## Committee Members

- Evon Anukam, RPh
- Kat Chinn, RN MSN
- Sean Jones, MD – by Skype/phone
- Amy Valdez, RPh
- Amy Burns, Pharm D – by phone
- Mark Helm, MD
- Helen Turner, DNP

## OBOP Staff to Committee

- Marcus Watt, Executive Director
- Karen MacLean, Administrative Director
- Brianne Efremoff, Compliance Director
- Fiona Karbowicz, Pharmacist Consultant
- Tim Frost, Pharmacy Fellow

## Agenda Item | Desired Outcome
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**Welcome –** | Roll call
- Chair Amy Valdez called the roll and advised that two members would be attending by phone or Skype.

**Agenda review and approval** | Motion to approve the agenda was made and unanimously carried (Motion by Chinn, second by Turner).

**Meeting minutes review and approval** | Sean Jones identified a minor grammatical error and asked for a meeting minutes revision

- **Motion to approve as revised the 1.24.18 Committee Minutes was made and unanimously carried (Motion by Chinn, second by Turner).**

**Committee Business** | Pharmacist Prescribing – Core Elements / Visit Summary Template
- The Committee agreed the proposed strikethroughs and new proposed language captured the modifications from the January discussion accurately.
- Fiona reviewed the Draft “Visit Summary Template” with the Committee. The Committee noted all the components within the visit summary template. The Committee discussed and agreed this document is only a template and pharmacist’s and pharmacies would have the autonomy to create their own visit summary and must include all the elements of the template, which will ultimately be made available online. The Committee noted the visit summary template will likely be edited and changed as the implementation process continues.

- **Motion to recommend as revised the Pharmacist Prescribing – Core Elements to the Board of Pharmacy as standards for R.Ph. prescribing. Motion was made and unanimously carried (Motion by Burns, second by Anukam).**

- **Final draft of Concept Intake Form – Review**
Pharmacist Consultant, Fiona Karbowicz reviewed the changes made to the concept intake form for the submission of drugs, drug categories, and devices pharmacist should prescribe.

The Committee noted the changes made and agreed the changes captured the necessary questions for a complete submission request.

The Committee discussed making the “Summary of changes the proposed rule would make” optional for submitters to complete, but agreed all questions within the concept intake form must be filled out to reduce further administrative communication and research burden.

The Committee noted the concept intake form will be posted on the Board website to allow for submissions to begin occurring. Executive Director, Marc Watt noted no motion for approval was needed, the Board staff will maintain the form going forward, and if the Committee wishes for any changes along the way to let Board staff know.

Concept #1: Extension of Prescription Therapy

- Executive Director Watt updated the Committee on his communication with Senator Courtney's office.

- Board Fellow, Tim Frost reviewed the concept intake form for extension of prescription therapy, recapped the Committee discussion from the 1/24/18 meeting, and provided a general summary of the concept, including other states’ rules and studies.
  
  - The purpose of this proposal is to identify gaps in care where a pharmacist could provide a prescription for continuation of care, to positively impact outcomes.
  
  - A highlight is to allow a pharmacist to provide care to patients and get them back to their provider.

- Chair Valdez asked the following questions to the Committee to discuss the criteria for this concept and built consensus:
  
  - Would the Committee like to discuss and consider this concept? The Committee agreed the concept should be considered.
  
  - What is the appropriate extension period? The Committee noted the extension period needed to allow for enough time to satisfy the emergency or for the patient to establish care with their primary care provider. The Committee agreed the extension period to be an amount of drug to up to a maximum of 60 days’ worth of medication using professional judgment, depending on the situation. The Committee stated that pharmacist professional judgment does not need to be spelled out.
  
  - Is it necessary to define how many times per year a patient can receive an extension of therapy? The Committee discussed the implications around setting a yearly restriction on how many times a patient can receive a pharmacist prescribed prescription extension. The Committee agreed the yearly restriction should consist of up to two extensions in a rolling twelve month timeframe per each medication.
  
  - What restrictions on controlled substances are appropriate? The Committee discussed the implications around allowing the extension of controlled substance prescriptions. The Committee agreed it was appropriate at this time to allow pharmacists to prescribe an extension of therapy for non-controlled drug categories only.
  
  - Is it necessary to define a category restriction or can we leave this up to the pharmacist’s professional judgment depending on the medication and patient’s situation? The Committee discussed the implications around setting a category restriction on what drug categories a pharmacist may prescribe to extend therapy. The Committee decided to leave this decision up to the pharmacist’s professional judgment depending on the drug and patient’s situation.
Are there specific situations in which we want to define when a pharmacist can extend therapy or can we leave the situation up to the pharmacist’s professional judgment depending on the various situations that could present? The Committee discussed concerns related to potential escalation of therapy, and what about circumstances of when a medication has been discontinued. A member suggested that a good threshold could be where discontinuation of therapy presents a risk to the patient. The committee ultimately determined to not specify specific situations, and leave the decision up to the pharmacist’s professional judgment depending on the various situations that will present.

What additional parameter must be in place for a pharmacist to prescribe to extend therapy? The Committee discussed concerns of whether retail pharmacists have enough time and support to perform these services in their setting. The Committee determined that yes, a pharmacist has a right to refuse care, but must properly refer the patient, similar to other circumstances. The Committee suggested that the Board may want to consider a rule to prevent/minimize “pharmacy/pharmacist shopping”. The Committee agreed all pharmacists prescribing to extend therapy must follow the established core elements of prescribing requirements and no additional education is required; additionally, the pharmacist shall review adherence and provide appropriate referrals when needed.

Motion to recommend the Extension of Prescription Therapy protocol to the Oregon Board of Pharmacy for adoption by rulemaking with the following Parameters:

- Continuation Period: Appropriate quantity necessary, not to exceed sixty-day supply.
- Yearly Restriction: Up to two times max in a rolling twelve month timeframe, per medication
- Controlled Substance Restriction: Non-controlled medications only
- Category restriction: None
- Situation restriction: None
- Pharmacist prescribing requirements: Follow established core elements, which include: patient assessment, notification of providers upon prescribing, and documentation, among others.
- Additional considerations: No additional mandated educational requirement is necessary. A pharmacist must use professional judgment and reasonable care when managing prescriptions issued by another pharmacist.

Motion was made and unanimously carried (Motion by Chinn, seconded by Helm).

Concept #2: Devices

Pharmacist Consultant, Fiona Karbowicz reviewed the concept intake form for pharmacist prescribing of devices.

Chair Valdez asked the following questions for the Committee to consider for this concept:

- Would the Committee like to discuss and consider this concept? The Committee agreed this concept was worth consideration. The Committee noted pharmacist prescribing of devices could fill many gaps in patient care and solve “nuisance” prescriptions requests. A Committee member noted these mostly include items that the provider intended to prescribe for use or associated with a prescribed medication.

- What devices would be appropriate for pharmacist to prescribe? The Committee discussed the implications of pharmacist prescribing of the following devices: Diabetic blood sugar testing supplies, Pen needles, Syringes, Nebulizers and associated
supplies, Inhalation spacers, Peak flow meters, International normalized ratio testing supplies, Blood pressure cuffs, Enteral nutrition supplies, and Ostomy products and supplies.

- Do we need to specify within our recommendation an additional mandated education requirement? The Committee agreed it was not necessary to mandate a specific educational training program for pharmacist prescribing of devices.

- Do we need to define a specific mandated protocol for pharmacists to follow? The Committee agreed it was not necessary to define a specific mandated protocol for each device recommended, but rather follow the pharmacist prescribing requirements set forth in the recommended core elements which includes, a patient assessment protocol that states inclusion criteria, exclusion criteria, and explicit referral criteria, among other requirements.

- Motion to recommend the following Devices to the Formulary list for the Oregon Board of Pharmacy to adopt by rule:
  1. Diabetic blood sugar testing supplies
  2. Pen needles
  3. Syringes
  4. Nebulizers and associated supplies (tubing/masks/etc.)
  5. Inhalation spacers
  6. Peak flow meters
  7. International Normalized Ratio (INR) Testing supplies
  8. Enteral nutrition supplies
  9. Ostomy products and supplies

  Motion was made and carried (Motion by Helm, second by Burns) Anukam abstained.

**Concept #3: Non-prescription Drugs & Cough and Cold Drugs**

- Pharmacist Consultant, Fiona Karbowicz reviewed the concept intake form for pharmacist prescribing for all non-prescription drugs & cough and cold drug categories. She noted that consideration of the various drugs that fit within these categories will result in either additions to the post diagnostic formulary compendium of drugs and/or a protocol compendium.

- Chair Valdez asked the following questions for the Committee to consider for this concept:
  - Would the Committee like to discuss and consider this concept? The Committee agreed this concept was worth consideration. The Committee noted pharmacist prescribing for nonprescription drugs & cough and cold could fill certain gaps in patient care and solve nuisance prescriptions requests.
  - Would the Committee like to entertain each drug category separately? The Committee agreed to separately address each drug category listed within the concept.

- The Committee discussed the implications of pharmacist prescribing of the following drug categories: all nonprescription drugs, pseudoephedrine products, dextromethorphan products, benzonatate, intranasal corticosteroids, and short-acting beta agonists.

- The Committee stated some concerns allowing pharmacist prescribing of all nonprescription drug categories. The Committee concerns mentioned were related to insurance payment/reimbursement and ineffectiveness of certain nonprescription drugs; the Committee did not raise specific patient safety concerns with pharmacist prescribing of nonprescription drugs. The Committee discussed the exclusion of pharmacists prescribing certain vitamins and nutritional supplements. After additional discussion, the Committee decided not to deliberate on...
the various categories of nonprescription drugs. Chair Valdez asked Board staff to approach these nonprescription drug categories by returning at future meetings with concepts related to specific disease state/ailment-based concepts that inherently include some prescription and nonprescription drug categories. A request was specifically made to bring back anti-fungals.

- The Committee agreed there was not a need at this time to address pharmacist prescribing of dextromethorphan.

- Chair Valdez asked the following questions for the Committee to consider pseudoephedrine products, benzonatate, and intranasal corticosteroids:
  - Do we need to specify within our recommendation an additional mandated education requirement? The Committee agreed it was not necessary to mandate a specific educational training program for pharmacist prescribing of for cough and cold drug categories.
  - Do we need to define a specific mandated protocol for pharmacists to follow? The Committee agreed it was not necessary to define a specific mandated protocol for each drug category recommended, but rather follow the pharmacist prescribing requirements set forth in the recommended core elements, which includes, a patient assessment protocol that states inclusion criteria, exclusion criteria, and explicit referral criteria, among other requirements.

- Motion to recommend pseudoephedrine to the protocol compendium to the Oregon Board of Pharmacy for adoption by rulemaking, pursuant to Pharmacist Core Elements, and with the following requirements/restrictions:
  1. Mandatory PDMP look-up, prior to issuing prescription
  2. Mandatory positive ID and documentation
  3. Quantity MAX:
     - Max of 3.6g per month or #60 tablets, whichever is less
     - Yearly restriction: max of three times per year
  4. Age restriction: Only for patients 18 years and older

Motion was made and carried (Motion by Burns, second by Jones) Anukam, Helm, and Turner opposed.

- Motion to recommend all intranasal corticosteroids to the protocol compendium to the Oregon Board of Pharmacy for adoption by rulemaking, pursuant to Pharmacist Core Elements was made and unanimously carried (Motion by Helm, second by Anukam).

- Motion to recommend benzonatate to the protocol compendium to the Oregon Board of Pharmacy for adoption by rulemaking, pursuant to Pharmacist Core Elements, and with the following restriction(s):
  1. Quantity restriction: not to exceed 7-day supply for treatment of cough

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

- Motion to recommend short-acting beta-agonists (i.e. Albuterol) to the protocol compendium to the Oregon Board of Pharmacy for adoption by rulemaking, pursuant to Pharmacist Core Elements, and with the following restriction(s):
  1. Quantity MAX: 1 meter dose inhaler or 1 box of 25 nebulizer ampules, per year
Motion was made and carried (Motion by Jones, second by Burns) Anukam abstained.

Things to explore next time:

1. Minor ailments

Website Review and Development

- Pharmacist Consultant, Fiona Karbowicz noted the website has been development and the approved concept intake form will be posted to allow for concept submissions.

- Next meetings*
  - April 13, 2018
  - July 13, 2018
  - October 26, 2018

* Subject to change or cancellation

At the conclusion of agenda, Chair Valdez adjourned the meeting at 3:39PM.