

# Statewide Formulary: Novel Practices with Reimbursement

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# Disclosures

Lorinda Anderson and Amy Valdez have no relevant financial relationship(s) with ineligible companies to disclose.

# Objectives

- ▶ Review the available statewide protocols in Oregon that allow pharmacists to prescribe under and what the overarching rules and regulations are that govern them.
- ▶ Explain how to engage with the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) process from submitting ideas to serving as a subject matter expert.
- ▶ Identify the statewide protocols that the PHPFAC is currently working on, and others that could be potentially developed.

# Pre-Assessment Questions

- ▶ Answer ALL that apply:

Which of the following are conditions included in Oregon's protocol compendium of protocols that pharmacists are able to prescribe under?

- A. Strep throat
- B. HIV PEP and PrEP
- C. COVID treatment
- D. Vulvovaginal candidiasis
- E. Contraception

# Pre-Assessment Questions

- ▶ The Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) sends recommendations on statewide protocols to the Oregon Board of Pharmacy who then approve them to be included in list of protocols pharmacist can prescribe under. Which of the following describes the process on how the statewide protocols are developed/written?
  - A. Members of PHPFAC take turns developing the protocols and then present them to the committee for feedback and then approval
  - B. Staff members at the Board of Pharmacy develop the protocols and then present them to the committee for feedback and approval
  - C. Subject matter experts are recruited to develop a protocol based on their expertise that is presented to the committee for approval
  - D. The PHPFAC committee develop the protocols together as group during their meetings until they meet everyone's approval

# Pre-Assessment Questions

- ▶ The Public Health and Pharmacy Formulary Advisory Committee is working toward approval of which of the following protocols?
  - A. Immunizations
  - B. Influenza treatment
  - C. Urinary tract infections
  - D. Tuberculin testing

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# Defining Prescriptive Authority

- ▶ The American College of Clinical Pharmacy (ACCP) has put forth a definition of prescribing.
- ▶ ACCP notes that prescribing is “no longer [just] the act of writing medication instructions.”<sup>1</sup>
- ▶ Instead, prescribing consists of a broad set of medication-related activities: selecting, initiating, monitoring, continuing, discontinuing, modifying, and/or administering drug therapy.



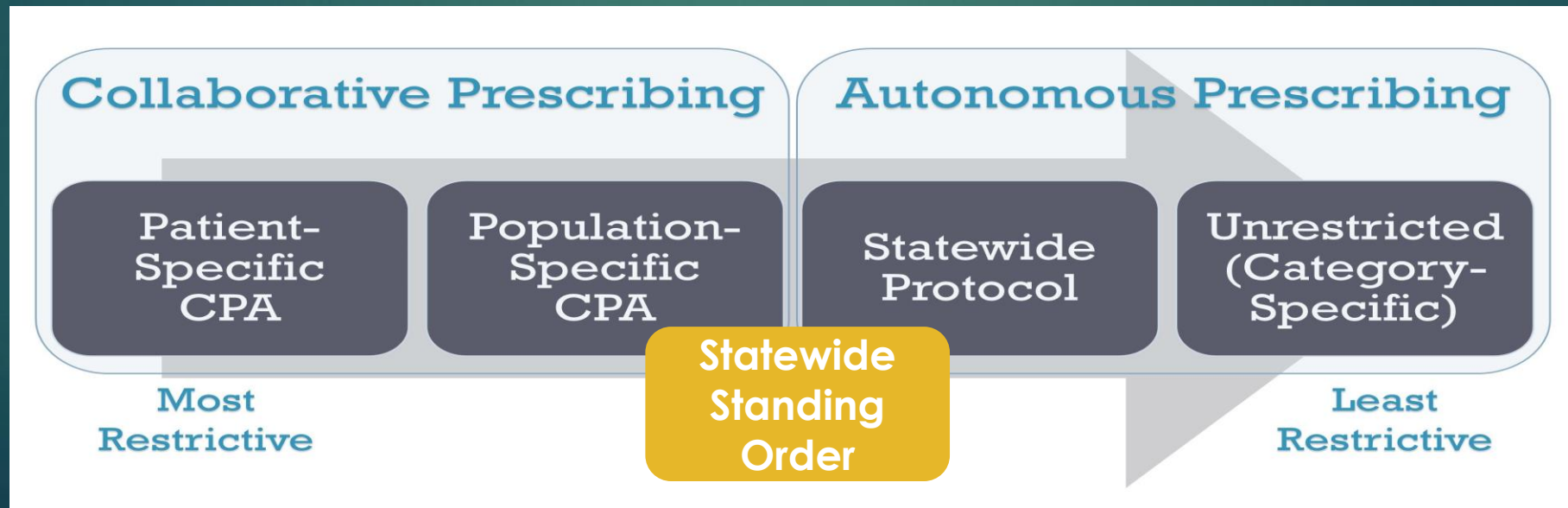
# Defining Prescriptive Authority

## Of Note:

- ▶ There are few state-level limitations on physician prescribing, with limitations typically articulated only for self-use or for close family members if inconsistent with their practice.<sup>2</sup>
- ▶ Prescriptive authority for “non-physicians” is typically more limited and driven as “opt-in”.

# Continuum of Pharmacist Prescriptive Authority

- ▶ This authority has been described to exist somewhere along a continuum from more dependent (delegated through a collaborative practice agreement) to more independent (authority comes directly from the state, no delegation required) authority.<sup>3</sup>



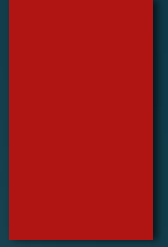
# Differences in Models

- ▶ Patient Specific CPA- single or group of patients, single or group of providers, limited to current panel of participating providers or require referral. Used mostly for chronic disease management.
- ▶ Population Specific CPA- applies to broad categories of patients, can be used for acute or preventive care situations, allows for care in absence of PCP.

# Differences in Models

- ▶ Statewide Protocols-defined for populations, set by authorized body of government rather than prescribers, typically no diagnosis needed so usually more narrow in scope than CPA, difficult to change.
- ▶ Unrestricted Category Specific- limited range of drugs or devices, follow clinical guidelines rather than protocol, no diagnosis or post-diagnostic.

# What is the Pharmacy Formulary?



- ▶ House bill 2397, passed in 2017, changed the name of the Public Health Advisory Committee to Public Health and Pharmacy Formulary Advisory Committee. <sup>4</sup>
- ▶ It directs the State Board of Pharmacy to establish by rule a formulary of drugs and devices that pharmacists may prescribe and dispense to patients under specified conditions.
- ▶ It directs the committee to recommend drugs and devices for inclusion on the formulary.

# Who is on the Committee?

The Public Health and Pharmacy Formulary Advisory Committee consists of 4:

- ▶ Two physicians licensed to practice medicine
- ▶ Two advanced practice registered nurses who have prescriptive authority and who are licensed by the Oregon State Board of Nursing
- ▶ Three pharmacists licensed by the State Board of Pharmacy

Committee members are appointed by the governor and serve a two year appointment.



# Current Appointees

## Pharmacists

- Lorinda Anderson, RPH
  - Term: 4/22/2022 - 4/21/2024
- Andrew Gibler, RPH
  - Term: 5/1/2023 - 4/30/2025
- Elisha Lee, RPH
  - Term: 4/22/2022 - 4/21/2024

## Advanced Practice Nurses

- Katherine Hammond, APRN
  - Term: 5/1/2023 - 4/30/2025
- Sarah Wickenhagen, APRN
  - 4/22/2022 - 4/21/2024


## Physicians

- Sean Jones, MD
  - Term: 12/1/2019 - 11/30/2021
- Mark Meyers, MD
  - Term: 5/1/2023 - 4/30/2025



# How to Find?





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## Oregon Board of Pharmacy

The Oregon Board of Pharmacy serves to promote and protect public health, safety, and welfare by ensuring high standards in the practice of pharmacy and through effective regulation of the manufacture and distribution of drugs.

### Joint Statement on Distribution of Short-Acting Opioid Antagonists (Naloxone and Nalmefene)






 Applicants	 Licensees	 Board	 Resources
<a href="#">Apply for Pharmacist License</a>	<a href="#">Update or Renew My License/Registration</a>	<a href="#">Board Meeting Agendas/Minutes</a>	<a href="#">Laws &amp; Rules</a>
<a href="#">Apply for Pharmacy Intern License</a>	<a href="#">Controlled Substance Resources</a>	<a href="#">Board Members</a>	<a href="#">File a Complaint</a>
<a href="#">Apply for Pharmacy Technician License</a>	<a href="#">PIC (Pharmacist in Charge)</a>	<a href="#">Rules Advisory Committee &amp; Workgroup Information</a>	<a href="#">Public Records Request</a>
<a href="#">Apply for Certified Oregon Pharmacy Technician License</a>	<a href="#">Continuing Education</a>	<a href="#">Public Health &amp; Pharmacy Formulary Advisory Committee</a>	<a href="#">Subscriptions &amp; Newsletters</a>
<a href="#">Apply for Facility/Outlet License</a>	<a href="#">Compliance</a>	<a href="#">Rulemaking Information</a>	<a href="#">Professional Topics</a>
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# Meeting Agendas & Minutes

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2023 PHPFAC Meeting Agendas & Minutes

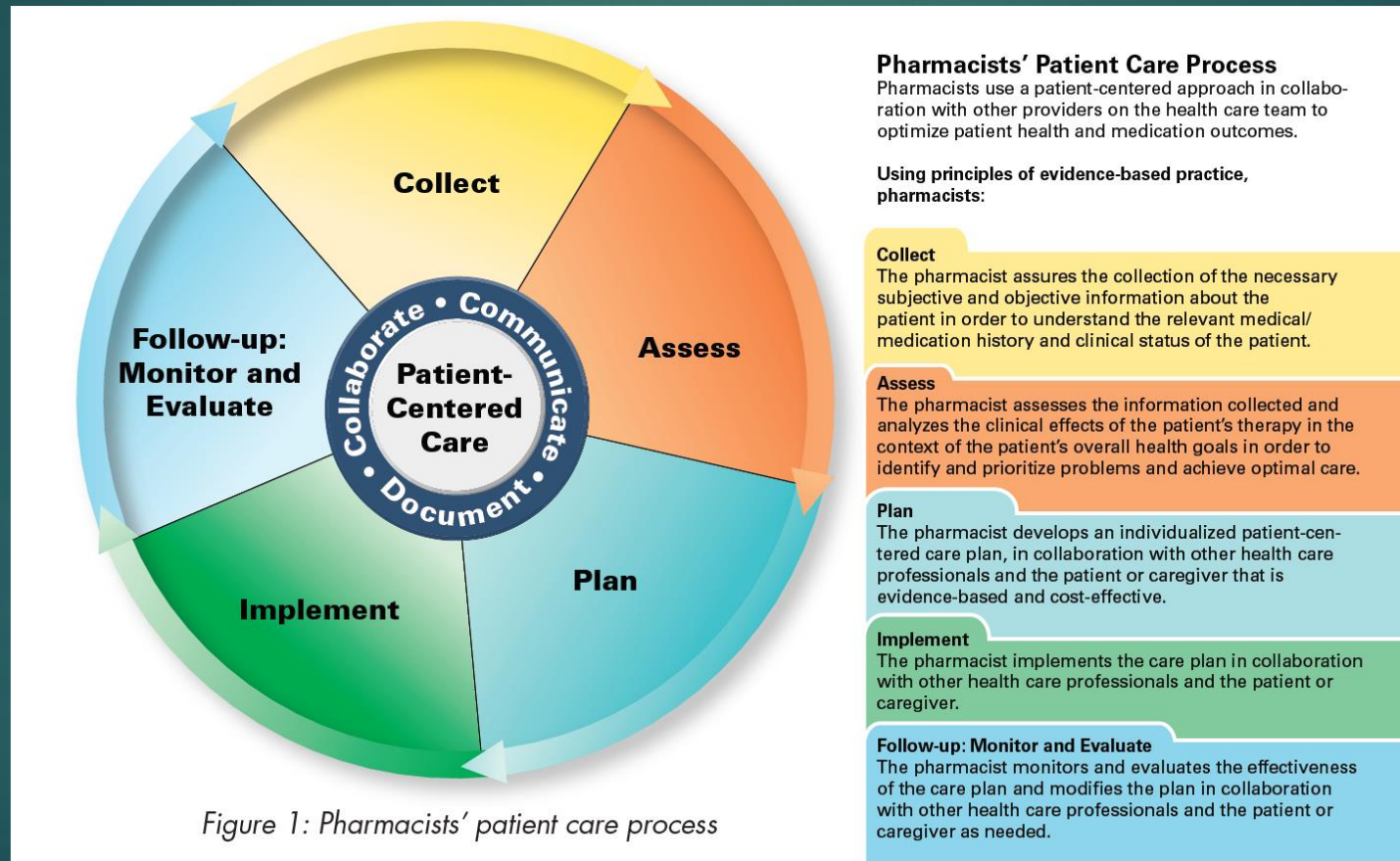
Date	Title & link
2/15/2023	<a href="#">Agenda</a>
2/15/2023	<a href="#">Minutes</a>
5/17/2023	<a href="#">Agenda</a>
5/17/2023	<a href="#">Minutes</a>
8/16/2023	<a href="#">Agenda</a>
8/16/2023	<a href="#">PHPFAC 8.16.2023 Meeting Summary</a>
8/16/2023	<a href="#">PHPFAC Mtg Video Part 1</a>
8/16/2023	<a href="#">PHPFAC Mtg Video Part 2</a>
8/16/2023	<a href="#">PHPFAC Mtg Video Part 3</a>
9/15/2023	<a href="#">Agenda</a>

Showing 1 through 10 out of 13 items

1 2 Next >

Show 10 per page

# JCPP Pharmacists' Patient Care Process <sup>5</sup>



# Sample Visit Summary

SAMPLE Visit Summary			
<b>Collect</b> Patients Name: _____		DOB: _____	
Chief Complaint	Subjective Data <input type="checkbox"/> On Back	Objective Data <input type="checkbox"/> On Back	History of Present Illness <input type="checkbox"/> On Back
	<input type="checkbox"/> Allergies <input type="checkbox"/> Past Medical History <input type="checkbox"/> Social History <hr/> <b>Medications</b> <u>Adherence</u> <input type="checkbox"/> Past 90 day use <hr/> <u>Safety</u> <input type="checkbox"/> Relevant Medications	Post-diagnostic? <input type="checkbox"/> No <input type="checkbox"/> Yes <hr/> <b>Diagnosis:</b> <input type="checkbox"/> Therapy Initiation <input type="checkbox"/> Extension of Therapy <input type="checkbox"/> Device <input type="checkbox"/> Other	
<b>Assess and Evaluate</b>			
<b>Per Drug Therapy Management Protocol</b> <input type="checkbox"/> Attached <input type="checkbox"/> Inclusion Criteria Met <input type="checkbox"/> Exclusion Criteria Met <input type="checkbox"/> Referral Criteria Met			
<u>Resource(s) Used</u> (e.g. Protocol, Guideline(s), Other Evidence Based Source, etc. (Note: this information shall be referenced in the established Drug Therapy Management Protocol))			
<b>Treatment Care Plan</b>			
<input type="checkbox"/> Treatment Goals <input type="checkbox"/> Monitoring Parameters		For: _____ Date: _____ Address: _____ Rx #: _____ <hr/> Refills: _____ RPh Signature: _____ NPI/DEA #: _____ Address: _____	
OR <input type="checkbox"/> Referral Reason			
<b>Follow-up:</b>			
<input type="checkbox"/> Office/Pharmacy Visit <b>OR</b> <input type="checkbox"/> Phone Call With: _____ Date: _____ <input type="checkbox"/> Provider Referral: _____ <input type="checkbox"/> Notification Sent			
Prescribing RPh Printed Name _____		RPh Signature _____	Date _____

Subjective Data
Objective Data
History of Present Illness
Assessment
Care Plan

Sample Template: Please feel free to customize this document, however you must retain all elements included. Oregon Board of Pharmacy v. 2018



# Sample Patient Intake Form

## STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST REALD Data Collection Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Legal Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

1. Which of the following describes your **Racial or Ethnic identity**? Please check **ALL** that apply.

### Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latino/a/x

### Native Hawaiian and Pacific Islander

- Chamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

### White

- Eastern European
- Slavic
- Western European
- Other White

### American Indian and Alaska Native

- American Indian
- Alaska Native
- Canadian Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

### Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

### Middle Eastern/North African

- Middle Eastern
- North African

### Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japanese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

### Other Categories

- Other (please list) \_\_\_\_\_

- Don't know
- Don't want to answer

2. If you checked **more than one** category above, is there **one** you think of as your **primary** racial or ethnic identity?

- Yes. Please circle your primary racial or ethnic identity above.
- I do not have just one primary racial or ethnic identity.
- No. I identify as Biracial or Multiracial.
- N/A. I only checked one category above.
- Don't know
- Don't want to answer

### Language (Interpreters are available at no charge)

3. What language or languages do you **use at home**? \_\_\_\_\_  
→ Skip to question 9 if you indicated English only

4. In what language do you want us to communicate in **person, on the phone, or virtually** with you? \_\_\_\_\_

5. In what language do you want us to **write** to you? \_\_\_\_\_

6. Do you need or want an **interpreter** for us to communicate with you?  
 Yes  No  Don't know  Don't want to answer

## STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST REALD Data Collection Form

7. If you need or want an interpreter, what type of interpreter is preferred?  
 Spanish language interpreter  Deaf Interpreter for DeafBlind, additional barriers, or both  
 American Sign Language interpreter  Contact sign language (PSE) interpreter  
 Other (please list): \_\_\_\_\_

→ Skip to question 9 if you do not use a language other than English or sign language

8. How well do you speak English?  
 Very Well  Well  Not Well  Not at all  Don't know  Don't want to answer

### Disability

Your answers will help us find health and service differences among people with and without functional difficulties. Your answers are confidential.

	Yes	*If yes, at what age did this condition begin?	No	Don't know	Don't want to answer	Don't know what this question is asking
9. Are you deaf or do you have serious difficulty hearing?						
10. Are you blind or do you have serious difficulty seeing, even when wearing glasses?						
11. Do you have serious difficulty walking or climbing stairs?						
12. Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?						
13. Do you have difficulty dressing or bathing?						
14. Do you have serious difficulty learning how to do things most people your age can learn?						
15. Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?						
16. Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?						
17. Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?						

All health care providers must begin collecting and reporting REALD data in accordance with [current REALD standards and Oregon Disease Reporting rules](#) starting October 1, 2021.

# Authority, Laws, & Rules

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## Statutory Authority

The multidisciplinary Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) was convened in 2018 pursuant to [ORS 689.645](#) and [689.649](#).

## Laws & Rules

The rules in [OAR 855-020](#) establish the pharmacist's authority and responsibilities to prescribe drugs and devices, pursuant to the formulary and protocols developed and recommended by the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC). These rules articulate the authority and legal expectations for an Oregon licensed pharmacist and practicing in Oregon, to voluntarily participate in providing patient assessment and patient care services that may result in the issuance of a prescription by a pharmacist for an identified medical need.

The rules describe the Board's compliance expectations for pharmacy practice and prescribing from the formulary and protocol compendia. Standards defined include: (1) education and competency; (2) patient assessment and referral criteria; (3) collaboration with other healthcare providers, including mandated notification; (4) treatment and follow-up care planning; (5) documentation and record-keeping; and (6) prohibited practices.

### **Oregon Board of Pharmacy laws and rules related to PHPFAC:**

- [ORS 689.645](#), [ORS 689.649](#), [ORS 689.689](#)
- [OAR 855-020](#)

# Rules Pertaining to Prescribing

Division 20 <sup>6</sup>

PHARMACIST PRESCRIPTIVE AUTHORITY

▶ **855-020-0110**

**Prescribing Practices**

- ▶ Consistent with the parameters of the Formulary and Protocol Compendia, and in accordance with federal and state regulations
- ▶ Create, approve, and maintain policies and procedures
  - ▶ Patient inclusion and exclusion criteria
  - ▶ Explicit medical referral criteria
  - ▶ Care plan preparation, implementation, and follow-up
  - ▶ Patient education
  - ▶ Provider notification
  - ▶ Maintaining confidentiality



# Rules Pertaining to Prescribing

- ▶ The Pharmacist is responsible for recognizing limits of knowledge and experience and for resolving situations beyond their expertise by consulting with or referring patients to another health care provider
- ▶ Ensure training and education requirements have been met prior to engaging in prescribing activities and documentation of training retained for 6 years or uploaded in electronic licensing record
- ▶ Assess patient and collect subjective and objective information, including the diagnosis for Formulary Compendia items, about the patient's health history and clinical status
- ▶ The Pharmacist's physical assessment must be performed in a face-to-face, in-person interaction and not through electronic means
- ▶ Utilize information obtained in the assessment to evaluate, develop, and implement an individualized patient-centered care plan, to include appropriate treatment goals, monitoring parameters, and follow-up
- ▶ Provide notification to the patient's identified primary care provider or other care providers when applicable within five business days following the prescribing
- ▶ The Pharmacist must maintain all records associated with prescribing and other related activities performed for a minimum of 7 years, and they must be made available to the patient, provider, or board upon request
  - ▶ Records must be stored onsite for at least one year and then may be stored in a secure off-site location if retrievable within three business days
  - ▶ Records and documentation must be written, electronic or a combination of the two.
- ▶ If consultation is provided through an electronic means, the Oregon licensed Pharmacist must use an audiovisual communication system to conduct the consultation.

# Rules Pertaining to Prescribing

Division 20

PHARMACIST PRESCRIPTIVE AUTHORITY

▶ **855-020-0120**

**Prescribing Prohibited Practices**

- ▶ A Pharmacist must not prescribe a drug or device to self, specified family members, or other individuals for whom a Pharmacist's personal or emotional involvement may render the Pharmacist unable to exercise detached professional judgment
- ▶ An Intern must not prescribe a drug or device
- ▶ A Pharmacist must not require, but may allow, a patient to schedule an appointment with the Pharmacist for the prescribing or administering of an injectable hormonal contraceptive or the prescribing or dispensing of a self-administered hormonal contraceptive

# Protocol & Formulary Compendia

## Resources

### Protocol Compendium:

- Continuation of Therapy including Emergency Refills of Insulin
- Cough & Cold: Benzonatate
- Cough & Cold: Intranasal Corticosteroids
- Cough & Cold: Pseudoephedrine
- Cough & Cold: SABAs
- Conditions: COVID-19 Antigen Self-Test
- Conditions: Vulvovaginal Candidiasis (VVC)
- Preventative Care: Condoms
- Preventative Care: Contraception
- Preventative Care: Emergency Contraception
- Preventative Care: Tobacco Cessation - NRT (Nicotine Replacement Therapy) and Non-NRT
- Preventative Care: Travel Medications
- Preventative Care: HIV Post-Exposure Prophylaxis (PEP)
- Preventative Care: HIV Pre-Exposure Prophylaxis (PrEP)

### Formulary Compendium:

- Formulary: Devices & Supplies

# Objectives

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- ▶ Identify the statewide protocols that the PHPFAC is currently working on, and others that could be potentially developed.

# How to Engage with the PHPFAC

- ▶ Submit a concept for the committee to consider as having developed and included as a statewide protocol
- ▶ Serve as a subject matter expert who will help develop a protocol that is presented to the PHPFAC
- ▶ Provide feedback to the PHPFAC

# Submitting a Concept

[Online License Lookup](#) [Contact Us](#)

## Concept Submission Form

Complete the concept submission form below, attach all supporting documents and submit at least 42 days (6 weeks) prior to the date of the next committee meeting for consideration and potential review at an upcoming meeting.

Questions?  
Email all Public Health & Pharmacy Formulary Advisory Committee related inquiries to [pharmacy.formulary@bop.oregon.gov](mailto:pharmacy.formulary@bop.oregon.gov)

### Public Health & Pharmacy Formulary Advisory Committee Concept Intake Form

<b>Name (required)*</b>	<b>Oregon Pharmacist License # (required)*</b>
<input type="text"/>	<input type="text"/>
<b>Employer (required)*</b>	<b>Email (required)*</b>
<input type="text"/>	<input type="text"/>
<b>Phone (required)*</b>	<b>Today's Date (required)*</b>
<input type="text"/>	<input type="text"/>

(MM/DD/YYYY)

1. PROVIDE A SHORT EXPLANATION OF THE NEED FOR THE DRUG(S) OR DEVICE(S) TO BE ADDED TO THE FORMULARY COMPENDIUM RULES:

What is the public health need or patient care problem you are trying to address? What post diagnostic drug or device are you proposing to be prescribed by a pharmacist? - OR - What drug or device that does not require a diagnosis by a healthcare practitioner are you proposing to be prescribed by a pharmacist? What is the rationale to adding this drug or device to the formulary compendium - Change in federal/state law? Change in technology or business environment? Clinical gap in patient care? Emergency access? Change in national recommendations? Other?

**(required)\***



# Submitting a Concept

## 2. LIST THE PERSONS OR INTEREST GROUPS LIKELY TO BE IMPACTED BY THIS CHANGE:

**What are the potential patient benefits? What, if any, is the potential for patient harm? How does this impact other health professions? Describe the financial impact this will have on the State of Oregon. Is there potential opposition to the addition of this drug or device? What are the likely concerns? Are the concerns significant?**

**(required)\***

## 3. PROVIDE A SUMMARY OF THE CHANGES THE PROPOSED RULE WOULD MAKE:

**Considerations: What existing current regulations may conflict with this proposal? Have other states addressed this issue? If yes, please list all applicable states and how they addressed the issue. Please submit any studies that exist involving a pharmacist prescribing the proposed drug(s) or device(s). In addition, summarize the evidence of the studies below. What are the potential unintended consequences? Do you have financial (or other) conflict of interest related to the addition of this drug or device or protocol to disclose? If yes, please describe.**

**(required)\***

## 4. PROVIDE NAME(S) AND CONTACT INFORMATION FOR ADDITIONAL SUBJECT MATTER EXPERTS (SME'S) WHO MAY BE AVAILABLE TO PROVIDE INFORMATION TO THE COMMITTEE:

**Subject Matter Experts Contact Information (required)\***



# Submitting a Concept

\*PLEASE NOTE: ITEMS SUBMITTED TO THE COMMITTEE MAY REQUIRE ADDITIONAL WORK-UP; YOU AND YOUR TEAM OF EXPERTS MAY BE INVITED TO ATTEND AND PRESENT MATERIALS TO THE COMMITTEE TO FACILITATE THE DEVELOPMENT OF YOUR CONCEPT. FOR PUBLIC SAFETY, THIS MAY INCLUDE CREATION OF A STANDARDIZED PATIENT QUESTIONNAIRE FOR ASSESSMENT, IDENTIFYING INCLUSION, EXCLUSION AND REFERRAL CRITERIA, AS WELL AS A CONSISTENT TREATMENT CARE PLAN.

**Signature: (required)\***

BY TYPING YOUR NAME IN THE "SIGNATURE" BOX, YOU ACKNOWLEDGE THAT YOU ARE SIGNING THIS FORM ELECTRONICALLY.

Every concept submission is subject to Oregon Public Records Laws and may be disclosed upon request.

**Attachment(s)**

No file chosen

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Submit

# Providing Feedback

Fill out the form below to submit protocol feedback.

## Public Health & Pharmacy Formulary Advisory Committee Protocol Feedback Form


First & Last Name **(required)\***

Email Address **(required)\***

Provide Feedback **(required)\***

Attachment(s)

No file chosen

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# Objectives

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# What's Next?

## Immunization Protocols

- ▶ Moving from OHA to OBOP
- ▶ Work commended in February 2023
- ▶ SME's: Amy Valdez & Crystal Sharp, along with Fred Meyer & Albertsons-Safeway Residents across 2 different residency years
  
- ▶ Phase 1: Development of standard protocol template, assessment & treatment pathway, adverse events protocol
  - ▶ Will appear similar to current OHA protocols, repetitive or “standard” elements removed for simplicity
  
- ▶ Phase 2: Travel Vaccines & Phase 3: Routine Vaccines
  - ▶ Updated using ACIP, CDC, Package Inserts and applied approved standard template

# What's Next?

## Immunization Protocols

- ▶ Final vaccine package approved by committee and recommended to Board on September 15, 2023.
- ▶ After that: as they sometimes say “It’s Complicated”
  - ▶ The short version: The board will add to agenda for rulemaking and adoption
  - ▶ The long version: The board has already approved moving all of the rules related to prescribing to the “new” Division 115
    - ▶ The implementation date for Division 115 is 3/1/24
    - ▶ We cannot easily update the prescribing compendia until this goes live
    - ▶ The board has communicated a plan to proceed with updating as if it is Division 20 and then have a simultaneous update for the “move” to Division 115
    - ▶ We are anticipating being able to use the new protocols around 3/1/24, but subject to change
- ▶ Result: There will no longer be separate rules related to immunizing

# Quick Note on Reimbursement

- ▶ Could be its own hour
- ▶ There are pathways that have been built for reimbursement through Medicaid in Oregon, and many other insurances follow similar mechanisms

# Post-Assessment Questions

- ▶ Answer ALL that apply:

Which of the following are conditions included in Oregon's protocol compendium of protocols that pharmacists are able to prescribe under?

- A. Strep throat
- B. HIV PEP and PrEP
- C. COVID treatment
- D. Vulvovaginal candidiasis
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# References

- ▶ 1. Carmichael, JM, O'Connell, MB, Devine, B. Collaborative drug therapy management by pharmacists. *Pharmacotherapy*. 1997;17:1050-1061.
- ▶ 2. Safriet, BJ.: Closing the gap between can and may in health-care providers; scope of practice: a primer for policymakers. *Yale Journal on Regulation*. 2002; 19:301-334.
- ▶ 3. Adams AJ, Weaver KK. The Continuum of Pharmacist Prescriptive Authority. *Annals of Pharmacotherapy*. 2016; 9:778-784
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Questions?