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CHAPTER 855

BOARD OF PHARMACY

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RULES:

855-019-0100, 855-019-0110, 855-019-0120, 855-019-0122, 855-019-0123, 855-019-0124, 855-019-0125, 855-019-0130, 855-019-0140, 855-019-0150, 855-019-0160, 855-019-0170, 855-019-0171, 855-019-0200, 855-019-0205, 855-019-0210, 855-019-0220, 855-019-0230, 855-019-0240, 855-019-0250, 855-019-0260, 855-019-0265, 855-019-0300, 855-019-0310, 855-019-0460

REPEAL: 855-019-0100

NOTICE FILED DATE: 12/22/2023

RULE SUMMARY: Repeals Division 019 Pharmacists rules. The board adopted Division 115 Pharmacists rules in August, October, December 2023, and February 2024, which replaces Division 019. Division 019 needs to be repealed effective at 11:59PM on 2/29/2024 to allow Division 115 rules to become effective at 12:00AM on 3/1/2024.

CHANGES TO RULE:

855-019-0100

Application

- (1) This Division applies to any pharmacist who is licensed to practice pharmacy in Oregon including any pharmacist located in another state who is consulting, or providing any other pharmacist service, for a patient, pharmacy or healthcare facility in Oregon.¶
- (2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.¶
- (3) Any pharmacist who engages in the practice of pharmacy in Oregon must be licensed by the Board in accordance with the following rules.¶
- (4) A pharmacist who is located in another state and who engages in the practice of pharmacy for a patient, drug outlet or healthcare facility in Oregon, must be licensed by the Board in accordance with the following rules, except that a pharmacist working in an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with their dispensing of a drug to a patient in Oregon, is not required to be licensed by the Board unless they are the pharmacist-in-charge (PIC).¶

 (5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further public

(5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further health or safety. A waiver granted under this section shall only be effective when issued in writing.

Statutory/Other Authority: ORS 689.205

NOTICE FILED DATE: 12/22/2023

RULE SUMMARY: Repeals Division 019 Pharmacists rules. The board adopted Division 115 Pharmacists rules in August, October, December 2023, and February 2024, which replaces Division 019. Division 019 needs to be repealed effective at 11:59PM on 2/29/2024 to allow Division 115 rules to become effective at 12:00AM on 3/1/2024

CHANGES TO RULE:

855-019-0110
Definitions ¶

In this Division of Rules: "Counseling" means an oral or other appropriate communication process between a pharmacist and a patient or a patient's agent in which the pharmacist obtains information from the patient or patient's agent, and, where appropriate, the patient's pharmacy records, assesses that information and provides the patient or patient's agent with professional advice regarding the safe and effective use of the drug or device for the purpose of assuring therapeutic appropriateness.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.005, ORS 689.151, ORS 689.155

NOTICE FILED DATE: 12/22/2023

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CHANGES TO RULE:

855-019-0120 Licensure ¶

- (1) Before licensure as a pharmacist, an applicant must meet the following requirements: ¶
- (a) Provide evidence from a school or college of pharmacy approved by the board that they have successfully completed all the requirements for graduation and, starting with the graduating class of 2011, including not less than 1440 hours of School-based Rotational Internships as that term is defined in OAR 855-031-0005, and that a degree will be conferred:¶
- (b) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam with a score of not less than 75. This score is valid for only one year unless the board grants an extension. A candidate who does not attain this score may retake the exam after a minimum of 45 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 times;¶
- (c) Pass the Multistate Pharmacy Jurisprudence Examination (MPJE) exam with a score of not less than 75. The applicant may not take the MPJE until they have graduated from a school or college of pharmacy approved by the board. A candidate who does not attain this score may retake the exam after a minimum of 30 days with a limit of three attempts in a 12 month period, not to exceed a lifetime maximum of 5 times. The MPJE score is valid for 6 months unless extended by the board: ¶
- (d) Complete an application for licensure, provide the board with a valid e-mail address, and a fingerprint card or other documentation required to conduct a criminal background check; and ¶
- (e) Complete one hour of continuing pharmacy education in pain management, provided by the Pain Management Commission of the Oregon Health Authority.¶
- (2) A license, once obtained, will expire on June 30 in odd numbered years and must be renewed biennially. Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, 2021 HB 2078

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CHANGES TO RULE:

855-019-0122

Renewal of Licensure as a Pharmacist ¶

- (1) An application for renewal of a pharmacist license must include documentation of: ¶
- (a) Completion of continuing pharmacy education requirements as outlined in OAR 855-021; and ¶
- (b) Payment of the biennial license fee required in OAR 855-110.¶
- (2) A pharmacist will be subject to an annual criminal background check.

Statutory/Other Authority: ORS 689.205 Statutes/Other Implemented: ORS 689.151

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CHANGES TO RULE:

855-019-0123

Liability Limitations for Volunteers

- (1) A pharmacist may register with the Board for the limitation on liability provided by ORS 676.340, which provides a licensee with specific exemptions from liability for the provision of pharmacy services without compensation under the terms of the law.¶
- (2) A no cost registration may be issued by the Board upon receipt of a completed application. Registration requires submission of a signed form provided by the Board in accordance with ORS 676.345(2).¶
- (3) Registration will expire at the licensee's next license renewal date and may be renewed biennially. It is the licensee's responsibility to ensure his or her active registration in this program.¶
- (4) Nothing in this section relieves licensee from the responsibility to comply with Board regulations and still may be subject to disciplinary actions.¶
- (5) Pharmacists providing care under the provisions of ORS 676.340 and 676.345 remain subject to the Board complaint investigation process articulated in ORS 676.175.

Statutory/Other Authority: ORS 676.340, 689.205 Statutes/Other Implemented: ORS 676.340, 676.345

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CHANGES TO RULE:

855-019-0124

Notification: Out-of-State Volunteer Pharmacist

- (1) A pharmacist who is not licensed in Oregon may, without compensation and in connection with a coordinating organization or other entity, practice pharmacy for 30 days each calendar year. The pharmacist is not required to apply for licensure or other authorization from the board to practice pharmacy under this section.¶
- (2) To practice pharmacy under this section, the pharmacist who is not licensed in Oregon must submit on a form prescribed by the board, at least 10 days prior to commencing practice in this state, to the board:¶
- (a) Proof that the pharmacist is in good standing and is not the subject of an active disciplinary action in any jurisdiction in which the pharmacist is authorized to practice;¶
- (b) An acknowledgement that the pharmacist must provide services only within the scope of practice of pharmacy and will provide services pursuant to the scope of practice of this state or the health care practitioner's licensing agency, whichever is more restrictive;¶
- (c) An attestation that the pharmacist will not receive compensation for practice in this state:¶
- (d) The name and contact information of the coordinating organization or other entity through which the pharmacist will practice; and ¶
- (e) The dates on which the pharmacist will practice in this state.¶
- (3) Except as otherwise provided, the pharmacist practicing under this section is subject to the laws and rules governing the pharmacy profession that the pharmacist is authorized to practice and to disciplinary action by the appropriate health professional regulatory board.

Statutory/Other Authority: ORS 689.205, ORS 689.315, 2022 HB 4096

Statutes/Other Implemented: ORS 689.151, 2022 HB 4096

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CHANGES TO RULE:

855-019-0125

Coaching from Board and Staff

No member or employee of the Board shall discuss the contents of an examination, its preparation or use with any candidate or other person. No member or employee of the Board shall coach a candidate or any other person on materials that may be used in the examination nor shall they accept any fees for any act of assistance that would bear on the examination.

Statutory/Other Authority: ORS 689.205 Statutes/Other Implemented: ORS 689.151

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CHANGES TO RULE:

855-019-0130

Licensure by Reciprocity

- (1) An applicant for licensure as a pharmacist by reciprocity must meet the requirements of ORS 689.265 and the following requirements:¶
- (a) Be a graduate of a school or college of pharmacy approved by the Board;¶
- (b) Have passed the NAPLEX or equivalent examination with a score of not less than 75;¶
- (c) Have passed the MPJE with a score of not less than 75;¶
- (d) Be licensed and in good standing in the state from which the applicant bases the reciprocity application;¶ (e) Have either:¶
- (A) Been engaged in the practice of pharmacy for period of at least one year including a minimum of 1440 hours of work experience as a licensed pharmacist. Evidence supporting this work experience shall be provided at time of application; or ¶
- (B) Met the internship requirements of this state within the one-year period immediately before the date of this application. Evidence from the school or college of pharmacy supporting this internship shall be provided at time of application.¶
- (2) Licensure as a pharmacist in another state precludes licensure to practice as an intern in the State of Oregon, except an applicant that has been accepted into an Oregon pharmacy residency program or for licensure by examination or by reciprocity who must acquire internship hours to become eligible for licensure, and then only until the required hours have been acquired.¶
- (3) An applicant who has obtained their professional degree outside the United States is not eligible for licensure by reciprocity until they have met the requirements of OAR 855-019-0150.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0140

NAPLEX Score Transfer

- (1) An applicant for score transfer must be a graduate of a school or college of pharmacy approved by the Board and must have passed the NAPLEX or equivalent examination with a score of at least 75.¶
- (2) Prior to taking the NAPLEX examination for their initial state of licensure, an applicant must have requested the National Association of Boards of Pharmacy to score transfer their NAPLEX score to Oregon.¶
- (3) An applicant must provide the following documentation: ¶
- (a) Oregon Score Transfer Application;¶
- (b) A passport regulation photograph;¶
- (c) A copy of a birth certificate, US passport or naturalization documents, or a foreign passport endorsed with a US visa permitting full time employment;¶
- (d) Evidence of successful completion of all graduation requirements from a school or college of pharmacy approved by the Board.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0150

Foreign Pharmacy Graduates ¶

- (1) Foreign Pharmacy Graduates applying for licensure in Oregon must meet the following requirements:¶
- (a) Provide a copy of a valid visa permitting full time employment;¶
- (b) Provide a copy of the original certificate issued by the NABP Foreign Pharmacy Graduate Examination Committee (FPGEC): and ¶
- (c) Pass the North American Pharmacist Licensure Examination (NAPLEX) exam with a score of not less than 75. A candidate who does not attain this score may retake the exam after a minimum of 91 days. This score shall only be valid for one year unless the Board grants an extension;¶
- (d) After having completed the required number of intern hours, pass the MPJE with a score of not less than 75. A candidate who does not attain this score may retake the exam after a minimum of 30 days. The MPJE score shall only be valid for 6 months unless extended by the Board.¶
- (2) An applicant must complete 1440 hours in pharmacy practice as an intern that must be certified to the Board by the preceptors.¶
- (3) An applicant may not count internship hours or practice as a pharmacist completed outside the United States toward Oregon's internship requirement.¶
- (4) An applicant may not count internship hours or practice as a pharmacist that is completed before passing the Foreign Pharmacy Graduate Equivalency Examination (FPGEE), and either the TOEFL with TSE, or TOEFL (IBT) exams toward Oregon's internship requirement.¶
- (5) The Board may waive any requirement of this rule if a waiver will further public health or safety. A waiver granted under this section shall only be effective when it is issued in writing.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0160

Nuclear Pharmacists

In order to qualify under these rules as a nuclear pharmacist, a pharmacist shall:¶

- (1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the Radiation Protection Services of the Department of Human Services; and ¶
- (2) Be a pharmacist licensed to practice in Oregon; and ¶
- (3) Submit to the Board of Pharmacy either:¶
- (a) Evidence of current certification in nuclear pharmacy by the Board of Pharmaceutical Specialties; or¶
- (b) Evidence that they meet both the following:¶
- (A) Certification of a minimum of six month on-the-job training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services; and \P
- (B) Certification of completion of a nuclear pharmacy training program in a college of pharmacy or a nuclear pharmacy training program approved by the Board.¶
- (4) Receive a letter of notification from the Board that the evidence submitted by the pharmacist meets the above requirements and has been accepted by the Board.

Statutory/Other Authority: ORS 689.205 Statutes/Other Implemented: ORS 689.151

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CHANGES TO RULE:

855-019-0170

Reinstatement of License ¶

- (1) A pharmacist who fails to renew their license by the deadline may reinstate their license as follows: ¶
- (a) By payment of the license fees and delinquency fees for all years during which the license was lapsed and for the current year; and ¶
- (b) By providing certification of completion of the continuing pharmacy education requirement in OAR 855-021 for all years in which the license was lapsed; and \P
- (c) If their license has been lapsed for more than one year, pass the MPJE with a score of not less than 75; and ¶ (d) Complete an application for licensure, provide the board with a valid e-mail address, and a fingerprint card or other documentation required to conduct a criminal background check.¶
- (2) A pharmacist in good standing who retired from the practice of pharmacy after having been licensed for not less than 20 years need only pay the annual license fees for the year in which they seek a license, however they must provide certification of completion of continuing pharmacy education requirement in OAR 855-021 for all years since their retirement and pass the MPJE with a score of not less than 75.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0171

Reinstatement of a Revoked or Surrendered License

A person whose pharmacist license has been revoked or surrendered shall have the right, at reasonable intervals, to petition to the Board in writing for reinstatement of such license. The written petition to the Board shall be made in conjunction with the application process identified in OAR 855-019-0120.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0200

Pharmacist: General Responsibilities ¶

ORS 689.025 states that "the practice of pharmacy in the State of Oregon is declared a health care professional practice affecting the public health, safety and welfare". Pharmacy practice is a dynamic patient-oriented health service that applies a scientific body of knowledge to improve and promote patient health by means of appropriate drug use, drug-related therapy, and communication for clinical and consultative purposes. A Pharmacist licensed to practice pharmacy by the board has the duty to use that degree of care, skill, diligence and reasonable professional judgment that is exercised by an ordinarily careful Pharmacist in the same or similar circumstances.¶

- (1) A Pharmacist is responsible for their own actions; however, this does not absolve the pharmacy from responsibility for the Pharmacist's actions.¶
- (2) A Pharmacist and pharmacy are responsible for the actions of Interns, Certified Oregon Pharmacy Technicians, and Pharmacy Technicians.¶
- (3) Only a Pharmacist may practice pharmacy as defined in ORS 689.005, to include the provision of patient care services. Activities that require reasonable professional judgment of a Pharmacist include but are not limited to:¶
 (a) Drug Utilization Review:¶
- (b) Counseling;¶
- (c) Drug Regimen Review;¶
- (d) Medication Therapy Management;¶
- (e) Collaborative Drug Therapy Management or other post-diagnostic disease state management, pursuant to a valid agreement;¶
- (f) Practice pursuant to State Drug Therapy Management Protocols;¶
- (g) Prescribing a drug or device, as authorized by statute;¶
- (h) Ordering, interpreting and monitoring of a laboratory test;¶
- (i) Oral receipt or transfer of a prescription; and ¶
- (j) Verification of the work performed by those under their supervision.¶
- (4) A Pharmacist must:¶
- (a) Comply with all state and federal laws and rules governing the practice of pharmacy:¶
- (b) Control each aspect of the practice of pharmacy;¶
- (c) Ensure each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in the practice of pharmacy under the supervision, direction, and control of a Pharmacist;¶
- (d) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform.¶
- (e) Know the identity of each Intern, Certified Oregon Pharmacy Technician and Pharmacy Technician under their supervision, direction and control at all times;¶
- (f) Ensure that the supervision of non-Pharmacist personnel does not exceed their capacity to supervise based on the workload and services being provided. ¶
- (g) Conduct themselves in a professional manner at all times and not engage in any form of discrimination, harassment, intimidation, or assault in the workplace.¶
- (h) Ensure and enforce the drug outlet written procedures for use of Certified Oregon Pharmacy Technicians and Pharmacy Technicians as required by OAR 855-025-0035;¶
- (i) Ensure the security of the pharmacy area including:¶
- (A) Providing adequate safeguards against theft or diversion of prescription drugs, and records for such drugs; ¶
- (B) Ensuring that all records and inventories are maintained in accordance with state and federal laws and rules;¶
- (C) Ensuring that only a Pharmacist has access to the pharmacy when the pharmacy is closed.¶
- (5) A Pharmacist may delegate final verification of drug and dosage form, device, or product to a Certified Oregon Pharmacy Technician or Pharmacy Technician per ORS 689.005 when the following conditions are met:¶
- (a) The Pharmacist utilizes reasonable professional judgment to determine that a Certified Oregon Pharmacy Technician or Pharmacy Technician may perform final verification;¶
- (b) The Certified Oregon Pharmacy Technician or Pharmacy Technician does not use discretion in conducting final

verification;¶

- (c) The Pharmacist delegating final verification is supervising the Certified Oregon Pharmacy Technician or Pharmacy Technician; and ¶
- (d) Ensure the Certified Oregon Pharmacy Technician or Pharmacy Technician is performing a physical final verification.¶
- (6) A Pharmacist may permit an Intern under their direction and supervision to perform any task listed in OAR 855-019-0200(3), except that an Intern must not:¶
- (a) Perform the duties of a Pharmacist until after the Intern has successfully completed their first academic year, and only after successful completion of coursework corresponding to those duties;¶
- (b) Prescribe a drug or device; or ¶
- (c) Perform final verification or verification as defined in OAR 855-006-0005.¶
- (7) Each Pharmacist on duty and the PIC is responsible for the conduct, operation, management and control of the pharmacy;

Statutory/Other Authority: ORS 689.205, 2022 HB 4034

Statutes/Other Implemented: ORS 689.025, ORS 689.151, ORS 689.155, ORS 689.645, ORS 689.682, ORS 689.689, 2022 HB 4034

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CHANGES TO RULE:

855-019-0205 Duty to Report ¶

- (1) Failure to answer completely, accurately and honestly, all questions on the application form for licensure or renewal of licensure is grounds for discipline.¶
- (2) Failure to disclose any arrest for a felony or misdemeanor, or any indictment for a felony may result in denial of the application.¶
- (3) A pharmacist must report to the board within 10 days if they:¶
- (a) Are convicted of a misdemeanor or a felony; or ¶
- (b) If they are arrested for a felony.¶
- (4) A pharmacist who has reasonable cause to believe that another licensee (of the board or any other Health Professional Regulatory Board) has engaged in prohibited or unprofessional conduct as these terms are defined in OAR 855-006-0005, must report that conduct to the board responsible for the licensee who is believed to have engaged in the conduct. The reporting pharmacist must report the conduct without undue delay, but in no event later than 10 working days after the pharmacist learns of the conduct unless federal laws relating to confidentiality or the protection of health information prohibit disclosure.¶
- (5) A pharmacist who reports to a board in good faith as required by section (4) of this rule is immune from civil liability for making the report.¶
- (6) A pharmacist who has reasonable grounds to believe that any violation of these rules has occurred, must notify the board within 10 days. However, in the event of a significant drug loss or violation related to drug theft, the pharmacist must notify the board within one (1) business day.¶
- (7) A pharmacist must notify the board in writing, within 15 days of any change in e-mail address, employment location or residence address.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.455

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CHANGES TO RULE:

855-019-0210

Duties of the Pharmacist Receiving a Prescription ¶

- (1) A Pharmacist must ensure that all prescriptions, prescription refills, and drug orders are correctly dispensed or prepared for administration in accordance with the prescribing practitioner's authorization.¶
- (2) A Pharmacist receiving a prescription is responsible for:¶
- (a) Using professional judgment in dispensing only pursuant to a valid prescription. A Pharmacist must not dispense a prescription if the Pharmacist, in their professional judgment, believes that the prescription was issued without a valid patient-practitioner relationship. In this rule, the term practitioner includes a clinical associate of the practitioner or any other practitioner acting in the practitioner's absence. The prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of their professional practice and issued pursuant to a valid patient-practitioner relationship; and¶
- (b) Ensuring that the prescription contains all the information specified in Division 41 of this chapter of rules including the legible name and contact phone number of the prescribing practitioner for verification purposes.¶
- (3) A Pharmacist may refuse to dispense a prescription to any person who lacks proper identification. ¶
- (4) Oral Prescription: Upon receipt of an oral prescription, the Pharmacist must promptly reduce the oral prescription to writing or create a permanent electronic record by recording:¶
- (a) The date when the oral prescription was received;¶
- (b) The name of the patient for whom, or the owner of the animal for which, the drug is to be dispensed;¶ (c) The full name and, in the case of controlled substances, the address and the DEA registration number, of the practitioner, or other number as authorized under rules adopted by reference under Division 80 of this chapter of

rules:¶

- (d) If the oral prescription is for an animal, the species of the animal for which the drug is prescribed;¶
- (e) The name, strength, dosage form of the substance, quantity prescribed;¶
- (f) The direction for use;¶
- (g) The total number of refills authorized by the prescribing practitioner;¶
- (h) The written signature or initials or electronic identifier of the receiving Pharmacist or Intern and the identity of the person transmitting the prescription;¶
- (i) The written or electronic record of the oral prescription must be retained on file as required by Division 41 of this chapter of rules, and in the case of controlled substances, under rules adopted by reference in Division 80 of this chapter of rules.¶
- (5) Facsimile Prescription: Upon receipt of a facsimile prescription, the Pharmacist must be confident that the prescription was sent by an authorized practitioner or practitioner's agent, and they must verify that:¶
- (a) The facsimile contains all the information specified in Division 41 and Division 80 of this chapter of rules; and ¶
- (b) The facsimile prescription is not for a Schedule II controlled substance unless so permitted under federal regulations or Division 80 of this chapter of rules; and¶
- (c) If the facsimile prescription is for a controlled substance, the prescription contains an original, manually-signed signature of the prescriber. In this rule, manually-signed specifically excludes a signature stamp or any form of digital signature unless permitted under federal regulations.¶
- (6) Electronic Prescription: Before filling a prescription that has been received electronically, the Pharmacist must ensure that:¶
- (a) The prescription was originated by an authorized practitioner or practitioner's agent:¶
- (b) The prescription contains all the information specified in Division 41 of this chapter of rules. ¶
- (c) The prescription is not for a controlled substance unless permitted by federal regulations.¶
- (7) The Pharmacist must ensure that a written prescription that is hand-carried or mailed into the pharmacy contains an original manually-signed signature of the prescribing practitioner or practitioner's agent.¶
- (8) Computer Transfer of Prescription Information between Pharmacies: A Pharmacist that transmits or receives prescription information to or from another pharmacy electronically must ensure as appropriate:¶
- (a) The accurate transfer of prescription information between pharmacies;¶
- (b) The creation of an original prescription or image of an original prescription containing all the information

constituting the prescription and its relevant refill history in a manner that ensures accuracy and accountability and that the Pharmacist will use in verifying the prescription;¶

(c) The prescription is invalidated at the sending pharmacy; and ¶

(d) Compliance with all relevant state and federal laws and rules regarding the transfer of controlled substance prescriptions.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, ORS 689.155, ORS 689.508, 2022 HB 4034

NOTICE FILED DATE: 12/22/2023

RULE SUMMARY: Repeals Division 019 Pharmacists rules. The board adopted Division 115 Pharmacists rules in August, October, December 2023, and February 2024, which replaces Division 019. Division 019 needs to be repealed effective at 11:59PM on 2/29/2024 to allow Division 115 rules to become effective at 12:00AM on 3/1/2024.

CHANGES TO RULE:

855-019-0220

Drug Utilization Review (DUR)

- (1) A pharmacist shall maintain a record for each patient that contains easily retrievable information necessary for the pharmacist to perform a DUR and to identify previously dispensed drugs at the time a prescription or drug order is presented for dispensing or preparing for administration. The pharmacist shall make a reasonable effort to obtain, record, and maintain the following information:¶
- (a) Full name of the patient for whom the drug is prescribed;¶
- (b) Address and telephone number of the patient;¶
- (c) Patient's gender, age or date of birth;¶
- (d) Chronic medical conditions and disease states of the patient;¶
- (e) A list of all drugs or devices the patient is currently obtaining at that pharmacy showing the name of the drug or device, strength of the drug, the quantity and date received, and the name of the prescribing practitioner;¶
- (f) Known allergies, adverse drug reactions, and drug idiosyncrasies;¶
- (g) Pharmacist comments relevant to the individual's drug therapy, including any other information specific to that patient or drug; and¶
- (h) Additional information, which may relate to DUR, or for the monitoring of the patient as appropriate.¶
- (2) Patient records shall be maintained for at least three years.¶
- (3) The pharmacist or intern shall perform a DUR prior to dispensing or preparing for administration any prescription or refill.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0230 Counseling ¶

- (1) The Pharmacist or Intern must orally counsel the patient or patient's agent on the use of a drug or device as appropriate:¶
- (a) The Pharmacist or Intern must counsel the patient on a new prescription and any changes in therapy, including but not limited to a change in directions or strength, or a prescription which is new to the pharmacy;¶ (b) Only the Pharmacist or Intern may accept a patient's or patient's agent's request not to be counseled. If, in their reasonable professional judgment, the Pharmacist or Intern believes that the patient's safety may be affected, the Pharmacist or Intern may choose not to release the prescription until counseling has been completed:¶
- (c) The Pharmacist or Intern that provides counseling or accepts the request not to be counseled must document the interaction;¶
- (d) A Pharmacist must not allow non-Pharmacist personnel to release a prescription that requires counseling, or accept the request not to be counseled;¶
- (e) For a prescription delivered to a patient, except at a pharmacy or a pharmacy prescription locker, the Pharmacist must offer in writing, to provide direct counseling and information about the drug, including information on how to contact the Pharmacist:¶
- (f) For each patient, the Pharmacist or Intern must determine the amount of counseling that is reasonable and necessary under the circumstance to promote safe and effective use or administration of the drug or device, and to facilitate an appropriate therapeutic outcome for that patient.¶
- (g) When communicating (e.g. counseling, patient care services, billing) with a patient who prefers to communicate in a language other than English or who communicates in signed language, the Pharmacist or Intern must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 unless the Pharmacist is proficient in the patient's preferred language.¶

 (2) Counseling on a refill prescription must be such as a reasonable and prudent Pharmacist would provide
- including but not limited to changes in strength or directions.¶
- (3) A Pharmacist may provide counseling in a form other than oral counseling when, in their reasonable professional judgment, a form of counseling other than oral counseling would be more effective.¶
- (4) A Pharmacist or Intern must initiate and provide counseling under conditions that maintain patient privacy and confidentiality.¶
- (5) For a discharge prescription from a hospital, the Pharmacist must ensure that the patient receives appropriate counseling.

Statutory/Other Authority: ORS 689.205, 2021 HB 2359

Statutes/Other Implemented: ORS 689.151, ORS 689.155, 2021 HB 2359

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CHANGES TO RULE:

855-019-0240

Consulting Pharmacist Practice

- (1) Subject to the provisions of OAR 855-019-0100(4), a consulting pharmacist who provides services to any person or facility located in Oregon, must be an Oregon licensed pharmacist. ¶
- (2) A consulting pharmacist for an Oregon licensed healthcare facility must perform all duties and functions required by the healthcare facility's licensure as well as by any relevant federal and state laws and rules. ¶
 (3) A consulting pharmacist must maintain appropriate records of their consulting activities for three years, and make them available to the Board for inspection. ¶
- (4) A consulting pharmacist is responsible for the safe custody and security of all their records and must comply with all relevant federal and state laws and regulations concerning the security and privacy of patient information. ¶
- (5) A consulting pharmacist may store health protected records outside an Oregon licensed facility if registered as an Oregon Consulting or Drugless Pharmacy outlet as defined by OAR Chapter 855, division 41.¶
- (6) A consulting pharmacist for a facility that is required by the Board to have a consultant pharmacist but which does not have additional consulting requirements under the terms of its licensure with any other state agency, shall provide services that include but are not limited to the following: ¶
- (a) Provide the facility with policies and procedure relating to security, storage and distribution of drugs within the facility; ¶
- (b) Provide guidance on the proper documentation of drug administration or dispensing; ¶
- (c) Provide educational materials or programs as requested.

Statutory/Other Authority: ORS 689.205

NOTICE FILED DATE: 12/22/2023

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CHANGES TO RULE:

855-019-0250

Medication Therapy Management

- (1) Medication Therapy Management (MTM) is a distinct service or group of services that is intended to optimize the therapeutic outcomes of a patient. Medication Therapy Management can be an independent service provide by a pharmacist or can be in conjunction with the provision of a medication product with the objectives of:¶
- (a) Enhancing appropriate medication use;¶
- (b) Improving medication adherence;¶
- (c) Increasing detection of adverse drug events;¶
- (d) Improving collaboration between practitioner and pharmacist; and ¶
- (e) Improving outcomes.¶
- (2) A pharmacist that provides MTM services shall ensure that they are provided according to the individual needs of the patient and may include but are not limited to the following:¶
- (a) Performing or otherwise obtaining the patient's health status assessment;¶
- (b) Developing a medication treatment plan for monitoring and evaluating the patient's response to therapy;¶
- (c) Monitoring the safety and effectiveness of the medication therapy;¶
- (d) Selecting, initiating, modifying or administering medication therapy in consultation with the practitioner where appropriate:¶
- (e) Performing a medication review to identify, prevent or resolve medication related problems:¶
- (f) Monitoring the patient for adverse drug events;¶
- (g) Providing education and training to the patient or the patient's agent on the use or administration of the medication;¶
- (h) Documenting the delivery of care, communications with other involved healthcare providers and other appropriate documentation and records as required. Such records shall:¶
- (A) Provide accountability and an audit trail; and ¶
- (B) Be preserved for at least three years and be made available to the Board upon request except that when records are maintained by an outside contractor, the contract must specify that the records be retained by the contractor and made available to the Board for at least three years.¶
- (i) Providing necessary services to enhance the patient's adherence with the therapeutic regimen;¶
- (j) Integrating the medication therapy management services within the overall health management plan for the patient; and \P
- (k) Providing for the safe custody and security of all records and compliance with all relevant federal and state laws and regulations concerning the security and privacy of patient information.

Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0260

Collaborative Drug Therapy Management

- (1) As used in this rule "Collaborative Drug Therapy Management" (CDTM) means the participation by a practitioner and a pharmacist in the management of drug therapy pursuant to a written agreement that includes information on 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 practitioner and one pharmacist; or ¶
- (b) Is agreed to by 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, and one or more pharmacists.¶
- (2) A pharmacist shall engage in collaborative drug therapy management with a practitioner only under a written arrangement that includes:¶
- (a) The identification, either by name or by description, of each of the participating pharmacists;¶
- (b) The identification, by name or description, of each of the participating practitioners or group of practitioners;¶
- (c) The name of the principal pharmacist and practitioner who are responsible for development, training, administration, and quality assurance of the arrangement;¶
- (d) The types of decisions that the pharmacist is allowed to make, which may include: ¶
- (A) A detailed description of the types of diseases, drugs, or drug categories involved, and the activities allowed in each case:¶
- (B) A detailed description of the methods, procedures, decision criteria, and plan the pharmacist is to follow when conducting allowed activities;¶
- (C) A detailed description of the activities the pharmacist is to follow including documentation of decisions made and a plan or appropriate mechanism for communication, feedback, and reporting to the practitioner concerning specific decisions made. In addition to the agreement, documentation shall occur on the prescription record, patient profile, a separate log book, or in some other appropriate system;¶
- (D) Circumstances which will cause the pharmacist to initiate communication with the practitioner, including but not limited to the need for a new prescription order and a report of a patient's therapeutic response or any adverse effect.¶
- (e) Training requirement for pharmacist participation and ongoing assessment of competency, if necessary;¶
- (f) Quality assurance and periodic review by a panel of the participating pharmacists and practitioners:¶
- (g) Authorization by the practitioner for the pharmacist to participate in collaborative drug therapy; and ¶
- (h) A requirement for the collaborative drug therapy arrangement to be reviewed and updated, or discontinued at least every two years;¶
- (3) The collaborative drug therapy arrangement and associated records must be kept on file in the pharmacy and made available to any appropriate health licensing board upon request.¶
- (4) Nothing in this rule shall be construed to allow therapeutic substitution outside of the CDTM agreement. Statutory/Other Authority: ORS 689.205

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CHANGES TO RULE:

855-019-0265

Administration of Drugs

- (1) In accordance with ORS 689.655, a pharmacist may administer a drug or device as specified in this rule. ¶
- (2) A pharmacist who administers a drug or device must:¶
- (a) Observe, monitor, report, and otherwise take appropriate action regarding desired effect, side effect, interaction, and contraindication associated with administering the drug or device; and ¶
- (b) Ensure a record is kept for three years of such activities. This record shall include but is not limited to:¶
- (A) Patient identifier;¶
- (B) Drug or device and strength;¶
- (C) Route and site of administration;¶
- (D) Date and time of administration;¶
- (E) Pharmacist identifier.¶
- (3) The pharmacist must be acting:¶
- (a) Under the direction of or pursuant to a lawful prescription or order issued by a licensed practitioner acting within the scope of the practitioner's practice or;¶
- (b) In accordance with a written protocol or collaborative drug therapy agreement with a licensed practitioner.¶
- (4) The pharmacist must be able to document that they have received training on the drug or device to be administered and the route of administration. Such training may include a program approved by the ACPE, curriculum based programs from an ACPE-accredited college, state or local health department programs, training by an appropriately qualified practitioner, or programs approved by the Board.¶
- (5) The pharmacist may administer a drug or device in conjunction with training the patient or the patient's caregiver how to administer or self-administer the drug or device.

Statutory/Other Authority: ORS 689.205 Statutes/Other Implemented: ORS 689.655

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CHANGES TO RULE:

855-019-0300

Duties of a Pharmacist-in-Charge ¶

- (1) In accordance with OAR 855-041 and OAR 855-139, a pharmacy must, at all times have one Pharmacist-in-Charge (PIC) who is normally present in the pharmacy on a regular basis.¶
- (2) In order to be a PIC, a Pharmacist must have:¶
- (a) Completed at least one year of pharmacy practice; or ¶
- (b) Completed a board approved PIC training course either before the appointment or within 30 days after the appointment. With the approval of the board, this course may be employer provided and may qualify for continuing education credit.¶
- (3) A Pharmacist must not be designated PIC of more than three pharmacies without prior written approval by the board. If such approval is given, the Pharmacist must comply with the requirements in sub-section (4)(e) of this rule. Pharmacy Prescription Kiosks in OAR 855-141 and Pharmacy Prescription Lockers in OAR 855-143 do not count toward this limit.¶
- (4) The PIC must perform the following the duties and responsibilities:¶
- (a) When a change of PIC occurs, both the outgoing and incoming PICs must report the change to the board within 15 days of the occurrence, on a form provided by the board;¶
- (b) The new PIC must complete an inspection on the PIC Annual Self-Inspection Form, within 15 days of becoming PIC:¶
- (c) The PIC must not authorize non-Pharmacist employees to have unsupervised access to the pharmacy, except in the case of hospitals that do not have a 24-hour pharmacy where access may be granted as specified in OAR 855-041-0120:¶
- (d) In a hospital only, the PIC is responsible for providing education and training to the nurse supervisor who has been designated to have access to the pharmacy department in the absence of a Pharmacist;¶
- (e) A Pharmacist designated as PIC for more than one pharmacy must personally conduct and document a quarterly compliance audit at each location. This audit must be on the Quarterly PIC Compliance Audit Form provided by the board:¶
- (f) If a discrepancy is noted on a board inspection, the PIC must submit a plan of correction within the time allowed by the board.¶
- (g) The records and forms required by this section must be filed in the pharmacy, made available to the board for inspection upon request, and must be retained for three years.¶
- (5) The PIC is responsible for ensuring that the following activities are correctly completed: ¶
- (a) An inventory of all controlled substances must be taken within 15 days before or after the effective date of change of PIC, and must be dated and signed by the new PIC. This inventory must be maintained in the pharmacy for three years and in accordance with all federal laws and regulations;¶
- (b) Verifying, on employment and as appropriate, but not less than annually, the licensure of all pharmacy personnel who are required to be licensed by the board;¶
- (c) Conducting an annual self-inspection of the pharmacy using the annual Self-Inspection Form provided by the board, by July 1 each year. The completed self-inspection forms must be signed and dated by the PIC and retained for three years from the date of completion;¶
- (d) Conducting an annual inventory of all controlled drugs as required by OAR 855-080;¶
- (e) Performing a quarterly inventory reconciliation of all Schedule II controlled drugs.¶
- (f) Ensuring that all pharmacy staff have been trained appropriately for the practice site. Such training should include an annual review of the PIC Self-Inspection Form;¶
- (g) Implementing a quality assurance plan for the pharmacy.¶
- (h) The records and forms required by this section must be filed in the pharmacy, made available to the board for inspection upon request, and must be retained for three years.¶
- (6) The PIC, along with other licensed pharmacy personnel, must ensure that the pharmacy is in compliance with all state and federal laws and rules governing the practice of pharmacy and that all controlled substance records and inventories are maintained in accordance with all state and federal laws and rules.

Statutory/Other Authority: ORS 689.205 Statutes/Other Implemented: ORS 689.151, ORS 689.155

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CHANGES TO RULE:

855-019-0310

Grounds for Discipline

The State Board of Pharmacy may suspend, revoke, or restrict the license of a pharmacist or intern or may impose a civil penalty upon the pharmacist or intern upon the following grounds:¶

- (1) Unprofessional conduct as defined in OAR 855-006-0005;¶
- (2) Repeated or gross negligence;¶
- (3) Impairment, which means an inability to practice with reasonable competence and safety due to the habitual or excessive use of drugs or alcohol, other chemical dependency or a mental health condition;¶
- (4) Being found guilty by the Board of a violation of the pharmacy or drug laws of this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;¶
- (5) Being found guilty by a court of competent jurisdiction of a felony as defined by the laws of this state;¶
- (6) Being found guilty by a court of competent jurisdiction of a violation of the pharmacy or drug laws of this state or rules pertaining thereto or of statutes, rules or regulations of any other state or of the federal government;¶
- (7) Fraud or intentional misrepresentation in securing or attempting to secure the issuance or renewal of a license to practice pharmacy or a drug outlet registration;¶
- (8) Permitting an individual to engage in the practice of pharmacy without a license or falsely using the title of pharmacist;¶
- (9) Aiding and abetting an individual to engage in the practice of pharmacy without a license or falsely using the title of pharmacist;¶
- (10) Being found by the Board to be in violation of any violation of any of the provisions of ORS 435.010 to 435.130, 453.025, 453.045, 475.035 to 475.190, 475.805 to 475.995 or 689.005 to 689.995 or the rules adopted pursuant thereto; or \P
- (11) Failure to perform appropriately the duties of a pharmacist while engaging in the practice of pharmacy as defined in ORS 689.005.

Statutory/Other Authority: ORS 689.205

Statutes/Other Implemented: ORS 689.151, 689.155, 689.405, OL 2009, Ch. 756

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CHANGES TO RULE:

855-019-0460

Short-acting Opioid Antagonist ¶

- (1) A Pharmacist may prescribe any FDA-approved short-acting opioid antagonist (e.g., naloxone, nalmefene) and the necessary medical supplies to administer a short-acting opioid antagonist for opiate overdose:¶
- (a) When dispensing any opiate or opioid prescription in excess of 50 morphine milligram equivalents (MME); ¶
- (b) To an individual seeking a short-acting opioid antagonist; ¶
- (c) To an entity seeking a short-acting opioid antagonist.¶
- (2) A Pharmacist is not required to label the prescription according to OAR 855-041-1130 if dispensing a FDA-approved short-acting opioid antagonist in the form of a nasal spray. \P
- (3) The Pharmacist must document the encounter, the prescription and maintain records for three years. Statutory/Other Authority: ORS 689.205
- Statutes/Other Implemented: ORS 689.305, ORS 689.681, ORS 689.682, ORS 689.684, 2023 HB 2395, 2023 SB 450