Board Members:

Ashley Schaber, Pharmacist (Chairperson)

Carla Hebert, Pharmacist

Ramsey Bell, Pharmacist

Sylvain Nouvion, Pharmacist

Julie McDonald, Pharmacist

Dylan Sanders, Pharmacy Technician

Sara Rasmussen, Public Member

Staff:

Michael Bowles, Executive Administrator

Briggham Perez, Licensing Supervisor

Amy Glenn, Licensing Examiner

Sarah Jones, Licensing Examiner

Upcoming Meetings:

February 19, 2026

ALASKA BOARD OF PHARMACY MEETING AGENDA

NOVEMBER 20, 2025

Discussion of the following topics may require executive session. Only authorized members will be permitted to remain in the Board/Zoom room during executive session.

Meeting Details

Meeting Name: **Alaska Board of Pharmacy Quarterly Meeting**

Meeting Start Time: **9:00 AM**

Meeting Start Date: **November 20, 2025**

Meeting End Time: **5:00 PM**

Meeting End Date: **November 20, 2025**

Meeting Locations: **Teleconference via Zoom™**

Meeting Registration Link:
https://us02web.zoom.us/meeting/register/n6r_55WPTR2GiOY47yi6Ww

Meeting ID: 899 2083 0591

Links

Board of Pharmacy Homepage: pharmacy.alaska.gov

Prescription Drug Monitoring Program State page: pdmp.alaska.gov

Agenda

1. Roll Call/Call to Order **9:00 AM**

2. Ethics Disclosures **9:02 AM**

3. Consent Agenda Items **9:03 AM**

- **A. Review/Approve Meeting Agenda**
- **B. Review Lost or Stolen Controlled Substances/DEA 106s - CONFIDENTIAL**
- **C. Adverse Drug Events**

4. Investigations Review **9:05 AM**

- **A. Holly Handley - Investigator, Division of Corporations, Business, and Professional Licensing**
  - **i. Investigative Report**
  - **ii. Case # 2025-000192 - EXECUTIVE SESSION**
  - **iii. Case # 2025-000399 - EXECUTIVE SESSION**
- **B. Billy Homestead - Senior Investigator, Division of Corporations, Business, and Professional Licensing**

5. Michael Bowles - Executive Administrator of the Board of Pharmacy, Division of Corporations, Business, and Professional Licensing **9:45 AM**

- **A. Discuss Projection of Upcoming Renewal Season**

6. Melissa Dumas - Administrative Operations Manager, Division of Corporations, Business, and Professional Licensing **10:00 AM**

- **A. 4th Quarter Fiscal Year 2025 Budget Report**

7. Industry Updates **10:30 AM**

- **A. Charles Semling, PharmD, RPh - Pharmacy & Ancillary Services Manager, Division of Health Care Services**
- **B. Brandy Seignemartin, PharmD - Executive Director, Alaska Pharmacy Association (AKPhA)**
- **C. Jennifer Adams, PharmD, EdD, FAPhA, FNAP - Associate Professor, L.S. Skaggs College of Pharmacy Idaho State University**

8. Public Comment Period **11:15 AM**

- **A. Public comments will be kept to 2 minutes per person.**

9. Unfinished Board Business **11:30 AM**

- **A. Regulations**
  - **i. Sylvan Robb - Director, Division of Corporations, Business, and Professional Licensing**
    - **a. Administrative Order 360**
  - **ii. Current Regulations Project Halted to Align with AO360**
  - **iii. Review Public Comments**
    - **a. Justin Ruffridge, PharmD - Director of Pharmacy, Inlet Pharmacy Group**
  - **iv. Standard of Care Changes**
    - **a. Ashley Schaber – Vaccines/Immunizations**
    - **b. Carla Hebert - Medipak**
    - **c. Sylvain Nouvion - Security**
    - **d. Julie McDonald - Pharmacist-in-Charge**
    - **e. Dylan Sanders- Labeling**
- **B. Statutes**
  - **i. Current Legislative Matters**
    - **a. SB 147 - PHARMACIST PRESCRIPTION AUTHORITY**
    - **b. HB 195 - PHARMACIST PRESCRIPTION AUTHORITY**
- **C. Pharmacies Turning Off E-Prescribing During Closures**
- **D. NABP Collaboration Addressing Workforce Well-Being**
- **E. Long Lasting Injectables and PDMP 12 AAC 52.865/AS 17.30.200**
- **F. Inspection Sheet Revisions**

10. Adjourn for Lunch **12:30 PM**

11. Roll Call/Call to Order **1:00 PM**

12. Lisa Sherrell - Prescription Drug Monitoring Program (PDMP) Manager, Division of Corporations, Business, and Professional Licensing **1:05 PM**

- **A. PDMP Updates**
- **B. Long Lasting Injectables in other State PDMPs**
- **C. Update of Letter Addressing Telemedicine Regulations**

13. Continue Unfinished Business **1:30 PM**

14. New Board Business **2:30 PM**

- **A. Identify Member to Provide an Update at AKPhA Convention**

B. FDA Launches Project Green List

C. Discuss AO360 Work Group - Identify Member to Lead Effort

D. Regulation Change Discussion

15. Tasks List Review and Update **4:30 PM**

16. Chair Final Comments **4:40 PM**

A. Next Quarterly Meeting – February 19, 2026

17. Adjourn

Alaska Board of Pharmacy

Agenda Item #1

Roll Call/Call to Order

Alaska Board of Pharmacy

Agenda Item #2

Ethics Disclosures

Alaska Board of Pharmacy

Agenda Item #3

Consent Agenda Items

Alaska Board of Pharmacy

Agenda Items #4

Investigations Review

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING

550 West Seventh Avenue, Suite 1500
Anchorage, AK 99501-3567
Main: 907.269.8160
Fax: 907.269.8156

MEMORANDUM

DATE: November 03, 2025

TO: Board of Pharmacy

THRU: Erika Prieksat, Chief Investigator BH

FROM: Holly Handley, Investigator

RE: Investigative Report for the November 20, 2025 Meeting

The following information was compiled as an investigative report to the Board for the period of August 05, 2025 thru November 03, 2025; this report includes cases, complaints, and intake matters handled since the last report.

Matters opened by the Paralegals in Anchorage and Juneau, regarding continuing education audits and license action resulting from those matters are covered in this report.

OPEN - 51

Case Number	Violation Type	Case Status	Status Date
OUT OF STATE PHARMACY			
2023-000147	Violation of licensing regulation	Investigation	01/19/2024
PHARMACIST			
2025-000501	Violation of License Regulation	Intake	06/09/2025
2025-000817	Violation of Profession Statute or Regulation	Intake	08/28/2025
2025-000006	Continuing education	Complaint	01/08/2025
2025-000102	Unprofessional conduct	Complaint	07/22/2025
2025-000543	License Application Review/Referral	Complaint	07/02/2025
2025-000675	PDMP Violation: Failure to Register	Complaint	07/22/2025
2025-000878	License Application Review/Referral	Complaint	10/24/2025

2025-000916	PDMP Violation: Failure to Register	Complaint	09/26/2025
2025-000961	PDMP Violation: Failure to Register	Complaint	10/15/2025

PHARMACIST IN CHARGE

2025-001009	Violation of License Regulation	Intake	10/21/2025
2025-000096	Violation of License Regulation	Complaint	06/06/2025

PHARMACY

2024-000802	Unlicensed practice or activity	Intake	09/03/2024
2024-000804	Unlicensed practice or activity	Intake	09/04/2024
2024-000821	Unlicensed practice or activity	Intake	09/06/2024
2024-000822	Unlicensed practice or activity	Intake	09/06/2024
2024-000823	Unlicensed practice or activity	Intake	09/06/2024
2025-000208	Action in another state	Intake	03/14/2025
2025-000477	Violation of License Regulation	Intake	06/03/2025
2025-000599	Violation of License Regulation	Intake	07/01/2025
2025-000744	Standard of care	Intake	08/07/2025
2025-000747	License Application Review/Referral	Intake	08/11/2025
2025-000955	Violation of License Regulation	Intake	10/06/2025
2025-000980	License Application Review/Referral	Intake	10/09/2025
2024-001104	Violation of License Regulation	Complaint	02/28/2025
2025-000818	Violation of License Regulation	Complaint	09/12/2025
2025-000857	Violation of License Regulation	Complaint	09/17/2025
2025-000954	Violation of License Regulation	Complaint	10/08/2025
2025-000970	Violation of License Regulation	Complaint	10/22/2025
2025-000136	Continuing education	Investigation	10/29/2025
2024-000831	Compliance Inspection	Closed-Division Inspection	

PHARMACY TECHNICIAN

2025-000859	License Application Review/Referral	Intake	09/09/2025
2025-000471	Violation of Profession Statute or Regulation	Complaint	06/16/2025

2025-000982	Unprofessional conduct	Complaint	10/15/2025
2025-000151	Unprofessional conduct	Investigation	04/01/2025
2025-000192	License Application Review/Referral	Investigation	06/17/2025
2025-000399	Violation of License Regulation	Investigation	07/14/2025

WHOLESALE DRUG DISTRIBUTOR

2025-000097	Violation of License Regulation	Intake	02/10/2025
2025-000203	Violation of License Regulation	Intake	03/12/2025
2025-000752	License Application Review/Referral	Intake	08/14/2025
2025-000819	License Application Review/Referral	Intake	08/29/2025
2024-000984	License Application Review/Referral	Complaint	06/25/2025
2025-000207	Violation of License Regulation	Complaint	06/13/2025
2025-000273	License Application Review/Referral	Complaint	04/24/2025
2025-000390	Violation of License Regulation	Complaint	05/15/2025
2025-000567	Violation of License Regulation	Complaint	08/14/2025
2025-000628	Unlicensed practice or activity	Complaint	08/04/2025
2025-000629	Unlicensed practice or activity	Complaint	08/04/2025
2025-000630	Unlicensed practice or activity	Complaint	07/31/2025
2025-000631	Unlicensed practice or activity	Complaint	08/04/2025
2025-000061	Violation of License Regulation	Investigation	10/27/2025

Closed - 58

Case #	Violation Type	Case Status	Closed	Closure
PHARMACIST				
2025-000694	License Application Review/Referral	Closed-Intake	10/14/2025	Review Complete
2025-000804	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000880	License Action in Another State	Closed-Intake	10/07/2025	Other (See Abstract)
2025-000960	PDMP Violation: Failure to Register	Closed-Intake	10/15/2025	Compliance
2025-000398	PDMP Violation: Failure to Register	Closed-Complaint	08/18/2025	No Action - No Violation

2025-000697	Violation of Profession Statute or Regulation	Closed-Complaint	10/13/2025	No Action - No Violation
2025-000706	PDMP Violation: Failure to Register	Closed-Complaint	08/28/2025	No Action - No Violation
2025-000787	PDMP Violation: Failure to Register	Closed-Complaint	10/23/2025	No Action - No Violation
2024-001175	License Application Review/Referral	Closed-Investigation	08/18/2025	Advisement Letter
2025-000019	License Application Problem	Closed-Investigation	10/21/2025	Advisement Letter
2025-000475	Violation of Profession Statute or Regulation	Closed-Investigation	09/02/2025	Advisement Letter
2025-000497	Violation of Profession Statute or Regulation	Closed-Investigation	10/27/2025	Advisement Letter
2025-000598	License Application Review/Referral	Closed-Investigation	09/02/2025	Advisement Letter
2025-000858	Violation of License Regulation	Closed-Investigation	10/29/2025	Advisement Letter
2025-000872	Violation of License Regulation	Closed-Investigation	10/06/2025	Advisement Letter

PHARMACIST IN CHARGE

2025-000535	PDMP Violation: Failure to Register	Closed-Investigation	10/07/2025	Advisement Letter
2025-000647	PDMP Violation: Failure to Register	Closed-Investigation	08/18/2025	Advisement Letter

PHARMACY

2024-000813	License Application Review/Referral	Closed-Intake	08/19/2025	Review Complete
2025-000571	Violation of License Regulation	Closed-Intake	08/27/2025	No Action - Lack of Jurisdiction
2025-000640	Violation of License Regulation	Closed-Intake	08/25/2025	Incomplete Complaint
2025-000745	Violation of License Regulation	Closed-Intake	09/10/2025	Incomplete Complaint
2025-000775	Unlicensed practice or activity	Closed-Intake	09/03/2025	Compliance
2025-000794	Compliance Inspection	Closed-Intake	09/02/2025	Compliance
2025-000796	Compliance Inspection	Closed-Intake	09/02/2025	Compliance
2025-000799	Compliance Inspection	Closed-Intake	09/02/2025	Compliance
2025-000802	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000803	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000805	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000806	Compliance Inspection	Closed-Intake	09/03/2025	Compliance

2025-000807	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000810	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000811	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000812	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000813	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000814	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000815	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000833	Compliance Inspection	Closed-Intake	09/03/2025	Compliance
2025-000834	Violation of License Regulation	Closed-Intake	10/06/2025	Incomplete Complaint
2025-000894	Violation of License Regulation	Closed-Intake	10/20/2025	Incomplete Complaint
2025-000498	Violation of Profession Statute or Regulation	Closed-Complaint	09/16/2025	No Action - Lack of Jurisdiction
2025-000420	Unlicensed practice or activity	Closed-Investigation	09/11/2025	License Action
2025-000463	License Application Review/Referral	Closed-Investigation	09/04/2025	Advisement Letter
2025-000604	License Application Review/Referral	Closed-Investigation	10/24/2025	Advisement Letter
2025-000620	Violation of License Regulation	Closed-Investigation	09/04/2025	Advisement Letter
2025-000692	Action in another state	Closed-Investigation	09/22/2025	Advisement Letter

PHARMACY TECHNICIAN

2025-000682	Violation of Profession Statute or Regulation	Closed-Intake	09/18/2025	Review Complete
2025-000757	Violation of License Regulation	Closed-Intake	10/10/2025	Incomplete Complaint
2024-001218	Continuing education	Closed-Investigation	08/05/2025	Advisement Letter

WHOLESALE DRUG DISTRIBUTOR

2025-000057	License Application Review/Referral	Closed-Intake	08/13/2025	Review Complete
2025-000704	License Application Review/Referral	Closed-Intake	09/16/2025	Review Complete
2025-000570	Violation of License Regulation	Closed-Complaint	08/25/2025	Other (See Abstract)
2024-001054	Violation of License Regulation	Closed-Investigation	10/21/2025	Advisement Letter
2024-001162	Violation of License Regulation	Closed-Investigation	08/19/2025	Advisement Letter

2024-001172	Violation of License Regulation	Closed-Investigation	08/19/2025	Advisement Letter
2025-000371	Violation of License Regulation	Closed-Investigation	10/14/2025	Advisement Letter
2025-000474	Violation of License Regulation	Closed-Investigation	09/18/2025	Advisement Letter
2025-000605	License Application Review/Referral	Closed-Investigation	10/13/2025	No Action - Minor Offense
2025-000667	Violation of License Regulation	Closed-Investigation	10/20/2025	Advisement Letter

END OF REPORT

Alaska Board of Pharmacy

Agenda Item #5

Executive Administrator Update

Alaska Board of Pharmacy

Agenda Item #6

Budget Report

Department of Commerce Community, and Economic Development
Corporations, Business and Professional Licensing

Summary of All Professional Licensing
Schedule of Revenues and Expenditures

Board of Pharmacy	FY 18	FY 19	Biennium	FY 20	FY 21	Biennium	FY 22	FY 23	Biennium	FY 24	FY 25	Biennium
Revenue												
Revenue from License Fees	$ 801,317	$ 213,770	$ 1,015,087	$ 631,105	$ 1,121,447	$ 1,752,552	$ 444,975	$ 1,169,195	$ 1,614,170	$ 1,256,105	$ 363,853	$ 1,619,958
General Fund Received					$ -	-	$ 29,810	$ 7,668	37,478	$ 120,240	$ -	120,240
Allowable Third Party Reimbursements	210	962	1,172	$ -	$ -	-	$ 1,650	$ 1,500	3,150	$ 1,588	$ 2,506	4,094
TOTAL REVENUE	$ 801,527	$ 214,732	$ 1,016,259	$ 631,105	$ 1,121,447	$ 1,752,552	$ 476,435	$ 1,178,363	$ 1,654,798	$ 1,377,933	$ 366,359	$ 1,744,292
Expenditures												
Non Investigation Expenditures												
1000 - Personal Services	204,727	194,745	399,472	199,334	278,612	477,946	284,719	335,119	619,838	411,918	538,265	950,183
2000 - Travel	13,704	8,299	22,003	2,641	-	2,641	6,363	14,252	20,615	11,602	12,223	23,825
3000 - Services	21,960	27,781	49,741	45,283	46,180	91,463	29,584	20,174	49,758	27,965	10,344	38,308
4000 - Commodities	-	26	26	521	-	521	82	90	172	300	-	300
5000 - Capital Outlay	-		-	-	-	-	-	-	-	-	-	-
Total Non-Investigation Expenditures	240,391	230,851	471,242	247,779	324,792	572,571	320,748	369,635	690,383	451,784	560,831	1,012,616
Investigation Expenditures												
1000-Personal Services	68,679	69,997	138,676	57,738	106,494	164,232	94,519	128,331	222,850	188,437	266,821	455,258
2000 - Travel		-	-	1,260	-	1,260	5,221	3,182	8,403	-	-	-
3023 - Expert Witness	-	-	-	-	-	-	-	-	-	-	-	-
3088 - Inter-Agency Legal	-	3,062	3,062	2,537	1,269	3,806	12,011	10,018	22,029	1,739	1,522	3,261
3094 - Inter-Agency Hearing/Mediation	-	-	-	694	152	846	1,758	68	1,826	15,943	-	15,943
3000 - Services other		400	400	269	216	485	338	545	883	675	322	997
4000 - Commodities		-	-	-	-	-	-	10	10	-	-	-
Total Investigation Expenditures	68,679	73,459	142,138	62,498	108,131	170,629	113,847	142,155	256,001	206,794	268,665	475,459
Total Direct Expenditures	309,070	304,310	613,380	310,277	432,923	743,200	434,595	511,790	946,384	658,578	829,496	1,488,075
Indirect Expenditures												
Internal Administrative Costs	150,986	155,128	306,114	164,443	191,897	356,340	182,236	190,056	372,292	204,294	223,291	427,585
Departmental Costs	78,139	81,374	159,513	58,131	75,431	133,562	76,951	76,872	153,823	102,391	131,642	234,033
Statewide Costs	30,555	27,069	57,624	33,868	52,856	86,724	47,667	50,400	98,067	58,103	68,693	126,796
Total Indirect Expenditures	259,680	263,571	523,251	256,442	320,184	576,626	306,854	317,328	624,182	364,788	423,626	788,414
			-			-						
TOTAL EXPENDITURES	**$ 568,750**	**$ 567,881**	**$ 1,136,631**	**$ 566,719**	**$ 753,107**	**$ 1,319,826**	**$ 741,449**	**$ 829,118**	**$ 1,570,566**	**$ 1,023,366**	**$ 1,253,122**	**$ 2,276,489**
Cumulative Surplus (Deficit)												
Beginning Cumulative Surplus (Deficit)	$ 275,216	$ 507,993		$ 154,844	$ 219,230		$ 587,570	$ 322,556		$ 671,801	$ 1,026,368	
Annual Increase/(Decrease)	232,777	(353,149)		64,386	368,340		(265,014)	349,245		354,567	(886,764)	
Ending Cumulative Surplus (Deficit)	$ 507,993	154,844		$ 219,230	$ 587,570		$ 322,556	$ 671,801		$ 1,026,368	$ 139,604	
Statistical Information												
Number of Licenses for Indirect calculation	5,680	6,203		5,934	6,917		6,542	6,428		6,856	6,887	

Additional information:

- *General fund dollars were received in FY21-FY24 to offset increases in personal services and help prevent programs from going into deficit or increase fees.*
- *Most recent fee change: Fee repealed FY25*
- *Annual license fee analysis will include consideration of other factors such as board and licensee input, potential investigation load, court cases, multiple license and fee types under one program, and program changes per AS 08.01.065.*

Sub Unit	(All)
PL Task Code	PHA1

Sum of Budgetary Expenditures	Object Type Name (Ex)			
Object Name (Ex)	**1000 - Personal Services**	**2000 - Travel**	**3000 - Services**	**Grand Total**
1011 - Regular Compensation	411,880.24			411,880.24
1014 - Overtime	2.30			2.30
1021 - Allowances to Employees	432.00			432.00
1023 - Leave Taken	69,292.03			69,292.03
1028 - Alaska Supplemental Benefit	29,572.50			29,572.50
1029 - Public Employee's Retirement System Defined Benefits	166.00			166.00
1030 - Public Employee's Retirement System Defined Contribution	25,181.20			25,181.20
1034 - Public Employee's Retirement System Defined Cont Health Reim	16,377.66			16,377.66
1035 - Public Employee's Retiremnt Sys Defined Cont Retiree Medical	3,991.23			3,991.23
1037 - Public Employee's Retiremnt Sys Defined Benefit Unfnd Liab	83,276.78			83,276.78
1039 - Unemployment Insurance	746.26			746.26
1040 - Group Health Insurance	136,319.90			136,319.90
1041 - Basic Life and Travel	37.52			37.52
1042 - Worker's Compensation Insurance	2,220.42			2,220.42
1047 - Leave Cash In Employer Charge	11,115.59			11,115.59
1048 - Terminal Leave Employer Charge	6,728.29			6,728.29
1053 - Medicare Tax	6,584.47			6,584.47
1062 - GGU Business Leave Bank Contributions	354.49			354.49
1069 - SU Business Leave Bank Contributions	140.94			140.94
1077 - ASEA Legal Trust	429.99			429.99
1079 - ASEA Injury Leave Usage	33.00			33.00
1080 - SU Legal Trst	203.30			203.30
1970 - Personal Services Transfer	(0.00)			(0.00)
2000 - In-State Employee Airfare		1,140.31		1,140.31
2001 - In-State Employee Surface Transportation		799.29		799.29
2002 - In-State Employee Lodging		951.39		951.39
2003 - In-State Employee Meals and Incidentals		300.00		300.00
2005 - In-State Non-Employee Airfare		538.50		538.50
2006 - In-State Non-Employee Surface Transportation		21.75		21.75
2007 - In-State Non-Employee Lodging		1,510.64		1,510.64
2008 - In-State Non-Employee Meals and Incidentals		662.00		662.00
2009 - In-State Non-Employee Taxable Per Diem		112.00		112.00
2010 - In-State Non-Employee Non-Taxable Reimbursement		1,617.94		1,617.94
2012 - Out-State Employee Airfare		40.00		40.00
2013 - Out-State Employee Surface Transportation		188.63		188.63
2015 - Out-State Employee Meals and Incidentals		552.50		552.50
2017 - Out-State Non-Employee Airfare		1,175.15		1,175.15
2019 - Out-State Non-Employee Lodging		2,900.58		2,900.58
2020 - Out-State Non-Employee Meals and Incidentals		1,065.80		1,065.80
2022 - Out-State Non-Employee Non-Taxable Reimbursement		1,837.09		1,837.09
2970 - Travel Cost Transfer		(3,190.99)		(3,190.99)
3000 - Training/Conferences			2,725.00	2,725.00
3002 - Memberships			250.00	250.00
3035 - Long Distance			96.27	96.27
3036 - Local/Equipment Charges			1.34	1.34
3044 - Courier			355.68	355.68
3045 - Postage			392.55	392.55
3046 - Advertising			488.02	488.02
3085 - Inter-Agency Mail			85.86	85.86
3088 - Inter-Agency Legal			7,793.04	7,793.04
Grand Total	**805,086.11**	**12,222.58**	**12,187.76**	**829,496.45**

Alaska Board of Pharmacy

Agenda Item #7

Industry Updates

Industry Update
Alaska Pharmacy Association

Brandy Seignemartin, PharmD
Executive Director

Brittany Keener, PharmD, MPH, BCPS, FAKPhA
President

Rural Healthcare Transformation Project

- $50 Billion
- $25 Billion of which is discretionary based on state scoring
- **Make Rural America Healthy Again:** Focuses on disease prevention, chronic disease management, behavioral health, and maternal/prenatal care.
- **Sustainable Access:** Aims to expand access to primary and specialty care, emergency services, and health technology by strengthening rural healthcare networks and partnerships.
- **Workforce Development:** Concentrates on developing and retaining a skilled rural healthcare workforce. This includes training for providers to practice at the top of their license and building broader care teams.
- **Innovative Care:** Involves creating flexible service delivery models and moving towards accountable payment models to shift care to lower-cost, community-based settings.
- **Tech Innovation:** Promotes the use of telehealth, remote monitoring, and data-sharing solutions while strengthening cybersecurity and preparing for future technologies.

Cicero Institute Report

- The cicero institute report titled 2025 Policy Strategies for Full Practice Authority scored all states based on pharmacists scope of practice.
- This metric is being used for states discretionary funding
- Alaska scored 3/10, nearly half of states rank higher than Alaska
- By passing HB195/SB147 pharmacists prescriptive authority we can raise our score
- By clarifying that pharmacists can order and interpret lab results we can raise our score

AACP/NABP District 6, 7, 8 Meeting Recap

- Hot topics: workplace wellbeing, Sequoia Project / QHIN, UPJE
- Alaska held up as a model for collaboration between the board of pharmacy, pharmacy association and college of pharmacy (along with ID, TX, and MO)
- Pharmacy technicians as Community Health Workers & policy considerations for advancing pharmacy technicians roles

AO 360

- AKPhA Recommended to the Board of Medicine to decrease regulations around cooperative practice agreements.

60th Annual Convention & Tradeshow

- February 20-22, 2026
- Hotel Captain Cook
- Friday night Casino night fundraiser for our advocacy fund
- Saturday night awards and 60th anniversary celebration

August 18, 2025

The Honorable Mike Dunleavy
Governor of Alaska
Alaska State House
P.O. Box 110001
Juneau, AK 99811

Re: Leveraging Local Pharmacists to Accelerate Rural Health Transformation & Maximize the Rural Health Fund

Dear Governor Dunleavy,

On behalf of the National Association of Chain Drug Stores (NACDS), the Alaska Pharmacy Association, the National Community Pharmacists Association, the Independent Pharmacy Cooperative, and the American Pharmacists Association, we appreciate the opportunity to help support and inform your state's rural health transformation strategy. The Rural Health Transformation Program, established through the One Big Beautiful Bill Act passed by Congress earlier this year, provides a critical opportunity to foster healthcare access, promote prevention, reduce chronic disease, and improve health outcomes across states. For decades, pharmacies and pharmacists have demonstrated their ability to help achieve these important goals, as the most accessible healthcare providers in the United States. Nearly 90% of Americans live within 5 miles of a community pharmacy[1] and 85% of adults in the U.S. say pharmacists are easy to access, the highest percentage of the tested options.[2] Pharmacies are open extended hours – including nights and weekends – when other healthcare providers are unavailable. There are also 15% more pharmacy locations compared to physician practices in low-income communities.[3] **As you develop personalized strategies to promote rural health transformation in your state, look to community pharmacies to execute your plans and bring real change to communities who need it most.** From chronic disease prevention and management services to substance and opioid use disorder screening, pharmacists offer communities robust clinical expertise and unmatched accessibility and convenience, yet have been vastly underutilized.

Include Payment for Pharmacist Services in Your Rural Health Transformation Strategy
Unlike other healthcare providers, pharmacists have not historically been paid for the clinical services they provide, but only the prescriptions they dispense. As a result, pharmacies have had limited opportunities to widely scale and sustain healthcare services for their communities. Implementing sustainable payment models for pharmacist services that align with the proven clinical value pharmacists provide can unlock new healthcare access, improve health outcomes, and reduce downstream costs, especially in rural and underserved areas. For example, up to $21.9 billion could be saved within the U.S. healthcare system by optimizing medication use[4] and pharmacists, as medication experts, are best positioned to capture these savings. As another example, pharmacy interventions saved $450 billion in healthcare costs during the COVID-19 public health emergency.[5]

[1] Berenbrok L, Tang S, et al. Access to community pharmacies: A nationwide geographic information systems cross-sectional analysis. JAPhA. July 2022. https://www.japha.org/article/S1544-3191(22)00233-3/fulltext
[2] Polling data Conducted by Morning Consult (Commissioned by NACDS). October 2023. https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-National.pdf
[3] Popovian R, Winegarden W, et al. Accessibility of adult immunizations in pharmacies compared to physician offices in low-income communities. JAPhA. Mar 2022. https://www.japha.org/article/S1544-3191(22)00094-2/fulltext
[4] Shrank WH, Rogstad TL, Parekh N. Waste in the US Health Care System: Estimated Costs and Potential for Savings. JAMA. Published online October 07, 2019322(15):1501–1509. doi:10.1001/jama.2019.13978
[5] Grabenstein JD. Essential services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions. JAPhA. Nov-Dec 2022. https://pubmed.ncbi.nlm.nih.gov/36202712/

Importantly, the Rural Health Transformation Program emphasizes several clinical areas where pharmacists' expertise and impact has been well documented – including chronic disease prevention and management, opioid and substance use disorder support, and mental health efforts. Payment for pharmacist services across these areas provides meaningful, scalable opportunity to maximize the Rural Health fund in your state.

- **Chronic Disease Prevention & Management:** Evidence shows that pharmacists can provide a range of activities to support chronic disease management including medication optimization, adherence interventions, and disease specific counseling. For example, one study evaluated clinical outcomes in patients with diabetes, with and without management by a pharmacist, and found that 40% of patients in the pharmacist intervention group had greater improvements in A1c, blood pressure, and statin goal attainment, compared to only 12 percent of patients in the usual care group.[6] Another study found that a 50% uptake of a pharmacist-prescribing intervention to improve blood pressure control was associated with $1.137 trillion in cost savings over 30 years.[7] The value and impact of pharmacy-provided chronic care services is further underscored as approximately 80% of Americans support pharmacists helping patients prevent chronic diseases.[8]

  Additionally, Nourish My Health, a public education campaign - led by the National Association of Chain Drug Stores together with 8 leading healthcare organizations[9] - highlights the connection between nutrition and better health. The campaign encourages people to get a baseline health screening, eat healthy food, and access resources and educational information through the campaign's website. This initiative includes participation from 20 pharmacy retailers representing 25,000 locations across all fifty states. The campaign has garnered more than 400 million impressions, 27,000 responses to a nutrition security survey, and 120,000 baseline health screenings.

- **Substance Use Disorders:** Given the current shortage of mental health and substance abuse treatment providers, leveraging pharmacies and pharmacists to help bridge access gaps can help meet patients' needs. One study found that community pharmacies were more prevalent than substance use disorder treatment centers – especially in rural counties – making them an important partner in enhancing access to prevention efforts in underserved areas.[10] In one pharmacist-physician collaborative care model, pharmacists conducted intake assessments and follow-up appointments with patients taking medication for opioid use disorder to further expand access to treatment. This program demonstrated promising retention rates with an estimated cost savings of $22,000.[11]

- **Mental Health:** Research indicates pharmacists can also help improve screening for mental health conditions and help provide linkage to care. For example, in one study pharmacists screened 3,726 patients for depression. Approximately 25% of the patients who completed the screening met the criteria for possible depression and were referred to their physician, and approximately 60% of those patients had initiated or modified treatment at the time of follow-up, [12] indicating that pharmacists are

[6] Prudencio J, Cutler T, Roberts S, Marin S, Wilson M. (2018). "The Effect of Clinical Pharmacist-Led Comprehensive Medication Management on Chronic Disease State Goal Attainment in a Patient-Centered Medical Home." *JMCP*. 24(5):423-429.
[7] Dixon DL, Johnston K, Patterson J, Marra CA, Tsuyuki RT. Cost-Effectiveness of Pharmacist Prescribing for Managing Hypertension in the United States. JAMA Netw Open. 2023;6(11).
[8] Polling data Conducted by Morning Consult (Commissioned by NACDS). October 2023. https://www.nacds.org/pdfs/Opinion-Research/NACDS-OpinionResearch-National.pdf
[9] In partnership with the Alzheimer's Association, American Cancer Society, the American Diabetes Association®, the Food is Medicine Institute at the Friedman School of Nutrition Science and Policy at Tufts University, AARP, the Alliance to End Hunger, and March of Dimes.
[10] Look, K., Kile, M., Morgan, K. et al. (2018). Community Pharmacies as Access Points for Addiction Treatment. Research in Social and Administrative Pharmacy, S1551-7411(18)30217-1. https://www.ncbi.nlm.nih.gov/pubmed/29909934
[11] Mospan C. Boss A. Smoking-Cessation Services in Community Pharmacies. U.S. Pharm. 2017;42(7):27-37. Shen X, Bachyrycz A, Anderson J, et al. Quitting patterns and predictors of success among participants in a tobacco cessation program provided by pharmacists in New Mexico. JMCP. 2014;20(6):579-87. Doi:10.18553.
[12] Rosser S, Frede S, Conrad WF, Heaton PC. Development, implementation, and evaluation of a pharmacist-conducted screening program for depression. J Am Pharm Assoc. 2013 Jan-Feb;53(1):22-9. doi: 10.1331/JAPhA.2013.11176. https://www.ncbi.nlm.nih.gov/pubmed/23636152

effective in helping to quickly identify undiagnosed patients with symptoms of depression and support access.

Revitalize & Extend the Healthcare Workforce by Expanding Authorities for Pharmacy Teams

Aside from misaligned payment models, pharmacists and pharmacy technicians are also underutilized as a result of outdated scope of practice restrictions that limit their ability to provide routine healthcare services, improve health outcomes, and save the healthcare system money. Pharmacists receive six years of advanced education and are clinically trained in a wide variety of disease states, in addition to optimizing medication use to yield better health outcomes. Current pharmacy school standards include anatomy and physiology, medical microbiology, pathology, medicinal chemistry, medication prescribing and administration, patient assessments, patient safety, and clinical experiential learning through real-world experience taking care of patients. Pharmacists must pass a national licensing exam in order to enter practice, yet are bound by a patchwork of restrictive laws and regulations across states. In fact, on the basis of both word count and total restrictions, pharmacy is the most regulated compared to nursing and medicine.[13] These archaic restrictions stifle innovation, limit access to healthcare services, and undermine efforts to improve health, especially in rural and underserved areas.

Leveraging pharmacists and pharmacy technicians to the top of their skills and expertise is key to unlocking accessible and convenient healthcare options across your state. Enacting a "standard of care" approach to pharmacy practice recognizes and empowers pharmacists to use their professional judgment and robust clinical training to provide effective healthcare for their communities and the public. This model is permissive in nature, evolving with new evidence, education, and technology and requires fewer legislative and regulatory updates given the less prescriptive law.[1]

Further, leveraging advances in technology and innovation can further extend the reach and impact of pharmacy-delivered care. For example, empowering pharmacies to deploy centralized filling facilities that utilize automation to streamline prescription preparation and allowing pharmacy personnel to participate in remote prescription processing, without burdensome restrictions, enables pharmacies to shift work that can be safely completed offsite when needed. Supporting modernized pharmacy technology and efficiency models frees up onsite pharmacy staff to focus on patient-facing activities, including routine healthcare services, like chronic disease prevention and management.

Additionally, expanded duties of pharmacy technicians have proven safe and effective in bolstering pharmacies' capacity to meet public demand for healthcare services. Having the flexibility to assign technical and nondiscretionary work to a supporting team of pharmacy technicians enables pharmacists to redirect their time toward the activities that require pharmacists' clinical expertise and advanced-level training. These models better balance responsibilities across the pharmacy team, in addition to improved pharmacy team satisfaction, more time for pharmacists to provide clinical care, and enhanced perceived value to patients.[14]

In summary, the Rural Healthcare Transformation Program offers states a prime opportunity to fully leverage creative and innovative solutions to reimagine healthcare access for your citizens and communities. Pharmacies across your state can help you to answer that call with the right support – including payment for pharmacist-provided healthcare services and expanded authorities for pharmacists and pharmacy technicians. We welcome the opportunity to work together to support your state's rural healthcare transformation strategy. For questions or further discussion, please contact NACDS' Mary Staples, Director of State Government Affairs, at mstaples@nacds.org.

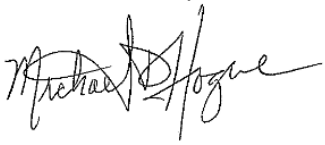
[13] Adams AJ. Transitioning pharmacy to "standard of care" regulation: Analyzing how pharmacy regulates relative to medicine and nursing. Research in Social and Administrative Pharmacy. Oct 2019. https://www.sciencedirect.com/science/article/abs/pii/S155174111830562X

Sincerely,

Steven C. Anderson, FASAE, CAE, IOM
President and Chief Executive Officer
National Association of Chain Drug Stores

Brandy Seignemartin, Pharm.D.
Executive Director
Alaska Pharmacy Association

B. Douglas Hoey, R.Ph., M.B.A.
Chief Executive Officer
National Community Pharmacists Association



Michael D. Hogue, PharmD, FAPhA, FNAP, FFIP
Executive Vice President and CEO
American Pharmacists Association

Marc Essensa
President & CEO
Independent Pharmacy Cooperative

CC:
Emily Ricci, Alaska Department of Health
Annalisa Haynie, Alaska Department of Health

###

NACDS represents traditional drug stores, supermarkets and mass merchants with pharmacies. Chains operate over 40,000 pharmacies, and NACDS' member companies include regional chains, with a minimum of four stores, and national companies. Chains employ nearly 3 million individuals, including 155,000 pharmacists. They fill over 3 billion prescriptions yearly, and help patients use medicines correctly and safely, while offering innovative services that improve patient health and healthcare affordability. NACDS members also include more than 900 supplier partners and over 70 international members representing 21 countries. Please visit NACDS.org.

Founded in 1898, the National Community Pharmacists Association **is the voice for the community pharmacist**, representing over **18,900 pharmacies** that **employ more than 205,000 individuals** nationwide. Community pharmacies are **rooted in the communities where they are located** and are among **America's most accessible health care providers**. To learn more, visit www.ncpa.org.

APhA is the only organization advancing the entire pharmacy profession. APhA represents pharmacists, student pharmacists, and pharmacy technicians in all practice settings, including but not limited to community pharmacies, hospitals, long-term care facilities, specialty pharmacies, community health centers, physician offices, ambulatory clinics, managed care organizations, hospice settings, and government facilities. Our members strive to improve medication use, advance patient care, and enhance public health.

About Independent Pharmacy Cooperative (IPC): IPC is a member-owned GPO dedicated to supporting independent pharmacies across the United States. For over 40 years IPC has focused on advocacy, purchasing power, and operational excellence, empowering pharmacies to thrive in an ever-evolving healthcare landscape.

Alaska Board of Pharmacy

Agenda Item #8

Public Comment Period

Alaska Board of Pharmacy

Agenda Item #9

Unfinished Board Business

Strategies for Boards to Get the Most Out of the AO 360 Regulatory Review Process

DCCED Boards and Regulations Resources
October 2025

Sara Chambers
Boards and Regulations Advisor
Agency Regulatory Liaison

Introduction

Administrative Order 360 was issued by Governor Dunleavy on August 4, 2025, with the purpose of improving the quality, transparency, and efficiency of the State's regulatory environment by:

- Promoting growth and investment in Alaska by reducing administrative and economic burdens associated with regulatory compliance, including removing barriers, finding solutions, and identifying alternative pathways.
- Streamlining permitting processes and improving coordination and efficiency within all permitting departments.
- Ensuring boards and commissions adjust regulatory structures as necessary to maintain critical consumer protection while eliminating unnecessary barriers to entry for new professionals.
- Engaging stakeholders early and continuously in the regulatory development and reform process.
- Ensuring all regulations are clearly written, legally sound, and supported by a demonstrated need.
- Regularly evaluating existing regulations for effectiveness, redundancy, clarity, and impact.
- Reducing the regulatory burden on all Alaskans.

As a board with regulatory authority, under the AO you are required to engage in a process that includes the steps below to produce the following deliverables:

- By December 29 (LBC, AIDEA, AEA, AOGCC, RCA)/February 13 (CBPL and AMCO): Produce a *Regulatory Reform Plan* to reduce your regulatory requirements by 15% by December 31, 2026, and 25% by December 31, 2027 (cumulative), in accordance with the *Regulatory Reduction Guide.* At a minimum, each proposed plan for regulatory reform must:
    - List each specific regulation identified for reform;
    - Include a decisional document identifying recommendations received, how they were considered for inclusion in the *Plan,* and (if appropriate) reasons for rejection;
    - Propose how the agency will organize the regulations identified for reform into discrete projects for submittal to the Department of Law for preliminary review;
    - Identify whether agency staff will be drafting the revised regulations or whether the agency is requesting drafting assistance from the Department of Law; and
    - Provide a timeline for submitting the draft revised regulations to the Department of Law for preliminary review.

  The plan may also include proposed reductions in guidance documents as a means to meet the reduction percentages.
- Propose regulation changes per the Administrative Procedures Act to meet adoption timelines in the board's approved *Regulatory Reform Plan.*
- By September 4, 2026, and periodically prior to publication: Submit updates to guidance documents for Department of Law review per the process outlined in the *Regulatory Reduction Guide*.
- By September 18, 2026: Submit to the Agency Regulatory Liaison their projected regulatory plan that lists all anticipated rulemaking actions for the subsequent state fiscal year

As volunteer boards with many existing time-sensitive responsibilities, this task may seem daunting. However, it is truly an opportunity. This guide will assist you in strategizing -- not only to attain compliance but to produce excellence.

Engage the public, staff, and stakeholders
Cast a wide net for input. Stakeholders will have different perspectives, so invite the spectrum of those who interact with your regulations. These may be people or entities who are regulated, those who receive services, partner agencies or organizations…even those who have been critical of the board in the past. Ask staff for their suggestions; they are the front line in answering calls, processing applications, or investigating complaints.

Ensure your board understands the mission and has the materials to be successful
If you haven't already done so, schedule a 30-minute introduction on AO 360 at your upcoming meeting, or schedule a special meeting to hear this information and strategize how you will wrap your arms around this initiative. The division director, lead staff, or I are happy to walk through our presentation about the goals and timeline and answer questions.

Staff will provide the following information, which you will need to perform your work well and to comply with the governor's deliverables and deadlines:

- *A decisional document listing any public comments received during the listening sessions or via email/mail.* This document will include space for your board to consider how to respond and to codify your response, which is required.
- *List of regulations and number of discretionary requirements in each section.*
  You are required to present an overview of how you plan to change the regulation and to list the number and percentage of reductions expected from this change. You'll also need to indicate whether you expect to need attorney help in drafting, how you plan to package your regulations into manageable projects, as well as your timeline for completion.
- *List of guidance documents and their length.*
  You are not required to include reductions in guidance documents as part of your 15% or 25% reductions but streamlining regulations should naturally produce streamlined guidance. Adopting clear and concise regulations reduces the need to explain them. You can use these reductions in guidance documents to help meet these reduction goals.
- *Suggestions for regulatory or guidance document improvements from their perspective.*
  Staff should include their ideas for changes, especially to administrative burdens that hold back effective outcomes, outdated or unnecessary requirements, errors, and stumbling blocks that generate confusion.
- *A correct and current copy of your statutes, other agency statutes, regulations, and relevant federal codes that impact your program.*
  The assignment includes reviewing all regulations, not just responding to public comments. Having these materials at your fingertips can ease the hunt for applicable information, especially when double-checking what regulations may be discretionary.
- *The Regulatory Reduction Guide issued by the Department of Law*, as well as any additional relevant guidance from the Agency Regulatory Liaison.

Organize according to your board's strengths
Board chairs should think about the strengths, skill sets, and makeup of their team, then suggest an efficient pathway to tackling the regulatory review process. Some ideas:

- *Schedule additional meetings so the entire board engages in the work.* This is most effective with smaller boards when committees might not make sense.
- *Divide and conquer:*
  - *Assign each member a section to analyze and report back to the board.*
    This can be successful if the section is linked to type of license or expertise held by the board member. For example, someone holding the engineer or physician seat could review the technical sections that might not be within the knowledge base of a public member. The public member could review the sections relating to investigations or administration, which may relate best to the consumer experience and not require technical expertise.
  - *Form a committee of board members to review the regulations and report back to the board.*

This may be best suited to members who are critical readers and excel at documentation, policies, procedures, etc. They can dig deep and may even enjoy the process. Other members of the board could independently review public-facing guidance documents or pick up work outside of AO 360 to help lighten the load for those serving on the committee.

- *Form a work group of board members and key public persons, such as industry or representatives of certain constituencies.*
  The board should identify these members in the motion when they vote to create the work group. While the public should be invited to offer input, not every person who calls in may merit a seat at the table. The work group ensures varied perspectives are presented and heard.

As a reminder, meetings of committees and workgroups must be publicly noticed. To ensure transparency and complete engagement and awareness by all members, your *Regulatory Reform Plan* should be approved by a roll call vote on the record of a public meeting.

Review all regulations with a fresh lens

The initiative provides boards with an opportunity to review all of their regulations afresh; given the myriad complex priorities of a regulatory board, a comprehensive regs review may not be part of an established rhythm. To maximize the value of the project, ensure that members approach it with the goals of AO 360 in mind: Seeking to reduce regulatory burdens, streamline and modernize requirements, and eliminate unnecessary barriers to entry.

Keep in mind that this does not include jeopardizing the safety of the public. However, it does create accountability among boards for using their highest faculties in determining whether existing standards and processes are appropriate. Strategies boards might use to approach this project include:

- Using a framework or system to adhere to the principles of "right-touch regulation." (If you are unsure what this term means or do not currently use a decisionmaking framework, please contact your Boards and Regulations Advisor.)
- Avoiding the trap of "this is how we have always done it." Is it necessary? Does it prevent a likely harm? If so, is it reasonable? If not, why require it?
- Ensuring you don't have requirements that are not actionable, e.g., don't request criminal background information if you may not take action based on that information.
- Maintaining arbitrary standards and timeframes that are not based on research, proven national standards, or other objective criteria.
- Thinking that a "may" in statute means a "shall": Just because you have the authority to adopt a regulation doesn't mean you have to.
- Digging into changes you have always wanted to make—or addressing changes that stakeholders have requested—but the board hasn't had time to address.
- Updating to modern standards—don't miss references to fax machines, unnecessarily notarizing documents, defunct organizations, etc.
- Looking for alternative pathways to accomplish similar goals, including attestations instead of submitting documents where that makes sense, identifying steps that can be eliminated because another agency has already checked the information, etc.

Prepare to defend what can't change:

- Identify baseline public safety standards that can't be lowered and include a rationale for why they are important.
- Identify statutory or federal requirements that are inflexible. Per the *Drafting Manual for Administrative Regulations,* eliminate repetition of those requirements in regulation unless they provide clarity or are advised by your attorney.

Conclusion

This Administrative Order is ambitious, but it is reachable with organization and intention. Every member will need to set aside additional time to engage with the process. Communicate concerns with your lead staff, who can work with your Agency Regulatory Liaison to answer questions and find solutions.

Chapter 52. Board of Pharmacy.

(Words in **boldface and underlined** indicate language being added; words [CAPITALIZED AND BRACKETED] indicate language being deleted. Complete new sections are not in boldface or underlined.)

The introductory language of 12 AAC 52.020(b)(1) is amended to read:

(1) a complete [NOTARIZED] application on a form provided by the department that includes

•••

12 AAC 52.020(f) is amended to read:

(f) A pharmacy that has changed its name, ownership, or physical address shall notify the board in writing not later than 30 days after the change. A notification of a change [OF PHYSICAL ADDRESS] must include

(1) a copy of a current and active license from the home jurisdiction showing the change in name, ownership, or physical address; and

(2) an attestation that a new self-inspection will be completed not later than 30 days after the start of business in the new location.

(Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 2/11/2004, Register 169; am 2/15/2006, Register 177; am 1/17/2007, Register 181; am 12/28/2022, Register 244; am 7/15/2023, Register 247; am 1/19/2024, Register 249; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.157 **AS 08.80.268** [AS 08.80.270]
AS 08.80.030 AS 08.80.159 AS 08.80.330

12 AAC 52.070(b)(1) is amended to read:

(1) a complete [,NOTARIZED] application on a form provided by the department; the application must include a statement from the applicant attesting to the applicant's fluency in reading, writing, and speaking the English language;

(Eff. 1/16/98, Register 145; am 2/15/2006, Register 177; am 7/1/2007, Register 182; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am 1/19/2024, Register 249; am 5/19/2024, Register 250; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.110 **AS 08.80.268** [AS 08.80.270]
AS 08.80.030 AS 08.80.116

12 AAC 52.095(a)(1) is amended to read:

(1) a complete [NOTARIZED] application on a form provided by the department;

(Eff. 7/1/2007, Register 182; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am 1/19/2024, Register 249; am 5/19/2024, Register 250; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.145

12 AAC 52.100(a) is amended to read:

(a) The board will issue a temporary pharmacist license to an applicant for licensure if the applicant

(1) submits a completed application for licensure;

(2) provides certified evidence of meeting the requirements in AS 08.80.110, AS 08.80.145, and this chapter;

(3) [REPEALED 2/26/2000;

(4) PROVIDES FOR THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY (NABP) TO NOTIFY THE BOARD THAT THE APPLICANT HAS

SUBMITTED A PRELIMINARY APPLICATION TO NABP FOR LICENSE TRANSFER;

(5)] pays the application fee, pharmacist license fee, and temporary license fee required in 12 AAC 02.310;

[(6) PASSES THE ALASKA PHARMACY JURISPRUDENCE EXAMINATION WITH A SCALED SCORE OF 75 OR ABOVE;

(7)] **(4)** has not been convicted of a felony or another crime that affects the applicant's ability to practice pharmacy competently and safely; and

(5) [(8)] submits a verification of a current license in good standing to practice in another state or other jurisdiction with licensing requirements at least equivalent to those of this state.

(Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 11/10/2001, Register 160; am 1/17/2007, Register 181; am 8/12/2007, Register 183; am 4/16/2016, Register 218; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.145 AS 08.80.155
AS 08.80.030 AS 08.80.150

12 AAC 52.120 is amended to read:

12 AAC 52.120. Review of pharmacy [PHARMACIST] intern license application.

(a) An applicant shall submit the items required in (b) of this section for review and approval by the executive administrator. An application that does not clearly demonstrate qualifications for licensure must be reviewed and approved by the board.

(b) A **pharmacy** [PHARMACIST] intern license will be issued to an applicant who

(1) submits a complete [, NOTARIZED] application on a form provided by the department;

(2) pays the applicable fees established in 12 AAC 02.310;

(3) is

(A) presently enrolled in a college of pharmacy accredited by the ACPE and is satisfactorily progressing toward meeting the requirements for licensure as a pharmacist;

(B) a graduate of an accredited professional degree program from a school or college of pharmacy within one year preceding the date of application; or

(C) a graduate of a college of pharmacy recognized by the Foreign Pharmacy Graduate Examination Committee of the National Association of Boards of Pharmacy; and

(4) certifies that the applicant has not been convicted of a felony or other crime that affects the applicant's ability to practice as a pharmacy intern competently and safely.

(c) A **pharmacy** [PHARMACIST] intern license is valid for five years.

(d) An individual must be licensed as a **pharmacy** [PHARMACIST] intern before beginning an internship in the state.

(e) A **pharmacy** [PHARMACIST] intern license supersedes a pharmacy technician license.

(f) The board will not renew a **pharmacy** [PHARMACIST] intern license. An applicant who wishes to continue an internship in the state after the license has expired must apply for a new **pharmacy** [PHARMACIST] intern license in accordance with this section.

(g) A pharmacy technician who obtains a **pharmacy** [PHARMACIST] intern license under this section may submit a request to the board in writing to voluntarily expire the pharmacy technician license. A voluntary expiration of pharmacy technician licensure is considered a non-disciplinary relinquishment of the ability to practice under that license. (Eff.

1/16/98, Register 145; am 2/11/2004, Register 169; am 2/15/2006, Register 177; am 1/17/2007, Register 181; am 11/16/2012, Register 204; am 7/9/2017, Register 223; am 6/29/2018, Register 226; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am 7/15/2023, Register 247; am 1/19/2024, Register 249; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.110 AS 08.80.116
AS 08.80.030

12 AAC 52.220 is amended to read:

12 AAC 52.220. <u>Pharmacy</u> [PHARMACIST] interns. (a) A **<u>pharmacy</u>** [PHARMACIST] intern may not represent that the **<u>pharmacy</u>** [PHARMACIST] intern is a pharmacist. Only a person licensed by the board as a **<u>pharmacy</u>** [PHARMACIST] intern may take, use, or exhibit the title of **<u>pharmacy</u>** [PHARMACIST] intern or any other similar term.

(b) Except as provided in (c) of this section, a **<u>pharmacy</u>** [PHARMACIST] intern may perform any duty of a pharmacist or pharmacy technician under the direct supervision of a pharmacist.

(c) A **<u>pharmacy</u>** [PHARMACIST] intern may not sign or initial any document that is required to be signed or initialed by a pharmacist unless the supervising pharmacist also signs or initials the document.

(d) Repealed 7/15/2023.

(e) A pharmacist supervising a **<u>pharmacy</u>** [PHARMACIST] intern

(1) must be licensed as a pharmacist and be in good standing with the board;

(2) shall provide direct supervision to an intern during professional activities throughout the entire period of the internship;

(3) repealed 4/3/2020;

(4) is responsible for the work of the **pharmacy** [PHARMACIST] intern; and

(5) may supervise more than one **pharmacy** [PHARMACIST] intern; more than one **pharmacy** [PHARMACIST] intern may not dispense simultaneously under the direct supervision of the same supervising pharmacist. (Eff. 1/16/98, Register 145; am 1/17/2007, Register 181; am 10/31/2019, Register 232; am 4/3/2020, Register 234; am 7/15/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.110 AS 08.80.410

AS 08.80.030 AS 08.80.116

12 AAC 52.245(e)(1) is amended to read:

(1) meeting the requirements of 12 AAC 52.310(b) if the license has been in retired status for less than **five** [TWO] years;

12 AAC 52.245(e)(2) is repealed:

(2) repealed ___/___/____ [MEETING THE REQUIREMENTS OF 12 AAC 52.310(c) IF THE LICENSE HAS BEEN IN RETIRED STATUS FOR MORE THAN TWO YEARS BUT LESS THAN FIVE YEARS]; or

(Eff. 1/19/2024, Register 249; am ____/____/_____, Register _____)

Authority: AS 08.01.100 AS 08.80.030 AS 08.80.147

12 AAC 52.310(b) is amended to read:

(b) The board will reinstate a **lapsed** pharmacist or pharmacy technician license [THAT HAS BEEN LAPSED LESS THAN TWO YEARS] if the applicant submits

(1) a completed renewal application;

(2) any applicable license renewal fees required under 12 AAC 02.310; [AND]

(3) documentation that the applicant has completed all continuing education requirements under 12 AAC 52.320 – 12 AAC 52.350 within the immediate two years before applying for reinstatement**; and**

(4) verification

(B) through a current National Association of Boards of Pharmacy electronic license transfer; or

(B) sent directly to the board by each licensing jurisdiction where the applicant holds, or as ever held, a license as a pharmacist or pharmacy technician during the time period in which the applicant's license was lapsed in the state that the applicant's license in the other jurisdiction was not suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education requirements.

12 AAC 52.310(c) is repealed:

(c) Repealed ____/____/_____ [THE BOARD WILL REINSTATE A PHARMACIST LICENSE THAT HAS BEEN LAPSED MORE THAN TWO YEARS BUT LESS THAN FIVE YEARS IF THE APPLICANT

(1) SUBMITS A COMPLETED APPLICATION FOR REINSTATEMENT ON A FORM PROVIDED BY THE DEPARTMENT;

(2) PAYS ANY APPLICABLE LICENSE RENEWAL FEES REQUIRED UNDER 12 AAC 02.310 FOR THE ENTIRE PERIOD THE LICENSE HAS BEEN LAPSED;

(3) SUBMITS DOCUMENTATION THAT THE APPLICANT HAS COMPLETED ALL CONTINUING EDUCATION REQUIREMENTS UNDER 12 AAC

52.320 – 12 AAC 52.350 WITHIN THE IMMEDIATE TWO YEARS BEFORE APPLYING FOR REINSTATEMENT;

(4) QUALIFIES BY

(A) RETAKING AND PASSING THE EXAMINATION REQUIRED UNDER 12 AAC 52.090(a); OR

(B) PROVIDING VERIFICATION THAT THE APPLICANT HAS CONTINUALLY PRACTICED PHARMACY IN ANOTHER STATE UNDER A LICENSE ISSUED BY THE AUTHORITY OF THAT STATE FOR THE PERIOD THAT THE LICENSE HAS BEEN LAPSED; FOR PURPOSES OF AS 08.80.147 AND THIS SUBPARAGRAPH, AN APPLICANT HAS CONTINUALLY PRACTICED PHARMACY IF THE PHARMACIST HAS ACTIVELY PRACTICED PHARMACY IN THE OTHER STATE OF AT LEAST SIX MONTHS DURING EACH YEAR THAT THE LICENSE IN THE STATE WAS LAPSED; AND

(5) SUBMITS A VERIFICATION ISSUED DIRECTLY TO THE BOARD BY EACH LICENSING JURISDICTION WHERE THE APPLICANT HOLDS, OR AS EVER HELD, A LICENSE AS A PHARMACIST OR PHARMACY TECHNICIAN DURING THE TIME PERIOD IN WHICH THE APPLICANT'S LICENSE WAS LAPSED IN THE STATE THAT THE APPLICANT'S LICENSE IN THE OTHER JURISDICTION WAS NOT SUSPENDED, REVOKED, OR OTHERWISE RESTRICTED EXCEPT FOR FAILURE TO APPLY FOR RENEWAL OR FAILURE TO OBTAIN THE REQUIRED CONTINUING EDUCATION REQUIREMENTS].

12 AAC 52.310(e) is amended to read:

(e) The board will not reinstate a pharmacy technician license that has been lapsed for

five [TWO] years or more.

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 8/21/2002, Register 163; am 2/11/2004, Register 169; am 5/26/2006, Register 178; am 9/17/2011, Register 199; am 8/1/2014, Register 211; am 1/19/2024, Register 249; am 5/19/2024, Register 250; am ____/____/_____, Register _____)

Authority: AS 08.01.100 AS 08.80.030 AS 08.80.165
AS 08.80.005 AS 08.80.147

12 AAC 52.340(a) is amended to read:

(a) The following programs will be accepted by the board as continuing education for pharmacists and pharmacy technicians under 12 AAC 52.320 and 12 AAC 52.325:

(1) any program presented by a provider accredited by the ACPE **or the Accreditation Council for Continuing Medical Education (ACCME)** that results in a continuing education certificate showing the date of the course and the ACPE **or ACCME** Universal Activity Number associated with the program;

(2) cardiopulmonary resuscitation (CPR) courses presented by the American Red Cross or the American Heart Association that lead to CPR certification; the board will accept no more than one contact hour of continuing education credit in a 24 month period for completion of a CPR course**;**

(3) any program presented or approved by the Alaska Pharmacy Association;

(4) a licensee practicing in Alaska that attends a board meeting will receive one hour of continuing education for every four hours per board meeting attended; the licensee must submit a written summary of the board meeting attended to receive credit.

Credit hours received by attending a board meeting will be assessed by the executive administrator for the board.

12 AAC 52.340(b) is amended to read:

(b) **A** [THE FOLLOWING PROGRAMS WILL BE ACCEPTED BY THE BOARD AS CONTINUING EDUCATION UNDER 12 AAC 52.325, WHEN THE SUBJECT CONTRIBUTES DIRECTLY TO THE PROFESSIONAL COMPETENCY OF A PHARMACY TECHNICIAN AND IS DIRECTLY RELATED TO PHARMACY PRINCIPLES AND PRACTICE:

(1) ANY PROGRAM PRESENTED OR APPROVED BY THE ALASKA PHARMACISTS ASSOCIATION;

(2) ANY] program presented or approved by the Pharmacy Technician Certification Board (PTCB) or the National Pharmacy Technician Association (NPTA) **will be accepted by the board as continuing education under 12 AAC 52.325 when the subject contributes directly to the professional competency of a pharmacy technician and is directly related to pharmacy principles and practice**.

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 5/15/2004, Register 170; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 10/31/2019, Register 232; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.147 AS 08.80.165
AS 08.80.030

12 AAC 52.350(e)(2)(B)(vi) is amended to read:

(vi) for a pharmacist renewal, the assigned ACPE **or ACCME**

Universal Activity Number associated with the program [UNIVERSAL PROGRAM NUMBER]. (Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 1/17/2007, Register 181; am 8/12/2007, Register 183; am 11/16/2012, Register 204; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.165 AS 08.80.261
AS 08.80.030

12 AAC 52.423(a)(1) is amended to read:

(1) submit to the department a complete [NOTARIZED] application on a form provided by the department;

(Eff. 9/17/2011, Register 199; am 10/31/2019, Register 232; am 7/15/2023, Register 247; am 1/19/2024, Register 249; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.157

12 AAC 52.446(b) is amended to read:

(b) During a disaster emergency declared by the governor, a pharmacist, **pharmacy** [PHARMACIST] intern, or pharmacy licensed or registered under AS 08.80 may participate in shared pharmacy services without applying for approval under 12 AAC 52.443 and 12 AAC 52.444.

12 AAC 52.446(c) is amended to read:

(c) Except as provided in (d) of this section, if a filling pharmacy or filling pharmacist or **pharmacy** [PHARMACIST] intern delivers a prescription medication directly to the patient or the patient's agent, the filling pharmacy or filling pharmacist or **pharmacy** [PHARMACIST]

intern shall provide, on the prescription container or on a separate sheet delivered with the prescription container, the local telephone number and, if applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist.

12 AAC 52.446(e)(1) is amended to read:

(1) the name, initials, or identification code of each pharmacist or **pharmacy** [PHARMACIST] intern responsible for the final verification of dispensing; and

12 AAC 52.446(g) is amended to read:

(g) Nothing in this section prevents a pharmacist who is employed by or working under a contract with the pharmacy, or prevents a licensed **pharmacy** [PHARMACIST] intern or pharmacy technician from accessing the electronic database of that pharmacy from inside or outside the pharmacy and processing a prescription drug order. (Eff. 4/3/2020, Register 234; am 8/30/2020, Register 235; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.470(c) is amended to read:

(c) Each time a prescription drug order refill is dispensed, the pharmacist or **pharmacy** [PHARMACIST] intern shall record the quantity and date of the dispensing.

12 AAC 52.470(d) is amended to read:

(d) A pharmacist or **pharmacy** [PHARMACIST] intern may dispense any quantity of a prescription drug order so long as the total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber, including refills**.**[;]

The introductory language of 12 AAC 52.470(g) is amended to read:

(g) Under (d) of this section, if the total quantity of a drug or device to dispense on an existing, chronic, non-controlled substance prescription drug order has been exhausted and the pharmacist is unable to reach the practitioner, a pharmacist or **pharmacy** [PHARMACIST] intern may continue to dispense a quantity not to exceed a 120-day supply. In this section,

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(Eff. 1/16/98, Register 145; am 6/29/2018, Register 226; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am 12/28/2022, Register 244; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.480(4) is amended to read:

(4) initials, which may be handwritten, of the dispensing pharmacist or **pharmacy** [PHARMACIST] intern;

(Eff. 1/16/98, Register 145; am 1/14/2004, Register 169; am 2/15/2006, Register 177; am 4/3/2020, Register 234; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.295 AS 08.80.480
AS 08.80.030

The introductory language of 12 AAC 52.490(a) is amended to read:

(a) Legend drug, device, and controlled substance prescriptions may be transmitted electronically under this section, consistent with state and federal laws. A pharmacist or **pharmacy** [PHARMACIST] intern may dispense a prescription transmitted electronically under

this section only if the prescribing practitioner includes the following information on the prescription before it is transmitted:

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(Eff. 1/16/98, Register 145; am 11/10/2001, Register 160; am 8/12/2007, Register 183; am 4/3/2020, Register 234; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.500(d)(3) is amended to read:

(3) the pharmacist, **pharmacy** [PHARMACIST] intern, or pharmacy technician who holds a national certification transferring the prescription drug order information shall record the following information:

(A) the name, address, and if a controlled substance, the DEA registration number of the pharmacy receiving the prescription drug order information;

(B) the name of the pharmacist, **pharmacy** [PHARMACIST] intern, or pharmacy technician who holds a national certification receiving the prescription drug order information;

(C) the name of the pharmacist, **pharmacy** [PHARMACIST] intern, or pharmacy technician who holds a national certification transferring the prescription drug order information; and

(D) the date of the transfer;

The introductory language of 12 AAC 52.500(d)(4) is amended to read:

(4) the pharmacist, **pharmacy** [PHARMACIST] intern, or pharmacy technician

who holds a national certification receiving the transferred prescription drug order information shall record the following information:

•••

12 AAC 52.500(d)(4)(E) is amended to read:

(E) the name of the pharmacist, **pharmacy** [PHARMACIST] intern, or pharmacy technician who holds a national certification transferring the prescription drug order information; and

(Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am 10/31/2019, Register 232; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am 1/19/2024, Register 249; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

The introductory language of 12 AAC 52.510(a) is amended to read:

(a) A pharmacist or **pharmacy** [PHARMACIST] intern may dispense an equivalent drug product or interchangeable biological product instead of the prescribed drug if

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(Eff. 1/16/98, Register 145; am 10/9/2008, Register 188; am 6/29/2018, Register 226; am 10/31/2019, Register 232; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.295

12 AAC 52.585(a) is amended to read:

(a) Following the review of a patient's records, if considered necessary by the pharmacist, a pharmacist or **pharmacy** [PHARMACIST] intern shall personally offer counseling to each patient or the patient's agent.

12 AAC 52.585(b) is amended to read:

(b) If a pharmacist or **pharmacy** [PHARMACIST] intern provides counseling, the pharmacist or **pharmacy** [PHARMACIST] intern may provide the counseling by any verbal, written, or electronic means.

12 AAC 52.585(d) is amended to read:

(d) Before dispensing an opioid prescription for the first time to a patient or patient's agent, or upon a dose increase, a pharmacist or **pharmacy** [PHARMACIST] intern shall advise the patient about the potential dangers of opioid dependency, overdose, and interactions. (Eff. 1/16/98, Register 145; am 5/15/2004, Register 170; am 7/9/2017, Register 223; am 12/28/2022, Register 244; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.480

12 AAC 52.595(a)(3) is repealed:

(3) repealed ___/___/____ [NO DRUGS DEFINED BY STATE OR FEDERAL LAW AS CONTROLLED SUBSTANCES ARE PLACED IN THE KIOSK, AND THE KIOSK HAS A CONSPICUOUSLY POSTED SIGN THAT STATES "THIS MACHINE DOES NOT CONTAIN CONTROLLED SUBSTANCES."; THE SIGN MUST USE A MINIMUM OF SIZE 72 FONT AND RED COLOR].

(Eff. 7/15/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.157

12 AAC 52.610(c) is amended to read:

(c) A wholesale drug distributor that has changed its name, physical address, or ownership must notify the board in writing not later than 30 days after the change. **The** [A] notification [OF A CHANGE OF PHYSICAL ADDRESS] must include

(1) a copy of a current and active license from the home jurisdiction showing the change in name, ownership, or physical address; and

(2) an attestation that a new self-inspection will be completed not later than 30 days after the start of business.

(Eff. 1/16/98, Register 145; am 8/21/2002, Register 163; am 1/17/2007, Register 181; am 6/29/2018, Register 226; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am 7/15/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.480
AS 08.80.030 AS 08.80.159

12 AAC 52.696(c) is amended to read:

(c) An outsourcing facility that has changed its name, physical address, or ownership must notify the board in writing not later than 30 days after the change. The notification must include

(1) a copy of a current and active license from the home jurisdiction showing the change in name, ownership, or physical address; and

(2) an attestation that a new self-inspection will be completed not later than 30 days after the start of business.

(Eff. 1/16/98, Register 145; am 8/21/2002, Register 163; am 1/17/2007, Register 181; am 6/29/2018, Register 226; am 10/31/2019, Register 232; am 12/28/2022, Register 244; am 7/15/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.480
AS 08.80.030 AS 08.80.159

12 AAC 52.697(c) is amended to read:

(c) A third-party logistics provider that has changed its name, physical address, or ownership must notify the board in writing not later than 30 days after the change. The notification must include

(1) a current and active license from the home jurisdiction showing the change in name, ownership, or physical address; and

(2) an attestation that a new self-inspection will be completed not later than 30 days after the state of business.

(Eff. 10/31/2019, Register 232; am 12/28/2022, Register 244; am 7/15/2023, Register 247; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.159 AS 08.80.480
AS 08.80.030

12 AAC 52.698(d) is amended to read:

(d) A manufacturer that has changed its name, physical address, or ownership must notify the board in writing not later than 30 days after the change. The notification [OF A CHANGE OF PHYSICAL ADDRESS] must include

(1) a current and active license from the home jurisdiction showing the

change in name, ownership, or physical address; and

(2) an attestation that a new self-inspection will be completed not later than 30 days after the state of business.

(Eff. 7/15/2023, Register 247; am 9/28/2024, Register 251; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.480
AS 08.80.030

12 AAC 52.985(f) is repealed:

(f) Repealed ____/____/_____ [DURING A DISASTER EMERGENCY DECLARED BY THE GOVERNOR OF THIS STATE,

(1) A PHARMACIST OR PHARMACIST INTERN MAY ADMINISTER IMMUNIZATIONS, IN ACCORDANCE WITH 12 AAC 52.992, WITHOUT OBTAINING OR MAINTAINING A CPR CERTIFICATE;

(2) REPEALED 5/19/2024;

(3) AN APPLICATION UNDER 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095, 12 AAC 52.120, 12 AAC 52.423, 12 AAC 52.610, 12 AAC 52.696, AND 12 AAC 52.697 DOES NOT NEED TO BE NOTARIZED]. (Eff. 10/31/2019, Register 232; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am 5/19/2024, Register 250; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.030

The introductory language of 12 AAC 52.992(a) is amended to read:

(a) Before a pharmacist or pharmacy technician who holds a national certification or a

pharmacy [PHARMACIST] intern acting under the supervision of a pharmacist may administer a human vaccine or related emergency medication to a patient who does not have immunization contraindications as listed by the CDC, FDA, or manufacturer's package insert, or to a patient under a prescription drug order from a prescriber, the pharmacist or pharmacy technician who holds a national certification or **pharmacy** [PHARMACIST] intern acting under the supervision of a pharmacist

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The introductory language of 12 AAC 52.992(c) is amended to read:

(c) A pharmacist or pharmacy technician who holds a national certification or a **pharmacy** [PHARMACIST] intern acting under the supervision of a pharmacist administering a human vaccine must

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(Eff. 7/9/2017, Register 223; am 4/3/2020, Register 234; am 5/19/2023, Register 246; am 1/19/2024, Register 249; am ____/____/_____, Register _____)

Authority: AS 08.01.075 AS 08.80.116 AS 08.80.261
AS 08.80.030 AS 08.80.168 AS 08.80.480

12 AAC 52.995(a)(28) is amended to read:

(28) "accredited provider" means an individual, institution, organization, association, corporation, or agency that is recognized by the ACPE **or the ACCME** as able to provide quality continuing education programs;

12 AAC 52.995(a) is amended by adding a new paragraph to read:

(48) "ACCME" means the Accreditation Council for Continuing Medical Education.

(Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002, Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195; am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am 10/31/2019, Register 232; am 4/3/2020, Register 234; am 8/30/2020, Register 235; am 7/15/2023, Register 247; am 1/19/2024, Register 249; am 5/19/2024, Register 250; am 9/28/2024, Register 251; am ____/____/_____, Register _____)

Authority: AS 08.80.005 AS 08.80.159 AS 17.30.900
AS 08.80.030 AS 11.71.900
AS 08.80.157 AS 17.30.200

(((Publisher: please replace the period that follows 12 AAC 52.995(a)(47) with a semicolon.)))

From:	Justin Ruffridge
To:	Board of Pharmacy (CED sponsored)
Subject:	Request to amend 12 AAC 52.200(d) to streamline PIC requirements for telepharmacies
Date:	Wednesday, October 15, 2025 11:41:32 AM

Board Members,

I'm writing to request a targeted amendment to **12 AAC 52.200(d)** to remove an unnecessary paperwork barrier for telepharmacy operations.

Today, **12 AAC 52.200(c)** provides a "notwithstanding" clause tied to telepharmacy (12 AAC 52.425) that ensures a pharmacist-in-charge (PIC) is physically present in the pharmacy for sufficient time to provide supervision and control, even where telepharmacy is used. **12 AAC 52.200(d)** separately states that a pharmacist may not serve as PIC for more than one pharmacy at a time **without the written permission of the Board**.

At the same time, the telepharmacy rule—**12 AAC 52.425(a)**—expressly recognizes that *"the pharmacist-in-charge of a remote pharmacy may supervise one or more remote pharmacies."* And as part of licensing, **applications already require designating a PIC for each remote pharmacy** (see 12 AAC 52.020(c) as amended draft text), so the Board already collects the responsible PIC information during licensure.

In practice, when a central pharmacy operates multiple remote pharmacies, the interplay of these sections means a PIC who is already disclosed and accountable must still obtain a separate Board permission under 12 AAC 52.200(d) to align with the multi-site telepharmacy model the regulations otherwise contemplate. This extra step functions as a regulatory and paperwork barrier without adding meaningful public-safety value, especially given the Board's existing oversight through licensing and 12 AAC 52.425's operational safeguards.

Requested action
Please adopt a narrow carve-out using the familiar "notwithstanding" structure in (c) to exempt telepharmacies from the (d) permission requirement. For example:

> **Proposed amendment (new subsection after 12 AAC 52.200(d))**
> "**(e)** *Notwithstanding (d) of this section, a pharmacist may serve as pharmacist-in-charge for more than one* ***remote pharmacy*** *licensed under 12 AAC 52.423 and operating under a telepharmacy system described in 12 AAC 52.425, without prior written permission of the board, provided the pharmacist complies with (a) and (c) of this section and with 12 AAC 52.425.*"

This language preserves:
• All PIC duties and physical-presence expectations in **12 AAC 52.200(a)–(c)**; and
• All telepharmacy safeguards in **12 AAC 52.425**;
while removing a duplicative administrative hurdle for multi-site telepharmacy configurations.

I appreciate the Board's continued work to ensure safe, timely access to pharmacy services across Alaska's remote communities. This change would maintain patient protections while better aligning the PIC framework with the telepharmacy model already authorized by regulation and reflected in licensing disclosures.

I appreciate your consideration. I'm happy to provide additional supporting information or

suggested redline formatting if helpful.

Sincerely,

Justin Ruffridge PharmD
Director of Pharmacy | Inlet Pharmacy Group

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Soldotna, Alaska
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justin@inletrxgroup.com

Below are my suggested edits to the Pharmacist-in-Charge (PIC) sections to reduce redundancy and clarify the regulations. The requirement is not for licensed pharmacists to be a PIC, but rather for a licensed facility to maintain a PIC. Therefore, it would seem to me that the responsibility would be for the licensed facility to notify of a PIC change either at time of renewal (if the change occurred within 30 days of renewal) or for the pharmacy to notify the BOP. This would be a statute change, and these are only my suggestions in a very draft version. I am open to feedback or other suggestions. Also, should there be a form on the BOP website for PIC changes? Maybe there is one, but I am not seeing it.

Thank you!

Julie

Sec. 08.80.157. Licensing of facilities. (a) A facility engaged in the practice of pharmacy or in the manufacture, production, or wholesale distribution of drugs or devices, and a pharmacy where drugs or devices are dispensed, shall be licensed by the board, and shall renew the license at intervals determined by the board. If operations are conducted at more than one location, each location shall be licensed by the board. (b) The board may by regulation determine the licensure classifications of facilities and establish minimum standards for the facilities. (c) The board shall establish by regulation the criteria that a facility must meet to qualify for licensure in each classification. The board may issue licenses with varying restrictions to facilities when the board considers it necessary to protect the public interest. (d) The board may deny or refuse to renew a license if it determines that the granting or renewing of the license would not be in the public interest. (e) Licenses issued by the board are not transferable or assignable. (f) The board shall specify by regulation the minimum standards for responsibility of a facility or pharmacy that has employees or personnel engaged in the practice of pharmacy or engaged in the manufacture, wholesale distribution, production, or use of drugs or devices in the conduct of its business. (g) A licensed facility shall report to the board (1) permanent closing; (2) change of ownership, management, location, or pharmacist-in-charge of a pharmacy; (3) theft or loss of drugs or devices as defined by regulations of the board; (4) conviction of an employee of violation of a state or federal drug law; (5) disasters, accidents, theft, destruction, or loss relating to records required to be maintained by state or federal law; (6) occurrences of significant adverse drug reactions as defined by regulations of the board; (7) other matters and occurrences the board may require by regulation.

This section makes PIC change reporting the responsibility of the facility

Sec. 08.80.330. Licensed pharmacist appointed as "pharmacist-in-charge". (a) Each pharmacy shall have a pharmacist-in-charge. Whenever an applicable law or regulation requires or prohibits action by a pharmacy, responsibility shall be that of the owner and the pharmacist-in-charge, whether the owner is a sole proprietor, partnership, association, corporation, or otherwise. The pharmacist-in-charge shall ensure compliance with all laws and regulations governing the operation of the pharmacy. A licensed pharmacist appointed as pharmacist-in-charge of a pharmacy shall immediately advise the board of that appointment. (b) A license may not be issued to a pharmacy unless there is a licensed registered pharmacist-in-charge whose name appears on the face of the license.

This section requires the PIC appointed as responsible for reporting the change, but would this change not already be reported by the facility? It seems redundant to have the PIC and facility report a change. The fact that sections state solely about the PIC reporting and other places the facility makes it unclear. Now I understand in most cases the PIC will be reporting the change for the facility, but the way it is worded it seems there would need to be two notifications. I would recommend removing the section highlighted in red and add the section in purple. I added the 30 day timeframe instead of the words "immediately" to match 12 ACC 52.200. {A licensed facility must advise the board of a change in pharmacist-in-charge within 30 days.}

Sec. 08.80.390. Pharmacists required in hospitals and clinics. (a) A hospital, clinic, nursing home, infirmary, or related facility that provides dispensing of drugs for outpatient treatment shall have a licensed pharmacist in charge of the dispensary, except that prescriptions may be compounded and dispensed by or under the supervision of the prescribing physician. (b) The board shall issue a license to a hospital drug room, nursing home drug room, or related facility that dispenses drugs from bulk supply for inpatient treatment, providing the facility employs a licensed pharmacist on a continual or consultant basis.

12 AAC 52.020. PHARMACY LICENSE. (a) An applicant for a pharmacy license shall submit the items required in (b) of this section for review and approval by the executive administrator. An application that does not clearly demonstrate qualifications for licensure must be reviewed and approved by the board. (b) An applicant for a pharmacy license shall submit (1) a complete notarized application on a form provided by the department that includes (A) the ownership name and Alaska corporate entity number; (B) the pharmacy's "doing business as" name, if applicable; (C) the physical location of the facility; (D) a mailing address and telephone number; (E) the names of all partners or corporate officers; (F) the name, active Alaska license number, and contact information for the pharmacist-in-charge; (G) the names and active pharmacist

license numbers in the current jurisdiction of all pharmacists employed by the pharmacy; and (H) completion of the professional fitness section of the application;

This section places the facility as the party responsible for reporting PIC information in general

12 AAC 52.200. PHARMACIST-IN-CHARGE. (a) The responsibilities of the pharmacist-in-charge include (1) obtaining an Alaska pharmacist license before the facility's licensure in the state; (2) compliance with all laws and regulations governing the activities of the pharmacy; (3) training of all pharmacy personnel; (4) ensuring adequate policies and procedures are in place for pharmacy operations; (5) maintaining required records; (6) storage of all materials, including drugs and chemicals; (7) ensuring effective controls against theft or diversion of prescription drugs; and (8) maintaining an active pharmacist license in the jurisdiction where the facility is physically located. (b) A pharmacist designated to replace the pharmacist-in-charge of a licensed pharmacy shall notify the board not later than 30 days after that designation. A pharmacist who is not already licensed in the state shall apply for a pharmacist license not later than 30 days after the designation to replace the pharmacist-in-charge. (c) Notwithstanding 12 AAC 52.425(a), a pharmacist may not serve as a pharmacist-in-charge unless the pharmacist is physically present in the pharmacy for a sufficient amount of time to provide supervision and control. (d) A pharmacist may not serve as pharmacist-in-charge for more than one pharmacy at any one time except

This section makes the PIC responsible for reporting the PIC change and adds a timeframe, where Sec. 08.80.330 states immediately. For consistency I would change the red section to state the following {A licensed facility shall report to the board a change of pharmacist-in-charge not later than 30 days after that designation.}

12 AAC 52.040. CHANGE OF PHARMACY OWNERSHIP. Repealed 12/28/2022. 12 AAC 52.050. CLOSED PHARMACIES. (a) When a pharmacy ceases operations, the pharmacist-in-charge of that pharmacy shall (1) submit written notice to the board of the cessation of pharmacy operations on a form provided by the department; the form must be submitted within 10 days after the cessation of operations and include (A) the date the pharmacy ceased operations; (B) a statement signed by the pharmacist-in-charge attesting that an inventory of all controlled substances on hand has been conducted; and (C) a statement signed by the pharmacist-in-charge attesting to the manner of disposition for all prescription drugs possessed by the pharmacy; (2) arrange for continuous patient care, including the transfer of prescription drug orders or computer prescription records to another pharmacy; and (3) provide for the maintenance and availability of prescription drug orders or hard copies of computer prescription records in accordance with 12 AAC 52.450(a) that are not transferred to another pharmacy; (4) repealed

1/17/2007. (b) In the absence of a pharmacist-in-charge, the owner of the pharmacy shall meet all requirements of this section.

I just added this section for completeness.

CS FOR SENATE BILL NO. 147(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY THE SENATE LABOR AND COMMERCE COMMITTEE

Offered: 5/12/25
Referred:

Sponsor(s): SENATOR GIESSEL BY REQUEST

A BILL

FOR AN ACT ENTITLED

"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** AS 08.80.030(b) is amended to read:

(b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to

(1) elect a president and secretary from its membership and adopt rules for the conduct of its business;

(2) license by examination or by license transfer the applicants who are qualified to engage in the practice of pharmacy;

(3) assist the department in inspections and investigations for violations of this chapter, or of any other state or federal statute relating to the practice of pharmacy;

(4) adopt regulations to carry out the purposes of this chapter;

(5) establish and enforce compliance with professional standards and rules of conduct for pharmacists engaged in the practice of pharmacy;

(6) determine standards for recognition and approval of degree programs of schools and colleges of pharmacy whose graduates shall be eligible for licensure in this state, including the specification and enforcement of requirements for practical training, including internships;

(7) establish for pharmacists and pharmacies minimum specifications for the physical facilities, technical equipment, personnel, and procedures for the storage, compounding, and dispensing of drugs or related devices, and for the monitoring of drug therapy, including independent monitoring of drug therapy;

(8) enforce the provisions of this chapter relating to the conduct or competence of pharmacists practicing in the state, and the suspension, revocation, or restriction of licenses to engage in the practice of pharmacy;

(9) license and regulate the training, qualifications, and employment of pharmacy interns and pharmacy technicians;

(10) license and regulate the qualifications of entities and individuals engaged in the manufacture or distribution of drugs and related devices;

(11) establish and maintain a controlled substance prescription database as provided in AS 17.30.200;

(12) establish standards for the independent prescribing and administration of vaccines and related emergency medications under AS 08.80.168, including the completion of an immunization training program approved by the board and an epinephrine auto-injector training program under AS 17.22.020(b);

(13) establish standards for the independent prescribing and dispensing by a pharmacist of an opioid overdose drug under AS 17.20.085, including the completion of an opioid overdose training program approved by the board;

(14) require that a licensed pharmacist who **prescribes, administers, or** dispenses a **schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or** schedule II, III, [OR] IV**, or V** controlled substance under federal law to a person in the state register with the controlled substance prescription database under

AS 17.30.200(n);

(15) establish the qualifications and duties of the executive administrator and delegate authority to the executive administrator that is necessary to conduct board business;

(16) license and inspect the facilities of pharmacies, manufacturers, wholesale drug distributors, third-party logistics providers, and outsourcing facilities located outside the state under AS 08.80.159;

(17) license Internet-based pharmacies providing services to residents in the state;

(18) adopt regulations pertaining to retired pharmacist status.

*** Sec. 2.** AS 08.80.110 is amended to read:

Sec. 08.80.110. Qualifications for licensure by examination. An applicant for licensure as a pharmacist shall

(1) be fluent in the reading, writing, and speaking of the English language;

(2) be a graduate of a college in a degree program approved by the board;

(3) pass an examination or examinations given by the board or acceptable to the board under the score transfer process administered by the National Association of Boards of Pharmacy;

(4) have completed internship training or another program that has been approved by the board or demonstrated to the board's satisfaction that the applicant has experience in the practice of pharmacy that meets or exceeds the minimum internship requirements of the board**; and**

(5) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence.

*** Sec. 3.** AS 08.80.145 is amended to read:

Sec. 08.80.145. Reciprocity; license transfer. If another jurisdiction allows

licensure in that jurisdiction of a pharmacist licensed in this state under conditions similar to those in this section, the board may license as a pharmacist in this state a person licensed as a pharmacist in the other jurisdiction if the person

(1) submits a written application to the board on a form required by the board;

(2) is at least 18 years of age;

(3) possesses at the time of the request for licensure as a pharmacist in this state the qualifications necessary to be eligible for licensure in this state;

(4) has engaged in the practice of pharmacy for at least one year immediately before applying for a license under this section;

(5) presents proof satisfactory to the board that the person is currently licensed as a pharmacist in the other jurisdiction and does not currently have a pharmacist license suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education credits;

(6) has passed an examination approved by the board that tests the person's knowledge of Alaska laws relating to pharmacies and pharmacists and the regulations adopted under those laws; [AND]

(7) **meets the requirements of AS 08.80.110(5); and**

(8) pays all required fees.

*** Sec. 4.** AS 08.80.165 is amended to read:

Sec. 08.80.165. Continuing education requirements. The board shall establish requirements for continuing education in pharmacy that must be satisfied before a license issued under this chapter may be renewed. **The continuing education requirements must include at least two hours of education in pain management and opioid use and addiction in the two years preceding an application for renewal of a license. The board may exempt a licensee from the requirement to receive at least two hours of education in pain management and opioid use and addiction if the licensee demonstrates to the satisfaction of the board that**

(1) the licensee's practice does not include pain management and opioid prescription or administration; or

(2) the licensee does not currently hold a valid federal Drug

Enforcement Administration registration number.

*** Sec. 5.** AS 08.80.337(a) is amended to read:

(a) A pharmacist may, under a collaborative practice agreement with a written protocol approved by a practitioner **who is not a pharmacist**, provide patient care services.

*** Sec. 6.** AS 08.80.337(d) is amended to read:

(d) In this section, "patient care services" means medical care services**, including the prescription or administration of a drug or device to a patient, that are** given in exchange for compensation **and** intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, or arresting or slowing of a disease process**; "patient care services" does not include the prescription of an abortion-inducing drug to a patient**.

*** Sec. 7.** AS 08.80.337 is amended by adding a new subsection to read:

(e) A pharmacist prescribing or administering a drug or device under this section shall recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate.

*** Sec. 8.** AS 08.80.480(30) is amended to read:

(30) "practice of pharmacy" means the interpretation, evaluation, and dispensing of prescription drug orders in the patient's best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care; the independent prescribing, dispensing, and administration of drugs in accordance with AS 08.80.168; **providing patient care services in accordance with AS 08.80.337;** the responsibility for compounding and labeling of drugs and devices except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged legend drugs and devices; proper and safe storage of drugs and devices; and maintenance of proper records for them;

*** Sec. 9.** AS 08.80.480 is amended by adding a new paragraph to read:

(40) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160.

*** Sec. 10.** AS 08.80.337(c) is repealed.

*** Sec. 11.** This Act takes effect January 1, 2026.

HOUSE BILL NO. 195

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES MINA, Gray, Prax

Introduced: 4/15/25
Referred: Health and Social Services, Labor and Commerce, Finance

A BILL

FOR AN ACT ENTITLED

"An Act relating to the prescription and administration of drugs and devices by pharmacists; relating to reciprocity for pharmacists; and providing for an effective date."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** AS 08.80.030(b) is amended to read:

(b) In order to fulfill its responsibilities, the board has the powers necessary for implementation and enforcement of this chapter, including the power to

(1) elect a president and secretary from its membership and adopt rules for the conduct of its business;

(2) license by examination or by license transfer the applicants who are qualified to engage in the practice of pharmacy;

(3) assist the department in inspections and investigations for violations of this chapter, or of any other state or federal statute relating to the practice of pharmacy;

(4) adopt regulations to carry out the purposes of this chapter;

(5) establish and enforce compliance with professional standards and rules of conduct for pharmacists engaged in the practice of pharmacy;

(6) determine standards for recognition and approval of degree programs of schools and colleges of pharmacy whose graduates shall be eligible for licensure in this state, including the specification and enforcement of requirements for practical training, including internships;

(7) establish for pharmacists and pharmacies minimum specifications for the physical facilities, technical equipment, personnel, and procedures for the storage, compounding, and dispensing of drugs or related devices, and for the monitoring of drug therapy, including independent monitoring of drug therapy;

(8) enforce the provisions of this chapter relating to the conduct or competence of pharmacists practicing in the state, and the suspension, revocation, or restriction of licenses to engage in the practice of pharmacy;

(9) license and regulate the training, qualifications, and employment of pharmacy interns and pharmacy technicians;

(10) license and regulate the qualifications of entities and individuals engaged in the manufacture or distribution of drugs and related devices;

(11) establish and maintain a controlled substance prescription database as provided in AS 17.30.200;

(12) establish standards for the independent prescribing and administration of vaccines and related emergency medications under AS 08.80.168, including the completion of an immunization training program approved by the board and an epinephrine auto-injector training program under AS 17.22.020(b);

(13) establish standards for the independent prescribing and dispensing by a pharmacist of an opioid overdose drug under AS 17.20.085, including the completion of an opioid overdose training program approved by the board;

(14) require that a licensed pharmacist who **prescribes, administers, or** dispenses a **schedule IA, IIA, IIIA, IVA, or VA controlled substance under state law or** schedule II, III, [OR] IV**, or V** controlled substance under federal law to a person in the state register with the controlled substance prescription database under

AS 17.30.200(n);

(15) establish the qualifications and duties of the executive administrator and delegate authority to the executive administrator that is necessary to conduct board business;

(16) license and inspect the facilities of pharmacies, manufacturers, wholesale drug distributors, third-party logistics providers, and outsourcing facilities located outside the state under AS 08.80.159;

(17) license Internet-based pharmacies providing services to residents in the state;

(18) adopt regulations pertaining to retired pharmacist status.

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Sec. 08.80.110. Qualifications for licensure by examination. An applicant for licensure as a pharmacist shall

(1) be fluent in the reading, writing, and speaking of the English language;

(2) be a graduate of a college in a degree program approved by the board;

(3) pass an examination or examinations given by the board or acceptable to the board under the score transfer process administered by the National Association of Boards of Pharmacy;

(4) have completed internship training or another program that has been approved by the board or demonstrated to the board's satisfaction that the applicant has experience in the practice of pharmacy that meets or exceeds the minimum internship requirements of the board**; and**

(5) receive education in pain management and opioid use and addiction, unless the applicant has demonstrated to the satisfaction of the board that the applicant does not currently hold a valid federal Drug Enforcement Administration registration number; an applicant may include past professional experience or professional education as proof of professional competence.

*** Sec. 3.** AS 08.80.145 is amended to read:

Sec. 08.80.145. Reciprocity; license transfer. If another jurisdiction allows

licensure in that jurisdiction of a pharmacist licensed in this state under conditions similar to those in this section, the board may license as a pharmacist in this state a person licensed as a pharmacist in the other jurisdiction if the person

(1) submits a written application to the board on a form required by the board;

(2) is at least 18 years of age;

(3) possesses at the time of the request for licensure as a pharmacist in this state the qualifications necessary to be eligible for licensure in this state;

(4) has engaged in the practice of pharmacy for at least one year immediately before applying for a license under this section;

(5) presents proof satisfactory to the board that the person is currently licensed as a pharmacist in the other jurisdiction and does not currently have a pharmacist license suspended, revoked, or otherwise restricted except for failure to apply for renewal or failure to obtain the required continuing education credits;

(6) has passed an examination approved by the board that tests the person's knowledge of Alaska laws relating to pharmacies and pharmacists and the regulations adopted under those laws; [AND]

(7) **meets the requirements of AS 08.80.110(5); and**

(8) pays all required fees.

*** Sec. 4.** AS 08.80.165 is amended to read:

Sec. 08.80.165. Continuing education requirements. The board shall establish requirements for continuing education in pharmacy that must be satisfied before a license issued under this chapter may be renewed. **The continuing education requirements must include at least two hours of education in pain management and opioid use and addiction in the two years preceding an application for renewal of a license. The board may exempt a licensee from the requirement to receive at least two hours of education in pain management and opioid use and addiction if the licensee demonstrates to the satisfaction of the board that**

(1) the licensee's practice does not include pain management and opioid prescription or administration; or

(2) the licensee does not currently hold a valid federal Drug

Enforcement Administration registration number.

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(a) A pharmacist may, under a collaborative practice agreement with a written protocol approved by a practitioner **who is not a pharmacist**, provide patient care services.

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(d) In this section, "patient care services" means medical care services**, including the prescription or administration of a drug or device to a patient, that are** given in exchange for compensation **and** intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, or arresting or slowing of a disease process.

*** Sec. 7.** AS 08.80.337 is amended by adding a new subsection to read:

(e) A pharmacist prescribing or administering a drug or device under this section shall recognize the limits of the pharmacist's education, training, and experience and consult with and refer to other practitioners as appropriate.

*** Sec. 8.** AS 08.80.480(30) is amended to read:

(30) "practice of pharmacy" means the interpretation, evaluation, and dispensing of prescription drug orders in the patient's best interest; participation in drug and device selection, drug administration, drug regimen reviews, and drug or drug-related research; provision of patient counseling and the provision of those acts or services necessary to provide pharmaceutical care; the independent prescribing, dispensing, and administration of drugs in accordance with AS 08.80.168; **providing patient care services in accordance with AS 08.80.337;** the responsibility for compounding and labeling of drugs and devices except labeling by a manufacturer, repackager, or distributor of nonprescription drugs and commercially packaged legend drugs and devices; proper and safe storage of drugs and devices; and maintenance of proper records for them;

*** Sec. 9.** AS 08.80.480 is amended by adding a new paragraph to read:

(40) "opioid" includes the opium and opiate substances and opium and opiate derivatives listed in AS 11.71.140 and 11.71.160.

*** Sec. 10.** AS 08.80.337(c) is repealed.

*** Sec. 11.** This Act takes effect January 1, 2026.

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfPharmacy@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Facility Self-Inspection Report

This form must be maintained and available to the board upon request.

PART I Reason for Self-Inspection

- ☐ **Initial Application** – Self-inspection must have been completed within the last two years from the date of the initial application.
- ☐ **Renewal** – Self-Inspection must have been completed within the last 2 years OR since the last time the license was initially issued.
- ☐ **Re-Inspection**
- ☐ **Change in Ownership** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Location** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Name** – Self-inspection must have been completed not later than 30 days after the start of business.

PART II Facility Information

Facility Type:	☐ Wholesale Drug Distributor ☐ Outsourcing Facility ☐ Third Party Logistics Provider ☐ Manufacturer		
Owner Name:			
DBA Name:		**Hours of Operation:**	
Address:	Street City State Zip		
Email:		**Contact Phone:**	
Alaska Facility License Number:		**Expiration Date:**	
Facility Manager Name:			

PART III Report Information

Authority	Item	Yes	No	Comments
AS 08.80.030, 12 AAC 52.620	The facility has storage areas that ensure proper lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions.	☐	☐	
	The facility is equipped with an alarm system to detect entry after hours.	☐	☐	
	The facility has external lighting along the outside perimeter of the facility.	☐	☐	
	The facility has restricted entry into drug storage areas and is open to authorized personnel only.	☐	☐	
	The facility has a quarantine area for storage of drugs that are outdated, damaged, or deteriorated.	☐	☐	
	The facility has storage areas that are free from infestation by insects, rodents, birds, or vermin of any kind.	☐	☐	
	The facility has internal security policies to provide reasonable protection from theft or diversion of drugs by personnel.	☐	☐	
AS 08.80.030, 12 AAC 52.625	The facility maintains a roster of all officers, directors, and managers responsible for wholesale drug distribution.	☐	☐	
AS 08.80.030, 12 AAC 52.630	The facility has appropriate records kept for ensuring proper temperature and humidity of drug storage.	☐	☐	
AS 08.80.030, 12 AAC 52.640	The facility has written policies and procedures for drug handling and storage.	☐	☐	
AS 08.80.030, 12 AAC 52.650	The facility maintains records and inventories of all transactions or drug products for the last two years.	☐	☐	
AS 08.80.030, 12 AAC 52.670	The facility has a written policy for the handling of a recall of a drug product.	☐	☐	
AS 08.80.030, 12 AAC 52.685	The facility does not distribute drugs directly to a consumer or patient.	☐	☐	

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

PHA

FOR DIVISION USE ONLY

Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Signature Page

Facility Manager Name:	
Alaska Facility License Number:	

PART IV Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Facility Manager Signature:		**Date Signed:**	

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Pharmacy
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Drug Room Self-Inspection Report

This form must be maintained and available to the board upon request.

PART I Reason for Self-Inspection

- ☐ **Initial Application** – Self-inspection must have been completed not later than 14 days after the start of business.
- ☐ **Renewal** – Self-Inspection must have been completed within the last 2 years OR since the last time the license was initially issued.
- ☐ **Re-Inspection**
- ☐ **Change in Ownership** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Location** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Name** – Self-inspection must have been completed not later than 30 days after the start of business.

PART II Institution Information

Company/Owner Name:			
Institution Name:		**Hours of Operation:**	
Address:	Street City State Zip		
Email:		**Contact Phone:**	
Alaska Drug Room License Number:		**Expiration Date:**	
Consultant Pharmacist Name:			

A licensed drug room must continuously employ a pharmacist or have a written agreement with a pharmacy or pharmacist for consultant pharmacist services, in accordance with 12 AAC 52.810.

- ☐ I understand a copy of the written agreement for consulting services must be attached.

PART III Report Information

DRUG ROOM STANDARDS				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.030, 12 AAC 52.800	The drug room prepares and administers prescription drugs from bulk supplies for patients receiving treatment within the institutional facility.	☐	☐	
	The drug room stores and administers prescription drugs that are labeled and dispensed for specific patients by a pharmacy.	☐	☐	
AS 08.80.030, 12 AAC 52.810	The drug room continuously employs a pharmacist or has a written agreement with a pharmacist for consultant pharmacist services.	☐	☐	
AS 08.80.030, 12 AAC 52.820	The consultant pharmacist provides evaluations and recommendations concerning drug distribution, control, and use.	☐	☐	
	The consultant pharmacist completes on-site reviews to ensure that drug handling and use procedures conform to all statutes, regulations, and recognized standards of practice.	☐	☐	
	The consultant pharmacist provides drug information to facility staff and physicians, participates in the facility's staff development program, and assists in establishing policies and procedures to control the distribution and administration of drugs.	☐	☐	
	The consultant pharmacist documents pharmacy services that are provided and maintains the documentation for a period of at least two years.	☐	☐	
AS 08.80.030, 12 AAC 52.830	Emergency drug kits are used only by personnel authorized to administer the drugs to patients receiving treatment within the institutional facility.	☐	☐	
	Emergency drug kits are provided, supplied, and maintained in accordance with all statutes, regulations, and recognized standards of practice.	☐	☐	
AS 08.80.030, 12 AAC 52.840	First dose kits are maintained only for the initiation of nonemergency drug therapy to a patient receiving treatment within the institutional facility when the necessary drug is not available from a pharmacy in time to prevent risk of harm to a patient.	☐	☐	
	First dose kits are provided, supplied, and maintained in accordance with all statutes, regulations, and recognized standards of practice.	☐	☐	

PART III Report Information *(continued)*

FACILITY STANDARDS (General)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.157, 12 AAC 52.400	The drug room has a sink with hot and cold running water and is maintained in a sanitary condition.	☐	☐	
	The temperature of the drug room is maintained within a range compatible with the proper storage of drugs.	☐	☐	
	The drug room has refrigeration facilities with a thermometer and the temperature is maintained within 36 to 46 degrees Fahrenheit.	☐	☐	
	The drug room has the equipment, supplies, and reference materials necessary to compound, dispense, label, administer, and distribute drugs and devices.	☐	☐	
AS 08.80.157, 12 AAC 52.410	All drugs and devices that have exceeded their expiration date are removed from stock and quarantined until properly disposed of.	☐	☐	
AS 08.80.157, 12 AAC 52.420	The drug room is always ~~locked~~ when the pharmacist is not on site.	☐	☐	
AS 08.80.157, 12 AAC 52.990	The current drug room license and license of the consultant pharmacist are displayed.	☐	☐	
CONTROLLED SUBSTANCES				
Controlled Substances Act of 1970	Drug room supplies are not used to supply office stock or "medical bags" for physicians.	☐	☐	
	All prescriptions for controlled substances are dated, contain the full name and address of the patient, and the name, address, and DEA number of the physician.	☐	☐	
	Schedule II prescriptions are ~~manually~~ signed by the physician, and ~~Schedule II prescriptions~~ are not refilled.	☐	☐	
	Controlled substances are securely locked or dispersed throughout the noncontrolled inventory.	☐	☐	

Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Signature Page

Consulting Pharmacist Name:	
Alaska Drug Room License Number:	

PART IV Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Consulting Pharmacist Signature:		**Date Signed:**	

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
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Pharmacy Self-Inspection Report

This form must be maintained and available to the board upon request.

PART I Reason for Self-Inspection

- ☐ **Initial Application** – Self-inspection must have been completed not later than 14 days after the start of business.
- ☐ **Renewal** – Self-Inspection must have been completed within the last 2 years OR since the last time the license was initially issued.
- ☐ **Re-Inspection**
- ☐ **Change in Ownership** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Location** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Name** – Self-inspection must have been completed not later than 30 days after the start of business.

PART II Pharmacy Information

Select ~~ONE (1) of the following~~:

☐ Retail ☐ Institutional ☐ Sterile Compounding ☐ Non-Sterile Compouding

Company/Owner Name:			
Pharmacy Name: (DBA)		**Hours of Operation:**	
Address:	Street City State Zip		
Email:		**Contact Phone:**	
Pharmacy Alaska License Number:		**Expiration Date:**	
DEA Registration Number:		**Expiration Date:**	

PART III Pharmacist Information

Pharmacist-in-Charge (PIC) Name:		Alaska License Number:	

List all other licensed pharmacists employed and their physical jurisdiction license number. *Print additional pages if needed.*

Full Name	License Number

PART IV Report Information

PHARMACY PERSONNEL (General)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.330, 12 AAC 52.200	The drug room prepares and administers prescription drugs from bulk supplies for patients receiving treatment within the institutional facility.	☐	☐	
AS 08.80.030, 12 AAC 52.210	Only the pharmacist or intern, under direct supervision of the pharmacist, receives oral prescription drug orders.	☐	☐	
	Only the pharmacist or intern, under direct supervision of the pharmacist, interprets the prescription drug order and determines the product required.	☐	☐	
	Only the pharmacist does the final check on all aspects of the completed prescription.	☐	☐	
AS 08.80.030, 12 AAC 52.220	ALL interns, ~~graduate or undergraduate~~, paid or unpaid, are currently licensed by the Alaska Board of Pharmacy.	☐	☐	
	~~Interns do not represent themselves to be pharmacists.~~	☐	☐	
	Interns perform the duties of a pharmacist only under the direct supervision of a licensed pharmacist.	☐	☐	
	Interns do not solely sign or initial any document required to be done by the pharmacist.	☐	☐	
AS 08.80.030, 12 AAC 52.230	Interns do not dispense prescriptions before a final check is made by the supervising pharmacist.	☐	☐	
AS 08.80.030, 12 AAC 52.140	ALL pharmacy technicians are currently licensed by the Alaska Board of Pharmacy.	☐	☐	
	All pharmacy technicians are under direct supervision of the pharmacist.	☐	☐	

PART IV Report Information *(continued)*

FACILITY STANDARDS (General)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.157, 12 AAC 52.400	The pharmacy department has a sink with hot and cold running water and is maintained in a sanitary condition.	☐	☐	
	The temperature of the pharmacy is maintained within a range compatible with the proper storage of drugs.	☐	☐	
	The pharmacy has refrigeration facilities with a thermometer and the temperature is maintained within 36 to 46 degrees Fahrenheit.	☐	☐	
AS 08.80.157, 12 AAC 52.410	The pharmacy has the equipment, supplies, and reference materials necessary to compound, dispense, label, administer, and distribute drugs and devices.	☐	☐	
AS 08.80.157, 12 AAC 52.420	All drugs and devices that have exceeded their expiration date are removed from stock and quarantined until properly disposed of.	☐	☐	
	All drug, devices, and poisons restricted to sale by a pharmacist are kept in the prescription department.	☐	☐	
	The pharmacy department is always locked when the pharmacist is not on site.	☐	☐	
	The pharmacy has a separate telephone number if its hours differ from the remainder of the store.	☐	☐	
	Filled prescriptions are stored in the prescription department only and are not removed unless a pharmacist is present.	☐	☐	
PRACTICE STANDARDS				
AS 08.80.030, 12 AAC 52.470	The pharmacy maintains its prescriptions in a legible form for the required two-year period.	☐	☐	
	No prescriptions are refilled after one year from the date of issue.	☐	☐	
AS 08.80.030, 12 AAC 52.480	All refills are recorded electronically or on the back of the prescription drug order.	☐	☐	
	All schedule II - V controlled substances dispensed have the label "Caution: Federal Law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."	☐	☐	
AS 08.80.030, 12 AAC 52.490	All prescriptions are labeled with the name, address, and telephone number of pharmacy, Rx number, date and pharmacist's initials.	☐	☐	

PART IV Report Information *(continued)*

PRACTICE STANDARDS				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.030, 12 AAC 52.490	All prescriptions are labeled with patient name, prescribing practitioner, patient instructions, appropriate cautions, name, strength, and quantity of drug.	☐	☐	
	Electronically transmitted prescriptions are only being received directly from the prescribing practitioner or the prescribing practitioner's agent.	☐	☐	
	~~All transferred prescriptions for controlled substances in Schedule III, IV, and V are transferred only once from the pharmacy which has the original prescription drug order.~~	☐	☐	
	Unless the two pharmacies share a common database, transfers of non-control prescriptions may be transferred verbally, electronically or by facsimile.	☐	☐	
	All transfer information recorded can keep prescriptions, unless an automated data processing system is able to do so.	☐	☐	
AS 08.80.030, 12 AAC 52.510	Prescription orders transferred to another pharmacy are no longer refilled by the original pharmacy.	☐	☐	
AS 08.80.030, 12 AAC 52.520	When dispensing an equivalent drug product instead of the prescribed drug, the pharmacist notes on the prescription drug order either the manufacturer, distributor, NDC #, short name code, or trade name.	☐	☐	
	If customized patient medication packages (med-paks) are prepared by the pharmacy, records are made and filed for each med-pak.	☐	☐	
AS 08.80.030, 12 AAC 52.530	Except in the case of a pharmacy serving an institutional facility, drugs are not accepted for return or exchange after the drugs have been taken from the premises.	☐	☐	
AS 08.80.030, 12 AAC 52.580	Patient records are reviewed for over or under utilization, therapeutic duplication, drug-disease, drug-food, and drug-drug interactions, reasonable dose, known allergies, and adverse drug reactions.	☐	☐	
	When a data processing system is used it is capable of producing an audit trail printout for all dispensing.	☐	☐	
AS 08.80.030, 12 AAC 52.585	When a data processing system is used it has adequate safeguards to prevent loss of data and reasonable security.	☐	☐	
	The pharmacist verbally provides counseling to the patient or the patient's agent with each new patient of the pharmacy, new medication for an existing patient, or a change in dose, strength, route of administration, or directions for use of an existing prescription previously dispensed.	☐	☐	

PART IV Report Information *(continued)*

CONTROLLED SUBSTANCES				
Authority	**Item**	**Yes**	**No**	**Comments**
Controlled Substances Act of 1970	~~A Schedule V record bound book is maintained, which contains name and address of purchaser, name and quantity of drug, date, and initials of pharmacist. The record book is maintained two years from date of last transaction.~~	☐	☐	
	Prescriptions are not used to supply office stock or "medical bags" for physicians.	☐	☐	
	All prescriptions for controlled substances are dated, contain the full name and address of the patient, and the name, address, and DEA number of the physician.	☐	☐	
	Schedule II prescriptions are ~~manually~~ signed by the ~~physician~~, and ~~Schedule II prescriptions~~ are not refilled.	☐	☐	
	Schedule III, IV and V prescriptions are refilled only if authorized. Refills are not dispensed more than six months after the issue date or refilled more than five times after the issue date.	☐	☐	
	Controlled substances are securely locked or dispersed throughout the non-controlled inventory.	☐	☐	
INSTITUTIONAL PHARMACY STANDARDS (If Applicable)				
AS 08.80.390, 12 AAC 52.700	The institutional pharmacy is managed by a licensed pharmacist, designated to be the pharmacist-in-charge.	☐	☐	
AS 08.80.390, 12 AAC 52.710	When the institutional pharmacy is closed, no access is permitted unless a person licensed to handle drugs is designated by the pharmacist-in-charge to enter the institutional pharmacy.	☐	☐	
AS 08.80.030, 12 AAC 52.720	When the institutional pharmacy is closed, the designated person licensed to handle drugs records the removal of any drug.	☐	☐	
	All E.R. outpatient prepackaged medications bear a label with the name, address, and telephone number of hospital; name, strength, quantity, lot number, and expiration of drug; appropriate cautions; and initials of pharmacist	☐	☐	
	~~Only one prepackaged container of a drug is delivered to emergency room patients unless more than one is required to sustain the patient until a retail pharmacy is open in the community.~~	☐	☐	

PART IV Report Information *(continued)*

STERILE PHARMACEUTICALS (If Applicable)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.030, 12 AAC 52.430	A policy and procedure manual is present for the compounding, dispensing, and delivery of sterile pharmaceuticals.	☐	☐	
	The pharmacy has a functionally separate area used only for the preparation of sterile pharmaceuticals.	☐	☐	
	The pharmacy has appropriate environmental control devices capable of maintaining at least a Class 100 environment condition for preparing sterile pharmaceuticals.	☐	☐	
	Cytotoxic sterile pharmaceuticals are prepared in appropriate biological safety cabinets.	☐	☐	
	The pharmacy uses temperature controlled delivery containers, if appropriate, for delivery of sterile pharmaceuticals to the patient.	☐	☐	
	The pharmacy has its laminar airflow hoods or clean rooms re-certified at least every six months.	☐	☐	
	The pharmacy has its laminar flow hood or clean room pre-filters replaced and documented on a regular basis.	☐	☐	
	The pharmacy has current copy of reference material related to sterile pharmaceutical preparation in the pharmacy.	☐	☐	
	All personnel participating in the preparation of sterile pharmaceuticals are trained in this specialized function.	☐	☐	
	The pharmacy has a licensed pharmacist accessible 24 hours a day if providing parenteral pharmaceuticals to non-hospitalized patients.	☐	☐	
	All sterile pharmaceuticals dispensed bear the expiration date of the preparation.	☐	☐	
	All cytotoxic waste is disposed of in compliance with all applicable local, state, and federal requirements.	☐	☐	
	A licensed pharmacist is involved in patient training that relates to sterile pharmaceuticals.	☐	☐	
	The pharmacy has a quality control and quality assurance program that is utilized for sterile pharmaceutical preparation and dispensing.	☐	☐	

Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Signature Page

Pharmacist-in-Charge Name:	
Alaska Pharmacy License Number:	

PART V Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Pharmacist-in-Charge Signature:		**Date Signed:**	

THE STATE of ALASKA
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550
Email: *BoardOfPharmacy@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Remote Pharmacy Self-Inspection Report

This form must be maintained and available to the board upon request.

PART I Reason for Self-Inspection

- ☐ **Initial Application** – Self-inspection must have been completed not later than 14 days after the start of business.
- ☐ **Renewal** – Self-Inspection must have been completed within the last 2 years OR since the last time the license was initially issued.
- ☐ **Re-Inspection**
- ☐ **Change in Ownership** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Location** – Self-inspection must have been completed not later than 30 days after the start of business.
- ☐ **Change in Name** – Self-inspection must have been completed not later than 30 days after the start of business.

PART II Remote Pharmacy Information

Select ONE (1) of the following:	☐ Retail ☐ Institutional		
Company/Owner Name:			
Remote Pharmacy Name (DBA):		**Hours of Operation:**	
Address:	Street City State Zip		
Email:		**Contact Phone:**	
Remote Pharmacy License Number:		**Expiration Date:**	
DEA Registration Number:		**Expiration Date:**	

PART III Central Pharmacy Information

Company/Owner Name:			
Central Pharmacy Name (DBA):		**Hours of Operation:**	
Address:	Street City	State Zip	
Email:		**Contact Phone:**	
Central Pharmacy License Number:		**Expiration Date:**	
DEA Registration Number:		**Expiration Date:**	

PART IV Staff ~~Pharmacists~~

Pharmacist-in-Charge (PIC) Name:		**Alaska License Number:**	

List all other licensed pharmacy staff and their physical jurisdiction license number. Remote pharmacy must be staffed by a pharmacist, pharmacy technician, or pharmacy intern. *Print additional pages if needed.*

Full Name	**License Number**	**License Type**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**
		☐ **Pharmacist** ☐ **Pharmacy Technician** ☐ **Pharmacy Intern**

PART V Report Information

PHARMACY PERSONNEL (General)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.330, 12 AAC 52.200	The central pharmacy has designated a licensed pharmacist as the pharmacist-in-charge.	☐	☐	
AS 08.80.030, 12 AAC 52.210	Only the pharmacist or intern, under direct supervision of the pharmacist, receives oral prescription drug orders or refill approvals that include any change to the original Rx or drug order.	☐	☐	
	Only the pharmacist or intern, under direct supervision of the pharmacist interprets the prescription drug order and determines the product required.	☐	☐	
	Only the pharmacist does the final check on all aspects of the completed prescription.	☐	☐	
AS 08.80.030, 12 AAC 52.220	ALL interns, ~~graduate or undergraduate~~, paid or unpaid, are currently licensed by the Alaska Board of Pharmacy.	☐	☐	
	~~Interns do not represent themselves to be pharmacists.~~	☐	☐	
	Interns perform the duties of pharmacists only under the direct supervision of a licensed pharmacist.	☐	☐	
	Interns do not solely sign or initial any document required to be done by the pharmacist.	☐	☐	
AS 08.80.030, 12 AAC 52.230	Interns do not dispense prescriptions before a final check is made by the supervising pharmacist.	☐	☐	
	All pharmacy technicians are under direct supervision of the pharmacist.	☐	☐	
AS 08.80.030, 12 AAC 52.140	ALL pharmacy technicians are currently licensed by the Alaska Board of Pharmacy.	☐	☐	

PART V Report Information *(continued)*

FACILITY STANDARDS (General)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.157, 12 AAC 52.400	The pharmacy department has a sink with hot and cold running water and is maintained in a sanitary condition.	☐	☐	
	The temperature of the pharmacy is maintained within a range compatible with the proper storage of drugs.	☐	☐	
	The pharmacy has refrigeration facilities with a thermometer and the temperature is maintained within 36 to 46 degrees Fahrenheit.	☐	☐	
AS 08.80.157, 12 AAC 52.420	All drugs and devices that have exceeded their expiration date are removed from stock and quarantined until properly disposed of.	☐	☐	
AS 08.80.157, 12 AAC 52.425	The remote pharmacy department is always ~~locked~~ when the pharmacist is not available for direct supervision.	☐	☐	
	Filled prescriptions are stored in the prescription department only and are not removed unless a pharmacist at the central pharmacy has verified the finished prescription product through the telepharmacy system.	☐	☐	
PRACTICE STANDARDS				
AS 08.80.030, 12 AAC 52.425	The remote pharmacy maintains a record of all prescriptions filled at that location in numerical order.	☐	☐	
AS 08.80.030, 12 AAC 52.470	The pharmacy maintains its prescriptions in a legible form for the required two-year period.	☐	☐	
	No prescriptions are refilled after one year from the date of issue.	☐	☐	
AS 08.80.030, 12 AAC 52.480	All refills are recorded electronically or on the back of the prescription drug order at the central pharmacy.	☐	☐	
	All schedule II – V controlled substances dispensed have the label "Caution: Federal Law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."	☐	☐	
	All prescriptions are labeled with the name, address, and telephone number of the dispensing pharmacy, Rx number, date and initials of the dispensing pharmacist.	☐	☐	
	All prescriptions are labeled with patient name, prescribing practitioner, patient instructions, appropriate cautions, name, strength, and quantity of drug.	☐	☐	

PART V Report Information *(continued)*

PRACTICE STANDARDS				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.030, 12 AAC 52.425	Drugs are shipped to remote pharmacy only from its central pharmacy.	☐	☐	
	Itemized lists of drugs sent are kept at remote site and central pharmacy for at least 2 years from the date the drugs are shipped.	☐	☐	
	Itemized records of drugs shipped or received are verified by supervising pharmacist.	☐	☐	
	A pharmacist conducts a physical inventory at the remote site at least annually.	☐	☐	
	The telepharmacy system has been tested by the supervising pharmacist of the central pharmacy and found to operate properly.	☐	☐	
	The telepharmacy system includes one of the following: (1) still image capture, (2) realtime link, (3) store and forward.	☐	☐	
AS 08.80.030, 12 AAC 52.520	Except in the case of a pharmacy serving an institutional facility, drugs are not accepted for return or exchange after the drugs have been taken from the premises.	☐	☐	
AS 08.80.030, 12 AAC 52.580	Patient records are reviewed for over or under utilization, therapeutic duplication, drug-disease, drug-food, and drug-drug interactions, reasonable dose, known allergies, and adverse drug reactions.	☐	☐	
	When a data processing system is used it is capable of producing an audit trail printout for all dispensing.	☐	☐	
AS 08.80.030, 12 AAC 52.585	When a data processing system is used it has adequate safeguards to prevent loss of data and reasonable security.	☐	☐	
	The pharmacist verbally provides counseling to the patient or the patient's agent with each new prescription.	☐	☐	
CONTROLLED SUBSTANCES				
Controlled Substances Act of 1970	Prescriptions are not used to supply office stock or "medical bags" for physicians.	☐	☐	
	Controlled substances are securely locked or dispersed throughout the non-controlled inventory.	☐	☐	

PART V Report Information *(continued)*

REMOTE INSTITUTIONAL PHARMACY STANDARDS (If Applicable)				
Authority	**Item**	**Yes**	**No**	**Comments**
AS 08.80.390, 12 AAC 52.530	If customized patient medication packages (med-paks) are prepared by the pharmacy, records are made and filed for each med-pak.	☐	☐	
AS 08.80.390, 12 AAC 52.710	The institutional pharmacy is managed by a licensed pharmacist, designated to be the pharmacist-in-charge.	☐	☐	
AS 08.80.030, 12 AAC 52.720	When the institutional pharmacy is closed, the designated person licensed to handle drugs records the removal of any drug.	☐	☐	
	All E.R. outpatient prepackaged medications bear a label with the name, address, and telephone number of hospital; name, strength, quantity, lot number, and expiration of drug; appropriate cautions; and initials of pharmacist.	☐	☐	
	Only one prepackaged container of drug is delivered to emergency room patients unless more than one is required to sustain the patient until a retail pharmacy is open in the community.	☐	☐	

THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

Board of Pharmacy
PO Box 110806, Juneau, AK 99811
Website: *ProfessionalLicense.Alaska.Gov/BoardOfPharmacy*

Signature Page

Pharmacist-in-Charge Name:	
Alaska Pharmacy License Number:	

PART VI Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Pharmacist-in-Charge Signature:		**Date Signed:**	

Alaska Board of Pharmacy

Agenda Item #10

Adjourn for Lunch

Alaska Board of Pharmacy

Agenda Item #11

Roll Call/Call to Order

Alaska Board of Pharmacy

Agenda Item #12

PDMP Updates

ALASKA PDMP

PRESCRIPTION DRUG MONITORING PROGRAM

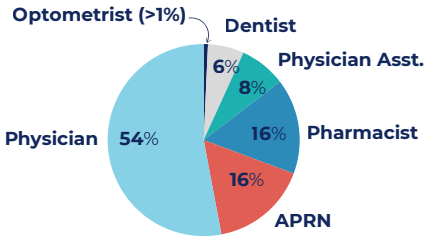
Q3 2025

81,105 PATIENTS

Alaskan patients receiving at least one controlled substance prescirption.

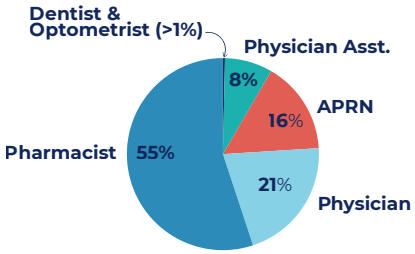
9,919 REGISTERED USERS

% registered by license type, excluding IHS, military, VA, and delegates.



271,358 SEARCHES

% of searches by user type, excluding IHS, military, VA, and delegates.



85% EHR ACCESS

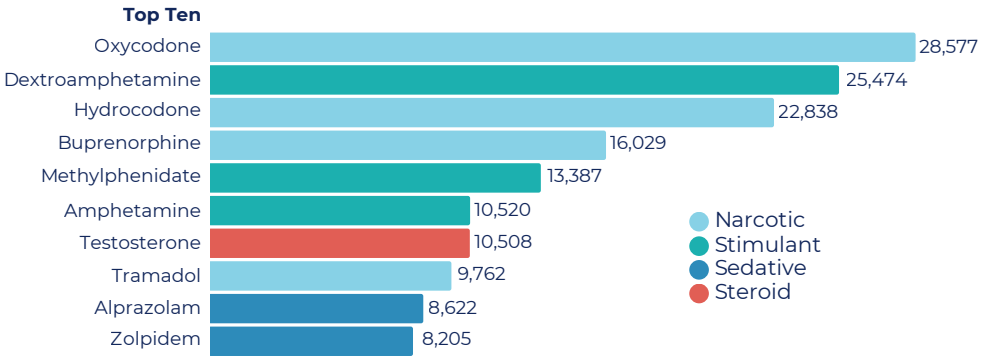
% of providers using electronic health record system (EHR) integration to search patient information within their clinical workflow.

268 DISPENSERS

Pharmacies or dispensing providers with at least one controlled substance dispensation to Alaska patients.

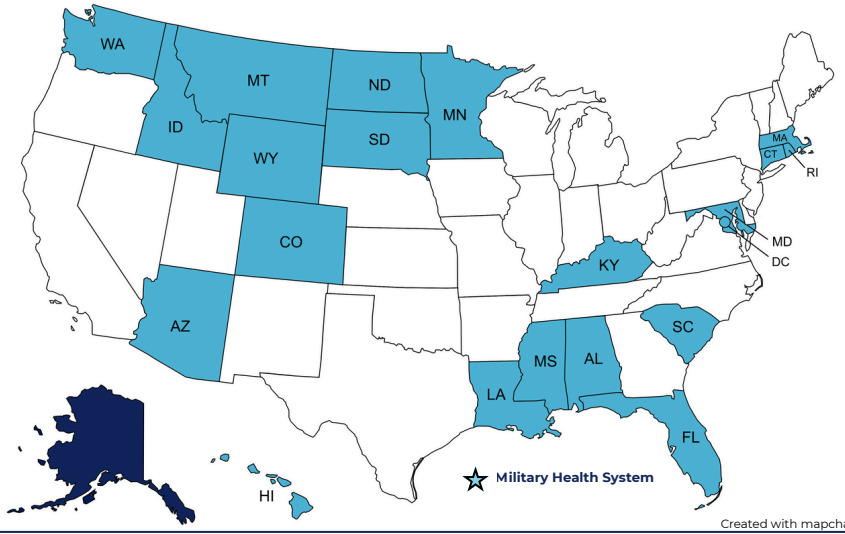
Data is presented for informational purposes only. Data represents prescription and dispensation activity reported to Alaska Prescription Drug Monitoring Program (PDMP) from July 1, 2025 to September 30, 2025. For more in formation, visit pdmp.alaska.gov.

197,743 CONTROLLED SUBSTANCE DISPENSATIONS

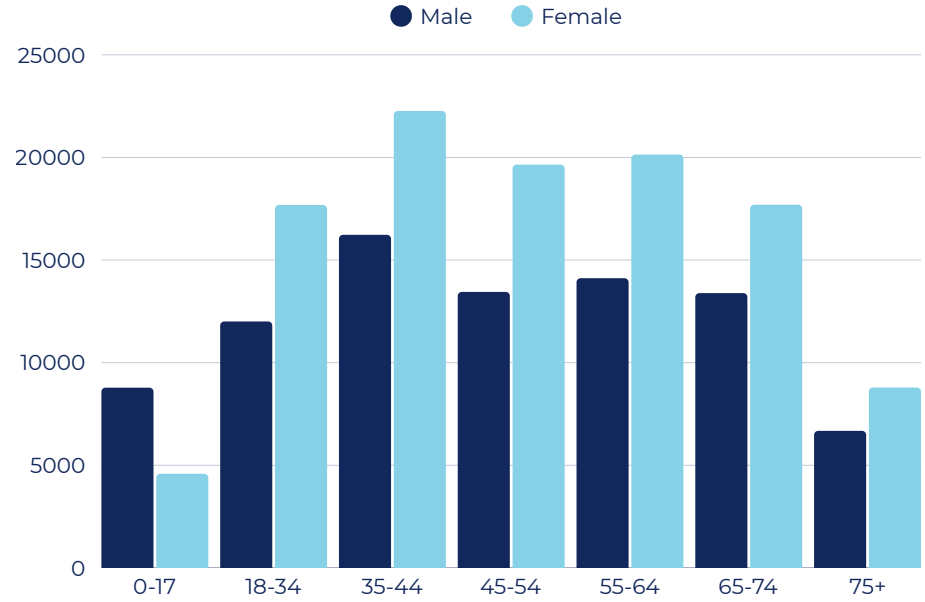


22 PARTNER STATES

Interstate data sharing including military health system.



PRESCRIPTION COUNT BY PATIENT AGE & GENDER



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Alaska Board of Pharmacy

Agenda Item #13

Cont. Unfinished Business

Alaska Board of Pharmacy

Agenda Item #14

New Board Business

From: U.S. Food and Drug Administration <usfda@public.govdelivery.com>
Date: Friday, September 5, 2025 at 10:43 AM
Subject: FDA Launches Green List to Protect Americans from Illegal Imported GLP-1 Drug Ingredients

FDA | Center for Drug Evaluation and Research | Office of Compliance

COMPOUNDING UPDATE

FDA launches green list to protect Americans from illegal imported GLP-1 drug ingredients

The U.S. Food and Drug Administration today established a "green list" import alert to help stop potentially dangerous GLP-1 (glucagon-like peptide-1) active pharmaceutical ingredients (APIs) from unverified foreign sources from entering the U.S. market. This is part of the agency's decisive steps to safeguard consumers from illegal GLP-1 active ingredients imported from overseas to ensure patient safety and a secure drug supply chain.

Certain GLP-1 drugs, including semaglutide and tirzepatide, are FDA-approved for specific uses such as treating type 2 diabetes and, in certain cases, chronic weight management. However, the agency is aware that some patients are turning to compounded versions of these drugs, which are not approved by the FDA. To protect patients who use these compounded drugs, the green list will include GLP-1 APIs from facilities the agency has inspected or evaluated that appear to be in compliance with the FDA's rigorous standards – standards applicable to all APIs manufactured in the U.S. APIs from other sources are subject to detention without physical examination.

"Americans should be confident that the prescription drugs they take are safe," said **FDA Commissioner Marty Makary, M.D., M.P.H.** "By strengthening oversight of imported APIs and cracking down on illegal drugs entering the U.S., we are taking aggressive action to protect consumers from poor-quality or dangerous GLP-1 drugs."

"Our priority is protecting public health by ensuring all active ingredients used in GLP-1 drugs are obtained from compliant manufacturers," **said George Tidmarsh, M.D.,**

Ph.D., Director of the FDA's Center for Drug Evaluation and Research. "Targeting illegal foreign GLP-1 active ingredients at the border is a critical part of this work."

The FDA previously identified serious concerns with compounded versions of semaglutide and tirzepatide, including dosing errors, use of unapproved salt forms and adverse events—some requiring hospitalization.

The agency will continue to work with state regulators, monitor the market, and take enforcement actions as necessary to prevent unsafe or fraudulent GLP-1 drugs from reaching U.S. consumers.

Visit FDA's Concerns with Unapproved GLP-1 Drugs Used for Weight Loss for more information.

FDA's human drug compounding program aims to protect patients from unsafe, ineffective and poor-quality compounded drugs, while preserving access to lawfully marketed compounded drugs for patients who have a medical need for them.

This is an automated message delivery system, replying to this message will not reach the FDA. Contact us at Compounding@fda.hhs.gov or (866) 405-5367 or (301) 796-6707.

Stay Connected with U.S. Food and Drug Administration:

Alaska Board of Pharmacy

Agenda Item #15

Tasks List Review and Update

ALASKA BOARD OF PHARMACY
TASK LIST - ACTION ITEMS
(as of 11/06/2025)

	Incomplete Action Items from Previous Meetings
	Task for all board members to review the statute and regulations to work on standard of care regulatory language changes. Ashley Schaber – Vaccines/Immunizations Carla Hebert - Medipak Sylvain Nouvion - Security Julie McDonald – Pharmacist in Charge/Designated Rep Dylan Sanders- Labeling
	Task for Michael Bowles to meet with PDMP to coordinate meeting with healthcare related board chairs.
	Task for the board to track what other state boards are doing with AI. (Carla Hebert is spearheading)
	Task for the board to follow up on pharmacies turning off e-prescribing during closures.
	Task for Michael Bowles to reach out to the Alaska Department of Health and request a representative provide a presentation to the board on harm reduction and Buprenorphine in EMS in Alaska.
	Task for board members to review 12 AAC 52.865/AS 17.30.200 PDMP alongside long lasting injectables.
	Action Items from the August 21, 2025, Meeting
	Task for Michael Bowles to add continued discussion on Long Lasting Injectables in other State PDMPs under old business on November agenda.
	Task for Lisa Sherrell to find out if any other controlled substances fall into this category.
	Task for Michael Bowles to conduct a scheduling poll for two meetings of the inspection sheet subcommittee before the November board meeting.
	Task for the subcommittee to review and revise inspection forms.
	Task for Michael Bowles to look into information on whether the Dental Board is concerned with HB225.
	Task for Ashley Schaber to draft the letter in support of the Ensuring Community Access to Pharmacy Act (ECAPS) HR 3124 and SB 2426 and Michael Bowles to submit the letter to OnBoard for a vote.
	Task for Michael Bowles to add the final report from the Collaboration Addressing Workforce Well-Being to the November meeting agenda.
	Task for Sylvain Nouvion to review the information from the Implementing Solutions Summit 2.0: Building a Sustainable, Healthy, Pharmacy Workforce and Workplace event. Present to the board at the November meeting.
	Task for Michael Bowles to look into incorporating by reference the CSA into the regulations and removing redundant language.
	Task for Michael Bowles to look into how Idaho and Iowa regulate pharmacists in charge changes under standard of care.
	Task for Michael Bowles to add standard of care regulations changes to the November agenda.

	Not Started
	In Process
	Complete

Alaska Board of Pharmacy

Agenda Item #16

Chair Final Comments

Alaska Board of Pharmacy

Agenda Item #17

Adjourn