PH&PFAC Minutes 1.11.19

Public Health and Pharmacy Formulary Advisory Committee Meeting
January 11, 2019, 8:30am
Portland State Office Building, 800 NE Oregon St. Portland, OR 97232
OBOP Conference Room 1D

<table>
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<tr>
<th>Committee Members</th>
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<tr>
<td>Evon Anukam, RPh</td>
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<td>Kat Chinn, RN MSN</td>
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<td>Sean Jones, MD</td>
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<td>Amy Valdez, RPh</td>
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<td>Amy Burns, RPh</td>
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<td>Mark Helm, MD</td>
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<td>Helen Turner, DNP</td>
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<th>OBOP Staff to Committee</th>
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<td>Karen MacLean, Administrative Director</td>
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<td>Brianne Efremoff, Compliance Director</td>
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<tr>
<th>Agenda Item</th>
<th>Desired Outcome</th>
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<tr>
<td>Welcome</td>
<td>Roll call</td>
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<td>Agenda review and approval</td>
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<td>Motion to approve the agenda was made unanimously cared (Motion by Helm, second by Burns)</td>
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<td>11.30.18 Minutes review and approval</td>
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<td>Motion to approve the 11.30.18 Committee Minutes was made and unanimously carried (Motion by Turner, second by Chinn)</td>
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<th>Committee Business</th>
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<tr>
<td>Compliance Director, Brianne Efremoff provided a brief informational update related to rules development and implementation.</td>
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<td>RPH prescribing Update: Success of these processes is defined by actual implementation in order to increase patient access to care.</td>
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<td>The challenge today is to inspire implementation to ensure that patients have increased access to care.</td>
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<td>The reality is that this service is ultimately a business decision and a business must seek to offer patient assessment and prescribing services. The business then must ensure that pharmacists are appropriately educated, trained and empowered to provide this service. To inspire implementation of adding this service there must be billing processes created.</td>
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<td>The profession of pharmacy is being asked to address a number of public health initiatives yet, the infrastructure is not yet built to facilitate this.</td>
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<td>In order to be successful, pharmacist must be empowered with the knowledge of the laws and rules and policy and procedure for offering these services. The pharmacist education, training and credentials must be accounted for in the pharmacy’s procedure for payment.</td>
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<td>Efremoff briefly reviewed the foundational elements that a pharmacist is required to complete prior to prescribing any drug or device.</td>
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<td>Patient assessment is the key to the provision of pharmacist prescriptive services, as it informs the evaluation, development of the treatment care plan, and follow-up.</td>
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Concept requests submitted via form:

- **Smoking Cessation (continued)**
  - Pharmacist Kiyomi Lehman, presented information related to the creation of a standardized patient assessment process and treatment care plan for smoking cessation/prescribing of varenicline and bupropion.
  - The Committee discussed what programs are available to help patients identify follow up care, and that in the absence of an electronic health record, mental health questions must be asked, and the pharmacist must be prepared to make appropriate referrals based on information provided by a patient.
  - The Committee acknowledged adding this service will require RPH time for patient assessment and outlet workflows need to be established for successful prescribing services.
  - The Committee discussed what the appropriate follow up time frame should be to ensure assessment of patients’ response to treatment and to evaluate any side effects.
  - A standardized questionnaire was discussed, there was discussion of working with community experts to finalize the questions.
  - Additional follow-up is needed once staff has the opportunity to obtain legal counsel regarding whether specific drugs must be identified for each motion, per statutory authority.

Motion to recommend addition of non-NRT medications for smoking cessation to the Formulary list for the Oregon Board of Pharmacy adopt by rule, with the following:

- **Additional Requirements:**
  - Educational Requirement: 1 time course minimum 2 hours of CPE
  - Standardized Questionnaire to meet the elements as presented and
    - PHQ2 required
    - Suicide question from the PHQ9
  - Mandated Exclusion:
    - positive screen on PHQ2
    - yes on questions regarding suicide
    - using questionnaire content presented to include additional elements for exclusion
    - < 18 years old
  - Active Referral to the Quit Line or similar program
  - Mental Health Assessment and Referral Process including:
    - Mental health assessment tool and
    - The Oregon suicide hotline or similar program
  - Prescribing
    - 1st prescription may be written for up to 30 days
    - Maximum duration: 12 weeks
    - Max Frequency: 2 times in rolling 12 months
Mandated Follow up within 7 to 21 days pharmacist must follow up with patients (phone consult permitted)

- Pharmacist prescribing requirements: Follow established elements, which include: patient assessment, notification of providers upon prescribing, and documentation, among others.

was made and unanimously carried (Motion by Chinn, second by Jones).

- Non-AB Therapeutic Interchange
  - The Committee discussed the difficulty in tackling this concept.
    - Valdez discussed the possible confusion between current statutes that permits non AB- Therapeutic substitution and the current concept proposed.
    - Efremoff highlighted existing statute ORS 689.515 components that permit a pharmacist to use a certain degree of professional judgment when substituting drug products in the dispensing process. A pharmacist may substitute therapeutically equivalent drugs of the same strength, quantity, dose and dosage form that do not utilize a unique delivery system technology, and when the prescriber is not reasonably available for consultation.
    - The Committee is tasked with making recommendations to the Board to include items to the Compendia for a pharmacist to prescribe; this situation addresses alterations to therapy, which is part of the dispensing function.
    - The Committee stated that this request is outside of their scope but acknowledges that this is an important topic that the Board might want to address in a policy discussion.

Motion to not recommend non-AB therapeutic interchange to the Formulary list for the Oregon Board of Pharmacy adopt by rule was made and unanimously carried (Motion by Chinn, second by Helm).

- Supplemental Fluoride
  - The Committee may want to consider this concept but not at this time, to be brought back for a later meeting.
  - Additional work needed to show risk assessment, treatment options, and public health benefit. May request additional information from a subject matter expert at a future meeting.

Motion to deny recommending supplemental fluoride to the Protocol list for the Oregon Board of Pharmacy adopt by rule was made (Motion by Helm, second by Anukam), Turner, Jones, Burns and Chinn abstained. Motion to deny failed. No further action taken.

- Pre-Travel Consult Medication
  - Link to the CDC’s Health Information for International Travel, aka the Yellow Book, was provided for background.
  - The Committee discussed that a substantial amount of education would be needed for a pharmacist to prescribe in these circumstances and that ongoing education would be necessary.
- Burns commented that this would be a valuable service in rural areas where travel services are not generally available.
- The Committee stated that assessment regarding vaccination should be conducted at this time also.
- There was some concern about motion sickness and potential side effects or complications specific to children.
- The Committee discussed a desire to provide recommendations to the Board in a format that would permit a pharmacist to utilize current guidelines and not to specify specific drug classes, drugs or devices. Staff stated that the law states that the Committee is to provide recommendations to the Board via drug or device but that there is a specific carve out to allow for protocol recommendations for travel medications and smoking cessation. Staff stated that they would confer with counsel on this and inform the Committee on how to proceed.

**Motion to recommend addition of the four categories of Preventative Travel Medications including: Malaria Prophylaxis (chloroquine, atovaquone/proguanil, mefloquine, doxycycline), Traveler's Diarrhea Prevention and Treatment (ciprofloxacin, azithromycin), Acute Mountain Sickness Prophylaxis (acetazolamide) and Motion Sickness (Scopolamine patches, promethazine tablets/suppositories, meclizine) to the Protocol list for the Oregon Board of Pharmacy adopt by rule:**

- **Additional Requirements:**
  - Education minimum: complete APhA immunization training or equivalent plus 4 hour travel vaccination class or equivalent
  - Continuing Education: every 2 years must complete 1 hour travel medications related CE
  - Assessment of Routine Vaccination status and appropriate treatment and referral
    - Pharmacist prescribing requirements: Follow established elements, which include: patient assessment, notification of providers upon prescribing, and documentation, among others.

was made and unanimously carried (Motion by Burns, second by Turner).

- **Non-occupational post-exposure prophylaxis (nPEP)**
  - This concept is in process; legal counsel review is required.
  - Discussion to be continued at next meeting.

**Motion to recommend addition of non-occupations post-exposure (nPEP) (medications: tenofovir disoproxil fumurate/emtricitabine, raltegravir, and dolutegravir) to Protocol list for the Oregon Board of Pharmacy adopt by rule:**

- **Additional Requirements:**
  - Mandatory reporting of abuse of minors
  - Want to say follow per nPEP clinical guideline and chose appropriate drug and durations, if they cannot then they would like to recommend by drug class.

- **Pharmacist prescribing requirements: Follow established elements, which include:**
  - patient assessment, notification of providers upon prescribing, and documentation, among others.

was made and carried (Motion by Burns, second by Turner), Anukum abstained.
Committee Update:

- Rules development update – none
- Housekeeping: Administrative Director Karen MacLean briefly discussed Governor mandated annual training for Committee members, mileage reimbursement update and desire to stagger Committee Member terms moving forward at the end of this year and into year two of the Committee’s processes. Karen will advise on timing for recruitment and reappointment of members as this is clarified with the Governor’s office. We await the on-boarding of our new Executive Director, Joe Schnabel, who starts in February 2019.

The Committee discussed selecting 2019 officers and concluded the following:

**Motion to select Amy Valdez as Chair and Mark Helm as Vice Chair was made and unanimously carried. (Motion by Burns, second by Turner).**

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### Upcoming Meeting Schedule

- **Next meeting**
  - February 1, 2019 – *(brief conference call to approve minutes)*

- **2019 tentative meeting schedule**
  - May 3, 2019 (room 1E)
    - May 24, 2019 – *(brief conference call to approve minutes)*
  - July 12, 2019 – room 1E
    - August 2, 2019 – *(brief conference call to approve minutes)*
  - October 25, 2019 – room 1D
    - November 15, 2019 - *(brief conference call to approve minutes)*

Chair Valdez adjourned the meeting at 2:50PM.

*If special accommodations are needed for you to attend or participate in this meeting, please contact: Administrative Director, Karen MacLean @ 971-673-0001.*