



BOARD OF PHARMACY – QUESTION AND ANSWERS

Emergency Declaration – Covid-19

March 27, 2020

Q. I anticipate that the board will have future guidance or information as this emergency declaration continues; what are the best ways for me to stay up to date?

A.

1) The board has a listserv that you can sign up for to receive release of information quickly; click here: <http://list.state.ak.us/mailman/listinfo/akboardofpharmacy>

2) We recommend you also keep up to date by checking in at: <https://www.commerce.alaska.gov/web/cbpl/CBPLCOVID-19Information.aspx>

Q. Do you anticipate that the Board of Pharmacy will be releasing emergency regulations?

A. Yes. The board met on 3/23/20 to prepare emergency regulations to ensure staffing, licensing, licensing renewals, refill quantities, and workload balance were evaluated to ensure maximum support during this emergency period, and they will be released when complete.

Q. What is the status of albuterol?

A. Albuterol is currently in high demand, so we ask pharmacists to use professional judgment in the volume of albuterol meter dose inhalers (MDI) dispensed to a single person to ensure an adequate supply chain remains available for all patients. Practitioners may also evaluate the appropriateness of prescribing albuterol nebulizer use for patients at home to limit the impact on albuterol MDI.

Q. What has the Drug Enforcement Administration (DEA) said about early refills of controlled substances?

A. The DEA issues the following guidance [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-017\)\(DEA065\)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-017)(DEA065)%20Early%20RX%20Refill%20-%20OMB%203-20-20%202200%20DAA%20approved.pdf)

Q. What constitutes an emergency for a practitioner to issue a verbal order for a Schedule II Controlled Substance?

A. The DEA has defined “emergency” under 21 CFR 290.10: https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=8f4435f95e3b8d361c644c5b329a56af&ty=HTML&h=L&mc=true&r=SECTION&n=se21.4.290_110

Q. What if my facility needs to change hours as a result of staffing?

A. If a facility licensed by AS 08.80 experiences a slight staffing challenge that, rather than closing, alters the hours-of-operation we ask that you take all reasonable measures to ensure the public is aware of the change in hours; this may include:

- 1) placing a sign at your entrance;
- 2) change the message on your phones if you have an automated telephone answering message;
- 3) posting a social media message for your facility, if you have a social media account; and
- 4) routing the phone calls to another accessible pharmacy, if possible.

Q. With the current healthcare mandates, can I still provide immunizations?

A. Yes, immunizations are identified as a strategy to combat COVID-19. You should still be immunizing to reduce overall pulmonary diseases and the strain those can cause on our health care facilities. Providers should wear good protection when vaccinating.

Q. If we have a CLIA license, should we continue point-of-care testing?

A. Under the current Health Mandate 5.1, all elective, routine, non-urgent, or non-emergent in-person healthcare and personal services are prohibited. These mandates include in-person treatment by licensed healthcare providers unless in an emergency or diagnostic setting within a health care facility. The goal is to reduce physical touch or proximity within six feet and to reserve personal protective equipment for use by primary care providers.

Q. I'm uncomfortable offering counseling face-to-face. What can I do?

A. Counseling continues to be an important part of our profession, especially during healthcare emergencies. With a focus on social distancing, acceptable forms of counseling, as outlined in regulation 12 AAC 52.585, include the use of telephone, two-way radio, or in writing. Also, as a reminder, documentation of counseling is **not** required.

Q. There are multiple reports of potential prescribing and dispensing of hydroxychloroquine and chloroquine that appear to be for stockpiling or hoarding purposes. What is the boards guidance?

A. The Chair of the Board of Pharmacy, Medicine, and Nursing have reviewed these reports including communication that other states' board of pharmacy have released. Subsequently, the Board of Pharmacy had an emergency meeting on 3/23/20 and further discussed these scenarios.

The boards collectively feel that stockpiling or hoarding of these medications is not warranted and that we all must do our part as healthcare team members to ensure such practices don't take place. Such instances can rapidly have a negative impact on immediate and future supply of these medications, and can make it very difficult on patients who are currently on the treatment for other approved medical conditions. The Board of Pharmacy discussed putting stipulations on dispensing these medications into regulation but ultimately believe that as healthcare professionals, we should be able to work together to resolve these situations without the need of creating rules or guidelines.

In addition, the AMA, ASHP, and APhA released a joint statement that also clearly opposes the stockpiling and hoarding actions. You can read the national joint statement [here](#).

Q. The pharmacist-in-charge is out on PTO, LOA, sick, self-quarantined, do we need to submit a change of pharmacist-in-charge?

A. No. 12 AAC 52.200 does not establish a certain number of hours that the pharmacist-in-charge must work. Therefore, so long as they are working at some point the requirement has been fulfilled.

Q. My pharmacist-in-charge is leaving and I have to replace him/her and it's difficult to find another pharmacist-in-charge during this period of emergency. Can I have an existing pharmacist-in-charge of another facility be the pharmacist-in-charge? i.e. can a pharmacist-in-charge be designated as such for multiple facilities?

A. Yes. 12 AAC 52.200 does not limit or establish a limit on the number of facilities a single pharmacist-in-charge can be supervising.

Q. What if I have an employee test positive for Covid-19 or I have to close my pharmacy because of staffing as a result of Covid-19?

A. If an individual working at a facility tests positive for Covid-19, we ask that the licensee follow CDC recommendations and refrain from work for 14-days to avoid further spread to other individuals and the public.

If a number of licensees test positive or have to self-quarantine for Covid-19 which results in the need of a pharmacy to close, we ask that you

- 1) take all reasonable measures to ensure the public is aware and where they may go to get their prescription; and
- 2) you notify the board by email at boardofpharmacy@alaska.gov