

1 State of Alaska  
2 Department of Commerce, Community and Economic Development  
3 Division of Corporations, Business and Professional Licensing

4  
5 Alaska Board of Pharmacy  
6

7 DRAFT MINUTES OF THE EMERGENCY MEETING  
8

9 May 28, 2020 Videoconference  
10

---

11 By authority of AS 08.01.070(2), and in compliance with the provisions of AS 44.62,  
12 Article 6, a scheduled meeting of the Board of Pharmacy via videoconference on  
13 May 28, 2020. Due to the COVID-19 pandemic, in-person attendance was not  
14 available.

15  
16 Agenda Item 1 Call to Order/Roll Call Time: 9:00 a.m.  
17

18 The May 28, 2020 videoconference was called to order by Chair, Rich Holt at 9:00 a.m.  
19

20 Board members present, constituting a quorum:  
21

22 Richard Holt, PharmD #PHAP2008, MBA – *Chair*  
23 Leif Holm, PharmD #PHAP1606 – *Vice Chair*  
24 James Henderson, RPh #PHAP1683  
25 Lana Bell, RPh #PHAP893  
26 Tammy Lindemuth, Public Member  
27 Sharon Long, Public Member (Absent)  
28 Justin Ruffridge, #PHAP1787  
29

30 Division staff present:  
31

32 Laura Carrillo, Executive Administrator  
33 Heather Noe, Occupational Licensing Examiner  
34 Jun Maiquis, Regulations Specialist  
35

36 Members from the public present (name spelling may not be accurate):  
37

38 Molly Gray, AKPhA  
39 Gretchen Glaspy, AKPhA  
40 Ashley Schaber, AKPhA  
41 Douglas Noaeill, Great Land Infusion Pharmacy  
42 Jessica Adams, TelePharm

43 Lauren Paul, CVS

44  
45 **Agenda Item 2      Review/Approve Agenda**

**Time: 9:02 a.m.**

46  
47 *Jun Maiquis joined the room at 9:05 a.m.*

48 *Tammy Lindemuth joined the room at 9:08 a.m.*

49  
50 The board reviewed the agenda. Chair Holt commented for the public that these emergency  
51 regulations took effect April 3, 2020 and will expire on July 31, 2020 if the board takes no action  
52 on them at today’s meeting. Chair Holt provided the overview that the regulations were only to be  
53 submitted in written format to the publications specialist via fax, mail, email, or through the online  
54 public notice system. All comments were received prior to the May 15, 2020 4:30 p.m. cut-off  
55 dates and are public record so are subject to public disclosure. Chair Holt indicated to the board  
56 and the public that today’s meeting would take the following flow and structure:

- 57
- 58 1. Chair Holt will read each public comment, including stating the name of the commenter
- 59 for the record
- 60 2. Chair Holt will provide the board and the public with any background information,
- 61 including any previous legal opinions and board discussions
- 62 3. Chair Holt will ask the board for any input on each comment rather than waiting until the
- 63 end for a comprehensive discussion on the regulations generally
- 64 4. The board will then make a motion on the emergency regulations
- 65

66 Chair Holt recommended the board write down any thoughts, comments, or questions as each  
67 comment is addressed so they can pull from these notes for any discussion during the motion-  
68 making portion of the meeting.

69  
70 **On a motion duly made by Lana Bell to approve the meeting agenda, seconded by Leif**  
71 **Holm, and approved unanimously, it was:**

72  
73 **RESOLVED to accept the May 28, 2020 meeting agenda as written.**

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
76 Leif Holm	x			
77 Richard Holt	x			
78 Justin Ruffridge	x			
79 Lana Bell	x			
80 Tammy Lindemuth	x			
81 James Henderson	x			
82 Sharon Long				x

83  
84 The motion passed with no further discussion.

85 **Agenda Item 3**      **Ethics**      **Time: 9:03 a.m.**

86

87 There were no ethics disclosures.

88

89 **Agenda Item 4**      **Review Public Comment**      **Time: 9:14 a.m.**

90

91 *Laura Carrillo left the room at 10:03 a.m.*

92 *Laura Carrillo came back to the room at 10:35 a.m.*

93

94 Comment from Douglas Noacill - 12 AAC 52.210 (pharmacist duties)

95 Chair Holt read this comment out loud and stated that drug administration exists in current statute,  
96 08.80.480(30), so is not a new function, but is not clearly defined. Chair Holt also stated that the  
97 board does not have statutory authority related to billing practices as that is under the purview of  
98 the Division of Insurance.

99

100 Comment from Jessica Langley – 12 AAC 52.995(38) (pharmacy technicians)

101 Chair Holt read this comment out loud and stated that this needs to be updated to reflect that ICPT  
102 as currently referenced in this regulation has merged with another company and is now the National  
103 Healthcareer Association.

104

105 Comment from Vicki Farrel – 12 AAC 52.235 (pharmacy technicians)

106 Chair Holt read this comment out loud and stated that the board's intent original discussions was  
107 to allow nationally certified pharmacy technicians to participate in the administration of  
108 immunizations. The Department of Law; however, indicated the board lacked the statutory authority  
109 to allow this. Quoting from AG Weigand on a March 25, 2020 opinion, Chair Holt stated that under  
110 AS 08.80.480, the administration of vaccine constitutes the practice of pharmacy, which may only  
111 be performed by a licensed pharmacist or pharmacist's intern, to allow any other person to allow  
112 any other person to perform this function requires legislative action.

113

114 Comment from Candy Pete – 12 AAC 52.446 (shared pharmacy services/technicians)

115 Chair Holt read this comment out loud and the board engaged in discussion as to what constitutes  
116 a dispensing area and therefore what constitutes a dispensing function. The board discussed the  
117 benefits and consequences of allowing an unlicensed person to provide certain supportive and  
118 manipulative functions. Mr. Holm and Ms. Lindemuth discussed inventory functions as being a  
119 stocking function and not a dispensing function. Chair Holt commented as a reminder that AG  
120 Weigand stated technicians do not have dispensing authority, so this word cannot be associated with  
121 technicians. Ms. Lindemuth stated that inventory can be vague; what type of medication are they  
122 putting away? Mr. Henderson stated that inventory stocking could be in the dispensing area. Mr.  
123 Henderson stated he wants to make sure the board is supporting pharmacies in securing the  
124 premises, to which Chair Holt stated it doesn't diminish control of the pharmacy because 12 AAC  
125 52.220 states the pharmacist is responsible for the security. Ms. Bell stated that if you're handling  
126 the medications while the pharmacy still owns them, you should have a license. Mr. Ruffridge stated  
127 that with the proposed emergency regulations, 12 AAC 52.230, the following persons must be

128 licensed, manipulative functions, supportive staff member assigned to work on the dispensing area,  
129 so Mr. Ruffridge agrees that the board should define what the dispensing area is. Mr. Ruffridge  
130 stated that in an emergency, it seems completely appropriate for the cashier to not have a license,  
131 but that it doesn't seem appropriate for an unlicensed person to be in a dispensing area. Ms. Bell  
132 stated this is whole for diversion, to which Mr. Holm disagreed. The board continued to discuss this  
133 topic and ultimately agreed dispensing functions would need to be further defined.

134  
135 Mr. Ruffridge provided the following example: a cashier for example might have the duty of handing  
136 out prescriptions to customers, but if a patient comes in but the prescription is not ready for pick  
137 up, that creates a need for customer follow-up and may force the technician to engage in more duties  
138 requiring more involvement, including potentially manipulative functions. This could also require  
139 the technician to become involved being in the dispensing area as s/he assists the pharmacist in  
140 rushing that prescription along. Ms. Bell agreed there could be grey area and a need for further  
141 clarification as in this scenario, the technician would be handling un-dispensed inventory. Chair Holt  
142 commented that in this case, a technician license would be required because it would involve  
143 participation in drug and device selection. Mr. Ruffridge agreed and highlighted that a pharmacy  
144 technician may initially be set out to accomplish a black and white task, but scenarios can quickly  
145 become gray.

146  
147 Comment from Natalie Godwin (patient consent)  
148 Chair Holt read this comment on leaving a voicemail regarding a prescription, and whether it would  
149 suffice for patient consent. Chair Holt also read the response provided by Ms. Carrillo. No  
150 comments from the board.

151  
152 Comment from Jasper Wethington (pharmacy technicians)  
153 Chair Holt read this comment out loud and stated there may confusion about the functions of a  
154 technicians; nowhere does it eliminate a pharmacist's responsibility or allow a pharmacy technician  
155 with national certification to engage in evaluating drug interactions, DUR with allergies, disease  
156 states, etc. Chair Holt stated at the November 15, 2019 meeting (p. 21 of minutes) that the board  
157 discussed this; that it is still up to the pharmacist to authorize pharmacy technicians with national  
158 certifications to perform these functions. Ms. Bell disagreed, stating it's not necessarily at the  
159 pharmacist's discretion; it is a business model and will depend on the employer. Ms. Bell also stated  
160 that the feedback she's received is that pharmacists feel victimized by the pull of employers dictating  
161 the limits of their discretionary abilities. Ms. Bell also inquired if Walmart, for example, would allow  
162 pharmacists to make this discretionary call, to which Chair Holt affirmed, stating pharmacists are  
163 able to use their professional judgment. Ms. Bell expressed that this may not always be the case.

164  
165 Chair Holt also cited meeting minutes from the November 29, 2018 meeting (p. 294 of packet),  
166 where the board also took up this topic, and at which point there was a subsection drafted to state,  
167 "nothing in this section requires a pharmacy technician with national certification to perform these  
168 functions... a pharmacist or owner of a pharmacy shall not require a pharmacy technician with  
169 national certification to perform these functions...a pharmacist must use their independent

170 judgment.” Chair Holt stated; that by their June 2019 meeting; however, this section was not  
171 included, so it was decided at one point to no longer move forward with this regulation amendment.

172  
173 To Ms. Bell’s point, Mr. Ruffridge commented that the language on performing a final is somewhat  
174 vague. It was Mr. Ruffridge’s understanding there was language added to make it apparent a drug  
175 regimen review had to have been accomplished at some point in the process, and that by stating  
176 final check, the board is meaning there is no clinical assessment being made, just a check to make  
177 sure the accurate information is on the label. Chair Holt indicated that was his understanding as  
178 well, stating that AAG, Harriet Milks, reviewed the board’s proposed regulations and commented  
179 on January 27, 2020 that the section relating to prospective drug review isn’t necessary because  
180 pharmacists are statutorily required to do this anyway. Chair Holt suggesting going back to LAW  
181 for additional clarification on this and that it may be necessary for the board to add their previously  
182 proposed language back in.

183  
184 Comment from Lauren Paul – 12 AAC 52.060 – 12 AAC 52.995  
185 Chair Holt read this comment out loud. No comments from the board.

186  
187 Comment from Tracy Tomlinson (pharmacy technicians)  
188 Chair Holt read this comment out loud. No comments from the board.

189  
190 Comment from Daniel Nelson (multiple comments on specific sections with suggested edits)  
191 Chair Holt read this comment out loud. To the concern on the intern having ultimate responsibility,  
192 Chair Holt stated this is not being amended during this emergency regulation; in existing 12 AAC  
193 52.220 for pharmacist interns, a pharmacist supervising a pharmacist intern is responsible for the  
194 intern. This language and is not being amended and will not be removing that responsibility from  
195 the pharmacist. To the concern relating to pharmacy technicians, Chair Holt stated that they can  
196 clarify *or* obtain missing information. Ms. Bell acknowledged this interpretation as correct. To the  
197 concern on controlled substances being excluded from tech-check-tech functions, Chair Holt, cited  
198 Title 21 CFR 21 13.06.21, which states that (a) a pharmacist must dispense directly a controlled  
199 substance. Chair Holt also pulled AAG Megan Weigand: in Alaska, a pharmacy technician can  
200 distribute but not dispense. To the concern on why pharmacy vaccines are not included, Chair Holt  
201 stated that this goes back to the March 25, 2020 legal opinion from Megan Weigand indicating that  
202 only a licensed pharmacist or pharmacist intern can engage in the practice of pharmacy, which also  
203 excludes technicians from providing administrations. To the concern on delegating duties, Chair  
204 Holt stated this goes back to the 2018 discussion indicating the pharmacist can use their professional  
205 judgment to do this. To the concern on allowing pharmacists to create their own training to ensure  
206 maximum competency is acquired, the existing regulations still allow this.

207  
208 *Break at 10:40 a.m.*  
209 *Back on record at 10:50 a.m.*

210  
211 Comment from Vicky Hanson (pharmacy technicians)

212 Chair Holt read this comment out loud and stated they are not new nationally, but for Alaska they  
213 are new, so understand the hesitation to allow expansion of technician duties. Ms. Bell commented  
214 that the hesitation may also come from the limited job market availability for pharmacists, but with  
215 a lot of opportunities for technicians.

216

217 Comment from Ashley Schaber/AKPhA (pharmacy technicians)

218 Chair Holt read this comment out loud. Ms. Schaber requested the board to consider clarification  
219 in 12 AAC 52.235(a) and 12 AAC 52.220 to include a pharmacist may delegate duties to a technician  
220 with national certification and obtaining or clarifying information is allowed. Ms. Schaber also  
221 requested the board to clarify that the date of the last fill of a prescription transfer should be obtained  
222 if available in 12 AAC 52.500(d), which relates to transfer of prescription drug orders. Ms. Bell stated  
223 there definitely is an argument for expanded roles of technicians. Chair Holt stated in 2018 and 2019  
224 when he and Mr. Holm presented at the AKPhA Annual Meetings, there were discussions and  
225 questions around pharmacy technician expansion of duties, but he doesn't recall there being strong  
226 opposition at that time. Mr. Holm commented his recollection was that the discussions were all  
227 positive. Mr. Ruffridge commented that this is an opportunity to have clear language as to what can  
228 be delegated; that it is best to err on the side of caution and be overly clear.

229

230 Comment from Tom Wadsworth (pharmacy technicians)

231 Chair Holt read this comment out loud. Dr. Wadsworth expressed his concerns for the entire  
232 emergency regulations, requesting they be sunsetted after 120 days. In response to Dr. Wadsworth's  
233 concern about drug administration, Chair Holt stated that the board has had several discussions  
234 relating to drug administration because this is not further defined. Chair Holt stated that on  
235 November 22nd, 2019, the board sent to LAW for cursory review statute, AS 08.80.480(1), to  
236 inquire as to whether the pharmacist scope of practice allows the ability to administer beyond  
237 vaccinations. AAG, Harriet Dinegar Milks stated that yes it does, with some restrictions.  
238 Furthermore, in December 2019, LAW assessed the question: "can a pharmacist administer by  
239 injection any prescription drug", which AAG Milks stated that it is a yes, because *administer* includes  
240 injection in statute. The AAG's suggestion was for the board to consider amending 12 AAC 52.992,  
241 12 AAC 52.994, and 12 AAC 52.995 to clarify that administration does include injection based on a  
242 prescriber's order.

243

244 Dr. Wadsworth expressed concern about the role and expertise of the pharmacist being diminished.  
245 He then also proposed changes to 12 AAC 52.220(c) to prohibit an intern from assuming  
246 responsibility for filled prescriptions. Chair Holt continued to read the written comments from Dr.  
247 Wadsworth.

248

249 Regarding transfer of prescriptions, 12 AAC 52.500(d)(4)(D), Mr. Ruffridge inquired about what  
250 the rationale was for removing the date of last fill for the receiving pharmacist. Chair Holt stated  
251 the board removed the number of valid refills remaining because pharmacies could dispense  
252 whatever quantity is on the prescription, and that the insurance company would have this date from  
253 the billing anyway. Mr. Ruffridge expressed his understanding that the date of the last refill served  
254 as a protection to ensure it wasn't being filled too early, and so was requesting clarification on the

255 rationale. Mr. Henderson stated from his recollection, it was a suggestion by Mr. Ruffridge because  
256 if it was a prescription that hadn't been filled, there wouldn't be a last refill date to provide. Chair  
257 Holt confirmed this recollection in there being a concern that pharmacies were refusing to transfer  
258 an original prescription because under this subsection, there wouldn't be a refill date if it wasn't  
259 actually dispensed, so this can't be clarified if there was no refill date. Mr. Ruffridge stated it seems  
260 to indicate a pharmacist would be breaking the law if this date isn't included, to which Mr.  
261 Henderson responded it could be clarified to add, "if applicable." Chair Holt stated it wouldn't  
262 impact his clinical judgment to not see this date, but has that feedback from licensees indicate it  
263 could be useful for clinical knowledge purposes.

264  
265 Comment from Gerald Moses  
266 Chair Holt read this comment out loud and stated the board welcomes comments and takes them  
267 into careful consideration when drafting regulations.

268  
269 Chair Holt added the board always accepts public comments when discussing regulation changes,  
270 and that the board proactively engages in regulation drafting through subcommittees. Chair Holt  
271 stated that pharmacy technician regulations have been discussed for three years and appreciates  
272 feedback and different perspectives. Mr. Ruffridge inquired about many particular steps needed to  
273 move forward with regulation projects when there are language changes. Chair Holt stated his  
274 understanding is that the board can amend the proposed regulations, but they cannot be substantive  
275 changes; in that case, they would have to go back out for public comment. Mr. Maiquis stated that  
276 substantive changes would mean that it's no longer precisely within the intent of the regulation; if it  
277 the changes are out of scope with the public notice, they are considered substantive changes, and  
278 the regulations would again need to be opened for public comment. Chair Holt stated that back in  
279 2018 when the board was discussing nationally certified technicians, there was that subsection  
280 describing prescriptions going through prospective drug review; and that if now, the board wanted  
281 to add this back in, it would not be considered a substantive change because it's still in line with the  
282 scope.

283  
284 *Off record for lunch at 12:02 p.m.*

285 *Back on record at 1:01 p.m.*

286  
287 Chair Holt inquired whether the board had suggestions around clarifying a prescription drug order  
288 under 12 AAC 52.235(a)(3), "clarify or obtain missing information...". Chair Holt stated there were  
289 some questions around why technicians can't ask clarifying questions. Mr. Holm stated there might  
290 just be misinterpretation, but that the intent aligns with the general understanding of this section.  
291 Chair Holt stated that the first comment was why are technicians being able to obtain omitted  
292 information but not more broadly clarifying questions or concerns? Mr. Holm highlighted that the  
293 language does say clarify or obtain. The board ultimately agreed it is sufficient as worded, and that  
294 providers can clarify or request missing information.

295  
296 Regarding continuation of therapy, Ms. Bell stated for emergency purposes, we would want to refill  
297 an albuterol inhaler from an out of state patient. Chair Holt stated it wasn't the board's intent to

298 allow refilling indefinitely. Mr. Ruffridge agreed, stating as long as it doesn't conflict with the ability  
299 to provide continuation of therapy.

300  
301 Mr. Henderson asked for clarification on whether it is the board's intent to repeal 12 AAC 52.470(b),  
302 to which Ms. Bell stated to not repeal at all; leave in place. Ms. Bell stated it's important to continue  
303 allowing discretion for maintenance medications.

304  
305 **On a motion duly made by Justin Ruffridge and seconded by James Henderson to adopt**  
306 **add to 12 AAC 52.470(b): "a pharmacist may not dispense a refill of a prescription drug order**  
307 **for a non-controlled substance after one year from the date of issue of the original**  
308 **prescription drug order." it was:**

309

310 **RESOLVED to add the above language to 12 AAC 52.470.**

311

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
312				
313	Leif Holm	x		
314	Richard Holt	x		
315	Justin Ruffridge	x		
316	Lana Bell	x		
317	Tammy Lindemuth	x		
318	James Henderson	x		
319	Sharon Long			x

320

321 The motion passed with further discussion: Mr. Ruffridge stated this change will still allow  
322 continuation of therapy because it is writing for another prescription drug order.

323

324 Chair Holt commented on 12 AAC 52.995(a), which needs to be changed from the Institute of  
325 Pharmacy Technicians to National Healthcareer Association (NHA). Mr. Ruffridge inquired as to  
326 what would happen if these organizations continued to change, and if it would be better to include  
327 more broad language. Chair Holt stated that the board had attempted to be more general, but that  
328 LAW recommended detailed language so as to inform the public what organizations are acceptable  
329 to the board.

330

331 **On a motion duly made by Rich Holt to amend 12 AAC 52.995(a)(38) by changing the**  
332 **referenced Institute of Pharmacy Technicians to the National Healthcareer Association**  
333 **(NHA), and seconded by James Henderson, it was:**

334

335 **RESOLVED to amend 12 AAC 52.995(a)(38) to reflect the National Healthcareer**  
336 **Association.**

337

	<b>APPROVE</b>	<b>DENY</b>	<b>ABSTAIN</b>	<b>ABSENT</b>
338				
339	Leif Holm	x		



340	Richard Holt	x	
341	Justin Ruffridge	x	
342	Lana Bell	x	
343	Tammy Lindemuth	x	
344	James Henderson	x	
345	Sharon Long		x

346  
347 The motion passed with no further discussion:

348  
349 Emergency regulations 12 AAC 52.060 – 12 AAC 52.995

350  
351 **In considering the emergency regulations project being made permanent, the Board**  
352 **reviewed and considered public comments received. The Board does not expect the**  
353 **regulations change to incur cost to private persons, or to require an increased appropriation.**  
354

355 **On a motion duly made by Rich Holt and seconded by Lana Bell to adopt the following**  
356 **emergency regulations as written and publicly noticed:**

357  
358 **12 AAC 52.060(d), 12 AAC 52.210, 12 AAC 52.220(e)(3), 12 AAC 52.230(a)(2), 12 AAC**  
359 **52.300(c)(3), 12 AAC 52.300(c)(4), 12 AAC 52.446, 12 AAC 52.470(a), 12 AAC 52.470(b), 12**  
360 **AAC 52.470(c), 12 AAC 52.470(d), 12 AAC 52.470(g), 12 AAC 52.470(h), 12 AAC 52.480(4), 12**  
361 **AAC 52.490(a), 12 AAC 52.500(d)(1), 12 AAC 52.500(d)(3), 12 AAC 52.500(d)(4), 12 AAC**  
362 **52.500(d)(5), 12 AAC 52.500(f)(2), 12 AAC 52.510(a), 12 AAC 52.510(a)(1), 12 AAC 52.510(c),**  
363 **12 AAC 52.985(a), 12 AAC 52.985(b), 12 AAC 52.985(c), 12 AAC 52.985(d), 12 AAC 52.985(f),**  
364 **12 AAC 52.992(d), 12 AAC 52.995(a)(33);**

365  
366 **And to adopt the following emergency regulations as further amended:**  
367 **12 AAC 52.235 and 12 AAC 52.995(a)(38);**

368  
369 **And to adopt a new subsection in 12 AAC 52.470(i); it was:**

370  
371 **RESOLVED to adopt the aforementioned emergency regulations as permanent,**  
372 **including those requiring further amendments and adding a new subsection.**

374	APPROVE	DENY	ABSTAIN	ABSENT
375	Leif Holm	x		
376	Richard Holt	x		
377	Justin Ruffridge	x		
378	Lana Bell	x		
379	Tammy Lindemuth	x		
380	James Henderson	x		

381  
382  
383  
384  
385  
386  
387  
388  
389  
390  
391  
392  
393  
394  
395  
396  
397  
398  
399  
400  
401  
402  
403  
404  
405  
406  
407  
408  
409  
410  
411  
412  
413  
414  
415  
416  
417  
418  
419  
420  
421  
422  
423

Sharon Long	x
-------------	---

The motion passed with no further discussion.

Jun Maiquis stated that for the sections the board has made changes to, they will take effect 30 days after filings while the other sections will be in effect after the 120 days (August 1st).

**TASK 1**


Ms. Carrillo will sign the certification and adoption order on behalf of the board of pharmacy and will provide it to the regulations specialist.

*(Completed June 3, 2020).*

**Agenda Item 4      Adjourn      Time: 1:52 p.m.**

Ms. Lindemuth motioned to adjourn with a second by Mr. Ruffridge and no opposition by the board.

  
\_\_\_\_\_  
Laura Carrillo, Executive Administrator      Date

  
\_\_\_\_\_  
Richard Holt, Chair      Date

424 **Chapter 52. Board of Pharmacy.**

425  
426

427 The emergency adoption of 12 AAC 52.060(d) is made permanent to read:

428 (d) In this section, "other disaster" includes any disaster situation which causes a pharmacy  
429 the need to move to a temporary location or results in damage to the drug or device inventory. (Eff.  
430 1/16/98, Register 145; am 4/3/2020, Register 234)

431 **Authority:** AS 08.80.005 AS 08.80.157 AS 08.80.330

432 AS 08.80.030

433

434 The emergency amendment of the introductory language of 12 AAC 52.210 is made permanent to  
435 read:

436 **12 AAC 52.210. Pharmacist duties.** Except as provided in 12 AAC 52.220 and 12 AAC 52.235,  
437 the following duties may be performed only by a pharmacist:

438

439 The emergency amendment of 12 AAC 52.210(1) is made permanent to read:

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

442

443 The emergency amendment of 12 AAC 52.210(6), (7), and (8) are made permanent to read:

444 (6) assuming the responsibility for a filled prescription;

445 (7) consulting with a patient or a patient's agent regarding a prescription or  
446 information contained in the patient medication record system; and

447 (8) administer a prescription drug order in accordance with prescriber's order. (Eff.  
448 1/16/98, Register 145; am 7/9/2017, Register 223; am 4/3/2020, Register 234)

449 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.330

450  
451 The emergency repeal of 12 AAC 52.220(e)(3) is made permanent to read:  
452 (3) repealed 4/3/2020;  
453 (Eff. 1/16/98, Register 145; am 1/17/2007, Register 181; am 10/31/2019, Register 232; am 4/3/2020,  
454 Register 234)

455 **Authority:** AS 08.80.005 AS 08.80.110 AS 08.80.410

456 AS 08.80.030 AS 08.80.116

457  
458 The emergency amendment of 12 AAC 52.230(a)(2) is made permanent to read:  
459 (2) a supportive staff member assigned to work in the dispensing area of a pharmacy.  
460 (Eff. 1/16/98, Register 145; am 4/4/2002, Register 162; am 1/23/2003, Register 165; am 4/3/2020,  
461 Register 234)

462 **Authority:** AS 08.80.030 AS 08.80.480

463  
464 The emergency adoption of 12 AAC 52.235 is made permanent and that section is further amended  
465 to read:

466 **12 AAC 52.235. Pharmacy technician with national certification.** (a) A pharmacy technician  
467 who holds a national certification [AND WHO WORKS UNDER THE DIRECT SUPERVISION OF A  
468 PHARMACIST] may, **at the direction of the pharmacist on duty,**

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

470 (A) the prescription drug order has previously undergone a drug

471 regimen review by a pharmacist, including determination in substitution;

472 (B) the pharmacy uses a bar code scanning and verification system that  
473 confirms the drug selected to fill the prescription is the same as indicated on the  
474 prescription label;

475 (C) [(B)] the pharmacy uses software that displays the image or  
476 graphical description of the correct drug being verified; provided that if there is any  
477 deviation from the image or graphical description and actual product being dispensed, a  
478 pharmacist must review and dispense the order; and

479 (D) [(C)] each prescription distributed is electronically verified and the  
480 date and quantity distributed is documented in the patient record;

481 (2) transfer a non-controlled substance prescription drug order as described in  
482 12 AAC 52.500;

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

485 (b) Prescription drug order information clarifications under this subsection must have the  
486 following information documented on the prescription drug order

487 (1) the result of the clarification;

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

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

490 (4) the date [AND TIME] of the call.

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

493 (d) In this section, a “bar code scanning and verification system” means any technology which  
494 scans the bar code on a manufacturer drug container to ensure the product being distributed  
495 matches the expectation of what was prescribed and input into the dispensing software. (Eff.  
496 4/3/2020, Register 234; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_)

497 **Authority:** AS 08.80.005 AS 08.80.030

498

499 The emergency amendment of 12 AAC 52.300(c)(3) is made permanent to read:

500 (3) an attestation that the applicant has met all continuing education requirements of  
501 12 AAC 52.320 – 12 AAC 52.350;

502

503 The emergency repeal of 12 AAC 52.300(c)(4) is made permanent to read:

504 (4) repealed 4/3/2020. (Eff. 1/16/98, Register 145; am 2/26/2000, Register 153; am  
505 5/5/2000, Register 154; am 5/26/2006, Register 178; am 4/3/2020, Register 234)

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

507 AS 08.80.005 AS 08.80.147 AS 08.80.165

508

509 The emergency adoption of 12 AAC 52.446 is made permanent to read:

510 **12 AAC 52.446. Shared pharmacy services during emergency.** (a) Notwithstanding

511 12 AAC 52.445, during a disaster emergency declared by the governor, a pharmacy participating in  
512 shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in  
513 shared pharmacy services, shall do so in accordance with this section.

514 (b) During a disaster emergency declared by the governor, a pharmacist, pharmacist intern, or  
515 pharmacy licensed or registered under AS 08.80 may participate in shared pharmacy services as  
516 defined in 12 AAC 52.995(33) without applying for approval under 12 AAC 52.443 and 12 AAC 52.444.

517 (c) Except as provided in (d) of this section, if a filling pharmacy or filling pharmacist or  
518 pharmacist intern delivers a prescription medication directly to the patient or the patient's agent, the  
519 filling pharmacy, pharmacist, or pharmacist intern shall provide, on the prescription container or on a  
520 separate sheet delivered with the prescription container the local telephone number and, if  
521 applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist.

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

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

527 (1) maintain manual or electronic records identifying, individually for each order  
528 processed, filled or dispensed

529 (A) the name, initials, or identification code of each pharmacist or  
530 pharmacist intern responsible for the final verification of dispensing; and

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

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

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

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

538 (g) Nothing in this section prevents a pharmacist who is employed by or working under a  
539 contract with the pharmacy, or prevents a licensed pharmacist intern or pharmacy technician from  
540 accessing the electronic database of that pharmacy from inside or outside the pharmacy and  
541 processing a prescription drug order. (Eff. 4/3/2020, Register 234)

542 **Authority:** AS 08.80.005 AS 08.80.030

543

544 The emergency repeal of 12 AAC 52.470(a) is made permanent to read:

545 (a) Repealed 4/3/2020.

546

547 The emergency repeal of 12 AAC 52.470(b) is made permanent to read:

548 (b) Repealed 4/3/2020.

549

550 The emergency amendment of 12 AAC 52.470(c) is made permanent to read:

551 (c) Each time a prescription drug order refill is dispensed, the pharmacist or pharmacist intern  
552 shall record the quantity and date of the dispensing.

553



554 The emergency amendment of 12 AAC 52.470(d) is made permanent to read:

555 (d) A pharmacist or pharmacist intern may dispense any quantity of a prescription drug order

556 so long as the

557 (1) total quantity of dosage units dispensed does not exceed the total quantity of

558 dosage units authorized by the prescriber on the prescription, including refills; and

559 (2) drug is not a federal or state scheduled controlled substance.

560

561 The emergency adoption of 12 AAC 52.470(g) is made permanent to read:

562 (g) Under (d) of this section, if the total quantity of a drug or device to dispense on an existing,

563 chronic, non-controlled substance prescription drug order has been exhausted and the pharmacist is

564 unable to reach the practitioner, a pharmacist or pharmacist intern may continue to dispense a

565 quantity not to exceed a 120-day supply. In this section,

566 (1) "existing" means the pharmacy has record of a previous prescription drug order or

567 the pharmacist can validate the prescription drug order from another pharmacy or patient labelled

568 product;

569 (2) "chronic" means a drug that the patient takes regularly, for greater than three

570 months.

571

572 The emergency adoption of 12 AAC 52.470(h) is made permanent to read:

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

574 (1) reduce the patient's prescription drug order to a written prescription drug order

575 using the previously verified prescription drug order information and practitioner name;

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

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

579

580 12 AAC 52.470 is amended by adding a new subsection to read:

581 (i) A pharmacist may not dispense a refill of a prescription drug order for a noncontrolled  
582 substance after one year from the date of issue of the original prescription drug order. (Eff. 1/16/98,  
583 Register 145; am 6/29/2018, Register 226; am 4/3/2020, Register 234; am \_\_\_\_/\_\_\_\_/\_\_\_\_,  
584 Register \_\_\_\_)

585 **Authority:** AS 08.80.005 AS 08.80.030

586

587 The emergency amendment of 12 AAC 52.480(4) is made permanent to read:

588 (4) initials, which may be handwritten, of the dispensing pharmacist or pharmacist  
589 intern;

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

592 **Authority:** AS 08.80.005 AS 08.80.295 AS 08.80.480

593 AS 08.80.030

594

595 The emergency amendment of the introductory language of 12 AAC 52.490(a) is made permanent to  
596 read:

597 (a) Legend drug, device, and controlled substance prescriptions may be transmitted  
598 electronically under this section, consistent with state and federal laws. A pharmacist or pharmacist  
599 intern may dispense a prescription transmitted electronically under this section only if the prescribing  
600 practitioner includes the following information on the prescription before it is transmitted:  
601 (Eff. 1/16/98, Register 145; am 11/10/2001, Register 160; am 8/12/2007, Register 183; am 4/3/2020,  
602 Register 234)

603 **Authority:** AS 08.80.005 AS 08.80.030

604

605 The emergency repeal of 12 AAC 52.500(d)(1) is made permanent to read:

606 (1) repealed 4/3/2020;

607

608 The emergency amendment of 12 AAC 52.500(d)(3) is made permanent to read:

609 (3) the pharmacist, pharmacist intern, or pharmacy technician who holds a national  
610 certification transferring the prescription drug order information shall record the following  
611 information:

612 (A) the name, address, and if a controlled substance, the DEA registration

613 number of the pharmacy receiving the prescription drug order information;

614 (B) the name of the pharmacist, pharmacist intern, or pharmacy

615 technician who holds national certification receiving the prescription drug order

616 information;

617 (C) the name of the pharmacist, pharmacist intern, or pharmacy

618 technician who holds national certification transferring the prescription drug order

619 information; and

620 (D) the date of the transfer;

621

622 The emergency amendment of 12 AAC 52.500(d)(4) is made permanent to read:

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

626 (A) the original date of issue;

627 (B) the original unique identification number of the prescription;

628 (C) the quantity of drug or device remaining;

629 (D) the name, address, and if a controlled substance, the DEA registration  
630 number of the pharmacy transferring the prescription drug order information; and

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

634

635 The emergency amendment of 12 AAC 52.500(d)(5) is made permanent to read:

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

638

639 The emergency amendment of 12 AAC 52.500(f)(2) is made permanent to read:

640 (2) to ensure that the total quantity dispensed from the prescription drug order does  
641 not exceed the total quantity authorized.

642 (Eff. 1/16/98, Register 145; am 7/9/2017, Register 223; am 10/31/2019, Register 232; am 4/3/2020,  
643 Register 234)

644 **Authority:** AS 08.80.005 AS 08.80.030

645  
646 The emergency amendment of the introductory language of 12 AAC 52.510(a) is made permanent to  
647 read:

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

650  
651 The emergency amendment of 12 AAC 52.510(a)(1) is made permanent to read:

652 (1) the prescribing practitioner does not indicate on the prescription drug order that a  
653 specific brand must be dispensed, using language such as "brand medically necessary", "dispense as  
654 written", "do not substitute", or other similar wording indicating the practitioner does not want it  
655 substituted;

656  
657 The emergency adoption of 12 AAC 52.510(c) is made permanent to read:

658 (c) Nothing in this section prohibits a patient from requesting the original trade product  
659 instead of the substituted product so long as there is nothing on the prescription drug order from the  
660 prescriber that would indicate they want only the substituted product dispensed. (Eff. 1/16/98,

661 Register 145; am 10/9/2008, Register 188; am 6/29/2018, Register 226; am 10/31/2019, Register 232;  
662 am 4/3/2020, Register 234)

663 **Authority:** AS 08.80.005 AS 08.80.030 AS 08.80.295

664

665 The emergency amendment of 12 AAC 52.985(a) is made permanent to read:

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

670

671 The emergency amendment of 12 AAC 52.985(b) is made permanent to read:

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

676

677 The emergency repeal of 12 AAC 52.985(c) is made permanent to read:

678 (c) Repealed 4/3/2020.

679

680 The emergency repeal of 12 AAC 52.985(d) is made permanent to read:

681 (d) Repealed 4/3/2020.

682

683 The emergency adoption of 12 AAC 52.985(f) is made permanent to read:

684 (f) During a disaster emergency declared by the governor of this state

685 (1) a pharmacist or pharmacist intern may administer immunizations, in accordance  
686 with 12 AAC 52.992, without obtaining or maintaining a CPR certificate;

687 (2) the notice required under 12 AAC 52.150(a) need not be provided until 30 days  
688 after the date the governor determines the disaster emergency no longer exists;

689 (3) an application under 12 AAC 52.070, 12 AAC 52.092, 12 AAC 52.095,  
690 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  
691 be notarized. (Eff. 10/31/2019, Register 232; am 4/3/2020, Register 234)

692 **Authority:** AS 08.80.005 AS 08.80.030

693

694 The emergency amendment of 12 AAC 52.992(d) is made permanent to read:

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

698 (Eff. 7/9/2017, Register 223; am 4/3/2020, Register 234)

699 **Authority:** AS 08.01.075 AS 08.80.168 AS 08.80.480

700 AS 08.80.030 AS 08.80.261

701

702 The emergency amendment of 12 AAC 52.995(a)(33) is made permanent to read:

703 (33) "shared pharmacy services" means a system allowing the processing by a  
704 participating pharmacist, pharmacist intern, or pharmacy technician who holds a national

705 certification, or a pharmacy of a request from another participating pharmacist, pharmacist intern, or  
706 pharmacy technician who holds a national certification, or pharmacy to enter or review a prescription  
707 drug order, process or fill a prescription drug order, including dispensing or distributing, drug  
708 utilization review, claims adjudication, refill authorizations, therapeutic interventions, counseling,  
709 monitoring of drug therapy, and institutional order review;

710

711 The emergency adoption of 12 AAC 52.995(a)(38) is made permanent and that section is further  
712 amended to read:

713 (38) “pharmacy technician who holds a national certification” means a pharmacy  
714 technician, licensed by the board, who obtains and maintains an active national certification through  
715 the Pharmacy Technician Certification Board (PTCB) or the **National Healthcareer Association (NHA)**  
716 [INSTITUTE FOR THE CERTIFICATION OF PHARMACY TECHNICIANS (ICPT)].

717 (Eff. 1/16/98, Register 145; am 5/5/2000, Register 154; am 11/10/2001, Register 160; am 8/21/2002,  
718 Register 163; am 2/15/2006, Register 177; am 8/12/2007, Register 183; am 9/11/2010, Register 195;  
719 am 12/29/2011, Register 200; am 8/1/2014, Register 211; am 6/7/2018, Register 226; am  
720 10/31/2019, Register 232; am 4/3/2020, Register 234; am \_\_\_\_/\_\_\_\_/\_\_\_\_\_, Register \_\_\_\_\_)

721 **Authority:** AS 08.80.005 AS 08.80.159 AS 17.30.200  
722 AS 08.80.030 AS 11.71.900 AS 17.30.900  
723 AS 08.80.157

724