



**Board of Pharmacy**  
**Office of Professional Regulation**  
**Vermont Secretary of State**

*Members and OPR staff will participate remotely via videoconference.  
OPR recommends remote participation to everyone.*

**To join this meeting:**

- **visit OPR's Online Calendar:** [sos.vermont.gov/opr-event-calendar/](https://sos.vermont.gov/opr-event-calendar/)
- **select the date of the meeting.**
- **click the link to join or call the dial-in number specified.**

*If you cannot attend remotely, the physical location where a member of the public can attend and participate via videoconference terminal is Office of Professional Regulation, 89 Main Street, 3rd floor, Montpelier, VT 05602.*

**Agenda**

**Wednesday, July 27<sup>th</sup>, 2022, 9:00 a.m.**

- 1. Call to Order**
- 2. Changes to the agenda**
- 3. Approval minutes of June 29<sup>th</sup>, 2022**
- 4. Discipline:** None
- 5. Inspector Everett's quarterly report** – Derek Everett
- 6. Executive Officer Update**
  - a) Executive Officer Report
  - b) Entity License Approvals Since Last Month
- 7. Topics for Discussion**
  - a) Revised State Protocol for Clinical Pharmacy Prescribing - Epinephrine Auto-Injectors (see Appendix 1, below), revised to address feedback from Dr. Levine
  - b) FDA's Expanded EUA for Paxlovid and pharmacist prescribing
  - c) Status – Report Interdisciplinary Task Force on Clinical Dispensing and Compounding
  - d) Overview of Act 107, Telehealth licensure and Registration – Lauren Layman
- 8. Correspondence** – none
- 9. Other Business** - District 1 Nomination information for the Open Member Position on the NABP Executive Committee
- 10. Public Comment**
- 11. Discuss items for inclusion on next month's agenda**
- 12. Adjournment**

Next Scheduled Meeting – August 24<sup>th</sup>, 2022

## Appendix 1

### Vermont Pharmacist Prescribing Protocol – Epinephrine Auto-Injectors

#### Background

A pharmacist may prescribe epinephrine auto-injectors in a manner consistent with a valid State protocol approved by the Commissioner of Health, after consultation with the Director of Professional Regulation and the Board of Pharmacy (BOP). 26 V.S.A. § 2023(b)(2)(A)(i).

Pharmacists who independently prescribes epinephrine auto-injectors must follow this protocol. When prescribing per this protocol, the pharmacist is the prescriber-of-record.

#### Definitions

“Epinephrine auto-injector” means a single-use device that delivers a premeasured dose of epinephrine.

“Recipient” means the person to whom an epinephrine auto-injector is being supplied. The recipient might be someone other than the person for whom the use of the epinephrine auto-injector is intended. Per [16 V.S.A § 1388\(b\)](#), the recipient may be a school.

#### General Considerations

Prescribing an epinephrine auto-injector under this protocol requires the pharmacist to:

1. Have training and education in that area sufficient to perform the duties involved.
2. Document prescribing, including notifying the patient's primary care provider within 5 business days.
3. Keep a written copy of the protocol at each location from where prescriptions are issued for, or dispensing of, an epinephrine auto-injector occurs.
4. Provide a copy of the protocol available upon the request of an inspector.

Pharmacists and pharmacies are encouraged to post a notice or to otherwise alert customers that pharmacists may prescribe and dispense epinephrine auto-injectors.

#### Procedures

A pharmacist may prescribe an epinephrine auto-injector to a person at risk of experiencing anaphylaxis or to a person in a position to assist a person at risk of experiencing anaphylaxis.

When **such** an individual requests an epinephrine auto-injector, or when a pharmacist in his or her professional judgement offers to prescribe an epinephrine auto-injector to **such** an individual, the pharmacist shall complete the following steps:

1. Determine which product is best for the intended patient(s), i.e., pediatric, adult, cost, insurance coverage, ease of use, etc.
2. Determine if the patient has a primary care clinician and encourage them to seek routine primary care. If the patient does not have a primary care clinician, counsel patient on means of locating a provider, such as [VT-211](#) or, for [Medicaid beneficiaries, the Vermont Medicaid Provider lookup](#)
3. Counsel the recipient on the product dispensed and provide appropriate written information, to include:
  - a. administration
  - b. effectiveness
  - c. adverse effects
  - d. storage conditions and shelf-life
  - e. a recommendation that 911 be called if epinephrine is administered
  - f. any other information deemed necessary in the professional judgment of the pharmacist

A prescribing pharmacist, dispensing an epinephrine auto-injector pursuant to this protocol, shall not permit the recipient to waive the provision of the written information or the counseling required by this protocol, which should be in the primary language of the recipient.

### **Authorized Drugs**

1. Prescribing and dispensing done pursuant to this protocol is limited to FDA-approved epinephrine auto-injector products.
2. Selection of a product for which a prescription will be issued shall involve collection of information from the recipient regarding:
  - a. products available
  - b. recipient or patient preference
  - c. limitations in ability to administer a particular product
  - d. insurance coverage and other cost factors
  - e. Any other pertinent factor

### **Prescribing Records**

The pharmacist must generate a written or electronic prescription for any epinephrine auto-injector dispensed. The prescription must include all the information required by Administrative Rule 10.1. The prescription must be processed in the same manner that any other prescription is processed, pursuant to the applicable statutes and rules for the dispensing of prescription drugs. The prescription shall be kept on file and maintained for a minimum of three years, as required by the rules of the Vermont BOP. Pharmacists are reminded to adhere to record-keeping requirements for prescriptions paid for by Medicare and Medicaid, which may differ from those required by BOP.