



**TEMPORARY ADMINISTRATIVE ORDER**  
INCLUDING STATEMENT OF NEED & JUSTIFICATION

**BP 34-2021**  
CHAPTER 855  
BOARD OF PHARMACY

**FILED**  
12/10/2021 3:20 PM  
ARCHIVES DIVISION  
SECRETARY OF STATE  
& LEGISLATIVE COUNSEL

FILING CAPTION: Compendia updated to include COVID-19 Antigen Self-Test

EFFECTIVE DATE: 12/10/2021 THROUGH 06/07/2022

AGENCY APPROVED DATE: 12/03/2021

CONTACT: Rachel Melvin  
971-673-0001  
pharmacy.rulemaking@bop.oregon.gov

800 NE Oregon St., Suite 150  
Portland, OR 97232

Filed By:  
Rachel Melvin  
Rules Coordinator

NEED FOR THE RULE(S):

Temporarily adopts the COVID-19 antigen self-test protocol for the qualitative detection of nucleocapsid protein antigen from SARS-CoV-2 of COVID-19.

JUSTIFICATION OF TEMPORARY FILING:

During the COVID-19 pandemic, patients need access to affordable COVID-19 antigen self-tests. Many insurance carriers (including Oregon Medicaid) will cover COVID-19 testing products authorized by Emergency Use Authorization. By allowing pharmacists to order/prescribe COVID-19 antigen self-tests, insurance can be billed on the patient's behalf reducing barriers to prompt care. Inability to access affordable COVID-19 antigen self-tests timely manner is a danger to public health and safety.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

AMEND: 855-020-0300

RULE SUMMARY: Temporarily adopts a COVID-19 antigen self-test therapy protocol and amends the current protocol compendia. Increases equitable access to COVID-19 antigen self-tests and reduces barriers to obtaining affordable COVID-19 antigen self-tests.

CHANGES TO RULE:

855-020-0300

Protocol Compendium

A pharmacist may prescribe, via statewide drug therapy management protocol and according to rules outlined in this Division, an FDA-approved drug and device listed in the following compendium:¶¶

- (1) Continuation of therapy (v. 06/2021)¶¶
- (2) Conditions¶¶
  - (a) Cough and cold symptom management¶¶
  - (A) Pseudoephedrine (v. 06/2021); ¶¶
  - (B) Benzonatate (v. 06/2021);¶¶
  - (C) Short-acting beta agonists (v. 06/2021); and¶¶

(D) Intranasal corticosteroids (v. 06/2021);¶¶

(b) Vulvovaginal candidiasis (VVC) Protocol (v. 06/2021);¶¶

(c) COVID-19 Monoclonal Antibody (mAb) Protocol (v.12/2021); and¶¶

(d) COVID-19 Antigen Self-Test Protocol (v. 12/2021).¶¶

(3) Preventative care ¶¶

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

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

(c) Tobacco Cessation, NRT (Nicotine Replacement Therapy) and Non-NRT Protocol (v. 06/2021);¶¶

(d) Travel Medications Protocol (v. 06/2021) ¶¶

(e) HIV Post-exposure Prophylaxis (PEP) Protocol (v. 12/2021); and ¶¶

(f) HIV Pre-exposure Prophylaxis (PrEP) Protocol (v. 12/2021).¶¶

[Publications referenced are available for inspection in the office of the Board of Pharmacy per OAR 855-010-0021.]

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.645, ORS 689.649