 weeks gestational age [i]
Adults	All ≥ 75 years [ii] All 50 through 74 years with risk factors [ii, iii]

[i] Either immunization with nirsevimab/clesrovimab or maternal RSV vaccination is indicated to protect infants from severe RSV infection.
[ii] Adult RSV immunization recommendations are currently for a single lifetime dose. Those who have previously received a dose do not need a second dose.
[iii] See Section 4 for additional information on risk factors for severe RSV disease in adults 50-74 years.

4. Additional Considerations for Use

A. For additional information on risk factors for severe RSV disease in adults 50 through 74 years of age, see: https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html.

5. Pregnancy and Lactation [2-4]

A. It is unknown if RSV vaccines are excreted in human milk.
B. See current prescribing information additional considerations regarding pregnancy and lactation.

6. Warnings and Precautions [2-4]

A. Individuals with acute, moderate, or severe illness with or without fever should delay immunization until symptoms have improved.
B. Individuals with an immunocompromising condition may experience a diminished immune response to the vaccine.
C. See current prescribing information for more details about warnings, precautions, formulation, and contents.

7. Contraindications [2-4]

A. Severe allergic reaction (e.g., anaphylaxis) to a previous dose or to any vaccine component.
B. See current prescribing information for details about contraindications.

8. Storage and Handling [2-4]

A. Store medications according to OAR 855-041-1036.
B. See current prescribing information for additional details about storage and handling.

9. References

1. Consensus WCHA 2026-2027 Respiratory Virus Season Immunization Recommendations. Available at: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Documents/WCHARespiratorySeasRecommendations.pdf
2. Abrysvo™. [Package insert]. October 2023. https://www.fda.gov/media/168889/download
3. Arexvy™. [Package insert]. June 2024. https://www.fda.gov/media/167805/download?attachment
4. mRESVIA®. [Package insert]. October 2024. https://www.fda.gov/media/179005/download?attachment

PREVENTATIVE CARE

STANDARD VACCINATION PROTOCOL FOR PERSONS 18 YEARS OF AGE AND OLDER

PROTOCOL for the OREGON PHARMACIST

Cover Page & Assessment and Treatment Care Pathway

AUTHORITY and PURPOSE:

- Per ORS 689.645, a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the Assessment and Treatment Care Pathway for Vaccines **for Persons 18 Years of Age and Older** (see pages 4 and 5)
- Utilize the Protocol for Managing Adverse Reactions when applicable

PRESCRIBING PARAMETERS:

- Pharmacists licensed and located in Oregon may prescribe, dispense and administer vaccines in adherence with this protocol and:
  - Centers for Disease Control and Prevention (CDC) Advisory Counsel for Immunization Practices (ACIP) recommendations adopted by reference pursuant to the adoption date referenced next to the respective vaccine listed below;
  - CDC Pink Book: Epidemiology and Prevention of Vaccine Preventable Diseases;
  - CDC Yellow Book: Health Information for International Travel Information;
  - All Oregon Board of Pharmacy laws and rules; and
- An Oregon licensed pharmacist practicing in Oregon may prescribe, dispense and administer the following vaccines to persons **18 Years of Age and Older**:
  - Anthrax (v. 12/13/2019)
  - Cholera (v. 9/30/2022)
  - Chikungunya (v. 5/13/2025)
  - Ebola (v. 2/25/2022)
  - Diphtheria, tetanus and Pertussis containing vaccines (v. 1/24/2020)
  - Haemophilus Influenzae type b (v. 9/12/2024)
  - Hepatitis A containing vaccines (v. 7/03/2020)
  - Hepatitis B containing vaccines (v. 12/05/2024)
  - Human Papillomavirus (v. 8/16/2019)
  - Japanese Encephalitis (v. 7/19/2019)
  - Measles, Mumps & Rubella containing vaccines (v. 11/18/2022)
  - Meningococcal containing vaccines (v. 6/25/2025)
  - Orthopoxviruses (v. 6/03/2022)
  - Pneumococcal (v. 1/8/2025)
  - Polio (v. 12/08/2023)
  - Rabies (v. 5/06/2022)
  - Tick-Borne Encephalitis (v. 11/10/2023)
  - Typhoid (v. 3/27/2015)

- Varicella containing vaccines (v. 7/19/2013)
- Yellow Fever (v. 7/16/2015)
- Zoster (v. 1/21/2022)

PHARMACIST TRAINING/EDUCATION:

- Prior to any Oregon licensed pharmacist administering a vaccine, in accordance with OAR 855-115-0305, the pharmacist must:
  - Receive practical training on the injection site and administration technique that is utilized;
  - Complete training regarding hands-on injection technique, clinical evaluation of indications and contradictions of vaccines and the recognition and treatment of emergency reactions to vaccines;
  - Hold an active CPR certification issued by the American Heart Association or the American Red Cross or any other equivalent program intended for a healthcare provider that is specific to the age and population receiving the vaccine, drug or device, contains a hands-on training component, and is valid for not more than three years; and
  - Ensure any vaccine administered was stored in accordance with the drug storage rules for pharmacies in OAR 855-041-1036
- An Oregon licensed pharmacist practicing in Oregon may allow:
  - An appropriately trained and qualified Intern to perform the same duties as a pharmacist except as prohibited in OAR 855-120-0150
  - An appropriately trained and qualified Technician to conduct the physical act of administering a vaccine in accordance with OAR 855-125-0305

RESOURCES

- CDC ACIP: Vaccine Recommendations and Guidelines https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html
- CDC Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases https://www.cdc.gov/pinkbook/hcp/table-of-contents/?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/pinkbook/index.html
- CDC Yellow Book 2026: Health Information for International Travel information https://wwwnc.cdc.gov/travel/page/yellowbook-home
- Immunization Action Coalition (IAC) Screening Checklist for Contraindications to Vaccines for Adults http://www.immunize.org/catg.d/p4065.pdf
- CDC Vaccine Information Statements https://www.cdc.gov/vaccines/hcp/current-vis/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/vis/current-vis.html
- Administering Vaccines to Adults: Dose, Route, Site, and Needle Size https://www.immunize.org/catg.d/p3084.pdf
- Vaccine Adverse Event Reporting System (VAERS) https://vaers.hhs.gov/
- National Vaccine Errors Reporting Program (VERP) https://www.ismp.org/form/verp-form

PREVENTATIVE CARE

STANDARD VACCINATION PROTOCOL FOR PERSONS 18 YEARS OF AGE AND OLDER

PROTOCOL for the OREGON PHARMACIST

Assessment and Treatment Care Pathway

STEP 1: DETERMINE VACCINE NEEDED

- In consultation with the patient, collect and assess information to determine what vaccines the patient needs based on age, health conditions, occupation, travel, lifestyle and vaccine history.
- To determine vaccine history, check the ALERT Immunization Information System (IIS), patient health records, and any other sources of records.
- If a patient has no vaccination history or the vaccination history cannot be ascertained, follow current CDC ACIP recommendations.

STEP 2: SCREEN FOR PATIENT PRECAUTIONS AND CONTRAINDICATIONS

- Collect patient information to screen for precautions and contraindications to needed vaccine(s) by utilizing a screening questionnaire.
- The screening questionnaire should include questions that require patient information including current health status, present & past medical history, allergies, medications, immunization history, and pregnancy status.
- Assess information provided in screening questionnaire in combination with review of ALERT ISS, patient health records and any other relevant sources of information to determine any precautions or contraindications to needed vaccine(s).

STEP 3: DISCUSS OPTIONS

- Recommend vaccine(s).
- Advise or counsel on therapeutic values, content, hazards and use of each vaccine.
- Offer to administer vaccine(s) or if requested, refer the patient to another immunizing health care provider.

STEP 4: PRESCRIBE, DISPENSE AND ADMINISTER VACCINE(S)

- Select vaccine(s) to be administered.
- Perform verification of vaccine(s) prior to administration.
- Provide patient or patient's agent with current patient education and Vaccine Information Statements (VIS) and answer any questions prior to administering vaccine(s).
- Verify needle length for injection.
- To avoid injury related to vaccine administration, immunizer must recognize the correct anatomic landmarks for intramuscular (IM) or subcutaneous (SC) administration (e.g., the deltoid for IM injections) and utilize proper administration technique.
- Administer vaccine(s).
- Report vaccination(s) to ALERT Immunization Information System (IIS).

STEP 5: DOCUMENT AND MONITOR PATIENT

- Document vaccination(s) administered to patient and record all required data elements in the patient's permanent health record. Records of administration must include patient identifier, vaccine strength, route and site of administration, date and time of administration and pharmacist identifier.
- Monitor patient per guidelines for signs and symptoms of syncope, localized and/or generalized reactions. If a patient has an Adverse Reporting Event, follow Standard Vaccination Protocol for Managing Adverse Reactions.
- Schedule follow-up for subsequent doses of multidose vaccine series.
- As needed, refer patient for other health, wellness, or follow-up services to their identified primary care provider or another provider (provide patient with documentation of referral).

PREVENTATIVE CARE

STANDARD VACCINATION PROTOCOL FOR PERSONS 7 THROUGH 17 YEARS OF AGE

PROTOCOL for the OREGON PHARMACIST

Cover Page & Assessment and Treatment Care Pathway

AUTHORITY and PURPOSE:

- Per ORS 689.645, a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the Assessment and Treatment Care Pathway for Vaccines **for Persons 7 through 17 Years of Age** (see pages 4 and 5)
- Utilize the Protocol for Managing Adverse Reactions when applicable

PRESCRIBING PARAMETERS:

- Pharmacists licensed and located in Oregon may prescribe, dispense and administer vaccines in adherence with this protocol and:
  - Centers for Disease Control and Prevention (CDC) Advisory Counsel for Immunization Practices (ACIP) recommendations adopted by reference pursuant to the adoption date referenced next to the respective vaccine listed below;
  - CDC Pink Book: Epidemiology and Prevention of Vaccine Preventable Diseases;
  - CDC Yellow Book: Health Information for International Travel Information;
  - All Oregon Board of Pharmacy laws and rules; and
- An Oregon licensed pharmacist practicing in Oregon may prescribe, dispense and administer the following vaccines to persons **7 through 17 Years of Age**:
  - Anthrax (v. 12/13/2019)
  - Cholera (v. 9/30/2022)
  - Chikungunya (v. 5/13/2025)
  - Dengue (v. 12/17/2021)
  - Diphtheria, Tetanus and Pertussis containing vaccines (v. 1/24/2020)
  - Haemophilus Influenzae type b (v. 9 /12/2024)
  - Hepatitis A containing vaccines (v. 7/03/2020)
  - Hepatitis B containing vaccines (v. 12/05/2024)
  - Human Papillomavirus (v. 8/16/2019)
  - Japanese Encephalitis (v. 7/19/2019)
  - Measles, Mumps & Rubella containing vaccines (v. 11/18/2022)
  - Meningococcal containing vaccines (v. 6/25/2025)
  - Orthopoxviruses (v. 6/03/2022)
  - Pneumococcal (v. 1/8/2025)
  - Polio (v. 12/08/2023)
  - Rabies (v. 5/06/2022)
  - Tick-Borne Encephalitis (v. 11/10/2023)

- Typhoid (v. 3/27/2015)
- Varicella containing vaccines (v. 7/19/2013)
- Yellow Fever (v. 7/19/2015)

PHARMACIST TRAINING/EDUCATION:

- Prior to any Oregon licensed pharmacist administering a vaccine, in accordance with OAR 855-115-0305, the pharmacist must:
  - Receive practical training on the injection site and administration technique that is utilized;
  - Complete training regarding hands-on injection technique, clinical evaluation of indications and contradictions of vaccines and the recognition and treatment of emergency reactions to vaccines;
  - Hold an active CPR certification issued by the American Heart Association or the American Red Cross or any other equivalent program intended for a healthcare provider that is specific to the age and population receiving the vaccine, drug or device, contains a hands-on training component, and is valid for not more than three years; and
  - Ensure any vaccine administered was stored in accordance with the drug storage rules for pharmacies in OAR 855-041-1036
- An Oregon licensed pharmacist practicing in Oregon may allow:
  - An appropriately trained and qualified Intern to perform the same duties as a pharmacist except as prohibited in OAR 855-120-0150
  - An appropriately trained and qualified Technician to conduct the physical act of administering a vaccine in accordance with OAR 855-125-0305

RESOURCES

- CDC ACIP: Vaccine Recommendations and Guidelines https://www.cdc.gov/acip-recs/hcp/vaccine-specific/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/acip-recs/index.html
- CDC Pink Book: Epidemiology and Prevention of Vaccine-Preventable Diseases https://www.cdc.gov/pinkbook/hcp/table-of-contents/?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/pinkbook/index.html
- CDC Yellow Book 2026: Health Information for International Travel information https://wwwnc.cdc.gov/travel/page/yellowbook-home
- Immunization Action Coalition (IAC) Screening Checklist for Contraindications to Vaccines for Children and Teens http://www.immunize.org/catg.d/p4060.pdf
- CDC Child and Adolescent immunization Schedule https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html
- CDC Vaccine Information Statements https://www.cdc.gov/vaccines/hcp/current-vis/?CDC_AAref_Val=https://www.cdc.gov/vaccines/hcp/vis/current-vis.html
- Vaccine Adverse Event Reporting System (VAERS) https://vaers.hhs.gov/
- National Vaccine Errors Reporting Program (VERP) https://www.ismp.org/form/verp-form

PREVENTATIVE CARE

STANDARD VACCINATION PROTOCOL FOR PERSONS 7 THROUGH 17 YEARS OF AGE

PROTOCOL for the OREGON PHARMACIST

Assessment and Treatment Care Pathway

STEP 1: DETERMINE VACCINE NEEDED

- In consultation with the patient or their representative, collect and assess information to determine what vaccines the patient needs based on age, health conditions, occupation, travel, lifestyle and vaccine history.
- To determine vaccine history, check the ALERT Immunization Information System (IIS), patient health records, and any other sources of records.
- If a patient has no vaccination history or the vaccination history cannot be ascertained, follow current CDC ACIP recommendations.

STEP 2: SCREEN FOR PATIENT PRECAUTIONS AND CONTRAINDICATIONS

- Collect patient information to screen for precautions and contraindications to needed vaccine(s) by utilizing a screening questionnaire.
- The screening questionnaire should include questions that require patient information including current health status, present & past medical history, allergies, medications, immunization history, and pregnancy status.
- Assess information provided in screening questionnaire in combination with review of ALERT ISS, patient health records and any other relevant sources of information to determine any precautions or contraindications to needed vaccine(s).

STEP 3: DISCUSS OPTIONS

- Recommend vaccine(s).
- Advise or counsel on therapeutic values, content, hazards and use of each vaccine.
- Offer to administer vaccine(s) or if requested, refer the patient to another immunizing health care provider.

STEP 4: PRESCRIBE, DISPENSE AND ADMINISTER VACCINE(S)

- Select vaccine(s) to be administered.
- Perform verification of vaccine(s) prior to administration.
- Provide patient or patient's agent with current patient education and Vaccine Information Statements (VIS) and answer any questions prior to administering vaccine(s).
- Verify needle length for injection.
- To avoid injury related to vaccine administration, immunizer must recognize the correct anatomic landmarks for intramuscular (IM) or subcutaneous (SC) administration (e.g., the deltoid for IM injections) and utilize proper administration technique.
- Administer vaccine(s).
- Report vaccination(s) to ALERT Immunization Information System (IIS).

STEP 5: DOCUMENT AND MONITOR PATIENT

- Document vaccination(s) administered to patient and record all required data elements in the patient's permanent health record. Records of administration must include patient identifier, vaccine strength, route and site of administration, date and time of administration and pharmacist identifier.
- Monitor patient per guidelines for signs and symptoms of syncope, localized and/or generalized reactions. If a patient has an Adverse Reporting Event, follow Standard Vaccination Protocol for Managing Adverse Reactions.
- Schedule follow-up for subsequent doses of multidose vaccine series.
- As needed, refer patient for other health, wellness, or follow-up services to their identified primary care provider or another provider (provide patient with documentation of referral).

PREVENTIVE CARE

STANDARD VACCINATION PROTOCOL
MANAGING ADVERSE REACTIONS

PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE:

- Per ORS 689.645, a pharmacist may prescribe and administer medications for the management of adverse reactions following immunization pursuant to a statewide drug therapy management protocol.

STANDARDIZED PATIENT ASSESSMENT PROCESS ELEMENTS:

- Utilize the standardized Managing Adverse Events Assessment and Treatment Care Pathway (pg.2)
- Utilize Managing Adverse Events Protocol (see pages 3-7)
- Utilize Adverse Event Record Tool (See sample Appendix A) & Emergency Kit Medications & Equipment List (See sample Appendix B)
- Refer to Recognizing & Responding to Anaphylaxis (Reference Appendix C)

PRESCRIBING PARAMETERS:

- Following all elements outlined in OAR 855-115-0330 and OAR 855-115-0335, a Pharmacist licensed and located in Oregon may prescribe and administer medications used in the management of adverse reactions following immunization in adherence with current CDC ACIP recommendations and Epidemiology, Prevention of Vaccine Preventable Diseases (Pink Book), and CDC Yellow Book: Health Information for International Travel information.

PHARMACIST TRAINING/EDUCATION:

- Prior to any Oregon licensed pharmacist administering a vaccine, in accordance with OAR 855-115-0305, the pharmacist must:
    - Receive practical training on the injection site and administration technique that is utilized;
    - Complete training regarding hands-on injection technique, clinical evaluation of indications and contradictions of vaccines and the recognition and treatment of emergency reactions to vaccines;
    - Hold an active CPR certification issued by the American Heart Association or the American Red Cross or any other equivalent program intended for a healthcare provider that is specific to the age and population receiving the vaccine, drug or device, contains a hands-on training component, and is valid for not more than three years; and
    - Ensure any vaccine administered was stored in accordance with the drug storage rules for pharmacies in OAR 855-041-1036
- An Oregon licensed pharmacist practicing in Oregon may allow a Pharmacy Intern to perform the following duties related to vaccines:
    - An appropriately trained and qualified Intern may perform the same duties as a pharmacist except as prohibited in OAR 855-120-0150

RESOURCES

- CDC ACIP General Best Practice Guidelines: Preventing and Managing Adverse Reactions- https://www.cdc.gov/vaccines/hcp/imz-best-practices/preventing-managing-adverse-reactions.html
- Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book): Vaccine Administration- https://www.cdc.gov/pinkbook/hcp/table-of-contents/chapter-6-vaccine-administration.html?CDC_AAref_Val=https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html
- Medical Management of Vaccine Reactions in Adults in a Community Setting- https://www.immunize.org/catg.d/p3082.pdf
- Medical Management of Vaccine Reactions in Children and Teens in a Community Setting- https://www.immunize.org/catg.d/p3082a.pdf
- Vaccine Adverse Event Reporting System (VAERS) https://vaers.hhs.gov/

PREVENTATIVE CARE

STANDARD VACCINATION PROTOCOL
MANAGING ADVERSE REACTIONS

PROTOCOL for the OREGON PHARMACIST

Cover Page & Assessment and Treatment Care Pathway

Assessment and Treatment Care Pathway

STEP 1: COLLECT

- Observe patient's signs and symptoms
- Obtain prepared Emergency Kit (E-Kit)

STEP 2: ASSESS

- Assess patient's blood pressure and vital signs
- Anaphylaxis should be considered when signs or symptoms are generalized (i.e., if there are generalized hives or more than one body system is involved) or are serious or life-threatening in nature, even if they involve a single body system (e.g., hypotension, respiratory distress, or significant swelling of the tongue or lips)
- Activate emergency response (Call 911) if signs and symptoms indicate progression towards anaphylaxis

STEP 3: PLAN

- Prepare treatment medications if indicated
- Prepare for CPR

STEP 4: IMPLEMENT

- Apply treatment plan and/or administer treatment medications per protocol
- If at any time the patient suffers Respiratory or Cardiac Arrest, start CPR immediately and apply AED if available

STEP 5: FOLLOW-UP

- Continue assessing vitals and monitor per protocol until Emergency Medical Services arrive
- Document actions using Adverse Event Record Tool
- Report anaphylaxis and vasovagal syncope to the Vaccine Adverse Events Reporting System (VAERS) online at https://vaers.hhs.gov/reportevent.html

Event and Interval From Vaccination
A. Anaphylaxis or anaphylactic shock (7 days) B. Vasovagal syncope (7 days) C. Shoulder Injury Related to Vaccine Administration (7 days) D. Any acute complication or sequelae (including death) of above events (interval – not applicable) E. Events described in manufacturer's package insert as contraindications to additional doses of vaccine (interval – see package insert)

- VAERS Reporting Table: https://vaers.hhs.gov/resources/infoproviders.html

1. Anaphylaxis Protocol (Generalized Symptoms)

A. If symptoms are generalized, call 9-1-1 immediately. This should be done by a second person if available, while the primary healthcare professional assesses the airway, breathing, circulation, and level of consciousness of the patient. Do not delay transport; DO NOT WAIT FOR MILD SYMPTOMS TO SUBSIDE.

B. Keep patient in recumbent position (flat on back) unless patient is having breathing difficulty. If breathing is difficult, patient's head may be elevated, provided blood pressure is adequate to prevent loss of consciousness. If blood pressure is low, elevate legs.

C. Take and record the patients' blood pressure and vital signs (pulse, respirations) at the initial assessment, and at minimum – every 5 minutes, and following the administration of any medication.

D. The first-line and most important therapy in anaphylaxis is epinephrine. There are NO absolute contraindications to epinephrine in the setting of anaphylaxis.
E. Administer 1mg/mL epinephrine intramuscularly (IM) into the anterolateral thigh (all ages), through clothing if necessary, with the correct needle length for the patient's age and size according to the dosage chart in Table 1.
F. If no improvement in condition, repeat epinephrine dose every 5–15 minutes for up to 3 doses, depending on patient's response.
G. Complete the Adverse Event Record Tool.
H. If at any time the patient suffers Respiratory or Cardiac Arrest, start CPR immediately. Apply AED if available.
I. Monitor until Emergency Medical Services arrive.
J. Any patient who develops signs and symptoms of anaphylaxis MUST be transported via a fully equipped emergency vehicle to an emergency department. Any refusal of transport must be handled by EMS personnel.
K. Give report and list of medications given to emergency medical personnel upon arrival.

L. Medication Schedule:

Table 1: Anaphylaxis

Inject EPINEPHRINE (1mg/mL): 0.01 mg/kg of body weight up to 0.5mg maximum dose. May be repeated every 5–15 minutes for a total of 3 doses.
Give intramuscularly (IM) in the vastus lateralis muscle of the thigh, regardless of age, either by auto injector or by syringe and needle, through the clothing if necessary. [1]

Suggested dosing of Epinephrine for children and adults: consider needle length

Age Group	Weight in lb#	Weight in kg#	Epinephrine injectable (1:1000 dilution); IM =(1mg/mL) [Minimum dose: 0.05mL]	Epinephrine auto–injector 0.1mg (7.5-14.5 kg), 0.15mg (15-29.5 kg) or 0.3 mg (≥30 kg)
1-6 months (use only for dosing by weight)	9-19 lb	4-8.5 kg	0.05 mL (or mg)	Off-Label 0.1mg/dose*
7-36 months (use only for dosing by weight)	20-32 lb	9-14.5 kg	0.1 mL (or mg)	0.1mg/dose*
37-59 months	33-39 lb	15-17.5 kg	0.15 mL (or mg)	0.15mg/dose
5-7 years	40–56 lb	18–25.5 kg	0.2 mL- 0.25 mL (or mg)	0.15mg/dose
8–10 years	57–76 lb	26–34.5 kg	0.25 mL - 0.3 mL‡ (or mg)	0.15 mg/dose or 0.3mg/dose
11–12 years	77–99 lb	35–45.5 kg	0.35 mL - 0.4 mL (or mg)	0.3mg/dose
≥13 years	100+ lb	46+ kg	0.5 mL‡ (or mg)-max dose	0.3mg/dose

#Dose by weight is preferred. If weight is not known, dosing by age is appropriate for ages >36 months. Round kg to nearest 0.5 kg.

* The 0.15mg epinephrine autoinjector can also be used for children 7.5 kg (16.5 lb) to 15 kg (32 lb) when other alternatives are not available.2

‡Maximum dose for adolescents and adults

2. Urticaria Protocol (Localized Symptoms)

A. If itching and swelling are confined to the injection site where the vaccination was given, observe patient closely for the development of generalized symptoms.
B. Apply ice to the site where the vaccine was administered. If more than one site is involved, apply ice to the sites that appear to be red, warm, or swelling.
C. Administer diphenhydramine intramuscularly (IM) with the correct needle length for the patient's age and size according to the dosage chart in Table 2.
D. Administer hydroxyzine hydrochloride orally if diphenhydramine unavailable according to patient's age and size in the dosage chart in Table 3.
E. Complete the Adverse Event Record Tool.

F. Take and record the patient's blood pressure and vital signs at the initial assessment, and at minimum - every 10 minutes, and following the administration of any additional medication

G. Continue to monitor for and treat signs and symptoms progressing towards anaphylaxis when indicated. If signs and symptoms present, immediately initiate anaphylaxis protocol.

H. Medication Schedule:

Table 2: Urticaria

First-Line Treatment for Urticaria: Give Diphenhydramine IM as follows:			
Suggested dosing of Diphenhydramine for children and adults			
Age Group Dose	**Weight in lbs#**	**Weight in kg#**	**Injectable: 50mg/mL IM**
7-36 months	20-32 lbs	9-14.5 kg	10-15 mg (0.2 - 0.3 mL)
37-59 months	33-39 lbs	15-17.5 kg	15-20 mg (0.3 - 0.4 mL)
5-7 years	40–56 lbs	18–25.5 kg	20–25 mg (0.4 - 0.5 mL)
8–12 years	57−99 lbs	26−45.5 kg	25–50 mg (0.5 - 1.0 mL)
≥13 years*	100+ lbs	46+ kg	50 –100 mg (1 - 2 mL)*

Dose by weight is preferred. If weight is not known, dosing by age is appropriate.

* Children age ≥13 years, maximum single dose is 100 mg.

Table 3: Optional Treatment: Hydroxyzine Hydrochloride

Hydroxyzine Hydrochloride for urticaria when Diphenhydramine is unavailable: Give PO as follows:			
Suggested dosing of Hydroxyzine Hydrochloride for children and adults			
Age Group Dose	**Weight in lbs#**	**Weight in Kg#**	**Liquid: 10mg/5mL or 25mg/5mL**
7-36 months	20-32 lbs	9-14.5 kg	5-7.5 mg/dose
37-59 months	33-39 lbs	15-17.5 kg	7.5-10 mg/dose
5-7 years	40–56 lbs	18–25.5 kg	10-12.5 mg/dose
8–10 years	57−76 lbs	26−34.5 kg	12.5–15 mg/dose
11–12 years	77–99 lbs	35–45.5 kg	15–25 mg/dose
≥13 years	≥100 lbs	≥46 kg	25 mg/dose

Dose by weight is preferred. If weight is not known, dosing by age is appropriate.

3. Loss of Consciousness/Syncope Protocol

A. If the individual "feels faint", ammonia ampules should be used if available. Crush and wave near patient's nose.

B. Have patient lie flat with feet elevated or sit with their head down for several minutes.

C. If the patient loses consciousness, place flat on back, with feet elevated.

D. Unconsciousness from fainting should only last seconds. In a vasovagal response, the pulse should be slow. A weak, thready or rapid pulse may indicate anaphylaxis. Continue to monitor for signs and symptoms progressing towards anaphylaxis. If signs and symptoms present, immediately initiate anaphylaxis protocol.

E. Have patient rest in a quiet area for 10 minutes after regaining consciousness. Slowly have patient move to a sitting position and then standing, checking to make sure no symptoms recur.

F. Complete the Adverse Event Record Tool.

4. Contraindications

A. There are **no** contraindications for the use of epinephrine to treat anaphylaxis

B. Previous hypersensitivity is a contraindication for diphenhydramine and hydroxyzine.

C. Do not administer epinephrine auto-injector to children weighing less than 16.5 lbs.

5. Other Considerations

A. Required Documentation:
- Current Healthcare Provider CPR Card as required by OAR 855-115-0305
- Completed Adverse Event Record Tool for each event (Appendix A).

B. Required Medications & Equipment: See Emergency Kit Medications & Equipment List (Appendix B)

6. Storage and Handling

A. Store medications according to OAR 855-041-1036.

7. Adverse Events Reporting

A. Anaphylaxis and vasovagal syncope must be reported to the Vaccine Adverse Events Reporting System (VAERS) online at: https://vaers.hhs.gov/

B. VAERS Table of Reportable Events Following Vaccination: https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

8. References

1. Interim Considerations: Preparing for the Potential Management of Anaphylaxis after COVID-19 Vaccination Last updated 22 March 2024. Available at: https://archive.cdc.gov/#/details?url=https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html Accessed 17 September 2026.
2. Immunization Action Coalition Website: Medical Management of Vaccine Reactions in Children and Teens in a Community Setting. July 2019. Available at: https://www.immunize.org/catg.d/p3082a.pdf. Accessed 23 August 2022.
3. Immunization Action Coalition Website: Medical Management of Vaccine Reactions in Children and Teens in a Community Setting. July 2019. Available at: https://www.immunize.org/catg.d/p3082a.pdf. Accessed 23 August 2022.
4. Oregon Health Authority Protocol: Guidelines for Managing Severe Adverse Events Following Immunization Last updated 22 January 2025. Available at: https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/IMMUNIZATIONPROVIDERRESOURCES/Documents/SOAEMgt.pdf. Accessed 17 September 2026

PREVENTATIVE CARE

STANDARD VACCINATION PROTOCOL
MANAGING ADVERSE REACTIONS

PROTOCOL for the OREGON PHARMACIST

Cover Page & Assessment and Treatment Care Pathway

9. APPENDIX A: Adverse Event Record Tool

Patient Name: _____ Allergies: _____
Date of Birth: _____ Vaccine(s) Given: _____
Date: _____ Site(s):_____
Pharmacist: _____ Route(s): _____
Patient is displaying signs of: Anaphylaxis – Urticaria – Syncope (Circle One)

VITALS							
Time	**Pulse**	**Respirations**	**Blood Pressure**	**Medication**	**Dose**	**Site–Route**	**Initials**

Notes:

10. APPENDIX B: Emergency Kit Medications & Equipment List

Required Medications & Equipment	**Quantity/Type**	**Expiration Date**	**Optional Medications & Equipment**	**Quantity/ Type**	**Expiration Date**
Epinephrine solutions	**1** multi-dose vial (MDV) of 1mg/mL Epinephrine **OR** Epinephrine auto-injectors; **3** doses each of adult and pediatric size units		Hydroxyzine Hydrochloride for use when Diphenhydramine is unavailable	Liquid: 10 mg/5 mL or 25 mg/5 mL Tablets: 10 mg or 25 mg Capsules: 25 mg	
Diphenhydramine 50 mg/mL injectable	**1** multi-dose vial (MDV) **OR 2** single-dose vials (SDV) vials		Bottle of water for swallowing oral antihistamines		
Blood Pressure Monitor (regular adult and large adult cuff size required; pediatric cuff if applicable)	Automated devices must show current calibration and replace batteries as needed		Sphygmomanometer and Stethoscope (regular adult and large adult cuff size required; pediatric cuff if applicable)		
Syringes/Needles	For Epinephrine injection only: 1-cc syringes with 22–25g, 1-1½" needles For Diphenhydramine injection only: 1-3-cc syringes with 22-25g, 1–1½" needles		Ammonia Ampules	**1** Box	
Standard injection supplies	N/A				

11. APPENDIX C:

Recognizing and Responding to Anaphylaxis

How to recognize anaphylaxis

Healthcare personnel should consider anaphylaxis when patients present with generalized signs or symptoms such as **hives, serious or life-threatening symptoms** (e.g., hypotension, respiratory distress, or significant swelling of the tongue or lips), or **symptoms that involve more than one body system**.



Respiratory:
- sensation of throat closing
- stridor (high-pitched sound while breathing)
- shortness of breath
- wheeze, cough

Gastrointestinal:
- nausea
- vomiting
- diarrhea
- abdominal pain

Cardiovascular:
- dizziness
- fainting
- tachycardia (abnormally fast heart rate)
- hypotension (abnormally low blood pressure)

Skin/mucosal:
- generalized hives
- itching
- swelling of lips, face, or throat

Neurological:
- agitation
- convulsions
- acute change in mental status
- sense of impending doom (a feeling that something bad is about to happen)

What to do if you suspect anaphylaxis



Assess airway, breathing, and circulation

Administer epinephrine

Call Emergency Medical Services (EMS)

Place in supine position

Detailed information can be found in the Interim Considerations:
Preparing for the Potential Management of Anaphylaxis After COVID-19 Vaccination

CS322867-A | 03/1/21

www.cdc.gov/COVID19

Divisions: 006/007/110/145: Definitions/Public Health Emergency Definitions/Fees/Mobile Retail Drug Outlet Pharmacy (Mobile Pharmacy)

Filing Caption per ORS 183.335(2)(a)(A) (identifies the subject matter of the agency's intended action max 15 words): Establishes new Division 145 and new registration for Mobile Retail Drug Outlet Pharmacy

Need for Rules per ORS 183.335(2)(b)(C) (describes what we are changing in rule): Amends Division 006 by adding a new definition for "Mobile Retail Drug Outlet Pharmacy" or "mobile pharmacy", adds new definitions for "Pharmacy Jurisprudence Examination" and "Uniform Multistate Pharmacy Jurisprudence Exam", adds sunset dates for the Oregon MPJE exam and adds implementation date for "Uniform Multistate Pharmacy Jurisprudence Exam", adds definitions for DEA and FDA, and renumbers existing rules. Amends OAR 855-007-0030 definition of "mobile pharmacy" and statutory references. Amends 855-110-0007 by adding newly established registration fee for Mobile Retail Drug Outlet Pharmacy. Creates new Division 145 for Mobile Retail Drug Outlet Pharmacy including licensing requirements to operate a mobile pharmacy as required by 2026 HB 4131.

Documents Relied Upon per ORS 183.335(2)(b)(D): 2026 HB 4131
https://olis.oregonlegislature.gov/liz/2026R1/Downloads/MeasureDocument/HB4131/Enrolled

Racial Equity statement per ORS 183.335(2)(b)(F) (identifying how adoption of rule might impact one group of people differently than others): The proposed mobile pharmacy rules may expand pharmacy access to Oregonians. It is anticipated that the proposed rules and amendments will not impact any group of people differently than others.

Fiscal & Economic Impact per ORS 183.335(2)(b)(E): No fiscal anticipated. Pharmacies are not required to operate a mobile pharmacy. Licensees, registrants and interested parties will have an opportunity to provide fiscal and economic impact statements during the open comment period.

Cost of Compliance (OBOP/Other State Agencies/Units of Local Government/Public): (1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s). There are no known economic impacts to the agency, other state or local government, small businesses or members of the public.

Describe how small businesses were involved in development of the rules ORS 183.335: Registrants who identify as a small business and who have signed up to receive GovDelivery messages from the Oregon Board of Pharmacy will receive an email notice of proposed rulemaking and will have an opportunity to provide public comment on the proposed rules for the Board's consideration.

Was a RAC consulted? If no, why? per ORS 183.335(2)(b)(G): No. Legislative mandate of 2026 HB 4131.

Rules Summary per ORS 183.335(2)(a)(B) (indicates the change to the rule and why):

855-006-0005 – Adds new definition in (17) “DEA” United States Drug Enforcement Administration, adds new definition in (22) “FDA” United States Food and Drug Administration, adds new definition in (34) “Mobile Retail Drug Outlet Pharmacy” or “mobile pharmacy” to align with the legislative mandates of 2026 HB 4131. Adds new definitions for “Pharmacy Jurisprudence Examination” and “Uniform Multistate Pharmacy Jurisprudence Exam”, adds sunset dates for the Oregon MPJE exam and adds implementation date for “Uniform Multistate Pharmacy Jurisprudence Exam”. The Board identified that moving from an Oregon specific MPJE to the UMPJE creates a standardized assessment of pharmacist entry into the practice throughout the United States without compromising patient safety. Renumbers existing rules and adds citation for statutory authority and statutes implemented.

855-007-0030 – Amends (10) “mobile pharmacy”. A new definition for “Mobile Retail Drug Outlet Pharmacy” or “mobile pharmacy” has been added in Division 006 to algin with the legislative mandates of 2026 HB 4131. The newly defined “mobile pharmacy” does not apply to this rule.

855-110-0007 – Establishes new annual registration fee of $315 for Mobile Retail Drug Outlet Pharmacy, renumbers remaining rules and adds citation for statutory authority and statutes implemented. 2026 HB 4131 mandates that the board issue a license to operate a mobile pharmacy to a qualified applicant. Proposes repealing current PPL registration fee of $168 pursuant to ORS 689.338.

855-145-0001 - Applicability: Proposes adopting new applicability requirements for mobile pharmacies.

855-145-0005 – Registration: Proposes adopting new registration requirements as mandated by 2026 HB 4131 for a Retail Drug Outlet pharmacy who applies for a mobile pharmacy registration.

855-145-0010 – Initial and Renewal Applications: Proposes adopting new application requirements for a Retail Drug Outlet who applies for a mobile pharmacy registration as mandated by 2026 HB 4131.

855-145-0015 – General Requirements: Proposes adopting new general requirements for Retail Drug Outlets and mobile pharmacies as mandated in 2026 HB 4131.

855-145-0020 – Policies and Procedures: Proposes adopting new required policies and procedures for a mobile pharmacy, the associated Retail Drug Outlet Pharmacy and the Pharmacist-in-Charge (PIC).

855-145-0025 – Records: Proposes adopting new records requirements for a mobile pharmacy, Pharmacist-in-Charge and Retail Drug Outlet Pharmacy who operate a mobile pharmacy.

855-145-0030 – Prohibited Practices: Proposes adopting new prohibited practices for outlet’s who operate a mobile pharmacy as mandated by 2026 HB 4131.

BOLD & UNDERLINED = Proposed new language/new rule
Yellow highlight= indicates change

Division 006
DEFINITIONS

855-006-0005
Definitions

As used in OAR Chapter 855:

(1) “Adulterated” has the same meaning as set forth in 21 USC 351 (v. 02/26/2026).

(2) “Alarm system” means a device or series of devices, which emit or transmit an audible or remote visual or electronic alarm signal, which is intended to summon a response.

(3) “Audiovisual communication system” means a continuously accessible, two-way audiovisual link that allows audiovisual communication in real-time and that prevents unauthorized disclosure of protected health information.

(4) “Biological product” means, with respect to the prevention, treatment or cure of a disease or condition of human beings, a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component, blood derivative, allergenic product, protein other than a chemically synthesized polypeptide, analogous products or arsphenamine or any other trivalent organic arsenic compound.

(5) “Biosimilar” product means a biological product licensed by the United States Food and Drug Administration pursuant to 42 USC 262(k)(3)(A)(i) (v. 02/26/2026).

(6) “Board” means the Oregon Board of Pharmacy unless otherwise specified or required by the context.

(7) “Certified health care interpreter” has the meaning given that term in ORS 413.550.

(8) “Certified Oregon Pharmacy Technician” means a person who has taken and passed a national pharmacy technician certification examination offered by the Pharmacy Technician Certification Board (PTCB) or National Healthcareer Association (NHA) and is licensed by the State Board of Pharmacy who assists the Pharmacist in the practice of pharmacy pursuant to rules of the board.

(9) “Clinical Pharmacy Agreement” means an agreement between a Pharmacist or pharmacy and a health care organization, or a physician as defined in ORS 677.010 or a naturopathic physician as defined in ORS 685.010 that permits the Pharmacist to engage in the practice of clinical pharmacy for the benefit of the patients of the health care organization, or physician or naturopathic physician.

(10) “Collaborative Drug Therapy Management” means the participation by a Pharmacist in the management of drug therapy pursuant to a written protocol that includes information specific to the dosage, frequency, duration, and route of administration of the drug, authorized by a practitioner and initiated upon a prescription order for an individual patient and:

(a) Is agreed to by one Pharmacist and one practitioner; or

PROPOSED

(b) Is agreed to by one or more Pharmacists at a single pharmacy registered by the board and one or more practitioners in a single organized medical group, such as a hospital medical staff, clinic, or group practice, including but not limited to organized medical groups using a pharmacy and therapeutics committee.

(11) "Compounding" means the process of combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling, or otherwise altering a drug product or bulk drug substance in accordance with a licensed practitioner's prescription drug order for a patient specific prescription. Compounding includes the following:

(a) Preparation of drug dosage forms for both human and animal patients;

(b) Preparation of drugs or devices in anticipation of prescription drug orders based on routine, regularly observed prescribing or ordering patterns;

(c) For sterile preparations, compounding includes repackaging; and

(d) Manipulation of commercial products for patient-specific needs beyond FDA-approved labeling.

(12) "Confidential Information" means any patient information obtained by a Pharmacist or pharmacy.

(13) "Consulting Pharmacist" means a Pharmacist that provides a consulting service regarding a patient medication, therapy management, drug storage and management, security, education, or any other pharmaceutical service.

(14) "Counseling" or "Counsel" means communication between a pharmacist and a patient or a patient's agent in which the pharmacist provides the patient or patient's agent with advice regarding the safe and effective use of a drug or device.

(15) The "Container" is the device that holds the drug and that is or may be in direct contact with the drug.

(16) "Custodian of pharmacy records" means a board licensee or registrant who is responsible for the maintenance, care or keeping of pharmacy records based on the services provided by the pharmacy, regardless of whether the records are in that person's actual physical custody and control.

(17) "DEA" means the United States Drug Enforcement Administration.

(1~~7~~**8**) "Dispensing or Dispense" means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(1~~8~~**9**) "Drug Regimen Review" or "DRR" means the process conducted by a Pharmacist who is consulting for a long-term-care facility or other institution, either prior to dispensing or at a later time, with the goal of ensuring that optimal patient outcomes are achieved from the drug therapy.

PROPOSED

(~~19~~**20**) “Drug utilization review” or “DUR” means evaluation of a prescription to identify and resolve potential problems through the review of information provided to the Pharmacist by the patient, patient's agent, prescriber and the patient's record.

(2~~0~~**1**) “Entry system” enables control of access to a secured area.

(22) “FDA” means the United States Food and Drug Administration.

(2~~1~~**3**) “Final verification” means after prescription information is entered into a pharmacy’s electronic system and reviewed by a Pharmacist for accuracy, a physical verification that the drug and drug dosage, device or product selected from a pharmacy’s inventory pursuant to the electronic system entry is the prescribed drug and drug dosage, device, or product.

(2~~2~~**4**) “Good standing” means a license or registration that is not suspended, revoked, or otherwise restricted from the practice of pharmacy or subject to a current disciplinary order.

(2~~3~~**5**) “Health care interpreter” has the meaning given that term in ORS 413.550.

(2~~4~~**6**) “Health care interpreter registry” means the registry described in ORS 413.558 that is administered by the Oregon Health Authority.

(2~~5~~**7**) “Individual with limited English proficiency” means a person who, by reason of place of birth or culture, communicates in a language other than English and does not communicate in English with adequate ability to communicate effectively with a health care provider.

(2~~6~~**8**) “Interchangeable” means, in reference to a biological product, that the United States Food and Drug Administration has determined that a biosimilar product meets the safety standards set forth in 42 USC 262(k)(4) (v. 02/26/2026).

(2~~7~~**9**) “Intern” means a person who is enrolled in or has completed a course of study at a board approved college or school of pharmacy and who is licensed with the board as an Intern.

(~~28~~**30**) “Interpretation and evaluation of prescription orders” means the review of the order for therapeutic and legal correctness. Therapeutic review includes identification of the prescription drug ordered, its applicability and its relationship to the other known medications used by the patient and determination of whether or not the dose and time interval of administration are within accepted limits of safety. The legal review for correctness of the prescription order includes a determination that the order is valid and has not been altered, is not a forgery, is prescribed for a legitimate medical purpose, contains all information required by federal and state law, and is within the practitioner's scope of practice.

(~~29~~**31**) “Labeling” means the process of preparing and affixing of a label to any drug container exclusive, however, of the labeling by a manufacturer, packer or distributor of a non-prescription drug or commercially packaged legend drug or device.

(32)“Medication Therapy Management (MTM)” means a distinct service or group of services that is intended to optimize therapeutic outcomes for individual patients. Medication Therapy Management services are independent of, but can occur in conjunction with, the provision of a medication product.

PROPOSED

(~~3~~03) "Misbranded" has the same definition as set forth in 21 USC 352 (v. 02/26/2026).

(34) "Mobile Retail Drug Outlet Pharmacy" or "mobile pharmacy" means a retail pharmacy that provides services in a movable or portable setting and that is registered in accordance with OAR 855-145.

(3~~1~~5) "Monitoring of therapeutic response or adverse effect of drug therapy" means the follow up of the therapeutic or adverse effect of medication upon a patient, including direct consultation with the patient or his agent and review of patient records, as to result and side effect, and the analysis of possible interactions with other medications that may be in the medication regimen of the patient. This section shall not be construed to prohibit monitoring by practitioners or their agents.

(36) "Multistate Pharmacy Jurisprudence Examination" means the Oregon Multistate Pharmacy Jurisprudence Examination (OR MPJE) provided by the National Association of Boards of Pharmacy (NABP) until 3/31/2027. After 3/31/2028, the board will no longer accept OR MPJE exam results. On 4/01/2027 "Multistate Pharmacy Jurisprudence Examination" means the Uniform Multistate Pharmacy Jurisprudence Exam (UMPJE) provided by NABP.

(3~~3~~7) "Nationally Certified Exam" means an exam that is approved by the board which demonstrates successful completion of a Specialized Education Program. The exam must be reliable, psychometrically sound, legally defensible, and valid.

(34~~8~~) "Non-legend drug" means a drug which does not require dispensing by prescription and which is not restricted to use by practitioners only.

(3~~5~~9) "Offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy" means, among other things:

(a) The creation and retention of accurate and complete patient records;

(b) Assuming authority and responsibility for product selection of drugs and devices;

(c) Developing and maintaining a safe practice setting for the Pharmacist, for pharmacy staff and for the general public;

(d) Maintaining confidentiality of patient information.

(~~36~~40) "Official compendium" means the official United States Pharmacopeia <USP>, official National Formulary <NF> (v. USP NF 2026, Issue 1), official Homeopathic Pharmacopoeia of the United States <HPUS> (v. 2026), or any supplement to any of these.

(~~37~~41) "Pharmaceutical Care" means the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life. These outcomes include:

(a) Cure of a disease;

(b) Elimination or reduction of a patient's symptomatology;

PROPOSED

(c) Arrest or slowing of a disease process; or

(d) Prevention of a disease or symptomatology.

(~~38~~**42**) "Pharmacist" means an individual licensed by this state to engage in the practice of pharmacy or to engage in the practice of clinical pharmacy.

(~~39~~**43**) "Pharmacy Technician" means a person licensed by the State Board of Pharmacy who assists the Pharmacist in the practice of pharmacy pursuant to rules of the board.

(~~40~~**4**) "Practice of clinical pharmacy" means:

(a) The health science discipline in which, in conjunction with the patient's other practitioners, a Pharmacist provides patient care to optimize medication therapy and to promote disease prevention and the patient's health and wellness;

(b) The provision of patient care services, including but not limited to post-diagnostic disease state management services; and

(c) The practice of pharmacy by a Pharmacist pursuant to a clinical pharmacy agreement.

(~~41~~**5**) "Practice of pharmacy" is as defined in ORS 689.005.

(~~42~~**6**) "Prescription drug" or "legend drug" is as defined in ORS 689.005 and:

(a) Required by federal law, prior to being dispensed or delivered, to be labeled with "Rx only"; or

(b) Required by any applicable federal or state law or regulation to be dispensed on prescription only or is restricted to use by practitioners only.

(~~43~~**7**) "Prescription released by the Pharmacist" means, a prescription which has been reviewed by the Pharmacist that does not require further Pharmacist intervention such as reconstitution or counseling.

(~~44~~**8**) "Prohibited conduct" means conduct by a licensee that:

(a) Constitutes a criminal act against a patient or client; or

(b) Constitutes a criminal act that creates a risk of harm to a patient or client.

(~~45~~**9**) "Proper and safe storage of drugs and devices and maintenance of proper records therefore" means housing drugs and devices under conditions and circumstances that:

(a) Assure retention of their purity and potency;

(b) Avoid confusion due to similarity of appearance, packaging, labeling or for any other reason;

(c) Assure security and minimize the risk of their loss through accident or theft;

PROPOSED

(d) Accurately account for and record their receipt, retention, dispensing, distribution or destruction;

(e) Protect the health, safety and welfare of the Pharmacist, pharmacy staff and the general public from harmful exposure to hazardous substances.

(4650) "Quality Assurance Plan" is a written set of procedures to ensure that a pharmacy has a planned and systematic process for the monitoring and evaluation of the quality and appropriateness of pharmacy services and for identifying and resolving problems.

(4751) "Reasonable professional judgment" means an objectively reasonable and impartial belief, opinion or conclusion held with confidence, and founded on appropriate professional knowledge, skills, abilities, qualifications, and competencies, after careful review, analysis and consideration of the relevant subject matter and all relevant facts and circumstances that were then known by, or reasonably available to, the person or party holding such belief, opinion, or conclusion.

(4852) "Reference biological product" means the biological product licensed pursuant to 42 USC 262(a) (v. 02/26/2026) against which a biological product is evaluated in an application submitted to the United States Food and Drug Administration for licensure of a biological product as a biosimilar product or for determination that a biosimilar product is interchangeable.

(4953) "Repackage" means the act of taking a drug from the container in which it was distributed by the manufacturer and placing it into a different container without further manipulation of the drug.

(504) "Still image capture" means a specific image captured electronically from a video or other image capture device.

(515) "Store and forward" means a video or still image record which is saved electronically for future review.

(526) "Supervision by a Pharmacist" means being stationed within the same work area, except as authorized under OAR 855-041-3200 through OAR 855-041-3250, as the Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician being supervised, coupled with the ability to control and be responsible for the Intern, Certified Oregon Pharmacy Technician or Pharmacy Technician's action.

(537) "Surveillance system" means a system of video cameras, monitors, recorders, and other equipment used for surveillance.

(548) "Tamper-resistant Prescription" means a form for the purpose of issuing a handwritten or typed prescription, intended to be manually delivered to a pharmacy, which has been developed, and formatted to ensure security, integrity and authenticity using currently accepted technologies. Formatted features may include but are not limited to characteristics such as:

(a) The word "void" appears when photocopies are attempted;

(b) Background ink which reveals attempted alterations;

(c) Heat sensitive ink that changes colors;

PROPOSED

(d) Penetrating ink to prevent chemical alterations;

(e) A watermark which cannot be photocopied;

(f) Coin reactive ink that reveals word when rubbed with a coin;

(g) Sequential numbering.

(5~~5~~**9**) "Therapeutic substitution" means the act of dispensing a drug product with a different chemical structure for the drug product prescribed under circumstances where the prescriber has not given clear and conscious direction for substitution of the particular drug for the one which may later be ordered.

(5~~6~~**60**) "Verification" means the confirmation by the Pharmacist of the correctness, exactness, accuracy and completeness of the acts, tasks, or functions performed by an Intern, a Certified Oregon Pharmacy Technician, or a Pharmacy Technician.

[Publications: Publications referenced are available for review at the agency or from United States Pharmacopoeia.]

Statutory/Other Authority: ORS 689.205, **2026 HB 4131**
Statutes/Other Implemented: ORS 689.005, ORS 689.151, ORS 689.155 & ORS 689.703, **2026 HB 4131, ORS 689.255**

PROPOSED

Division 145
MOBILE RETAIL DRUG OUTLET PHARMACY

855-145-0001
Applicability

These rules apply to all mobile pharmacies as defined in OAR 855-006 and outlined in 2026 HB 4131.

Statutory/Other Authority: ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS 689.005, 2026 HB 4131

855-145-0005
Registration

(1) A Retail Drug Outlet Pharmacy registered with the board under ORS 689.305 with a permanent physical location may apply for a mobile pharmacy registration if it is:

(a) A critical access pharmacy, as defined by the Oregon Health Authority by rule;

(b) A hospital, as defined in ORS 442.015;

(c) A federally qualified health center; or

(d) The governing body of a county.

(2) A Retail Drug Outlet Pharmacy must register each mobile pharmacy separately with the board.

(3) A Retail Drug Outlet Pharmacy must receive a mobile pharmacy registration prior to conducting business as a mobile pharmacy in Oregon.

(4) The registration for a mobile pharmacy expires March 31 each year and may be renewed annually.

Statutory/Other Authority: ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS 689.151, 2026 HB 4131

PROPOSED

855-145-0010
Initial and Renewal Applications

(1) The board may issue a registration to an outlet that submits an application in a form prescribed by the board.

(2) An applicant must provide the following information in order for an initial or renewal application to be considered complete:

(a) A completed application in the form acceptable to the board;

(b) Payment of the fee as listed in OAR 855-110;

(c) Evidence of current Retail Drug Outlet Pharmacy registration with the board and current physical location;

(d) Name of Pharmacist-in-Charge (PIC) of the associated Retail Drug Outlet Pharmacy;

(e) Attestation that the mobile pharmacy has adequate security measures to comply with the requirements of Division 041; and

(f) A statement of county(ies) in which the registrant intends to operate the mobile pharmacy.

~~(3) A full description of the mobile pharmacy. The description must include the following:~~

~~(a) Security and alarm system description;~~

~~(b) Physical location where stored; and~~

~~(c) Planned geographic area of service.~~

(3) An application is incomplete when it is missing required information. An incomplete application will expire 90 days from the date the application was submitted to the board. An applicant who allows their application to expire may reapply by submitting a new application, along with required documentation and fees.

Statutory/Other Authority: ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS 689.151, 2026 HB 4131

Commented [BE1]: Policy Discussion:
What information is required as part of a Mobile Pharmacy application (in addition to (2) (a-d))?

For consideration:
- (e) Attestation that the mobile pharmacy has adequate security measures to comply with the requirements of Division 041
- (f) A statement of county(ies) in which the registrant intends to operate the mobile pharmacy.

PROPOSED

855-145-0015
General Requirements

(1) A mobile pharmacy and its associated Retail Drug Outlet Pharmacy must:

(a) Have at least one pharmacist physically present at the mobile pharmacy during hours of operation.

(b) Maintain records of the drugs transferred between the Retail Drug Outlet Pharmacy 's permanent location and the mobile pharmacy and of the drugs dispensed from the mobile pharmacy.

~~(c) Record and store in the associated Retail Pharmacy Drug Outlet's records the drugs dispensed from the mobile pharmacy within 24 hours of dispensation.~~

(c) Store drugs, devices and related supplies as specified by the drug manufacturer.

(d) Ensure that a patient may access prescription refills in the event that the mobile pharmacy is unavailable at the time when the patient requires refill, in accordance with the established communication plan.

(e) Comply with reporting requirements of the local public health authority, as defined in ORS 431.003, in which the mobile pharmacy operates regarding communicable diseases.

(2) A mobile pharmacy, the pharmacist physically present during its hours of operation, and the associated Retail Drug Outlet Pharmacy and its PIC must ensure the mobile pharmacy:

(a) Follows all applicable Retail Drug Outlet Pharmacy requirements in Division 041;

(b) Follows all state and federal laws and rules;

(c) Utilizes adequate safeguards against theft or diversion;

(d) Prevents unauthorized access;

(e) Maintains confidentiality of patient information; and

(f) Correctly dispenses prescriptions.

(3) The PIC of the associated Retail Drug Outlet Pharmacy must ensure a pharmacist completes a physical inspection of the mobile pharmacy annually as part of their self-inspection as required by OAR 855-115-0210(1)(h).

(4) The mobile pharmacy may return drugs, devices and associated supplies to the associated Retail Drug Outlet Pharmacy if they were stored and handled in compliance with Division 041 and the drug manufacture's requirements.

(5) A mobile pharmacy may not store or dispense controlled substances without DEA approval.

(6) A mobile pharmacy that engages in compounding must comply with Division 183.

Commented [BE2]: Propose to strike here, current proposed language in 855-145-0025 Records:
(2) All records required by Division 041 and the following records must be maintained:
(c) Record of drugs dispensed from the mobile pharmacy. This record must be transferred to the associated retail drug outlet within 24 hours of dispensation from the mobile pharmacy;

Commented [BE3]: Policy Discussion:
- **(5)** A mobile pharmacy may not store or dispense controlled substances without DEA approval.

OR
- Stay silent and remove (5) as proposed.

PROPOSED

(7) A mobile pharmacy and the associated Retail Drug Outlet Pharmacy must ensure the mobile pharmacy is physically present at the associated Retail Drug Outlet Pharmacy on the date the board has scheduled for inspection of the mobile pharmacy.

(8) A mobile pharmacy registration is not transferable and the registration fee cannot be prorated.

Policy Discussion:

Statutory/Other Authority: ORS 689.135, ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS 689.155, 2026 HB 4131

855-145-0020
Policies and Procedures

(1) The mobile pharmacy, the associated Retail Drug Outlet Pharmacy and its PIC are accountable for establishing, maintaining, and enforcing written policies and procedures for the pharmacy in compliance with federal and state regulations. ~~The written policies and procedures must be maintained at the mobile pharmacy and must be available to the board upon request.~~

(2) The mobile pharmacy and its associated Retail Drug Outlet Pharmacy must adopt the following policies and procedures:

(a) All policies and procedures required in Division 041 as specific to the mobile pharmacy;

(b) A patient communication plan to ensure that a patient may access prescription refills in the event that the mobile pharmacy is unavailable at the time when the patient requires a refill;

(c) A communication plan with each governing body of the local public health authority, as defined in ORS 431.003, with jurisdiction over each area in which the mobile pharmacy operates to ensure the pharmacist at the mobile pharmacy complies with any reporting requirements of the local public health authority regarding communicable diseases;

(d) A policy and procedure to document records of all drugs, devices and related supplies transferred between the associated Retail Drug Outlet Pharmacy's permanent location and the mobile pharmacy; and

(e) A policy and procedure to document records for all drugs, devices and related supplies dispensed from the mobile pharmacy and to transfer those records to the associated Retail Drug Outlet Pharmacy within 24 hours.

Statutory/Other Authority: ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS 689.155, 2026 HB 4131

Commented [BE4]: Policy Discussion:
To ensure efficient use of Board resources and pharmacy inspections occur regularly as required by statute to ensure patient safety, staff proposes scheduling a date for an inspection of the Mobile Pharmacy located at the associated retail drug outlet.

Commented [BE5]: Policy Discussion:
- Does the board believe there is a need to add language in rule to require access to wifi/internet to safely operate a mobile pharmacy?

OR

- Does the board believe rules in Division 41 address this neeed?

Regulations that apply:
855-041-1035
Minimum Equipment Requirements
(1) Each retail drug outlet and institutional drug outlet must have the following:
(a) Appropriate and current pharmaceutical references (e.g., pharmacology, injectables, and veterinary drugs) based on services offered by the outlet;
(b) Appropriate and current Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, standards adopted by reference (e.g., USP) based on services offered by the outlet and a minimum of three years of the Board of Pharmacy quarterly newsletters;
(c) Access to appropriate electronic reporting databases (e.g., PDMP, NPLEx, OHA ALERT-IIS) based on the services offered by the outlet;
(d) Appropriate equipment to maintain the proper storage of drugs;
(e) Appropriate equipment and supplies as required by Oregon Revised Statutes, Oregon Administrative Rules, United States Code, Code of Federal Regulations, and standards adopted by reference (e.g., USP) based on services offered by the outlet;
(f) A sink with running hot and cold water;
(g) Signage in a location easily seen by the public where prescriptions are dispensed or administered:
(A) Stating "This pharmacy may be able to substitute a less expensive drug which is therapeutically equivalent to the one prescribed by your doctor unless you do not approve ...

Commented [BE6]: Policy Discussion:
Proposed to strike last sentence in (1) as OAR 855-104-0055(1) accounts for this component.

Regulations that apply:
855-104-0055
Record and Document Retention
(1) Each licensee and registrant must create documents and retain records required by ORS 475, ORS 689, and OAR 855. Documents and records:
(a) May be in written or electronic format;
(b) Must be stored securely;
(c) Must be made available to the board upon request; and

PROPOSED

855-145-0025
Records

(1) The mobile pharmacy and the PIC must ensure that all records are kept in compliance with Division 104.

(2) All records required by Division 041 and the following records must be maintained:

(a) Record of the date(s) and location(s) where the mobile pharmacy conducts business;

(b) Record of the pharmacist physically present at the mobile pharmacy during hours of operation;

(c) Record of drugs dispensed from the mobile pharmacy. This record must be ~~stored at~~ transferred to the associated Retail Drug Outlet Pharmacy within 24 hours of dispensation from the mobile pharmacy;

(d) Record of drugs transferred between the mobile pharmacy and the associated Retail Drug Outlet Pharmacy.

(3) These records must be stored on site at the Retail Drug Outlet Pharmacy's permanent location and following OAR 855-104 and must be retained as required by OAR 855-104.

Statutory/Other Authority: ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS.689.155, 2026 HB 4131

855-145-0030
Prohibited Practices

(1) A mobile pharmacy may not:

(a) Operate in the same physical location for more than 10 consecutive days per 28 days.

(b) Operate for more than 14 consecutive days per 28 days within the same five-mile radius.

(2) Subsection (1) does not apply when a public health emergency or state of emergency related to a natural disaster affecting the area where the mobile pharmacy operates has been declared.

Statutory/Other Authority: ORS 689.205, 2026 HB 4131
Statutes/Other Implemented: ORS 689.155, 2026 HB 4131

PROPOSED

Division 110
FEES

855-110-0007
Fees for Registration, Renewal, and Reinspection of Drug Outlets

(1) Drug Distribution Agent. Expires September 30 annually - $560. Late renewal fee (received after September 30) - $100.

(2) Drug Room (including Correctional Facility). Expires March 31 annually - $140. Late renewal fee (received after March 31) - $75.

(3) Manufacturer (including Manufacturer Class I, Manufacturer Class II and Manufacturer Class III). Expires September 30 annually - $735. Late renewal fee (received after September 30) - $100.

(4) Mobile Retail Drug Outlet Pharmacy. Expires March 31 annually - $315. Late renewal fee (received after March 31) - $75.

(~~4~~**5**) Nonprescription Drug Outlet. Expires January 31 annually - $105. Late renewal fee (received after January 31) - $25.

(a) This includes the following categories of registration:

(A) Nonprescription Class A.

(B) Medical Device, Equipment & Gas Class C.

(b) Other nonprescription Drug Outlet registration category fees are as follows:

(A) Nonprescription Class D. Expires January 31 annually - $140. Late renewal fee (received after January 31) - $25.

(B) Nonprescription Class E. Expires January 31 annually - $0. Late renewal fee (received after January 31) - $0.

(~~5~~**6**) Prophylactic and/or Contraceptive Wholesaler and/or Manufacturer - $70. Expires December 31 annually.

(~~6~~**7**) Re-inspection fee - $100. Applies to any re-inspection of a drug outlet occasioned to verify corrections of violations found in an initial inspection.

(~~7~~**8**) Retail or Institutional Drug Outlet Pharmacy. Expires March 31 annually - $315. Late renewal fee (received after March 31) - $75**.**

(a) This includes the following categories of registration:

(A) Home Dialysis Retail Drug Outlet Pharmacy

PROPOSED

(B) Institutional Drug Outlet Pharmacy

(C) Remote Dispensing Site Retail Drug Outlet Pharmacy

(D) Retail Drug Outlet Pharmacy

(b) Other Retail/Institutional Drug Outlet registration category fees are as follows:

(A) Charitable Retail Drug Outlet Pharmacy. Expires March 31 annually - $105. Late renewal fee (received after March 31) - $25.

(B) Community Health Clinic (CHC) Retail Drug Outlet Pharmacy. Expires March 31 annually - $140. Late renewal fee (received after March 31) - $25.

(C) Dispensing Practitioner Drug Outlet (DPDO) Retail Drug Outlet Pharmacy. Expires March 31 annually - $140. Late renewal fee (received after March 31) - $25.

(D) Prescription Kiosk Retail Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

~~(E) Prescription Locker Retail Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.~~

(~~F~~**E**) Remote Dispensing Machine Institutional Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

(~~G~~**F**) Remote Distribution Facility Institutional Drug Outlet Pharmacy. Expires March 31 annually - $168. Due by March 31 annually.

(~~8~~**9**) Wholesaler (including Wholesaler Class I, Wholesaler Class II and Wholesaler Class III). Expires September 30 annually - $735. Late renewal fee (received after September 30) - $100.

Statutory/Other Authority: ORS 689.205, ORS 291.055, **& 2026 HB 4131**
Statutes/Other Implemented: ORS 689.135, ORS 689.774 & ORS 689.30

PROPOSED

Division 7
PUBLIC HEALTH EMERGENCY

855-007-0030
Definitions

(1) "Administer" has the meaning given that term in ORS 689.005.

(2) "Community Partner" has the meaning given that term in OAR 855-007-0080.

(3) "Dispense" has the meaning given that term in ORS 689.005.

(4) "Distribute" has the meaning given that term in ORS 689.005.

(5) "Drug" in this division of rules, the term "drug" means a drug or vaccine or medical device, or any combination of these terms.

(6) "Emergency" has the meaning given that term in ORS 401.025.

(7) "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 40**2**~~1.043~~**105**.

(8) "Emergency Prescription" means a record that is created in a pharmacy that records the dispensing of a refill of a drug, or a new or modified drug therapy to a patient in the absence of a valid prescription.

(9) "Health-care provider" means an individual licensed, certified or otherwise authorized or permitted by the laws of this state or another state to administer health-care services within their scope of practice.

(10) "Mobile Pharmacy" ~~means a pharmacy that is located in a vehicle or a trailer.~~ **has the same meaning as in Division 006.**

(1~~1~~**0**) "Oregon State Public Health Division" (OSPHD) means that division of the Oregon Department of Human Services (DHS) that is responsible for planning for and responding to a public health emergency.

(1~~2~~**1**) "Pacific Northwest Emergency Management Arrangement" (PNEMA) means the compact, ratified in ~~Chapter 25 Oregon Laws 2008~~ **ORS 402.250**, 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.

(1~~3~~**2**) "Public Health Emergency" has the meaning given that term in ORS 433.442.

(1~~4~~**3**) "Strategic National Stockpile" (SNS) means the US Government stockpile of antiviral drugs and other drugs and medical supplies that can be made available to a state in an emergency.

(1~~5~~**4**) "Temporary Pharmacy" means a facility established under these rules to temporarily provide pharmacy services within or adjacent to an area subject to a State of Emergency.

PROPOSED

Statutory/Other Authority: ORS 401.065, 433.441 & 689.205
Statutes/Other Implemented: ~~2008 OL Ch. 25~~ **ORS 402.250** & ORS 689.155

PROPOSED

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.board@bop.oregon.gov
www.oregon.gov/pharmacy

August 24, 2026

DEA Diversion Control Division
Attn: Policy Section
8701 Morrissette Drive
Springfield, VA 22152

Dear DEA Diversion Control Division,

On June 5, 2026, the Oregon State Legislature passed 2026 HB 4131 that requires the Oregon Board of Pharmacy to issue licensure to operate a mobile pharmacy to a qualified applicant and to adopt rules to carry out this section of law.

Our current understanding is that DEA regulations 21 U.S.C. 822(a)(2), 21 U.S.C. 822(e)(1), (2), and (3), and 21 CFR 1301.12(a) do not permit or allow for controlled substances to be stored or dispensed by a mobile pharmacy.

The Oregon Board of Pharmacy would like information on how to submit a formal request for exception to 21 U.S.C. 822(e)(1), (2), and (3). The Oregon Board of Pharmacy respectfully requests that the DEA reconsider regulations to allow a mobile pharmacy that is required to have a pharmacist physically present at all times of operation to securely handle, store and dispense controlled substances to increase access for patients in underserved and rural areas of Oregon. We would be happy to work with the DEA to address any concerns related to security and diversion that may arise from mobile pharmacies operating in this expanded capacity.

Applicable citations:

- 21 U.S.C. 822(a)(2):
  - (a) Period of registration
  - (2) Every person who dispenses, or who proposes to dispense, any controlled substance, shall obtain from the Attorney General a registration issued in accordance with the rules and regulations promulgated by him. The Attorney General shall, by regulation, determine the period of such registrations. In no event, however, shall such registrations be issued for less than one year nor for more than three years.

- 21 U.S.C. 822(e)(1), (2), and (3):
  - (e) Separate registration
  - (1) A separate registration shall be required at each principal place of business or professional practice where the applicant manufactures, distributes, or dispenses controlled substances or list I chemical.
  - (2) Notwithstanding paragraph (1), a registrant who is a veterinarian shall not be required to have a separate registration in order to transport and dispense controlled substances in the usual course of veterinary practice at a site other

Oregon
Tina Kotek, Governor

Oregon Board of Pharmacy
800 NE Oregon St., Suite 150
Portland, OR, 97232
Phone: 971-673-0001
Fax: 971-673-0002
pharmacy.board@bop.oregon.gov
www.oregon.gov/pharmacy

than the registrant's registered principal place of business or professional practice, so long as the site of transporting and dispensing is located in a State where the veterinarian is licensed to practice veterinary medicine and is not a principal place of business or professional practice.

- (3) Notwithstanding paragraph (1), a registrant that is dispensing pursuant to section 823(h) of this title narcotic drugs to individuals for maintenance treatment or detoxification treatment shall not be required to have a separate registration to incorporate one or more mobile medication units into the registrant's practice to dispense such narcotics at locations other than the registrant's principal place of business or professional practice described in paragraph (1), so long as the registrant meets such standards for operation of a mobile medication unit as the Attorney General may establish.

- 21 CFR 1301.12(a) Separate Registrations for separate locations
  - A separate registration is required for each principal place of business or professional practice at one general physical location where controlled substances are manufactured, distributed, imported, exported, or dispensed by a person.

We appreciate your consideration of this request and would be happy to provide additional information or answer any questions that may arise.

Sincerely,



Gary Runyon, Pharm.D., R.Ph.
Executive Director
pharmacy.board@bop.oregon.gov

Oregon Board of Pharmacy
800 NE Oregon St, Suite 150
Portland, OR 97232

SBAR: Oregon Veterinary Medical Examining Board (OVMEB) Dispensing Practitioner Drug Outlet (DPDO) Registration Exemption Modification Request

S	**Situation:** • OVMEB is requesting a modification to their approved DPDO Registration Exemption Waiver. They are requesting to update the waiver to reflect OVMEB's established three-year inspection cycle.
B	**Background:** OAR 855-043-0510(11) The board may grant a time-limited waiver exempting DPDO registration when a practitioner licensing board submits a request to the board with a plan to inspect the dispensing facility as approved by the board. • Board approved requests in 2018, 2021 and 2024. o Current waiver is valid until 6/202**9**. **June 2018 Board Meeting:** • OVMEB presented to the board their request. o They created a new facility registration and inspection regulations for veterinary compliance. o Two employees, 1 inspector and 1 investigator allotted for these processes. o They have approximately 700 registered facilities and their plan is to inspect as often as feasible, but not less than once every three years and probably closer to once every 1.5 years. o OVMEB stated they have 68 clinics that have American Animal Hospital Association (AHHA) accreditation which are currently excluded from proactive inspections, because they have to meet a series of standards and have strict guidelines they have to follow in the areas of dispensing, controlled substances, etc.; these locations will be inspected pursuant to a complaint. o They also discussed the ability for OVMEB inspections to clearly address drug acquisition, storage, labeling and recordkeeping and be willing to use the OBOP DPDO self-inspection form as a foundation for those aspects. • They discussed additional similarities and differences in OBOP and OVMEB facility oversight rules. • The board voted to accept the OVMEB proposal to exclude veterinary dispensing locations from DPDO registration via exemption for 3 years of OAR 855-043-0510(2) and was unanimously carried.

SBAR: Oregon Veterinary Medical Examining Board (OVMEB) Dispensing Practitioner Drug Outlet (DPDO) Registration Exemption Modification Request

June 2021 Board Meeting:

- OVMEB requested an extension to their exemption.
- OVMEB's Rules in alignment with BOP DPDO rules were adopted in 2020 – see OAR 875-0015-0040
- OVMEB created a self-inspection for veterinary clinics to ensure compliance with the BOP and OVMEB rules during COVID-19. OVMEB received a positive response to this self-inspection and had a 100% reply rate.
- As COVID-19 subsides, OVMEB will begin in person inspections once again.

June 2024 Board Meeting:

• OVMEB submitted a written extension request and provided updated information on program progress

  - 79.2 % of the facilities were inspected between 2022-2023. On-site inspections in this period were impacted by Covid restrictions. With a newly hired, trained and active inspector, they are currently on track to return to pre-pandemic levels for our on-site inspection completion rate.
  - The OVMEB performs yearly self-inspections, both the routine inspection and the pharmacy inspection, at all facilities biennially. Between July 1, 2022, and June 2024 they have completed 540 inspections.
  - Their long-established and experienced inspector conducted the majority of those. She retired in July 2023. They hired a new inspector in October 2023.

- The board voted and approved the exemption request for 5 years to expire June 2029.

October 2026 Board Meeting:

- Request to update existing waiver agreement to reflect OVMEB's established three-year inspection cycle.
- They state this inspection cycle is supported by:
  - Modernized and strengthened inspection protocols.
  - Full restoration of inspection capacity following 2024–25 staff turnover.
  - Completely established annual self-inspection reporting across 715 facilities.
  - Statewide harmonization with Oregon Health Authority's three-year inspection cycle.
  - Reduced regulatory burden and improved ability to focus on high-risk facilities.

SBAR: Oregon Veterinary Medical Examining Board (OVMEB) Dispensing Practitioner Drug Outlet (DPDO) Registration Exemption Modification Request

	• A three-year inspection cycle maintains strong public and animal safety protection while resolving structural challenges preventing OVMEB from meeting OBOP's current two-year schedule.
	• **Inspection Volumes and Staffing**
	  o Between July 2022 and June 2024, OVMEB performed **540 inspections**. Inspections slowed in 2023 due to COVID-related constraints. Turnover at the inspector position limited inspection capacity in 2024-2025 as well. In October 2026, OVMEB hired current inspector, who has been fully trained in inspections and is on track to complete our annual inspection targets.
	• OVMEB has also updated inspection protocols, communication processes, and investigator training.
	• They also propose:
	  o Joint review of self-inspection tools.
	  o Yearly collaborative check-ins between investigation teams.
	  o Unified communication and training materials.

A	**Assessment:** • They appear to have inspection processes and standards that are similar to OBOP. • OBOP migrated from annual inspections to biennial as of 2024 and OBOP has 7 staff members to complete investigations/inspection while OVMEB has 2. • OVMEB utilizes an annual self-inspection reporting process and are able to complete onsite inspections as needed. • There are 715 OVMEB licensed facilities in Oregon. If this waiver is not granted the Board will be required to register and inspect all OVMEB licensed facilities that meet the DPDO registration requirements.
R	**Recommendation:** Accept OVMEB's request for modification to their DPDO registration exemption for veterinary dispensing locations via OAR 855-043-0510(12) for 5 years.

Oregon Veterinary Medical Examining Board (OVMEB)
Recommendation to Update Inter-Board Inspection Agreement: Alignment of OBOP Pharmacy Inspection Cycle with OVMEB's Three-Year Cycle
Prepared for: Oregon Board of Pharmacy
Prepared by: OVMEB Executive Director
Date: October 2026

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1. Executive Summary

The Oregon Veterinary Medical Examining Board (OVMEB) recommends updating the existing inter-board inspection agreement to align the Oregon Board of Pharmacy's (OBOP) biennial inspection cycle with OVMEB's established three-year cycle. This recommendation is supported by:

- Modernized and strengthened inspection protocols.
- Full restoration of inspection capacity following 2024–25 turnover.
- Completely established annual self-inspection reporting across 715 facilities.
- Statewide harmonization with Oregon Health Authority's three-year inspection cycle.
- Reduced regulatory burden and improved ability to focus on high-risk facilities.

A three-year cycle maintains strong public and animal safety protections while resolving structural challenges preventing OVMEB from meeting OBOP's current two-year schedule.

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2. Background and Compliance History

2.1 Adoption of DPDO-Mirrored Rules

In May 2021, OVMEB adopted OAR 875-015-0040, a comprehensive rule modeled directly after OBOP's DPDO requirements, covering drug security, acquisition, storage, dispensing, labeling, disposal, and full record-keeping.

These rules apply to all OVMEB facilities.

2.2 Annual Self-Inspection Requirements

All facilities must submit annual pharmacy self-inspection checklists.
Facilities with no dispensing activity undergo annual verification.

2.3 On-Site Inspections

OVMEB inspects facilities to evaluate self-reported noncompliance and requires documented corrections from managing veterinarians.

OVMEB facilities that fail an inspection are referred for further investigation if necessary and Board review.

2.4 Inspection Volumes and Staffing

Between July 2022 and June 2024, OVMEB performed **540 inspections**.
Inspections slowed in 2023 due to COVID-related constraints. Turnover at the inspector position limited inspection capacity in 2024-2025 as well. In October 2026, OVMEB hired current inspector, who has been fully trained in inspections and is on track to complete our annual inspection targets.

OVMEB has also updated inspection protocols, communication processes, and investigator training.

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3. Why Annual/Biennial Pharmacy Inspections Are Not Operationally Feasible

3.1 Conflicting Cycles Between Agencies

- OBOP agreement: every **2 years**.
- OVMEB statutes/rules: every **3 years**.

3.2 Volume of Facilities

715 licensed facilities statewide exceed the capacity of a two-year cycle even with fully operational staff.

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4. Rationale for Aligning to a Three-Year Cycle

4.1 Statewide Harmonization

Oregon Health Authority already operates on a three-year inspection cycle of facilities and programs. Aligning OBOP creates predictable statewide expectations.

4.2 Risk-Based Oversight Supported by Annual Self-Inspection

Annual self-inspection reporting serves as an effective frontline compliance tool. Joint OVMEB–OBOP review is recommended.

When necessary, a follow up on-site inspections can be conducted.

4.3 Administrative Efficiency

A three-year cycle reduces burden on small and rural clinics without compromising safety.

4.4 Regulatory Fatigue Reduction

The shared cycle reduces duplicative inspections and long-term compliance strain.

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5. Recommendation

OVMEB recommends:
Formal adoption of a three-year inspection cycle within the inter-board agreement.

We also propose:
• Joint review of self-inspection tools.
• Yearly collaborative check-ins between investigation teams.
• Unified communication and training materials.

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6. Implementation Plan

• **Joint Compliance Group:** OVMEB + OBOP
• **Communication Rollout:** Updated guidance and letters to facilities
• **Timeline:** Beginning next license/renewal period
• **Annual Evaluation:** Review compliance trends, cycle efficiency, and risk-based targeting outcomes

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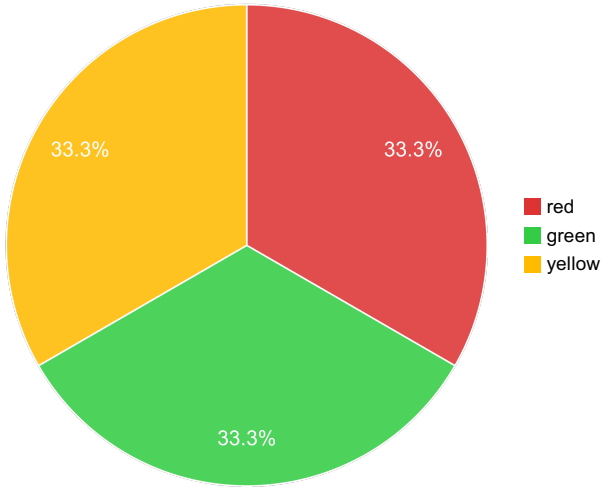
Board of Pharmacy

Annual Performance Progress Report

Reporting Year 2026

Published: 9/30/2026 4:13:17 PM

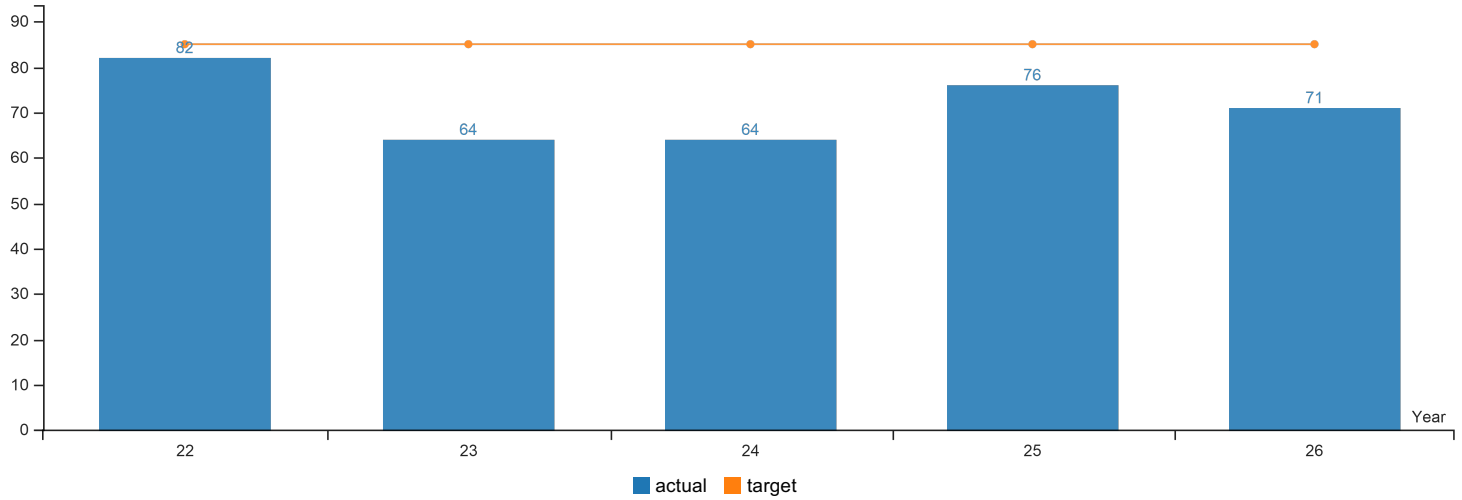
KPM #	Approved Key Performance Measures (KPMs)
1	Percent of inspected pharmacies that are in compliance annually. -
2	Percentage of individual and facility licenses that are issued within 30 days. -
3	Percent of pharmacies inspected every two years. -
4	Average number of days to complete an investigation from complaint to board presentation. -
5	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "Good" or "Excellent" : Overall Customer Service, Timeliness, Accuracy, Helpfulness, Expertise, and Availability of Information.
6	Board Best Practices - Percent of total best practices met by the Board.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	33.33%	33.33%	33.33%

KPM #1	Percent of inspected pharmacies that are in compliance annually. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Percentage of Pharmacies that are in compliance annually.					
Actual	82%	64%	64%	76%	71%
Target	85%	85%	85%	85%	85%

How Are We Doing

Regulatory compliance is paramount to ensuring patient safety. Compliance improved from 64% in 2023 to 75% in 2024. The sustained compliance in 2025 (71%) demonstrates the success of these efforts and indicates that we are effectively assisting licensees and registrants in upholding patient safety standards.

“No Response Needed” means that the Compliance Officer made no observations of a potential violation during the inspection, and no follow-up is required.

“Response is Required“ means that the Compliance Officer made observations of a potential violation during the inspection, requiring the registrant to follow-up with a corrective action plan.

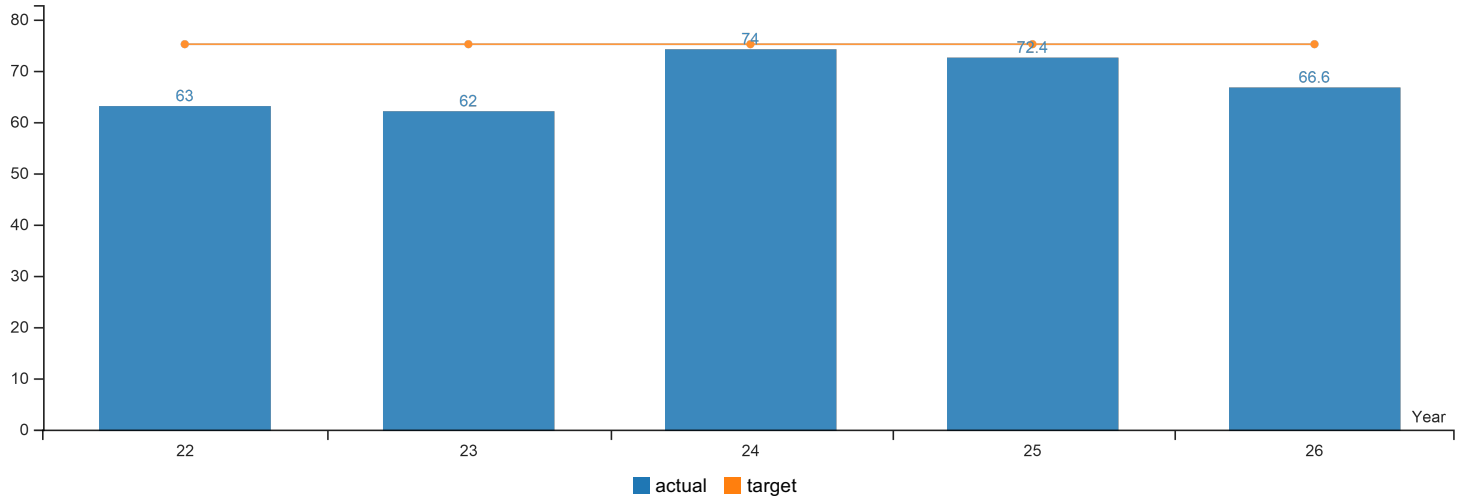
Response Needed: 152
No Response Needed: 365
Total: 517

Factors Affecting Results

The board continually works to improve regulatory compliance. A new inspection process was implemented in late 2023 and fully effective in 2024, with a focus on enhancing the efficiency of our communications and clarity in our expectations. The resulting continued improvement in compliance may be attributed to these efforts, which more effectively guide pharmacies in meeting regulatory standards.

KPM #2	Percentage of individual and facility licenses that are issued within 30 days. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Percentage of individual and facility licenses that are issued within 30 days.					
Actual	63%	62%	74%	72.40%	66.60%
Target	75%	75%	75%	75%	75%

How Are We Doing

This measure evaluates our efficiency in processing applications for over 30 types of licenses and registrations. Maintaining a consistent approach in assessing each applicant against the minimum qualifications is essential to upholding public safety.

In 2025, a total of 3,791 licenses were issued, representing a 14.2% increase from 2024. Although on-time issuance within the 30-day target fell to 66.6% (a decrease of 5.8%), the agency significantly reduced the average processing time for individual licenses to 18 days.

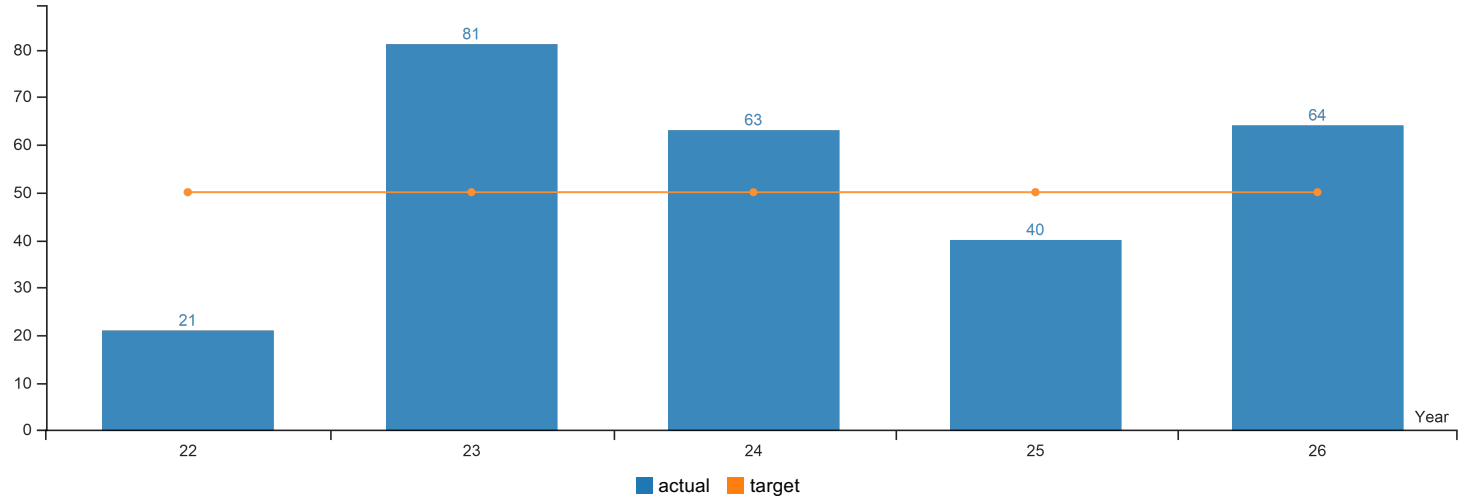
Factors Affecting Results

Application Complexity: Delays are caused by receiving incomplete applications, which require extensive staff follow-up, and by complex applications involving out-of-state discipline or criminal background checks. These complex situations often require investigation, preparation, and presentation for board review.

Staffing Constraints: Staffing limitations in late 2024 continued to impact licensure timelines in 2025. The backlog and volume of new applications exceeded capacity, which contributed to the increased average processing time for facilities. The Licensing Department remains dedicated to enhancing communication and refining internal workflows for efficiency. Looking forward, the agency anticipates that upgrading to a more contemporary software platform, which is currently being pursued, will help substantially mitigate these challenges and improve processing efficiency.

KPM #3	Percent of pharmacies inspected every two years. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Percent of pharmacies inspected every 2 years.					
Actual	21%	81%	63%	40%	64%
Target	50%	50%	50%	50%	50%

How Are We Doing

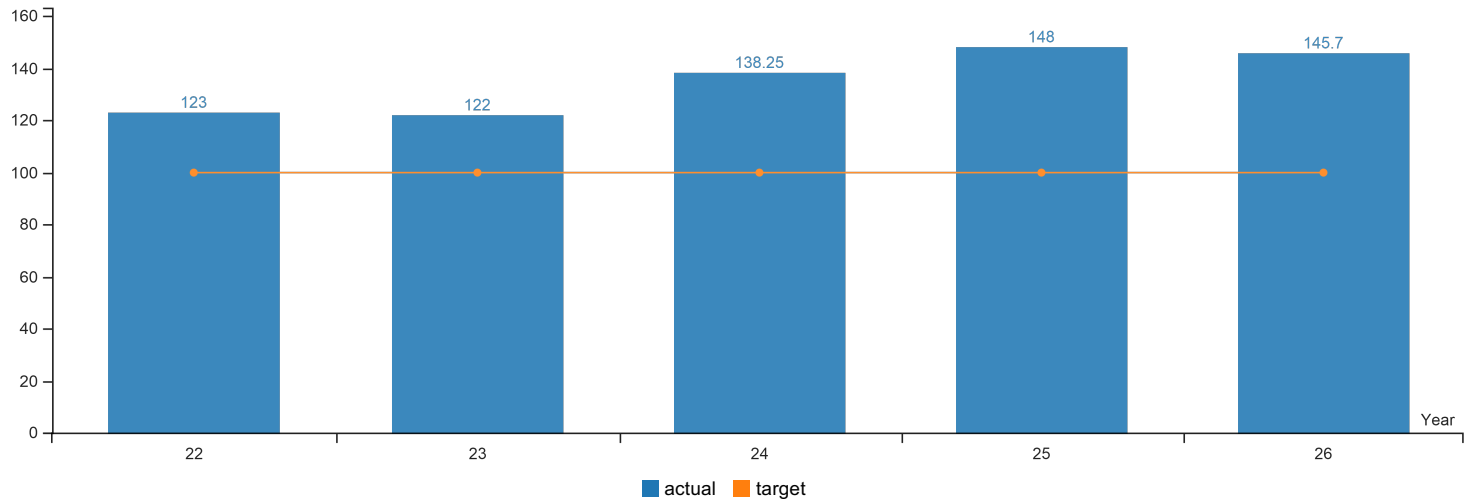
This measure assesses the board's ability to meet its goal of inspecting all pharmacies (retail drug outlets and institutional drug outlets) on a two-year cycle, with an incremental target of inspecting 50% of them annually. In 2025, the board completed 510 of the 808 targeted inspections (totaling 64%). While this exceeds our current goal for this year, it makes up for the percentage of pharmacy inspections that were deficient in 2024.

Factors Affecting Results

The board’s goal is to inspect all pharmacies on a two-year cycle. While the annual target is to complete 50% of these inspections, the number may slightly vary to respond to and accommodate the agency’s evolving needs. In 2024, we completed 40% of inspections and successfully completed the residual 60% in 2025. This ensured the goal for the two-year cycle was met and positions us to repeat this achievement during the next cycle.

KPM #4	Average number of days to complete an investigation from complaint to board presentation. -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2022	2023	2024	2025	2026
Number of days to process complete investigation from complaint to Board presentation.					
Actual	123	122	138.25	148	145.70
Target	100	100	100	100	100

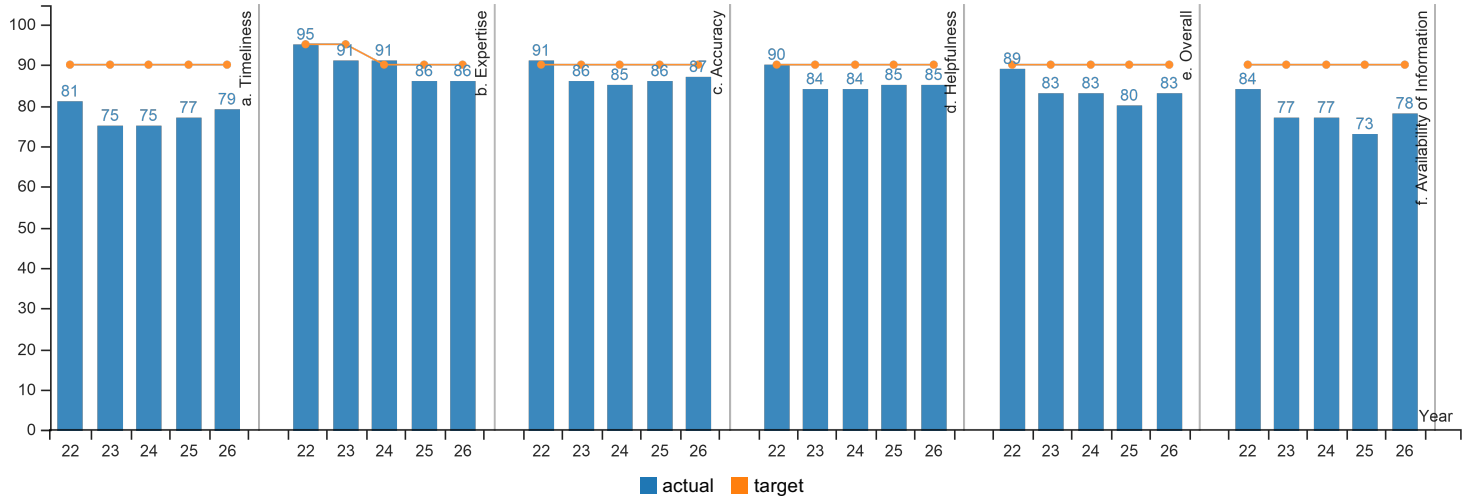
How Are We Doing

Although the agency did not meet its 2024 target, we have decreased our number of days to complete an investigation from complaint to board presentation slightly. The Compliance Department strives to complete investigations promptly and submit timely reports to the Board. This entails meticulously gathering all relevant information, such as prescription records, statements, and witness interviews. This information is then presented to the Board to ensure it is equipped to make informed decisions and take appropriate action, thereby promoting public health, safety and welfare.

Factors Affecting Results

The agency continues to face significant challenges due to its high investigatory workload. Over the past four years, the number of new cases per year has risen substantially, and has remained over 1,000 since 2022. This has created a backlog that was further intensified by five key staff vacancies in the Compliance Department in 2024 and continued in 2025 with 2 key staff vacancies. Beyond a certain threshold, we've observed an inverse relationship between caseload and processing efficiency. This is primarily due to the time associated with manually tracking cases, processing correspondence, and allocating resources for the strategic triaging of cases; this impact, in part, could be substantially mitigated by an upgrade to a more contemporary software platform, which the agency is currently pursuing.

KPM #5	Customer Service - Percent of customers rating their satisfaction with the agency's customer service as "Good" or "Excellent" : Overall Customer Service, Timeliness, Accuracy, Helpfulness, Expertise, and Availability of Information.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2022	2023	2024	2025	2026
a. Timeliness					
Actual	81%	75%	75%	77%	79%
Target	90%	90%	90%	90%	90%
b. Expertise					
Actual	95%	91%	91%	86%	86%
Target	95%	95%	90%	90%	90%
c. Accuracy					
Actual	91%	86%	85%	86%	87%
Target	90%	90%	90%	90%	90%
d. Helpfulness					
Actual	90%	84%	84%	85%	85%
Target	90%	90%	90%	90%	90%
e. Overall					
Actual	89%	83%	83%	80%	83%
Target	90%	90%	90%	90%	90%
f. Availability of Information					
Actual	84%	77%	77%	73%	78%
Target	90%	90%	90%	90%	90%

How Are We Doing

The overall customer satisfaction average of 84.0% represents a 2.7% increase from 2024. The figures represent the percentage of customers rating their satisfaction with the agency’s customer service as either "Good" or "Excellent."

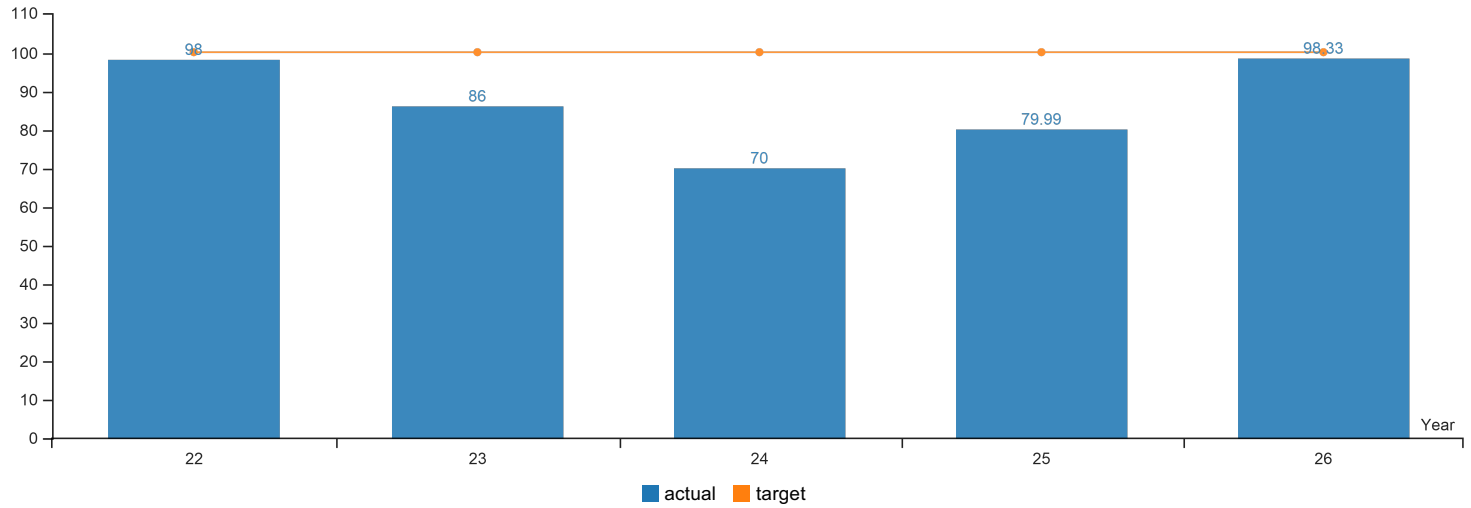
Factors Affecting Results

Staffing limitations remain a critical factor, particularly as the growing number of licensees and registrants continues to increase the workload for both new applications and renewals. Agency vacancies and onboarding of new staff in both licensing and compliance departments led to longer application processing and review times. The onboarding of new staff requires extensive training across more than 30 licensing and registration categories. This learning curve reduces operational efficiency as employees learn and master a broad range of regulations and procedures before achieving full productivity.

The agency remains committed to continuous quality improvement and is working to address these operational constraints to uphold its commitment to serving Oregonians.

KPM #6	Board Best Practices - Percent of total best practices met by the Board.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2022	2023	2024	2025	2026
Is the Board following Best Practices?					
Actual	98%	86%	70%	79.99%	98.33%
Target	100%	100%	100%	100%	100%

How Are We Doing

This measure demonstrates our adherence to established best practices for board governance and agency oversight. The survey evaluates Executive Director performance and feedback, strategic management and policy development, fiscal oversight, and board management. Several of these components are perpetually addressed in the Oregon Board of Pharmacy's Strategic Plan, while others, such as activities related to governance and oversight, are routinely discussed during board meetings. The Board President and Executive Director meet regularly to discuss pertinent agency matters.

Factors Affecting Results

This year, the Board Best Practices survey was conducted in May 2026, and the board reviewed the results during the June 2026 board meeting. Seven of the nine board member positions completed the survey. One position (pharmacist member) was appointed after the survey took place, while the other position (public member) remained vacant from the preceding year. During its June 2026 meeting, the board discussed this process and its timeline, the currently approved Key Performance Measures (KPMs), and potential amendments in the next biennium.

The Executive Director discussed the positive trend in the results and clarified that the biannual 360-performance evaluation will take place in November of 2026. With clarity, consistency, and enhanced communication provided by the new Executive Director, the board anticipates that this metric will continue to improve in the future.

Oregon Board of Pharmacy

Budget Report: July 2026 (FY27 Month 01)

Revenue:

Through July, revenue is $6,054,873 (57.38%) **under** budget

Expenditures:

Through July, **total expenditures** are $6,134,550 (58.32%) **under** budget

Personal services are $4,125,346 (55.27%) **under** budget

Services and Supplies are $2,009,205 (63.44%) **under** budget

Special Payments are $0.00 (100.00%) **under** budget

Revenues less Expenditures: ($122,583.11)

Cash Balance:

Cash balance through July is $4,473,003 which represents (7.29) months of operating expense)

Note: This the above is a snap-shot of the biennium to date through July 2026. It does not include projections for the remainder of the biennium.

End of biennium projected cash balance is $4,160,914, which represents (7.52) months of operating expense*)

Cash balance target is $3,451,856, (5.53) months of operating expense)

BOARD OF PHARMACY
AY27 CASH FLOW
OF Appn 30235

Budget Objects	REVENUE & EXPENDITURES	LAB ORBITS BUDGET	Rstars Financial Plan	ACTUALS To Date
REVENUE				
0205	Other Business Licenses	13,124,581.00	13,124,581.00	5,360,120.25
0210	Other NonBusiness Licenses and Fees	330,930.00	330,930.00	159,852.75
0505	Fines and Forfeits	182,000.00	182,000.00	259,314.60
0605	Interest and Investments	504,000.00	504,000.00	235,160.91
0975	Other Revenue	63,850.00	63,850.00	40,424.42
	SubTotal Revenue	14,205,361.00	14,205,361.00	6,054,872.93
TRANSFERS				
1107	Transfer in from DAS	-	-	-
2443	Transfer out to OHA--Workforce/PDMP	(63,000.00)	(63,000.00)	(35,535.00)
	SubTotal Transfers	**(63,000.00)**	**(63,000.00)**	**(35,535.00)**
TOTAL REVENUE & TRANSFERS		**14,142,361.00**	**14,142,361.00**	**6,054,854.93**
PERSONAL SERVICES				
3110	Regular Employees	5,911,514.00	5,911,514.00	2,616,081.82
	Board Member Stipends	90,426.00	90,426.00	20,292.00
3160	Temporary Appointments	29,648.00	29,648.00	-
3170	Overtime Payments	-	-	170.72
3180	Shift Differential	-	-	-
3190	All Other Differential	215,650.00	215,650.00	122,019.60
3210	ERB Assessment	1,728.00	1,728.00	795.00
3220	Public Employees' Retirement System	1,216,147.00	1,216,147.00	605,878.77
3221	Pension Bond Contribution	215,015.00	215,015.00	112,354.68
3230	Social Security Tax	429,512.00	429,512.00	201,616.89
3240	Unemployment Assessment	-	-	17,786.07
3241	PAID LEAVE OREGON	21,969.00	21,969.00	10,491.78
3250	Workers' Compensation Assessment	1,008.00	1,008.00	359.48
3260	Mass Transit Taxes	35,457.00	35,457.00	16,072.26
3270	Flexible Benefits	1,055,568.00	1,055,568.00	401,426.43
3465	Reconciliation Adjustment	-		-
	SubTotal Personal Services	**9,223,642.00**	**9,223,642.00**	**4,125,345.50**
SERVICES AND SUPPLIES				
4100	InState Travel	127,176.00	127,176.00	32,067.59
4125	Out of State Travel	18,484.00	18,484.00	4,492.89
4150	Employee Training	30,961.00	30,961.00	7,272.08
4175	Office Expenses	154,577.00	154,577.00	49,903.38
4200	Telecommunications	71,108.00	71,108.00	22,577.40
4225	State Govt. Service Chgs.	366,925.00	366,925.00	198,086.45
4250	Data Processing	348,001.00	348,001.00	70,421.50
4275	Publicity & Publications	48,041.00	48,041.00	13,501.44
4300	Professional Services	521,182.00	521,182.00	126,347.00
4315	IT Professional Services	1,680,690.00	1,680,690.00	379,557.48
4325	Attorney General	931,176.00	931,176.00	496,637.40
4375	Employee Recruitment & Develop	1,736.00	1,736.00	-
4400	Dues & Subscriptions	6,879.00	6,879.00	1,110.00
4425	Facilities Rent & Taxes	342,386.00	342,386.00	204,627.02
4475	Facilities Maintenance	59.00	59.00	1,426.15
4525	Medical Supplies and Services	1,305.00	1,305.00	-
4575	Agency Program Related S&S	271,961.00	271,961.00	118,717.91
4650	Other Services & Supplies	503,115.00	503,115.00	260,072.92
4700	Expendable Property	21,300.00	21,300.00	-
4715	IT Expendable Property	49,107.00	49,107.00	22,385.93
5600	Data Processing Hardware	-	-	-
5900	Other Capital Outlay	-	-	-
	SubTotal Services and Supplies	**5,496,169.00**	**5,496,169.00**	**2,009,204.54**
SPECIAL PAYMENTS				
6085	Other Special Payments	-	-	-
6443	Special Payments to OHA-HPSP	-	-	-
	SubTotal Transfers	**-**	**-**	**-**
Total Expenditures Budget		**14,719,811.00**	**14,719,811.00**	**6,134,550.04**