By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Pharmacy via teleconference was held on March 23, 2020. Due to the COVID-19 pandemic, in-person attendance was not available.

The second part of these minutes include the board’s emergency regulations, voted and approved on during their March 27 meeting day. Please navigate to page 15 to view the approved regulations.

Agenda Item 1 Call to Order/Roll Call Time: 3:00 p.m.

The March 23, 2020 emergency teleconference was called to order by Chair, Rich Holt at 3:00 p.m.

Board members present, constituting a quorum:

Richard Holt, PharmD #PHAP2008, MBA – Chair
Leif Holm, PharmD #PHAP1606 – Vice Chair
James Henderson, RPh #PHAP1683
Lana Bell, RPh #PHAP893
Tammy Lindemuth, Public Member
Sharon Long, Public Member (Absent)
Justin Ruffridge, #PHAP1787

Division staff present:

Laura Carrillo, Executive Administrator
Heather Noe, Occupational Licensing Examiner
Jun Maiquis, Regulations Specialist
Sher Zinn, Regulations Specialist
Megyn Weigand, Assistant Attorney General
Members from the public present (name spelling may not be accurate):

Kathryn Sawyer, Director of Pharmacy at Norton Sound
Tiffany Ma, Amy Poll's student
Tracy Gail
Sara, Bristol Bay Area Health Corporation
Reed Carlton
Molly Gray, AkPhA
Christina Aldridge, ANTC
Stephanie Spencer, BBAC
Amy Kohl
Lauren Paul
Erin Narus

Agenda Item 2  Review/Approve Agenda  Time: 3:05 p.m.

The board reviewed the agenda. Chair Holt commented that the agenda should indicate Leif Holm as the vice chair. Ms. Carrillo commented there would be a draft emergency response questions and answers document for the board to review.

On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Tammy Lindemuth, and approved unanimously, it was:

RESOLVED to accept the March 23, 2020 meeting as amended.

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The motion passed with no further discussion.

TASK 1
Laura Carrillo will update the agenda and board roster to reflect current board positions.

(Completed 03/25/2020.)

Agenda Item 3  Ethics  Time: 3:07 p.m.
There were no ethics disclosures.

Agenda Item 4  Emergency Regulations  Time: 9:35 a.m.

In introducing the meeting, Chair Holt commented that the board would be convening to address the potential bottlenecking crisis of the novel coronavirus. Chair Holt added that the board has been seeing from various states and disclosures about preventative treatments, but advised that pharmacies are being dramatically impacted from a staffing perspective, creating chaos and filling backlogs. In Alaska, this will be especially an issue because a license is required in Alaska for any capacity in a pharmacy, including for cashiers, which requires a pharmacy technician license.

Chair Holt reiterated chief medical officer, Dr. Zink’s, message during an earlier call that it is imperative each boards look at what they can do now to quickly move forward with emergency regulations. With 32 cases in the state now, Chair Holt asserted we are in critical times and there is need for the board to address emergency regulations in order to continue proactively responding to this pandemic. Chair Holt also thanked AAG Megyn Weigand for performing a cursory review of the regulations for the board’s discussion:

12 AAC 52.060 – FIRE OR OTHER DISASTER
- the board has never defined “other disaster”. Chair Holt stated that his recommendation would be to define this so pharmacies are able to relocate.
- Megyn Greider: the word “disaster” is defined under Alaska statute; her recommendation is to should instead state that other disasters “includes…”

12 AAC 52.210 – PHARMACIST DUTIES
- Chair Holt provided the following scenario: when we think of patients who could potentially go to their pharmacy for an injectable that normally would go to their prescriber, if there was a staffing issue at the prescriber’s office, could the pharmacist then administer that injection on behalf of the prescriber? AAG Greider indicated that this would be within the pharmacist’s scope. Chair Holt inquired whether the board would be interested in included this as a new subsection (8). Ms. Lindemuth agreed with this. Lana Bell commented on (3), which requires some additional training and education. Megyn: advises no change from (1)-(6), but to introduce semi-colons for duties that may be performed and delegated to a pharmacy technician holding a national certification.
- Justin Ruffridge inquired whether this would be an appropriate section to add point-of-care testing. Chair Holt stated that DHSS issues CLIA waivers, so addressing this in regulation may be introducing more restrictive parameters than what the state already allows.
- AAG Greider inquired as to whether interpreting and administering should be in accordance with the manufacturer’s directions. James Henderson inquired whether it should be with the prescriber’s directions, commenting that prescribers will sometimes have off-label uses. Leif Holm commented that if the intent is to not impose limitations, then to go with the prescriber’s directions. The board agreed to go with language for the prescriber’s drug order.
12 AAC 52.235 – (NEW REGULATION; CERTIFIED PHARMACY TECHNICIAN WITH NATIONAL CERTIFICATION)

- The board discussed pharmacy technicians with national certifications and the possibility of expanding the scope of duties performed only by pharmacists and pharmacist interns to these individuals.

12 AAC 52.300 – LICENSE RENEWAL

- Clause to extend renewals on an even year or period of three months, September 30, or until the emergency has been concluded.
- Remove the requirement that pharmacists submit the documentation for their renewal, just require an attestation of having completed the continuing education requirements of 12 AAC 52.230 – 12 AAC 52.350.
- Remove the jurisprudence questionnaire as this is not scored and creates unnecessary work for the applicant. AAG inquired whether it is the board’s intention to permanently remove this, or just for the duration of the emergency. Chair Holt explained that initially, it was to permanently remove this, but especially at this time, the board seeks to expedite applications and not subject applicants to requirements that the board will not look at or base approval of licensure on. Justin Ruffridge inquired as to whether there would still be an audit process and Chair Holt explained the division’s process of random auditing.

12 AAC 52.470 – (CURRENTLY TITLED AS REFILLS)

- Chair Holt recommends amending the title of this section to, “Dispensing of a Prescription Drug Order”
- Currently, pharmacist can only dispense a prescription drug order in accordance with the provider’s authorization. If there’s no refills authorized, then none can be dispensed. With the ability for pharmacies to dispense any quantity of a prescription drug order, they must amend (a) to allow a pharmacy technician with national certification to engage in refill activities.
- The board discussed changes of up to 120 days.
- The board discussed possibilities and limitations of involving pharmacist interns and pharmacy technicians with national certifications in this section.
- The board also discussed the validity of a non-controlled substance prescription after a year. Lana Bell stated there are institutional start and stop orders, so from an institutional setting, it’s helpful to have a stop date. Sharon Long suggested that to make it explicit, it would be helpful to have a stop date, especially in an emergency situation.

12 AAC 52.220 – PHARMACIST INTERNS

- Rich: strike (e)(3).

12 AAC 52.490 – PRESCRIPTIONS BY ELECTRONIC TRANSMISSION

- AAG Greider inquired whether existing (1)-(4) is creating a hindrance? Chair Holt stated that the hinderance is that (a) doesn’t include tech and interns. Mr. Henderson inquired why the board would need (b) if we have (a), as it already is a legal prescription, to which Chair Holt indicated he was unsure of why it was there.
- Mr. Ruffridge inquired about controlled versus non-controlled prescriptions in this section? AAG Greider stated that if the board added add interns and techs, they would be suggesting they could participate in controlled substances prescription orders being transmitted electronically to the patient, but earlier in the regulations proposal, the board limited dispensing to non-controlled substances. Chair Holt inquired to AAG Greider whether they can amend to say that: a pharmacy technician with a national certification can dispense a non-controlled prescription drug order, to which AAG Greider would include in the draft. Ms. Bell inquired as to why the board would be treating electronic prescriptions different than written prescriptions for original drug orders when it still requires pharmacist’s review as refills don’t require a pharmacist’s review.

12 AAC 52.510 – SUBSTITUTION
- The board addressed changes to substitution of interchangeable or biosimilar drug products.

12 AAC 52.992 – EMERGENCY PREPAREDNESS
- The board proposed to suspend licensure requirements for certain categories

12 AAC 52.985 – INDEPENDENT ADMINISTRATION OF VACCINES AND RELATED EMERGENCY MEDICATIONS
- The board discussed expanding capabilities to pharmacist interns and technicians with national certifications, including supportive staff members and the 18-year age requirement. Ms. Bell commented that the reason why the board started licensing everyone, including cashiers and bookkeepers, is so the board could hold them accountable; part of the licensing is that they at least be 18 years old so they could be prosecuted. Ms. Bell inquired whether the board should care if they’re over 18. AAG Greider indicated the board needed to articulate what supportive staff they’re using. Mr. Holm commented that it doesn’t make sense to create this opportunity because pharmacies already have ensured all staff be licensed. Mr. Holm asked whether the board wants to give pharmacies the opportunity to hire non-pharmacy technicians to act as pharmacy technicians during this emergency. Chair Holt stated that Dr. Zink urged boards to evaluate how they can maximize personnel and support the supply chain without hindering pharmacy operations. AAG Greider indicated the language would still have to apply to anyone who would qualify to have a license. Mr. Ruffridge stated he would support a limit on age; that they should be at least 18 years old.

12 AAC 52.443 – 12 AAC 52.445 – SHARED PHARMACY SERVICES
- Chair Holt commented that regulations are currently restrictive as they don’t allow pharmacies to help other pharmacies, explaining that there could be cognitive services (helping with service) or assisting with filling a prescription, e.g.: you have two pharmacies that are close to each other. Ms. Long inquired what this entails, to which Chair Holt stated it requires a pharmacy to get a shared pharmacy license and maintain detailed binders specifying functions (who is going to do what). Chair Holt added an example: if a pharmacy has 10 stores, and one store’s services go down, the pharmacy would have to apply for shared pharmacy services to transfer all that information.
Ms. Bell commented that if a pharmacist was out, can a relief pharmacist fill in remotely. Chair Holt recommended discussing this in detail at a later date as this is really needed.

Chair Holt provided another example: Seattle Children’s Hospital can’t send their clinical drug trials to children here in Alaska because they’re not registered as a pharmacy. These children used to fly down to Seattle but can no longer travel there.

Agenda Item 4  Board QAs  Time: 3:28 p.m.

Chair Holt informed the board that for four weeks, the board chairs for the State Medical Board, Board of Nursing, and Board of Pharmacy will be convening to address Covid-19 matters as they arise. Chair Holt stated that during today’s meeting, Chief Medical Office, Anne Zink, was in attendance, and had agreed to issue an FAQs statement jointly with the board to address the rash of prescriptions being called into pharmacies following news headlines of certain medications being used to treat COVID-19 symptoms, such as hydroxychloroquine. Ms. Long inquired whether the board’s guidance would prevent a prescriber from prescribing, for example, hydroxychloroquine, for off-label use. Chair Holt commented that the FDA would need to say that this specifically is an approved medication; it has to have a diagnosis consistent with its prescription and intended use.

Chair Holt read the rest of the document aloud to the board:

| Q. What is the status of hydroxychloroquine, chloroquine, and antibiotics for the use of Covid-19 prevention? |
| A. Currently, there is no FDA approved therapy for Covid-19 prevention. All healthcare professionals need to be attentive to the need of current patients utilizing these pharmaceuticals and avoid stockpiling which may cause a pharmaceutical chain supply issue. The following guidance is made for these products:
1. No prescription for chloroquine or hydroxychloroquine may be dispensed except if all the following apply:
   a) The prescription bears a written diagnosis from the prescriber consistent with the evidence for its use; |

| 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 |

| 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 |
Ms. Long asked if the QA would prevent this being used as a compassionate-use drug, to which Chair Holt commented that the drugs would have to be listed as expanded-access (compassionate-use) drugs by the FDA. Tammy Lindemuth inquired if this was something Dr. Zink was encouraging, to which Chair Holt affirmed, stating this is something she has encouraged, but that there are also practitioners who are calling in prescriptions for themselves and their families, leaving their patients without certain medications. Mr. Ruffridge stated he has seen multiple requests for massive amounts for these types of drugs, and asked whether there is going to be similar guidance issued by the prescribing boards, or if the board of pharmacy is going to be policing the intent. Chair Holt stated that the chairs have a weekly meeting, and that guidance would be signed-off on from all boards.

Ms. Long inquired whether there was a way to approach this in a way that would support compassionate use, but deter inappropriate, unscrupulous use. Mr. Ruffridge commented that if the goal is to prevent hoarding, the board could consider placing guidelines on quantity, e.g.: no more than 30- or 90- days can be dispensed. The board continued to discuss this document but were unable to come to an agreement on the FAQs guidance. Chair Holt stated he would reword the draft and send it out for review.

Agenda Item 5 Adjourn (Recess until March 27) Time: 6:14 p.m.

On a motion duly made by Sharon Long to adjourn the meeting, seconded by James Henderson, and approved unanimously, it was:

RESOLVED to adjourn the meeting with a follow-up meeting to be held on Friday, March 27th.

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TASK 2

Laura Carrillo will submit a meeting request for March 27, 2020.

(Completed 03/24/2020.)
By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62, Article 6, a scheduled meeting of the Board of Pharmacy via teleconference was held on March 27, 2020. Due to the COVID-19 pandemic, in-person attendance was not available.

Agenda Item 1 Call to Order/Roll Call Time: 1:17 p.m.

The March 23, 2020 emergency teleconference was called to order by Chair, Rich Holt at 1:17 p.m.

Board members present, constituting a quorum:

Richard Holt, PharmD #PHAP2008, MBA – Chair
Leif Holm, PharmD #PHAP1606 – Vice Chair
James Henderson, RPh #PHAP1683
Lana Bell, RPh #PHAP893
Tammy Lindemuth, Public Member
Sharon Long, Public Member (Absent)
Justin Ruffridge, #PHAP1787

Division staff present:

Laura Carrillo, Executive Administrator
Heather Noe, Occupational Licensing Examiner
Lisa Sherrell, PDMP
Megyn Weigand, Assistant Attorney General

Members from the public present:

Laura Paul, CVS
Erin Narus, Health Care Services
Chuck Semling, Health Care Services
Agenda Item 2  Review/Approve Agenda  Time: 1:18 p.m.

The board reviewed the agenda for the March 27, 2020 meeting day.

On a motion duly made by Tammy Lindemuth to approve the meeting agenda, seconded by Justin Ruffridge, and approved unanimously, it was:

RESOLVED to accept the March 27, 2020 meeting agenda as written.

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The motion passed with no further discussion.

Agenda Item 3  Ethics  Time: 1:20 p.m.

No ethics disclosures.

Agenda Item 4  Regulations  Time: 1:21 p.m.

The board resumed discussion of emergency regulations. Ms. Carrillo provided a checksheet outlining the emergency regulation adoption process. An update of the proposed regulations was included for board review, with edits made accordingly based on AAG review of authority.

Proposed regulations expanding scope for pharmacy technicians were not permitted in some sections.

12 AAC 52.060; fire or other disaster; no opposition.

12 AAC 52.210; amend #1 to improve practitioner or authorized agent. Chair Holt commented that we had removed the ability for pharmacy technicians to engage in dispensing, and had removed (8) because of this addition. Based on AAG review, we were not able to include pharmacy technicians within the scope of pharmacist duties, so had to add (8) back in; no opposition.

12 AAC 52.220; pharmacy technicians with national certifications can’t dispense because that is a statutory definition. Intern can do it, hence repealing (e)(3); no opposition.
12 AAC 52.230; no authority to suspend licensing categories, but we can remove cashers and bookkeepers, such that they would need not need to have a license; no opposition.

12 AAC 52.235; pharmacy technician with national certification. Final check to distribute was amended and subsection (C) to add date and quantity dispensed, documentation in patient record (b) to use standard formal for national certification; no opposition.

12 AAC 52.300; removing documentation and allowing attestation; repeal jurisprudence exam requirement; no opposition.

12 AAC 52.300; renewals; no opposition. See page 19.

12 AAC 52.446; shared pharmacy services during an emergency; the board wanted to suspend shared pharmacy services to make sure pharmacies are able to process at maximum capacity, but board is unable to suspend. AAG Greider and Chair Holt instead worked on a new section for shared pharmacy services during an emergency, which will eliminate need for board approval so that they don't have delays in providing continuation of services; no opposition.

AAG Greider indicated there is a typo in (b), should be notwithstanding 12 AAC 52.445. AAG Greider asked whether it is the board’s intent that it completely displaces current 12 AAC 52.445 during a disaster emergency declaring. The board determined that yes, it will displace 12 AAC 52.445 during a disaster or emergency and then 12 AAC 52.446 will resume upon conclusion of the emergency declaration.

12 AAC 52.470(a); repeals entire subsection; no opposition.

12 AAC 52.470(b); repeals entire subsection; no opposition.

12 AAC 52.470; adding pharmacist intern to be able to record quantity and date of dispensations; no opposition.

12 AAC 52.470(d); as long as (1)-(3) are met; removes (4); no opposition.

12 AAC 52.470; allows total quantity of the drug due to chronic non-controlled substance to be dispensed for up to a 120 supply. Must add: “continue to”.. “may continue to dispense a quantity”, to account for insurance companies that try to limit quantities; no opposition.

12 AAC 52.470(h) new subsection; no opposition

12 AAC 52.480(4); addition of which may be handwritten no opposition

12 AAC 52.490(a); adding devices, e.g.: nebulizer, spacers, nebulizer tubing are all devices and we need to allow these
12 AAC 52.500(d)(1); no opposition.

12 AAC 52.510(a)(1); nothing prohibits patient from requesting original product instead of substitution; no opposition.

12 AAC 52.985(a); remove “natural”; no opposition.

12 AAC 52.985(f)(1); suspend CPR, tribal health notification suspended for 30 days, suspend notarization; no opposition.

Laura inquired whether there would be issues with fingerprinting as agencies begin to cease these services. AAG Greider cited, SB241, which would allow the division to engage in expedited licensure requirements, including suspending fingerprinting. Ms. Long requested clarification as to whether it would eclipse any regulations that would otherwise be required to comply, to which AAG Greider confirmed.

12 AAC 52.992(d); offer the patient or patient’s agent the current vaccine information; no opposition.

12 AAC 52.995(33); definition for shared pharmacy services, including pharmacy intern or pharmacy technician who holds a national certification, also allowing distributing, counseling, and monitoring of drug therapy; no opposition.

12 AAC 52.995(a); no opposition.

AAG Greider inquired whether it is the current practice that devices are not included in electronic transmission. Chair Holt stated that you could see this in practice as prescription orders for devices can be transmitted electronically, but the law doesn’t say it currently.

Laura asked whether pharmacists who hold an emergency permit must still comply with the PDMP registration requirement, as it is a permit and not a license. AAG Greider indicated that the permit is considered a license, and so those who hold this must register.

On a motion duly made by Lana Bell to approve the emergency regulation packet as amended, seconded by Sharon Long, and approved unanimously, it was:

RESOLVED to adopt the emergency regulations, 12 AAC 52.060, 12 AAC 52.210, 12 AAC 52.220, 12 AAC 52.230, 12 AAC 52.235, 12 AAC 52.300, 12 AAC 52.446, 12 AAC 52.470, 12 AAC 52.480, 12 AAC 52.490, 12 AAC 52.500, 12 AAC 52.510, 12 AAC 52.985, 12 AAC 52.992, and 12 AAC 52.995 as discussed and amended during this meeting.

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Alaska Board of Pharmacy
March 23 & March 27, 2020 Meeting
The motion passed with no further discussion.

**TASK 3**
Laura Carrillo will send updated regulations draft to Chair Holt, AAG Greider, and regulations specialist, Jun Maiquis.
(Completed 03/27/2020.)

**Agenda Item 4  Emergency Response QA**

The board reviewed the revised QA document prepared by Chair Holt.

On a motion duly made by Tammy Lindemuth to approve the emergency response question and answers document, seconded by Sharon Long, and approved unanimously, it was:

RESOLVED to approve the emergency response questions and answers document, as discussed at this meeting and as included in the board packet. Subsequent updated to be approved via an email vote.

The motion passed with no further discussion.

**TASK 4**
Laura Carrillo will request the QA document to be posted online.
(Completed request 03/27/2020; uploaded to site on 03/30/2020.)
**TASK 5**
Laura Carrillo will forward the QA to the medical and nursing boards.
*(Completed 03/27/2020.)*

**Agenda Item 5  NABP Passport**  
Time: 2:08 p.m.
The board reviewed materials the NABP had sent Ms. Carrillo regarding a program called NABP Passport. This program intends to provide states with the ability to assist in expedited licensing needs. Chair Holt commented that the board’s existing emergency permit and expediting process will fulfill licensing needs during this emergency.

**TASK 6**
Laura Carrillo will inform the NABP that Alaska would not be participating in this program.
*(Completed 03/30/2020.)*

**Agenda Item 6  Adjourn.**  
Time: 2:12 p.m.
On a motion duly made by Tammy Lindemuth to adjourn the meeting, seconded by Lana Bell, and approved unanimously, it was:

RESOLVED to adjourn the meeting.

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Laura Carrillo, Executive Administrator  
05/15/2020

Richard Holt, Chair  
05/15/2020
12 AAC 52.060 is amended by adding a new subsection to read:

**12 AAC 52.060. Fire or other disaster.**

(d) In this section, “other disaster” includes any disaster which causes a pharmacy to move to a temporary location or results in damage to the drug or device inventory.

(Eff. 1/16/98, Register 145; am ____/____/_____, Register ____)

Authority: AS 08.80.005 AS 08.80.157 AS 08.80.330

AS 08.80.030 AS 08.80.157

12 AAC 52.210 is amended to read:

**12 AAC 52.210. Pharmacist duties.** Except as provided in 12 AAC 52.220 and 12 AAC 52.235, the following duties may be performed only by a pharmacist:

(1) receiving an oral prescription drug order from a practitioner or authorized agent of a practitioner;

(8) administer a prescription drug order in accordance with the prescriber’s order

(6) [MAKING A FINAL CHECK ON ALL ASPECTS OF A COMPLETED PRESCRIPTION AND] assuming the responsibility for a filled prescription, [INCLUDING THE ACCURACY OF THE DRUG PRESCRIBED AND OF THE PRESCRIBED DRUG’S STRENGTH, LABELING, AND PROPER CONTAINER];
12 AAC 52.220(e)(3) is repealed:

(e) A pharmacist supervising a pharmacist intern...

(3) Repealed. [SHALL PHYSICALLY REVIEW PRESCRIPTION DRUG ORDERS AND THE DISPENSED PRODUCT BEFORE DELIVERY OF A PRODUCT TO THE PATIENT OR THE PATIENT'S AGENT]

12 AAC 52.230(a)(2) is amended to read:

12 AAC 52.230. Pharmacy technicians (a) The following persons must be licensed as a pharmacy technician:

(1) an individual who assists in performing manipulative, nondiscretionary functions associated with the practice of pharmacy; and

(2) a supportive staff member assigned to work in the dispensing area of a pharmacy, INCLUDING A CASHIER OR A BOOKKEEPER].
(b) A pharmacy technician shall work under the direct supervision of a person who is licensed as a pharmacist.

(c) A pharmacy technician may not perform any of the duties listed in 12 AAC 52.210.

(d) An individual working as a pharmacy technician shall wear an identification badge that shows the individual’s name and identifies the individual as a pharmacy technician.

(e) Before an individual may regularly perform the tasks of a pharmacy technician, the individual shall complete training required by the pharmacist-in-charge. Duties performed by the pharmacy technician must be consistent with the training the pharmacy technician has received.

(f) If a pharmacy technician will assist in the preparation of sterile pharmaceuticals, including parenteral medications, the pharmacy technician must have completed a minimum of 40 hours of on-the-job training in the preparation, sterilization, aseptic technique, and admixture of parenteral and other sterile pharmaceuticals before the pharmacy technician may regularly perform those tasks.

12 AAC 52.235 is amended by adding a new section to read:

12 AAC 52.235. Pharmacy technician with national certification. (a) A pharmacy technician who holds a national certification may

(1) perform a final check and distribute a non-controlled substance prescription if

(A) the pharmacy uses a bar code scanning and verification system that confirms the drug selected to fill the prescription is the same as indicated on the prescription label;
(B) the pharmacy uses software that displays the image or graphical description of the correct drug being verified; provided that if there is any deviation from the image or graphical description and actual product being distributed, a pharmacist must review and dispense the order; and

(C) each prescription distributed is electronically verified and the date and quantity distributed is documented in the patient record;

(2) transfer a non-controlled substance prescription drug order as described in 12 AAC 52.500;

(3) clarify or obtain missing information from the practitioner or the practitioner’s authorized agent on a non-controlled substance prescription drug order.

(b) Prescription drug order information clarifications under (b) of this section must have the following information documented on the prescription drug order

(1) the result of the clarification;

(2) the initials of the pharmacy technician who holds the national certification;

(3) the name of the prescriber or authorized agent they spoke to; and

(4) the date and time of the call.

(c) A pharmacy technician who holds a national certification may not sign or initial any document that is required to be signed or initialed by a pharmacist.

(d) In this section, a “bar code scanning and verification system” means any technology which scans the bar code on a manufacturer drug container to ensure the product being distributed matches the expectation of what was prescribed and input into the dispensing software. (Eff. ____/____/______, Register ______)
12 AAC 52.300(c)(3) is amended to read:

(3) **an attestation** [DOCUMENTATION] that the applicant has met all continuing education requirements of 12 AAC 52.320 - 12 AAC 52.350;

12 AAC 52.300(c)(4) is repealed:

(4) **Repealed.** [IF SEEKING RENEWAL FOR A LICENSING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2006, A COMPLETED JURISPRUDENCE QUESTIONNAIRE PREPARED BY THE BOARD, COVERING THE PROVISIONS OF AS 08.80 AND THIS CHAPTER]

The below subsection is removed from this emergency regulation project due to the division director's authority to administratively extend renewals per SB 241. By an online vote on April 2, 2020, the board established a quorum to repeal this subsection.

12 AAC 52.300 is amended by adding a new subsection to read:

(d) In the event an emergency declaration by the Governor in this state remains in effect on or after May 1 of even years, all license and registration category renewals under 12 AAC 52.010 are extended until September 30 of that renewal year, or until after the governor determines the public health disaster no longer exists on a date approved by the board, whichever occurs later. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am 5/5/2006, Register 178; am ____/____/______, Register _____)

**Authority:** AS 08.01.100 AS 08.80.030 AS 08.80.157

AS 08.80.005 AS 08.80.147 AS 08.80.165

Alaska Board of Pharmacy
March 23 & March 27, 2020 Meeting
12 AAC 52 is amended by adding a new section to read:

**12 AAC 52.446. Shared pharmacy services during emergency.** (a) During a disaster emergency declared by the governor, pharmacists, pharmacist intern, and pharmacies licensed or registered under AS 08.80 may participate in shared pharmacy services as defined in 12 AAC 52.995(33) without applying for approval under 12 AAC 52.443 and 12 AAC 52.444.

(b) Notwithstanding 12 AAC 52.445, during a disaster emergency declared by the governor, a pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall do so in accordance with this section.

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

(d) The requirement of (c) of this section does not apply to prescription medication delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient.

(e) A pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall

(1) maintain manual or electronic records identifying, individually for each order processed, filled or dispensed
(A) the name, initials, or identification code of each pharmacist or pharmacist intern responsible for the final verification of dispensing; and

(B) the patient, date, drug, strength, directions, and quantity dispensed.

(f) A pharmacy participating in shared pharmacy services which distributes prescription drug orders using a pharmacy technician who holds national certification shall maintain manual or electronic records identifying, individually for each order processed, filled or distributed

(A) the name, initials, or identification code of each pharmacy technician who holds a national certification; and

(B) the patient, date, drug, strength, directions, and quantity distributed.

(g) Nothing in this section prevents a pharmacist who is employed by or working under a contract with the pharmacy, or prevents a licensed 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.

12 AAC 52.470(a) is repealed:

(a) Repealed. [A PHARMACIST, MAY DISPENSE A REFILL OF A PRESCRIPTION DRUG ORDER ONLY IN ACCORDANCE WITH THE PRESCRIBING PRACTITIONER’S AUTHORIZATION AS INDICATED ON THE PRESCRIPTION DRUG ORDER. IF THERE ARE NO REFILL INSTRUCTIONS ON THE PRESCRIPTION DRUG ORDER, OR IF ALL REFILLS AUTHORIZED ON THE ORIGINAL PRESCRIPTION DRUG ORDER HAVE BEEN DISPENSED, A PHARMACIST SHALL OBTAIN AUTHORIZATION FROM THE PRESCRIBING PRACTITIONER BEFORE DISPENSING A REFILL.]
12 AAC 52.470(b) is repealed:

(b) Repealed. [A PHARMACIST MAY NOT DISPENSE A REFILL OF A PRESCRIPTION DRUG ORDER FOR A NONCONTROLLED SUBSTANCE AFTER ONE YEAR FROM THE DATE OF ISSUE OF THE ORIGINAL PRESCRIPTION DRUG ORDER.]

12 AAC 52.470(c) is amended to read:

(c) Each time a prescription drug order refill is dispensed, the pharmacist or pharmacist intern shall record the quantity and date of the dispensing. [REFILL ELECTRONICALLY OR ON THE BACK OF THE PRESCRIPTION DRUG ORDER BY LITING THE DATE OF DISPENSING, THE WRITTEN INITIALS OR IDENTIFICATION CODE OF THE DISPENSING PHARMACIST, AND THE AMOUNT DISPENSED IF DIFFERENT FROM THE QUANTITY ON THE ORIGINAL PRESCRIPTION DRUG ORDER.]

12 AAC 52.470(d) is amended to read:

(d) A pharmacist or pharmacist intern, [IF AN ORIGINAL PRESCRIPTION DRUG ORDER IS PRESCRIBED AS A 30-DAY SUPPLY, THE PHARMACIST] may dispense any quantity of a prescription drug order so long as [UP TO A 100-DAY SUPPLY ON REFILLS IF] the

(1) total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills; and

(2) drug is not a federal or state scheduled controlled substance. [; AND

(3) THE PHARMACIST IS EXERCISING PROFESSIONAL JUDGMENT.]
12 AAC 52.470 is amended by adding a new subsection 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 pharmacist intern may continue to dispense a quantity not to exceed a 120-day supply. In this section,

(1) “existing” means the pharmacy has a record of a previous prescription drug order or the pharmacist can validate the prescription drug order from another pharmacy or patient labelled product;

(2) “chronic” means a drug that the patient takes regularly, for greater than 3 months.

12 AAC 52.470 is amended by adding a new subsection to read:

(h) Under (g) of this section, the pharmacist must

(1) reduce the patient’s prescription drug order to a written prescription drug order using the previously verified prescription drug order information and practitioner name;

(2) document “continuation of therapy”, “COT”, or words of similar meaning on the prescription drug order; and

(3) file and maintain the prescription in accordance with 12 AAC 52.450.

(Eff. 1/16/98, Register 145; am 6/29/2018, Register 226; 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 pharmacist intern;
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 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:

12 AAC 52.500(d)(1) is repealed:

(1) Repealed. [A PHARMACY TRANSFERRING A PRESCRIPTION DRUG ORDER OR RECEIVING A TRANSFERRED PRESCRIPTION DRUG ORDER MUST MEET THE FOLLOWING REQUIREMENTS: (1) IF TRANSFERRED VERBALLY, THE TRANSFER SHALL BE COMMUNICATED DIRECTLY BETWEEN TWO LICENSED PHARMACISTS;]

12 AAC 52.500(d)(3) is amended to read:
(3) the pharmacist, pharmacist intern, or pharmacy technician who holds national certification transferring a 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, pharmacist intern, or pharmacy technician who holds national certification receiving the prescription drug order information;

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

(D) the date of the transfer;

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

(4) the pharmacist, pharmacist intern, or pharmacy technician who holds national certification receiving the transferred prescription drug order information shall record the following information:

(A) the original date of issue [AND DATE OF DISPENSING, IF DIFFERENT FROM THE DATE OF ISSUE];

(B) the original unique identification number of the prescription [DRUG ORDER NUMBER AND THE NUMBER OF REFILLS AUTHORIZED ON THE ORIGINAL PRESCRIPTION DRUG ORDER];

(C) the quantity of drug or device [NUMBER OF VALID REFILLS] remaining [AND THE DATE OF THE LAST REFILL];
(D) the name, address, and if a controlled substance, the DEA registration number of the pharmacy transferring the prescription drug order information; and

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

12 AAC 52.500(d)(5) is amended to read:

(5) when a prescription drug order is transferred, the transferring pharmacy may not issue any further dispensing from that prescription drug order [REFILLS].

12 AAC 52.500(f)(2) is amended to read:

(2) to ensure that the total quantity dispensed from the prescription drug order does not exceed the total quantity authorized [NUMBER OF AUTHORIZED REFILLS IS NOT EXCEEDED].

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.510(a) is amended to read:

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

12 AAC 52.510(a)(1) is amended to read:
(1) the prescribing practitioner does not indicate on the prescription drug order that a specific brand must be dispensed, using language such as "brand medically necessary", "dispense as written", "do not substitute", or other similar wording indicating the practitioner does not want it substituted.

12 AAC 52.510 is amended by adding a new subsection to read:

(c) Nothing in this section prohibits a patient from requesting the original trade product instead of the substituted product so long as there is nothing on the prescription drug order from the prescriber that would indicate they want only the substituted product dispensed.

(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 ____/____/______, Register ____)

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.295

12 AAC 52.985(a) is amended to read:

(a) If, as a consequence of a [NATURAL] disaster or terrorist attack, a disaster emergency is declared by the governor under AS 26.23.020 which results in the inability to refill existing prescriptions, the board will cooperate with the state, borough, city, or town to assist in the provision of drugs, devices, and professional services to the public.

12 AAC 52.985(b) is amended to read:

(b) If, as a consequence of a [NATURAL] disaster or terrorist attack, a disaster emergency is declared by the governor of another state or territory, or a province of Canada which results in an
individual being temporarily relocated to Alaska who is unable to refill an existing prescription, the board will assist in the provision of drugs, devices, and professional services to the relocated individual.

12 AAC 52.985(c) is repealed:

(c) **Repealed.** [WHEN A DISASTER EMERGENCY HAS BEEN DECLARED, A PHARMACIST IN THE AREA OF THE DECLARED EMERGENCY MAY DISPENSE A ONE-TIME EMERGENCY REFILL PRESCRIPTION OF UP TO A 30-DAY SUPPLY OF A PRESCRIBED MEDICATION IF (1) IN THE PHARMACIST'S PROFESSIONAL OPINION THE MEDICATION IS ESSENTIAL TO THE MAINTENANCE OF LIFE OR TO THE CONTINUATION OF THERAPY; AND (2) THE PHARMACIST MAKES A GOOD FAITH EFFORT TO REDUCE THE PATIENT'S PRESCRIPTION DRUG INFORMATION TO A WRITTEN PRESCRIPTION MARKED "EMERGENCY PRESCRIPTION" AND THEN FILES AND MAINTAINS THE PRESCRIPTION IN ACCORDANCE WITH 12 AAC 52.450.]

12 AAC 52.985(d) is repealed:

(d) **Repealed.** [IF A DECLARED DISASTER EMERGENCY CONTINUES FOR MORE THAN 21 DAYS AFTER A PHARMACIST DISPENSES AN EMERGENCY PRESCRIPTION UNDER (C) OF THIS SECTION, THE PHARMACIST MAY DISPENSE ONE ADDITIONAL EMERGENCY REFILL PRESCRIPTION OF UP TO A 30-DAY SUPPLY OF THE PRESCRIBED MEDICATION.]

12 AAC 52.985 is amended by adding new subsections to read:

(f) During an 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) the notice required under 12 AAC 52.150(a) need not be provided until 30 days after the date the Governor determines the emergency no longer exists;

(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, 12 AAC 52.697 does not need to be notarized.

-(Eff. 10/31/2019, Register 232; am ____/____/______, Register ____)

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.992(d) is amended to read:

(d) A pharmacist or pharmacist intern administering a vaccine must offer [PROVIDE] the patient or the patient's agent the current vaccine information statement (VIS) issued by the CDC for each vaccine administered.

(Eff. 7/9/2017, Register 223; am ____/____/______, Register ____)

Authority: AS 08.01.075 AS 08.80.168 AS 08.80.480

AS 08.80.030 AS 08.80.261

12 AAC 52.995(a)(33) is amended to read:
(33) “shared pharmacy services” means a system allowing the processing by a participating pharmacist, \textit{pharmacist intern or pharmacy technician who holds a national certification}, or a pharmacy of a request from another participating pharmacist, \textit{pharmacist intern, pharmacy technician who holds a national certification}, or pharmacy to \textit{enter or review a prescription drug order}, process or fill a prescription drug order, including dispensing or distributing, drug utilization review, claims adjudication, refill authorizations, therapeutic interventions, \textit{counseling, monitoring of drug therapy}, and institutional order review;

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

(38) “pharmacy technician who holds national certification” means a pharmacy technician, licensed by the Board, who obtains and maintains an active national certification through the Pharmacy Technician Certification Board (PTCB) or the Institute for the Certification of Pharmacy Technicians (ICPT).

(Aff. 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 ____/____/______, Register ____)

\textbf{Authority:} \textit{AS 08.80.005 AS 08.80.159 AS 17.30.200 AS 08.80.030 AS 11.71.900 AS 17.30.900 AS 08.80.157}