



COLORADO
PHARMACISTS
SOCIETY



March 26th, 2020

Dear Governor Polis,

Thank you for your continued support of pharmacists and ensuring our ability to continue to provide care to our patients and communities. We would like to provide you a list of issues in priority order, both new issues and previous issues that we need help with.

NEW ISSUES

1. Have DORA issue rules to all licensed prescribers and pharmacists restricting prescribing and dispensing of chloroquine and hydroxychloroquine. At least six boards of pharmacy have taken action on this issue. Suggested language is below:

Prescriptions for Chloroquine and Hydroxychloroquine during COVID-19 Public Health Emergency

(1) Prescription drug orders for chloroquine or hydroxychloroquine may only be dispensed if:

(a) The prescription is a continuation of therapy begun prior to March 8, 2020; or

(b) The prescriber has provided a diagnosis code based on clinical findings for which the medication is medically indicated; or

(c) If written for a COVID-19 diagnosis, the patient is or has recently been hospitalized with a positive test result or presumptive diagnosis for COVID-19 infection.

(2) Dispensing prescriptions for chloroquine or hydroxychloroquine other than as outlined in this rule is prohibited.

(3) This temporary rule is in effect for the duration of the COVID-19 public health emergency or until rescinded.

Rationale:

Numerous pharmacists are reporting physicians and other providers self-prescribing chloroquine or hydroxychloroquine for themselves or family members. There is limited data to support of the use of these drugs in the treatment of COVID-19. Hospitals are reserving these drugs for patients that are seriously ill and without alternatives. No prophylactic use should be permitted.

2. Modify CRS 12-280-103 (49) to allow Colorado-licensed pharmacy interns who have met all curricular requirements of a board-approved school or college of pharmacy, whose intern license is in good standing, and who are within four months of sitting for their pharmacist licensure exams to work in a prescription drug outlet with the remote supervision of a licensed pharmacist.

Rationale:

Rural pharmacies in Colorado are at risk of closing should a pharmacist become ill or need to self-quarantine. Current statutes allow for a pharmacy technician to work in a telepharmacy outlet as long as a licensed pharmacist is connected to the telepharmacy. Recent waivers also allow for retired pharmacists with inactive licenses to practice in rural pharmacies. In the southeast corner of Colorado, there is one 80-year-old pharmacist who could step in. Pharmacy interns in their fourth and last year of professional training could provide pharmacy services with remote access and supervision of a licensed pharmacist.

PREVIOUSLY REQUESTED ISSUES – (EMAIL FROM MARCH 20TH, 2020)

1. Allow pharmacists to perform therapeutic substitution of medications in the same therapeutic class, without prescriber authorization, if shortages of prescribed agents occur.
 - a. **A suggestion on how to do – apply this statute to all settings, not just long term care facilities:** 12-280-103. Definitions - rules. Under 39(d) Practice of Pharmacy, c) provision of therapeutic interchange should be extended to all practice settings outside LTCF in the case of drug shortages and suspend the need for prior approval. However, should the need for therapeutic interchange occur and the provider not available, the pharmacist will make the substitution and notify the primary prescriber. (DORA with support from the Governor’s executive authority)

Rationale:

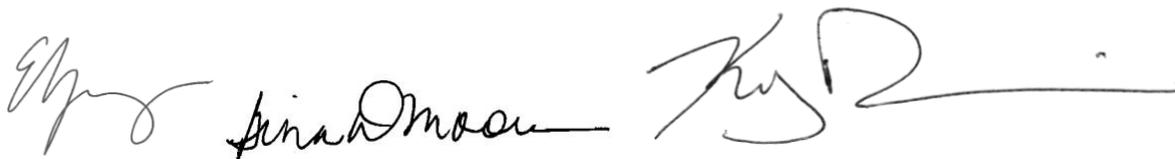
Pharmacies are seeing increases in drug shortages. With all trade being suspended by India (a major supplier of raw chemicals and generic drugs), further disruptions to the supply chain and drug shortages are predicted. Pharmacists are trained to recommend therapeutic interchanges. Currently, a pharmacist must contact a prescriber, recommend an alternative, wait for a call back, and hope the prescriber will respond before a patient runs out of medication. Providers and pharmacies are working at their limits; removing this barrier will allow prescribers to pharmacists to focus on delivering patient care and allow uninterrupted medication access for patients. If desired, CPS can provide a list of drug categories for which a pharmacist may perform a therapeutic substitution.

2. Waive the requirement in 12-280-125.5. Pharmacists' authority to dispense chronic maintenance drugs – rules - liability that limits one emergency supply in a 12-month period. (DORA)
3. Delay all pharmacy audits, which are time consuming and burdensome, and divert pharmacy staff away from crucial patient care, for the duration of the declared state emergency. (DOI)
4. Temporarily waive requirement for Board approved electronic prescription storage and inspection – **Board of Pharmacy Rule 11.04.10.** (DORA)
 - a. Keeping up with printing and filing of eRx is extremely difficult right now with the influx of volume and patient questions. This is a big administrative burden when we need to focus time on patients and cleaning. We have the electronic records when needed.
5. Allow pharmacists **independent prescriptive authority for non-chronic medication therapies for common ailments** to help lessen the burden of all health professionals right now and as facilities begin to fill up further. We **would suggest the following approach which is in place in Idaho:** (Would require an executive order)
 - a. PHARMACIST PRESCRIBING AND CLASSIFICATION AS HEALTHCARE PROVIDER GENERAL REQUIREMENTS.
 - ☐ A pharmacist may independently prescribe non-chronic drugs, drug categories and devices provided the following general requirements are met:
 - o Education. The pharmacist may only prescribe drugs or devices for conditions for which the pharmacist is educationally prepared and for which competence has been achieved and maintained.
 - o Patient-Prescriber Relationship. The pharmacist may only issue a prescription for a legitimate medical purpose arising from a patient-prescriber relationship
 - o Patient Assessment. The pharmacist must obtain adequate information about the patient’s health status to make appropriate decisions based on the applicable standard of care. The pharmacist must maintain an updated patient assessment protocol with evidence-based inclusion, exclusion and referral criteria.

- o Collaboration with Other Health Care Professionals. The pharmacist must recognize the limits of the pharmacist's own knowledge and experience and consult with and refer to other health care professionals as appropriate.
- o Follow-Up Care Plan. The pharmacist must develop and implement an appropriate follow-up care plan, including any monitoring parameters, in accordance with clinical guidelines.
- o Notification. The pharmacist must inquire about the identity of the patient's primary care provider; and, if one is identified by the patient, provide notification within five (5) business days following the prescribing of a drug. In the instance in which the pharmacist is prescribing to close a gap in care or to supplement a valid prescription drug order, the pharmacist must alternatively notify the provider of record.
- o Documentation. The pharmacist must maintain documentation adequate to justify the care provided, including, but not limited to the information collected as part of the patient assessment, the prescription record, and the follow-up care plan.
- o Prescribing Exemption. The general requirements set forth in this section do not apply to collaborative pharmacy practice agreements

Happy to discuss any of these requests further – we just want to make sure pharmacists can be as helpful as possible to help solve the crisis quickly and safely. Thank you for your tireless work to keep Coloradans healthy and safe!

Sincerely,

Three handwritten signatures in black ink. The first signature on the left is 'Emily Zadvorny', the middle one is 'Gina Moore', and the one on the right is 'Ky Davis'.

Emily Zadvorny, Executive Director of the Colorado Pharmacists Society

Gina Moore, President of the Colorado Pharmacists Society

Ky Davis, President of RxPlus