

NABP/ AACP District IV


Jenni Wai, RPH., MBA
 Chief Pharmacist
 State of Ohio Board of Pharmacy

1

Legal Disclaimer

The following presentation was accompanied by an oral presentation on October 8, 2020 and does not purport to establish legal standards that are not contained in statutes, regulations, or other competent law. Statements contained in this presentation that are not embodied in the law are not binding on the State of Ohio Board of Pharmacy. Summaries of statutory and regulatory provisions that are summarized in this presentation do not purport to state the full extent of the statutory and regulatory requirements of the cited statutes and regulations.


I have no financial relationships to disclose.



2

Objectives


- Discuss the State of Ohio Board of Pharmacy's efforts in response to COVID-19.
- Identify changes to consult agreement expansion, remote order entry processing, and technician duties.



3

Who We License

	Licensing		
	Year 2019 (April)	Year 2018	Year 2017
WDDD	1,886	1,830	1,790
TDDD	20,417	19,983	19,815
Interns	3,123	3,001	2,980
Pharmacists	20,453	20,087	20,011
Home Medical Equipment Renewal			
HME	840	710	0
Technicians			
Certified	10,516	10,030	0
Registered	8,990	8,563	0
Trainee	5,883	4,449	0
Medical Marijuana Dispensaries (57) and Employees (407)			
Total	72,571	68,709	44,596



4

Who We License

- Terminal Distributors:
 - Pharmacies (institutional, retail, nuclear, compounding)
 - Prescriber Clinics (including prescriber compounding)
 - Vet Clinics & Animal Shelters
 - Office-based Opioid Treatment (OBOT) clinics
 - Opioid treatment facilities
 - Pain Management Clinics
 - Limited and Non-limited facilities



5



MISSION STATEMENT

The State of Ohio Board of Pharmacy shall act efficiently, consistently, and impartially in the public interest to pursue optimal standards of practice through communication, education, legislation, licensing, and enforcement.

6

Response to COVID-19

- Board issued more than 50 waivers and resolutions since March 2020.
 - Majority issued during first three months of pandemic.
 - List of waivers can be accessed here: www.pharmacy.ohio.gov/COVID
- Many issues were brought by licensees trying to figure how to continue providing care to the patients while stay-at-home order was in effect.



7

Main Considerations

- Patient Access to Care and Medication
- Provider Access to Drugs and Supplies
- Workforce Management



8

Patient Access to Care and Medication

- Extended emergency refill (30 DS for CIII-V, 3x in 12 mo., 90 DS for Non-CS).
- Home medication delivery and personally furnishing by nurses for opioid treatment programs (OTP).
- Authorize delivery of personally furnished medications via use of courier.
- Sale and shipment of patient specific drugs on unlicensed border states.



9

Patient Access to Care and Medication

- Providing services at alternate locations.
 - Satellite hospitals
 - Riots and protests
- Hydroxychloroquine and Chloroquine
 - Emergency board meeting
 - Protect supply during uncertain time
 - Continual change to refine limitations



10

Provider Access to Drugs and Supplies

- Drug shortage and hand sanitizer compounding.
- Reuse of PPE supplies in accordance with FDA policy.
- Distribution of shortage drugs by unlicensed, out-of-state facilities.
- Adopted FDA guidance for compounding, repackaging, and other distribution of drugs.
- Central compounding.
- Waiver of certain wholesale licensure application requirements for the Ohio Department of Health.



11

Workforce Management

- Remote order entry process for pharmacists, interns and techs.
- Expedited licensure process for drug distributors.
- Expedited onboarding of pharmacy technician trainees.
- Temporary reinstatement of lapsed or expired pharmacist licenses.
- Permits the waiver of the technician trainee: pharmacist ratio.



12

Consult Agreement Expansion

- Address treatment capacity and access to care issue during COVID-19.
- Authorizes delegation to Ohio-licensed APRN the management of consult agreement.
 - Certified Nurse Practitioner
 - Certified Nurse Midwife
 - Clinical Nurse Specialist
 - Physician Assistant
- Limited to hospitals and institutional settings.



13

House Bill 203

- Expands the current laws and physicians' ability to delegate pharmacist consults to their other collaborating partners for chronic disease management.
- Expands beyond institutional facility or hospital settings.
- Effective date pending (awaiting signature of Governor)
- Will require adoption of rules by Pharmacy, Nursing and Medical Boards.



14

Remote Order Entry

- Pharmacy intern and technicians must be under "direct supervision" of a pharmacist.
 - *A pharmacist may provide direct or personal supervision of pharmacy interns and pharmacy technicians conducting remote processing via technological means. If using technology, the pharmacy must have documented policies and procedures and other adequate safeguards to protect against patient harm and privacy incidents. A pharmacist providing personal supervision for remote processing via technology shall: (1) Be readily available to answer questions of a pharmacy intern or pharmacy technician; and (2) Be fully responsible for the practice and accuracy of the pharmacy intern, technician or technician trainee.*



15

Remote Order Entry

- Does not include dispensing of a drug.
- Provide criteria to which a pharmacy can conduct remote order entry.
- Positive identification of the pharmacist verifying the prescription is required.
- Remote order entry rules for pharmacists will be final filed shortly (OAC 4729:5-5-20 & 4729:5-9-02.14).



16

Remote Order Entry

- All waivers will remain effective until rescinded by the Board and will have 30 days for rescission to become effective.
- Pharmacy Technician rules are up for 5-year review.
 - Propose language to include remote order entry for technicians and pharmacy interns.
 - Rules will be reviewed at November 2020 Board meeting.




17

Questions

State of Ohio Board of Pharmacy
Jenni.Wai@pharmacy.ohio.gov

 www.pharmacy.ohio.gov

 contact@pharmacy.ohio.gov

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18