



OREGON BOARD OF PHARMACY

Demystifying Pharmacist Prescribing in Oregon

OSHP Annual Seminar
April 24, 2026 | Sunriver, Oregon

Gary Runyon, PharmD, RPh, Executive Director
Courtney Sellers, PharmD, RPh, Providence Pharmacy,
PHPFAC Chair

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.



Equity statement

The Oregon Board of Pharmacy is committed to Diversity, Equity, Inclusion, and Belonging (DEIB) within its organization and for the public it serves. This commitment is reflected in board membership, agency staffing, the services provided, and its efforts to promote patient safety and ensure access to quality pharmacy care. Our actions, outlined in our DEIB and Affirmative Action Plans, demonstrate this commitment.

We are guided by the following principles:

- Promote a **welcoming, safe, and inclusive culture** for people of all backgrounds.
- Foster an inclusive environment where all current and prospective licensees and registrants receive **fair and unbiased service** from the agency staff and board.
- **Advance Diversity and Equity** in access through culturally responsive service delivery that addresses the changing climate within the pharmacy profession.
- Ensure all patients needing pharmacy services are able to receive **safe and timely access to medications, regardless of place of residence, economic or social status, physical ability, ethnicity, or gender identity.**

Disclosure Statement

Gary Runyon and Courtney Sellers, faculty for this CE activity, have no relevant financial relationship(s) with ineligible companies to disclose.

Outline

- Objectives and Pre-Assessment Questions
- Tips for using common resources and references
- Pharmacist Prescribing in Oregon
 - History
 - Relevant Laws and Rules
 - PHPFAC: Formulary, Protocols, and Standing Orders
 - West Coast Health Alliance
 - Emerging Legislation
 - Compliance Corner: RPH Prescribing Edition
- Conclusion
- Post-Assessment Questions
- Ways to Stay in Touch and in Tune

Learning Objectives

- Review the statutory and regulatory framework governing pharmacist prescriptive authority in Oregon, specifically distinguishing between the broad authorities granted under ORS 689 and the specific requirements and prohibitions set forth in OAR Chapter 855 Division 115.
- Distinguish between the structure and function of the Formulary, Statewide Drug Therapy Management Protocol, and Standing Order to determine the appropriate pathway for various patient-care services.
- Examine the essential requirements for post-diagnostic and protocol-based services, such as clinical inclusion and exclusion criteria, general applicability, and specific idiosyncratic requirements for medications such as insulin refills, smoking cessation aids, oral contraceptives, etc.

Learning Objectives

- Review recently adopted statewide protocols and explore emerging local, regional, and federal developments—such as West Coast Health Alliance recommendations and 2026 legislative concepts—to understand their potential impact on the landscape of pharmacist prescribing in Oregon.
- Familiarize with pathways for professional engagement by identifying how to attend PHPFAC meetings virtually, provide feedback on existing rules, and submit new protocol concepts for Board consideration.

Pre-Assessment Question 1

1. Under ORS 689.645, what is a primary legal requirement for a pharmacist to prescribe and dispense a drug or device included on the formulary?

- a) The pharmacist must conduct an in-person physical assessment for every refill.
- b) The pharmacist must establish their own independent protocol for that specific drug.
- c) The prescription must be pursuant to a diagnosis by a qualified health care practitioner with prescriptive authority.
- d) The pharmacist must wait for the Governor to declare a public health emergency.
- e) The pharmacist must only provide the medication if the patient is 18 years of age or older.

Pre-Assessment Question 2

According to OAR 855-115-0330, when a pharmacist prescribes a drug via a statewide drug therapy protocol, which of the following is true regarding physical assessments?

- a) Physical assessments may be performed through secure electronic means (telehealth).
- b) Any required physical assessment must be performed in a face-to-face, in-person interaction.
- c) Physical assessments are only required if the pharmacist is prescribing for an out-of-state patient.
- d) The pharmacist is prohibited from performing any physical assessment and must refer to a physician.
- e) Assessments are only necessary for vaccine administration to children under the age of seven.

Pre-Assessment Question 3

3. Which of the following drugs or devices is specifically identified in ORS 689.645(6) as being eligible for inclusion in the post-diagnostic formulary?

- a) Controlled substances for chronic pain management.
- b) Specialized oncology medications for active chemotherapy.
- c) Diabetic testing supplies, nebulizers, and epinephrine autoinjectors.
- d) Any FDA-approved medication requested by the patient's primary care provider.
- e) Only vaccines listed in the Vaccines for Children Program administered by the CDC.

Pre-Assessment Question 4

4. A pharmacist has prescribed a medication via a statewide protocol. Per OAR 855-115-0330(7), what is the mandatory timeframe for notifying the patient's identified primary care provider?

- a) Within 24 hours of the clinical encounter.
- b) Within five business days following the prescribing of the drug.
- c) Only upon the request of the primary care provider.
- d) At the end of the current calendar month in which the service was provided.
- e) No notification is required if the patient has already provided consent for treatment.

Pre-Assessment Question 5

5. How can an Oregon pharmacist actively engage with the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) regarding the development of new patient care services?

- a) By submitting a concept for a new protocol using a form prescribed by the Board.
- b) By providing feedback on existing Formularies or Protocols through the Board's website.
- c) By attending committee meetings, which are often held virtually for public access.
- d) By recommending the addition of a specific drug or device to the Formulary for committee consideration.
- e) All of the above.

Resources

Tips for using common resources and references



Commonly-Used Resources

- Below is a list of some commonly-used resources that Board staff consult when interacting with licensees or stakeholders on phone duty
- **Federal Law**
 - United States Code ([USC](#)) - Congress/President
 - Code of Federal Regulations ([CFR](#)) - Agencies
- **State Law**
 - Oregon Revised Statutes (ORS)
 - [ORS 689 \(Pharmacists; Drug Outlets; Drug Sales\)](#)
 - [ORS 475 \(Controlled Substances; Illegal Drug Cleanup; Miscellaneous Drugs\)](#)
 - Oregon Administrative Rules (OAR)
 - [Chapter 855 – Board of Pharmacy](#)
 - Oregon State Legislature
 - [Bills and Laws](#)

Commonly-Used Resources

- **Compounding**

- [USP <795> Nonsterile Preparations](#)
- [USP <797> Sterile Preparations](#)
- [USP <800> Hazardous Drugs – Handling in Healthcare Settings](#)

- **Non-controlled Substances**

- [Code of Federal Regulations \(CFR\) Title 21 Chapter I](#) – Food and Drug Administration, Department of Health and Human Services
 - Subchapter A – General
 - Subchapter C – Drugs: General
 - Subchapter D – Drugs for Human Use
 - Subchapter F – Biologics
 - Subchapter H – Medical Devices

- **Controlled Substances**

- [Code of Federal Regulations \(CFR\) Title 21 Chapter II](#) – Drug Enforcement Administration, Department of Justice
 - Part 1305 – Orders for Schedule I and Schedule II Controlled Substances
 - Part 1306 – Prescriptions
 - Part 1308 – Schedules of Controlled Substances
 - Part 1311 – Requirements for Electronic Orders and Prescriptions

Commonly-Used Resources

- **Vaccines**

- [West Coast Health Alliance](#)
- [OBOP PHPFAC Protocols](#)
- [Food and Drug Administration \(FDA\)](#)
- [Centers for Disease Control and Prevention \(CDC\)](#)
- [Advisory Committee on Immunizations Practices \(ACIP\)](#)
- [National Community Pharmacy Association \(NCPA\)](#)
- [American Pharmacist Association \(APhA\)](#)
- [Immunization Action Coalition \(IAC\)](#)

- **Newsletters**

- [OBOP Subscriptions and Newsletters](#)

Ways to Interact with our Rules: Annual Compilations



Oregon Secretary of State
LaVonne Griffin-Valade

Home Business Voting Elections State Archives Audits

OARD Home

Search Current Rules

Search Filings

Access the Oregon Bulletin

Access the Annual Compilation

FAQ

Rules Coordinator / Rules
Writer Login

The Oregon Administrative Rules Compilation

[2024 Administrative Rules Compilation](#)

[2023 Administrative Rules Compilation](#)

[2022 Administrative Rules Compilation](#)

[2021 Administrative Rules Compilation](#)

[2020 Administrative Rules Compilation](#)

[2019 Administrative Rules Compilation](#)

[2018 Administrative Rules Compilation](#)

Home Business Voting Elections State Archives Audits

Oregon Administrative Rules

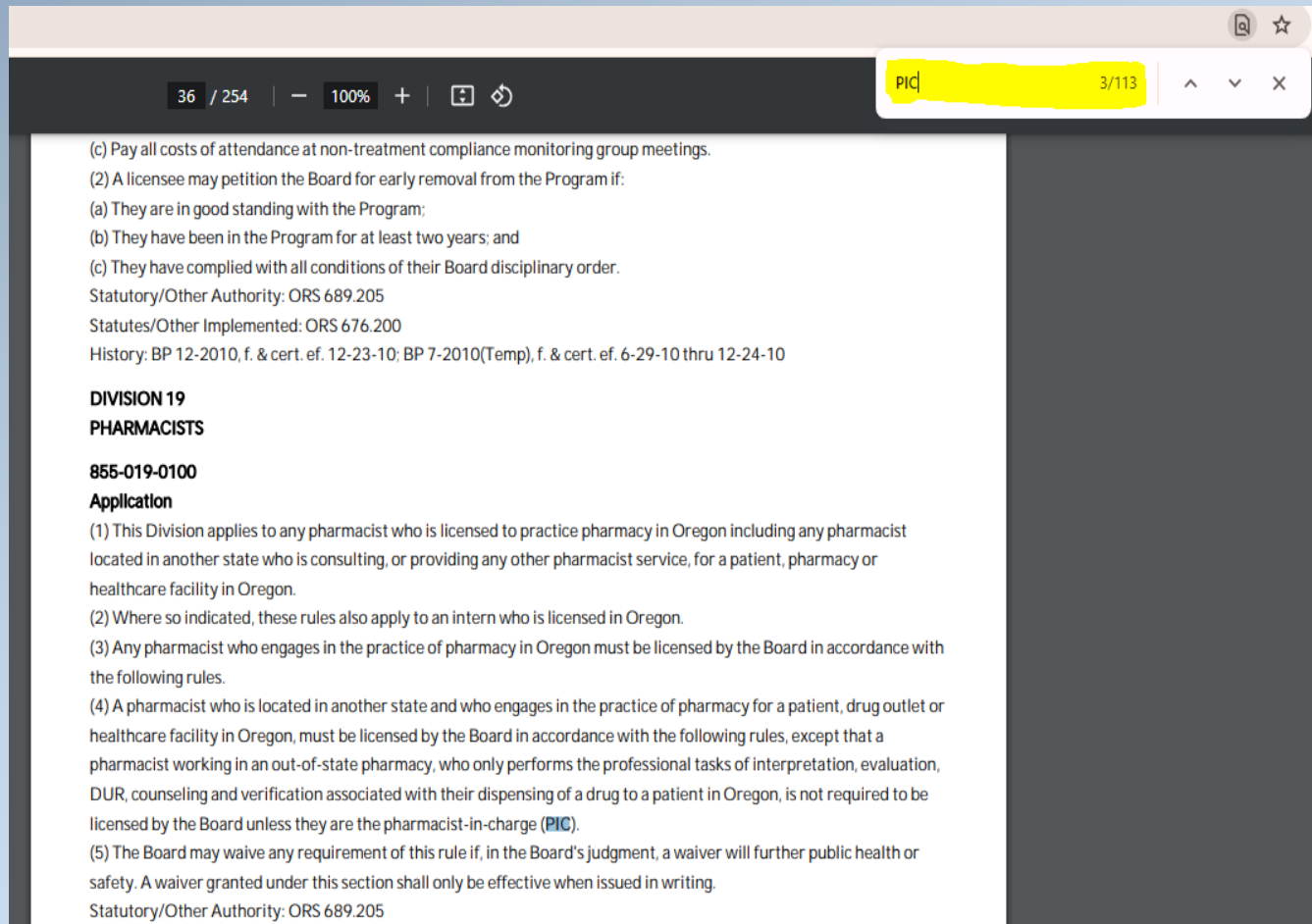
The Oregon Administrative Rules Compilation for 2024

Select New Compilation | OARD Home

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Chapter	Agency	
850	Oregon Board of Naturopathic Medicine	View PDF
851	Board of Nursing	View PDF
852	Board of Optometry	View PDF
853	Oregon Health Authority, Health Licensing Office, Long Term Care Administrators Board	View PDF
855	Board of Pharmacy	View PDF
856	Public Utility Commission, Oregon Board of Maritime Pilots	View PDF
858	Mental Health Regulatory Agency, Oregon Board of Psychology	View PDF
859	Psychiatric Security Review Board	View PDF

Ways to Interact with our Rules: Annual Compilations



The screenshot shows a web browser window with a search bar at the top containing the text "PIC" and a page number "3/113". The main content area displays a document with the following text:

(c) Pay all costs of attendance at non-treatment compliance monitoring group meetings.
(2) A licensee may petition the Board for early removal from the Program if:
(a) They are in good standing with the Program;
(b) They have been in the Program for at least two years; and
(c) They have complied with all conditions of their Board disciplinary order.
Statutory/Other Authority: ORS 689.205
Statutes/Other Implemented: ORS 676.200
History: BP 12-2010, f. & cert. ef. 12-23-10; BP 7-2010(Temp), f. & cert. ef. 6-29-10 thru 12-24-10

DIVISION 19
PHARMACISTS

855-019-0100
Application

(1) This Division applies to any pharmacist who is licensed to practice pharmacy in Oregon including any pharmacist located in another state who is consulting, or providing any other pharmacist service, for a patient, pharmacy or healthcare facility in Oregon.
(2) Where so indicated, these rules also apply to an intern who is licensed in Oregon.
(3) Any pharmacist who engages in the practice of pharmacy in Oregon must be licensed by the Board in accordance with the following rules.
(4) A pharmacist who is located in another state and who engages in the practice of pharmacy for a patient, drug outlet or healthcare facility in Oregon, must be licensed by the Board in accordance with the following rules, except that a pharmacist working in an out-of-state pharmacy, who only performs the professional tasks of interpretation, evaluation, DUR, counseling and verification associated with their dispensing of a drug to a patient in Oregon, is not required to be licensed by the Board unless they are the pharmacist-in-charge (PIC).
(5) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further public health or safety. A waiver granted under this section shall only be effective when issued in writing.
Statutory/Other Authority: ORS 689.205

- Annual Compilations contain rules effective as of January 1st each year.
- Other rules available (e.g., [847 Oregon Medical Board](#), [818 Oregon Board of Dentistry](#), etc.)
- Great search method if you don't know where to start.
- Rules may not be up-to-date, so cross-reference with current rules where applicable.

Ways to Interact with our Rules: Key Word Search (Control F)

- If you have a general idea of where your potential answer is, pull up the applicable Division in its entirety and use the Keyword Search function (Control F on Windows).
- Generally speaking, the answers to our most-commonly-asked questions can be found in the following Divisions:
 - [Division 6 – Definitions](#)
 - [Division 41 – Operation of Pharmacies](#)
 - [Division 104 – Universal Rules](#)
 - [Division 115 – Pharmacists](#)
 - [Division 120 – Interns](#)
 - [Division 125 Certified Oregon Pharmacy Technicians and Pharmacy Technicians](#)

Ways to Interact with our Rules: Key Word Search (Control F)

The screenshot shows the Oregon Secretary of State website. The header includes the logo and name of LaVonne Griffin-Valade. A navigation bar contains links for Home, Business, Voting, Elections, State Archives, and Audits. A sidebar on the left lists various resources like OARD Home, Search Current Rules, and Search Filings. The main content area is titled 'Board of Pharmacy' and 'Chapter 855'. A list of divisions is shown, with 'Division 41 - OPERATION OF PHARMACIES' selected. Below this, a search bar is visible with 'pic' entered, and the results for 'OPERATION OF PHARMACIES' are displayed, including links to definitions and specific rules like 855-041-1001, 1010, 1015, and 1018.

Oregon Secretary of State
LaVonne Griffin-Valade

Home Business Voting Elections State Archives Audits

Board of Pharmacy

Chapter 855

- Division 6 - DEFINITIONS
- Division 7 - PUBLIC HEALTH EMERGENCY
- Division 11 - HEALTH PROFESSIONAL'S SERVICE PROGRAM
- Division 35 - OPERATION OF NONPRESCRIPTION AND MEDICAL DEVICE, EQUIPMENT AND GAS (MDEG) OUTLETS
- Division 41 - OPERATION OF PHARMACIES

OPERATION OF PHARMACIES

- 855-041-1001 Definitions
- 855-041-1010 Outlet (Both Retail and Institutional Drug Outlets): Personnel
- 855-041-1015 Operation of Pharmacy (Both Retail and Institutional Drug Outlets)
- 855-041-1018 Outlet: General Requirements

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Board of Pharmacy

Chapter 855

Division 41
OPERATION OF PHARMACIES

855-041-1001
Definitions

"Drug room" is a drug storage area registered with the board which is secure and lockable.

Statutory/Other Authority: ORS 689.205 & ORS 689.522
Statutes/Other Implemented: ORS 689.155 & ORS 689.522
History:
BP 15-2022, amend filed 04/20/2022, effective 04/20/2022
BP 45-2021, amend filed 12/16/2021, effective 12/16/2021
BP 1-2017, f. & cert. ef. 2-23-17
BP 2-2014, f. & cert. ef. 1-24-14

855-041-1010
Outlet (Both Retail and Institutional Drug Outlets): Personnel

Each Drug Outlet Pharmacy must:

- (1) Have one Pharmacist-in-charge (**PIC**) employed on a regular basis at that location who shall be responsible for the daily operation of the pharmacy. The Pharmacist-in-charge shall be indicated on the application for a new or relocated pharmacy and for pharmacy renewal registration.
- (2) Ensure the **PIC** is qualified per OAR 855-115-0205 and complies with OAR 855-115-0210.
- (3) Report a change in **PIC** within 15 days of occurrence in the registrant's electronic licensing record with the board.

Ways to Interact with our Rules: “Rule Text Search” on OBOP Website

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Oregon Administrative Rules

Current Rules Search

^ Browse By Chapter

^ Quick Search By Rule Number

^ Rule Text Search

Filter By Chapter
855 - Board of Pharmacy

Search By
MPJE Exact Contains Exclude

Exact Contains Exclude

Exact Contains Exclude

All must match (AND) Any matches (OR)

Search Reset

OARD Home

Oregon Secretary of State
LaVonne Griffin-Valade

Home Business Voting Elections State Archives Audits

Oregon Administrative Rules

Rule Text Search Results

Your search for MPJE (exact match) returned 5 results.

New Search | Modify Search

Rows per page: 25 Page 1 of 1

Rule Number	Rule Title	Chapter Name
855-007-0050	Emergency Licensure	Board of Pharmacy
855-110-0005	Licensing Fees	Board of Pharmacy
855-115-0025	Licensure: Qualifications - Reciprocity	Board of Pharmacy
855-115-0035	Licensure: Renewal or Reinstatement	Board of Pharmacy
855-115-0020	Licensure: Qualifications - Examination or Score Transfer	Board of Pharmacy

New Search | Modify Search

Rows per page: 25 Page 1 of 1

Ways to Interact with our Rules: “Rule Text Search” on OBOP Website



The screenshot shows the Oregon Secretary of State website. The header includes the logo and name of the Secretary, LaVonne Griffin-Valade, and a navigation menu with links for Home, Business, Voting, Elections, State Archives, and Audits. Below the navigation is a search bar with options for 'New Search', 'Modify Search', and 'Return to Search Results'. The search results are displayed for 'Board of Pharmacy', 'Chapter 855', 'Division 110', and 'FEES'. The specific rule being viewed is '855-110-0005 Licensing Fees'. The text of the rule is listed as follows:

- (1) Pharmacist license examination (NAPLEX) fee - \$50.
- (2) Pharmacist jurisprudence (MPJE) re-examination fee - \$25.
- (3) Pharmacist licensing by reciprocity fee - \$100.
- (4) Pharmacist licensing by score transfer fee - \$50.
- (5) Intern license fee. Expires November 30 every two years - \$100.

- Queried term will display in yellow highlight.
- Excellent way to search if you're unsure where to start, or the material might be covered in multiple divisions.
- Searches most-current rule iterations (unlike annual compilation).

Pharmacist Prescribing in Oregon

History
Relevant laws and rules
PHPFAC Overview
Formularies, Standing Orders, and Protocols
West Coast Health Alliance
Emerging legislation



Pharmacist Prescribing: History

1997: HB 2741 adds the definitions of “Clinical Pharmacy Agreement” and “Practice of Clinical Pharmacy” to the statutes (ORS 689.005).

1998: Board of Pharmacy adopts rules for implementing these laws (this is when the term “Collaborative Drug Therapy Management” was first introduced in OAR Chapter 855 Division 19- Pharmacists).

2015: HB 2028 established Provider Status in state law, while HB 2879 made Oregon the first state to authorize autonomous prescribing of hormonal contraceptives.

2017: HB 2397 transitioned authority from the legislature to the Board of Pharmacy by creating the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC).

Pharmacist Prescribing: Relevant Laws and Rules

The Laws: Oregon Revised Statutes (ORS) Chapter 689- PHARMACISTS; DRUG OUTLETS; DRUG SALES

- **ORS 689.645:** Grants the Board broad authority to adopt rules governing pharmacist-provided vaccines, patient care services, drugs, and devices.
- **ORS 689.649:** Establishes the multidisciplinary Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) to advise the Board on the formulary (and protocols; see above).
- **ORS 689.689:** Establishes the framework and mandatory safeguards (including training, risk assessments, referrals, etc.) for pharmacist-prescribed hormonal contraceptives.

Pharmacist Prescribing: Relevant Laws and Rules

The Rules: Oregon Administrative Rules (**OAR**) Chapter 855- Board of Pharmacy

- **Division 115- Pharmacists:** -330; -335; -340; -345; & -350.
- Sets standards for pharmacist prescribing, including topics such as:
 - Understanding scope of practice
 - Training, education, and proper documentation
 - Collecting patient's health history and clinical status
 - In-person assessments
 - Individualized care plans
 - Diagnosis requirements (where applicable)
 - PCP notification (w/in five business days)

Pharmacist Prescribing: Relevant Laws and Rules

Within OAR Chapter 855, the majority of applicable rules concerning pharmacist prescribing can be found at the very end of Division 115:

Division 115 - PHARMACISTS

PHARMACISTS

[855-115-0330](#) Services: Prescribing - Formulary or Protocol

[855-115-0335](#) Services: Prescribing - Prohibited Practices

[855-115-0340](#) Services: Prescribing - Formulary

[855-115-0345](#) Services: Prescribing Pursuant to - Protocol

[855-115-0350](#) Services: Prescribing Practices - Short-acting Opioid Antagonists

Pharmacist Prescribing: Comparison

Pathway	Differential Elements	Pharmacist's Role	Examples
Formulary	Practitioner Diagnosis Required: Patient must have an existing diagnosis from a qualified medical provider.	Pharmacist prescribes subsequent to diagnosis.	Diabetic Supplies, Nebulizers, Epinephrine
Protocol	Pharmacist Assessment: Pharmacist independently evaluates the patient under a Board-approved framework.	Pharmacist collects history, performs assessment, develops the care plan, etc., and prescribes.	Contraception, Vaccines, MOUD, HIV PrEP/PEP, Travel Meds
Standing Order	Statewide Directive: An order issued by the state (e.g., OHA) to address broad public health access.	Pharmacist dispenses under the state's "universal prescription"	Naloxone, OTC Oral Hormonal Contraceptives

Pharmacist Prescribing: OBOP Website



Board

[Board Meeting Agendas/Minutes](#)

[Board Members](#)

[Rulemaking Information](#)

[Public Health & Pharmacy Formulary](#)

[Advisory Committee / Protocols](#)

[Disciplinary Actions](#)

[Rules Advisory Committee & Workgroup Information](#)

Resources

Protocols:

- [Continuation of Therapy including Emergency Refills of Insulin](#)
- [Cough & Cold: Benzonatate](#)
- [Cough & Cold: Intranasal Corticosteroids](#)
- [Cough & Cold: SABAs](#)
- [Conditions: COVID-19 Antigen Self-Test](#)
- [Conditions: SARS-CoV-2 Antiviral](#)
- [Preventative Care: Condoms](#)
- [Preventative Care: Contraception](#)
- [Preventative Care: Emergency Contraception](#)
- [Preventative Care: HIV Post-Exposure Prophylaxis \(PEP\)](#)
- [Preventative Care: HIV Pre-Exposure Prophylaxis \(PrEP\)](#)
- [Preventative Care: Medications for Opioid Use Disorder \(MOUD\) - Initiation of Care](#)
- [Preventative Care: Medications for Opioid Use Disorder \(MOUD\) - Continuation/Modification of Care](#)
- [Preventative Care: Post-Exposure Prophylaxis for Bacterial Sexually Transmitted Infections \(STI PEP\)](#)
- [Preventative Care: Short-Acting Opioid Antagonist \(SAOA\)](#)
- [Preventative Care: Tobacco Cessation - NRT \(Nicotine Replacement Therapy\) and Non-NRT](#)
- [Preventative Care: Travel Medications](#)

Vaccine Protocols:

- [Standard Vaccination Protocol for Adults 18 Years of Age and Older & Assessment and Treatment Care Pathway](#)
- [Standard Vaccination Protocol for Person 7 through 17 Years of Age & Assessment and Treatment Care Pathway](#)
- [Standard Vaccination Protocol for Managing Adverse Reactions & Assessment and Treatment Care Pathway](#)

Board Excluded Vaccine Protocols:

- [Coronavirus 19](#)
- [Influenza](#)
- [Respiratory Syncytial Virus](#)

Formulary:

- [Formulary: Devices & Supplies](#)

Other:

- [JCPP Pharmacists' Patient Care Process](#)
- [Sample Visit Summary Template](#)
- [Sample REALD Standardized Patient Intake Form](#)

PHPFAC: History

- **Core Mission:** To address critical public health needs and improve patient access to care.
- **Mechanism:** Expands the capacity of pharmacists to prescribe and dispense specific drugs and devices through standardized, state-approved protocols.
- Convened in 2018
- Represents a significant milestone in collaborative, multidisciplinary healthcare regulation in Oregon.

PHPFAC: Statutory Authority

- **Governing Statutes:** Established pursuant to ORS 689.645 and 689.649.
- **ORS 689.645:** Directs the creation of the committee and outlines its multidisciplinary membership.
- **ORS 689.649:** Grants the Board of Pharmacy the authority to establish a formulary and protocols based on the PHPFAC's recommendations.
- Empowers the Board to adopt rules governing pharmacist prescribing for public health needs.

PHPFAC: Structure and Function

- **Purpose:** Serves as a clinical advisory committee to the Oregon Board of Pharmacy.
- **Primary Functions:**
 - Evaluates public health needs and care gaps.
 - Reviews clinical literature and guidelines.
 - Recommends specific drugs and devices for the formulary.
 - Develops and refines the clinical protocols pharmacists must follow to prescribe.
- **Ultimate Authority:** The Board of Pharmacy retains final approval and rulemaking authority over all PHPFAC recommendations.

PHPFAC: Composition

- A Multidisciplinary Collaborative of 7 members
- **Statutorily required membership includes:**
 - Two Physicians (MD/DO): Bringing broader diagnostic and systemic medical perspectives.
 - Two Advanced Practice Nurses (NP): Providing vital clinical and primary care insights.
 - Three Pharmacists (PharmD/RPh): Ensuring operational feasibility and medication expertise.
- Designed to ensure that all protocols are vetted across the broader healthcare continuum, not just within the silo of pharmacy.
- Meetings occur biannually (formerly quarterly)

PHPFAC: Process

- **Phase 1: Concept & Evaluation**
 - Concept submitted via online form.
 - Board staff conducts initial feasibility evaluation.
- **Phase 2: Drafting & SME Input**
 - Staff recruits Subject Matter Experts (SMEs).
 - Staff and SMEs collaboratively draft the initial protocol.
- **Phase 3: PHPFAC Review**
 - Protocol presented to PHPFAC for clinical review.
 - Committee directs further revisions or votes to approve (often with amendments).
- **Phase 4: Board Action**
 - Staff incorporates PHPFAC amendments.
 - Protocol presented to the Board of Pharmacy for final direction, approval, or denial.

PHPFAC: Sample Timeline

New Protocol (novel concept)

- May- Concept submitted
- June- Staff evaluation
- July- SME recruitment
- August-September- Protocol Development
- September- Presentation to PHPFAC
- October- Presentation to Board
- November- Rulemaking hearing
- December- Permanent adoption by Board

Existing Protocol (guideline update)

- May- Protocol for seasonal vaccine
- Early August- New vaccine hits shelves
- Late August- New guidelines released
- September- Presentation to PHPFAC
- October- Presentation to Board for emergency adoption
- November- Rulemaking hearing
- December- Permanent adoption by Board

Pharmacist Prescribing: Professional Engagement with PHPFAC

Active Participation: The Board encourages pharmacist involvement in shaping the practice of pharmacy in Oregon. You can engage with the PHPFAC by:

- **Attending Meetings:** Committee meetings are open to the public and are often held virtually for easy access.
- **Providing Feedback:** Submit public comment on existing Formularies or Protocols directly through the Board's website or respond to Survey Monkey polls intermittently sent out to request targeted feedback on certain topics.
- **Proposing New Concepts:** Submit a concept for a new protocol or recommend the addition of a specific drug or device to the Formulary, using the form prescribed by the Board.

Pharmacist Prescribing: The Formulary

Formulary:

- [Formulary: Devices & Supplies](#)

DEVICES AND SUPPLIES

PRESCRIPTIVE AUTHORITY - OREGON PHARMACIST

AUTHORITY and PURPOSE: Per [ORS 689.645](#), a pharmacist may prescribe and dispense an FDA-approved drug or device, pursuant to a diagnosis by a health care practitioner who has prescriptive authority and who is qualified to make the diagnosis

➤ Following all elements outlined in [OAR 855-115-0330](#) and [OAR 855-115-0335](#), a pharmacist licensed and located in Oregon may prescribe the following devices and supplies:

Pharmacist Prescribing: The Formulary

Governing Statutes & Rules: ORS 689.645, ORS 689.649, OAR 855-115: -330; -335; & -340.

- Must be pursuant to a diagnosis by a qualified health care practitioner with prescriptive authority.

Current Scope: Devices and critical supplies, including but not limited to:

- Diabetic testing supplies and CGMs
- Nebulizers (for medications like albuterol), inhalation spacers, and peak flow meters
- Enteral nutrition and ostomy products
- Epinephrine autoinjectors

Pharmacist Prescribing: Formulary Highlight- Epinephrine

Recent Update: Permanently added to the formulary (Effective Jan 2026).

Regulatory Shift: Transitioned from a temporary protocol to a permanent formulary fixture.

Clinical Impact: Streamlines access for patients who already have a documented history or high risk of severe, life-threatening allergic reaction (anaphylaxis), who may be unable to procure prescription or refill otherwise.

Pharmacist Prescribing: Protocols

Resources

Protocols:

- [Continuation of Therapy including Emergency Refills of Insulin and Early Refills of Opioid Use Disorder Medications](#)
- [Cough & Cold: Benzonatate](#)
- [Cough & Cold: Intranasal Corticosteroids](#)

PREVENTIVE CARE

TRAVEL MEDICATIONS

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE:

- Per [ORS 689.645](#), a pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
- Following all elements outlined in [OAR 855-115-0330](#) and [OAR 855-115-0335](#), a pharmacist licensed and located in Oregon may prescribe pre-travel medications.

Pharmacist Prescribing: Protocols

Governing Statutes & Rules: ORS 689.645 and OAR 855-115:
-330; -335; & -345.

- Previous diagnosis not required.

Clinical Requirements:

- In-person, face-to-face physical assessments (where assessments are required); electronic/telehealth means are prohibited.
- Comprehensive subjective and objective history collection.
- Development, implementation, and monitoring of an individualized care plan.

Pharmacist Prescribing: Protocols

The Complete Compendium Includes:

- Continuation of Therapy & Emergency Insulin
- Condoms, Contraception & Emergency Contraception
- HIV PEP and PrEP & STI Post-Exposure Prophylaxis
- Vaccines & Adverse Reaction Management
- Travel Medications & Tobacco Cessation Aids
- Cough & Cold Symptom Management
- SARS-CoV-2 Antivirals, and Antigen Self-Test
- MOUDs, and Short-Acting Opioid Antagonists (SAOAs)

Pharmacist Prescribing: Protocol Highlight- Continuation of Therapy

The Goal: Preventing gaps in care, especially when a patient cannot immediately reach their primary prescriber, or the drug or device is damaged.

What is Authorized:

- **Emergency Refills:** Includes specific prescribing parameters unique for emergency refills of insulin.
- **Therapy Extension:** Allows pharmacists to prescribe up to a 60-day supply of a non-controlled drug, device or supply.

The Requirement: Must have evidence of a previous prescription drug or device from a licensed health care provider and must follow unique prescribing parameters for drug or device being prescribed.

Pharmacist Prescribing: Protocol Highlight- Continuation of Therapy

CONTINUATION OF THERAPY

Including Emergency Refills of Insulin

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

- Following all elements outlined in [OAR 855-115-0330](#) and [OAR 855-115-0335](#), a Pharmacist licensed and located in Oregon may prescribe any non-controlled drug or device to a person who has evidence of a previous prescription drug or device from a licensed health care provider in order to:
 - Replace a damaged* prescription drug or device within the original duration of therapy; or
 - Extend a patient's current prescription drug or device (same drug/device, dose and directions) to avoid interruption of treatment.

*The Pharmacist must use their reasonable professional judgment as defined by OAR 855-006-0005 to determine if the drug or device is damaged. This includes physical damage like broken containers or spills, chemical changes like discoloration or unusual odors, and damage from exposure to heat or moisture, which can affect the drug or device's effectiveness and safety.

Pharmacist Prescribing: Protocol Highlight- Continuation of Therapy

PRESCRIBING PARAMETERS:

- **For Non-Insulin and Non-Opioid Use Disorder Medication, Medication Related Devices and Supplies:**
 - Quantity sufficient for the circumstances
 - Maximum quantity:
 - Damaged: May not exceed original duration of therapy
 - Extend: May not exceed a 60-day supply
 - Maximum frequency:
 - Damaged: No more than one replacement in a rolling 12-month period per medication
 - Extend: No more than two extensions in a rolling 12-month period per medication
- **For Insulin, Insulin Related Devices and Supplies (excluding pump devices):**
 - Quantity sufficient for the circumstances
 - Maximum quantity: Lesser of a 30-day supply or the smallest available package size
 - Maximum frequency: No more than three extensions in a calendar year (Jan 1- Dec 31)

Pharmacist Prescribing: Protocol Highlight-Medications for Opioid Use Disorder

Recent Addition: Approved by PHPFAC (Jan 2026); Adopted by the Board as a temporary rule (Feb 2026).

Truly autonomous: Does not require a collaborative provider (CDTM).

Accessible: Does not require a specialized "Advanced Practice" license.

The Two Distinct Protocols:

- **Initiation of Therapy:** For patients with no previous MOUD history or those not currently stable on a regimen.
- **Continuation/Modification of Therapy:** For patients stable on a prescribed regimen with no recent "clinically significant" gaps; includes provisions for dose increases where appropriate.

Federal Requirements (~MATE Act): Requires a DEA registration and 8 hours of MOUD training; free ACPE-accredited trainings available online.

Pharmacist Prescribing: Protocol Highlight- Medications for Opioid Use Disorder

PREVENTIVE CARE

MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

INITIATION OF THERAPY

STATEWIDE DRUG THERAPY MANAGEMENT PROTOCOL for the OREGON PHARMACIST

AUTHORITY and PURPOSE:

- Per [ORS 689.645](#), a Pharmacist may provide patient care services pursuant to a statewide drug therapy management protocol.
 - Per [ORS 689.698](#), a Pharmacist may prescribe, dispense and administer to a patient medication for the treatment of opioid use disorder in accordance with a statewide drug therapy management protocol, developed in consultation with a physician with a background in addiction medicine, by the Public Health and Pharmacy Formulary Advisory Committee convened under [ORS 689.649](#) and adopted by State Board of Pharmacy rule pursuant to ORS 689.645.
- Following all elements outlined in [OAR 855-115-0330](#), a Pharmacist licensed and located in Oregon may prescribe an MOUD drug regimen.

Pharmacist Prescribing: Protocol Highlight-Medications for Opioid Use Disorder

Section 4- Health and Safety Resources

8.	<p>To support your health during treatment, please indicate if you would like information or supplies regarding the following: (if yes, check all that apply)</p> <p><input type="checkbox"/> Overdose Reversal: Would you like a prescription for a medicine that might help reverse an opioid-related overdose (naloxone or nalmefene), or information on where to access it?</p> <p><input type="checkbox"/> Supply Safety (Test Strips): Would you like information on test strips that check for potentially lethal additives in the drug supply (like fentanyl and xylazine), or information on where to access them?</p> <p><input type="checkbox"/> Infection Prevention: Would you like information on the benefits of using sterile supplies and a safe disposal device, or information on where to access them (to prevent heart and skin infections)?</p> <p><input type="checkbox"/> Safe Practices: Would you like to discuss "Never Use Alone" resources or rescue breathing techniques?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	<p>Would you like information regarding any of the following services? (if yes, check all that apply)</p> <p><input type="checkbox"/> Residential treatment (inpatient/rehab)</p> <p><input type="checkbox"/> Outpatient counseling (drug and alcohol counseling, cognitive behavioral therapy, family or couples therapy, etc.)</p> <p><input type="checkbox"/> Peer support groups (narcotics anonymous, SMART recovery, peer coaching, etc.)</p> <p><input type="checkbox"/> Case management (help with housing, food, work, etc.)</p> <p><input type="checkbox"/> Medication management (tapering programs, medication therapy management (MTM) services, psychiatric medication management, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pharmacist Prescribing: Protocol Highlight- Medications for Opioid Use Disorder

MOUD Protocol- Assessment and Treatment Care Pathway: Initiation of Therapy

(CONFIDENTIAL-Protected Health Information)

At-home Induction Regimen

Prescription 1- Buprenorphine and Naloxone (Suboxone) 8 mg /2 mg tablets

QTY: 28 tablets

SIG: Follow instruction sheet and take 2 to 4 tablets under the tongue on Day 1, then take 1 tablet under the tongue two to three times daily every day after that.

Comment: Start when you are in moderate to severe withdrawal.

Note: Instruction sheet **MUST** be given to patient to aid induction.

***Prescription 2- Naloxone (NARCAN) 4 mg nasal spray**

QTY: 1 box (2 single-dose devices)

SIG: Instill 1 spray into one nostril as needed for suspected opioid overdose; if needed, repeat dose, alternating nostrils, every 2 to 3 minutes until the patient responds or until emergency medical assistance becomes available.

***Note:** not required if patient refuses.

Pharmacist Prescribing: Protocol Highlight-Medications for Opioid Use Disorder

Zero Degrees of Separation: No community is untouched; the cost of the "Diagnosis vs. Treatment" gap is measured in lives, and billions of dollars.

A Catastrophic Disconnect: Only 25% of diagnosed adults receive life-saving medications, 72% fall through the cracks during transitions of care, and fewer than 50% of U.S. retail pharmacies even stock buprenorphine.

Collapsing Infrastructure & Treatment Deserts: With rural hospitals in financial distress and massive funding cuts, pharmacies are often the last surviving healthcare access point.

Next Steps: The Board is actively working with the DEA, submitting adopted laws, rules, and protocols for evaluation to amend the "mid-level providers" list to open up registration for Oregon pharmacists.

Pharmacist Prescribing: Standing Order

The Purpose: "Pre-written" universal orders issued by the state (OHA) to maximize public access to care (often related to billing or administrative barriers).

Naloxone:

- **2016:** Pharmacists gained independent prescribing authority, but it required formal patient training.
- **2017:** The formal patient training requirement was removed.
- **2024:** The OHA Standing Order was issued, removing standard prescription labeling hurdles to allow for rapid, broad distribution.

OTC Hormonal Contraceptives (Dec 2025): Issued to ensure Oregon Health Plan (OHP) members can access OTC birth control (like Opill) at the pharmacy counter at no cost, matching the equity of private insurance.

New Rules: The Who/What/When/Where & Why

New Rules in OAR Chapter 855

WHO is primarily affected?

WHAT is the title of the rule?

WHEN did it go into effect?

WHERE can I find it?

WHY was it changed?

Rule Review (1)

Universal Vaccination Protocols

Rules in OAR Chapter 855

WHO: Pharmacists

WHAT: Services: Prescribing Pursuant to - Protocol

WHEN: 8/08 – 9/17/2025

WHERE: OAR 855-115-0345

WHY: Adopts Universal Vaccine Protocols as well as “Board-Excluded” Protocols

OAR 855-115-0345

Services: Prescribing Pursuant to - Protocol

A Pharmacist may prescribe, according to OAR 855-115-0330 and OAR 855-115-0335, FDA-approved drugs and devices pursuant to a Protocol. Protocols in their entirety are adopted by the board by this rule pursuant to the respective effective date referenced and can be found on the board website at <https://www.oregon.gov/pharmacy/Pages/PFAC.aspx>.

(4) Vaccine Protocols:

- (a) Vaccination Protocol for Adults 18 Years of Age and Older (v. 09/17/2025);
- (b) Vaccination Protocol for Ages 7 through 17 Years (v. 09/17/2025); and
- (c) Vaccination Protocol for Managing Adverse Reactions (v. 08/2025).

(5) Board Excluded Vaccine Protocols

- (a) Coronavirus 19 (v. 09/2025);
- (b) Influenza (v. 09/2025); and
- (c) Respiratory Syncytial Virus (v. 09/2025).

Rule Review (2)

Limited Delegated Authority- Vaccines

Rules in OAR Chapter 855

WHO: Board President/Board Staff; Pharmacists

WHAT: Amendment of Vaccine Protocol Rules to Adopt ACIP Recommendations

WHEN: 8/08 – 9/17/2025

WHERE: OAR 855-**102**-0130

WHY: Allows Board President limited authority to amend vaccine protocols in accordance with ACIP recommendations as adopted by the CDC; can be delegated to board staff.

OAR 855-102-0130

Amendment of Vaccine Protocol Rules to Adopt ACIP Recommendations

Pursuant to ORS 689.645(5), the board delegates to the Board President the limited authority to amend the board's vaccine protocols in OAR 855-115-0345 to adopt recommendations issued by the Advisory Committee on Immunization Practices (ACIP) adopted by the Centers for Disease Control and Prevention (CDC) **except for vaccine protocols excluded by the Board.** The Board President may further delegate this authority to board staff. ORS 689.649 does not apply to rule amendments made pursuant to the delegation of authority in this rule because those amendments are required and the board's only course of action.

Currently, there are three protocols "excluded by the board," based on recommendations that came from the West Coast Health Alliance:

1. Coronavirus 19
2. Influenza
3. Respiratory Syncytial Virus

West Coast Health Alliance 2025-2026 Respiratory Vaccine Recommendations

“The West Coast Health Alliance (WCHA) is issuing immunization recommendations for the 2025-2026 respiratory virus season. These recommendations are informed by trusted national medical organizations, including the [American Academy of Pediatrics](#) (AAP), the [American College of Obstetricians and Gynecologists](#) (ACOG), and the [American Academy of Family Physicians](#) (AAFP). The WCHA believes that all recommended immunizations should be accessible to the people of our states.

Immunization is safe, effective, and the best protection available against respiratory viruses such as COVID-19, influenza, and RSV. Seasonal immunization is also a critical public health tool to reduce serious illness, community transmission, and health care systems strain.”

West Coast Health Alliance 2025-2026 Respiratory Vaccine Recommendations

2025-26 Respiratory Vaccine Recommendations			
	COVID-19 vaccine	Influenza vaccine	RSV immunization
Children	<ul style="list-style-type: none"> All 6-23 months* All 2-17 years with risk factors* All with close contact with others with risk factors All who choose protection 	<ul style="list-style-type: none"> All ≥ 6 months 	<ul style="list-style-type: none"> All < 8 months* All 8-19 months with risk factors*
Pregnancy	<ul style="list-style-type: none"> All planning, pregnant, postpartum, and lactating 	<ul style="list-style-type: none"> All planning, pregnant, postpartum, and lactating 	<ul style="list-style-type: none"> 32-36 weeks gestational age¹
Adults	<ul style="list-style-type: none"> All ≥ 65 years All 18-64 years with risk factors All with close contact with others with risk factors All who choose protection 	<ul style="list-style-type: none"> All ≥ 18 years 	<ul style="list-style-type: none"> All ≥ 75 years All 50-74 years with risk factors

* Other than influenza vaccines, an Oregon-licensed pharmacist practicing in Oregon may only prescribe and administer vaccines to individuals 7 years of age and older (see ORS 689.645 for more details).

West Coast Health Alliance 2025-2026 Respiratory Vaccine Recommendations

Latest News

Date	Subject
12/05/2025	WCHA and OHA leading national medical organizations continue to recommend hepatitis B vaccines for newborns.
11/21/2025	WCHA Stands with Scientific Evidence: Vaccines Are Not Linked to Autism
09/19/2025	WCHA statement in response to ACIP meeting
09/17/2025	WCHA recommendations show vaccines 'safe, effective.'

Other Recommendations

[Recommendations on Hepatitis B Vaccination for Newborns](#)

Legislative Sessions -> Laws

- Several Senate Bills (SB) and House Bills (HB) impacting Oregon pharmacy are passed during each session. Many bills require new rules.
- Let's take a look at current legislation related to the practice of pharmacy.
- Stay up to date at: https://www.oregonlegislature.gov/bills_laws

Ongoing communications concerning rulemaking are sent to licensees via list-serv and are available on the OBOP website

Emerging Legislation: 2026 Short Session

Bill Number: 2026 SB 1598

Current Status: 3rd reading on 3/03/2026; Governor signed on 3/31/2026.

Authority: Allows Public Health Officer appointed under ORS 431.045, or a physician licensed under ORS chapter 677 who is employed by the Oregon Health Authority and designated by the Public Health Officer, to issue a standing order to prescribe a drug or device to control, prevent, mitigate or treat any infectious or noninfectious disease or other significant public health concern.

Scope: Increases access to drugs and devices for both infectious and noninfectious public health concerns to allow rapid state response (especially between legislative sessions, or when federal guidelines diverge from standards of care).

Pharmacist Prescribing: Conclusion

The Board's Mission: To promote and protect the public health, safety, and welfare of Oregonians.

The Access Crisis: The U.S. faces a projected shortage of up to 100,000 physicians by 2030, with primary care bearing a massive deficit.

The Pharmacy Solution: Nearly 90% of Americans live within 5 miles of a community pharmacy. Pharmacists remain the most accessible healthcare providers in the nation.

The Bottom Line: The best prescribing pathway is... the one that gets used.

Bonus Slide: Audience Participation!



Pre-Assessment Question 1

1. Under ORS 689.645, what is a primary legal requirement for a pharmacist to prescribe and dispense a drug or device included on the formulary?

- a) The pharmacist must conduct an in-person physical assessment for every refill.
- b) The pharmacist must establish their own independent protocol for that specific drug.
- c) The prescription must be pursuant to a diagnosis by a qualified health care practitioner with prescriptive authority.
- d) The pharmacist must wait for the Governor to declare a public health emergency.
- e) The pharmacist must only provide the medication if the patient is 18 years of age or older.

Pre-Assessment Question 2

According to OAR 855-115-0330, when a pharmacist prescribes a drug via a statewide drug therapy protocol, which of the following is true regarding physical assessments?

- a) Physical assessments may be performed through secure electronic means (telehealth).
- b) Any required physical assessment must be performed in a face-to-face, in-person interaction.
- c) Physical assessments are only required if the pharmacist is prescribing for an out-of-state patient.
- d) The pharmacist is prohibited from performing any physical assessment and must refer to a physician.
- e) Assessments are only necessary for vaccine administration to children under the age of seven.

Pre-Assessment Question 3

3. Which of the following drugs or devices is specifically identified in ORS 689.645(6) as being eligible for inclusion in the post-diagnostic formulary?

- a) Controlled substances for chronic pain management.
- b) Specialized oncology medications for active chemotherapy.
- c) Diabetic testing supplies, nebulizers, and epinephrine autoinjectors.
- d) Any FDA-approved medication requested by the patient's primary care provider.
- e) Only vaccines listed in the Vaccines for Children Program administered by the CDC.

Pre-Assessment Question 4

4. A pharmacist has prescribed a medication via a statewide protocol. Per OAR 855-115-0330(7), what is the mandatory timeframe for notifying the patient's identified primary care provider?

- a) Within 24 hours of the clinical encounter.
- b) Within five business days following the prescribing of the drug.
- c) Only upon the request of the primary care provider.
- d) At the end of the current calendar month in which the service was provided.
- e) No notification is required if the patient has already provided consent for treatment.

Pre-Assessment Question 5

5. How can an Oregon pharmacist actively engage with the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC) regarding the development of new patient care services?

- a) By submitting a concept for a new protocol using a form prescribed by the Board.
- b) By providing feedback on existing Formularies or Protocols through the Board's website.
- c) By attending committee meetings, which are often held virtually for public access.
- d) By recommending the addition of a specific drug or device to the Formulary for committee consideration.
- e) All of the above.

Stay in Tune and Stay in Touch

Rulemaking: pharmacy.rulemaking@bop.oregon.gov

PHPFAC Concepts: <https://www.oregon.gov/pharmacy/Pages/PFAC.aspx>

PHPFAC: pharmacy.formulary@bop.oregon.gov

Self-Inspection Forms: <https://www.oregon.gov/pharmacy/Pages/Self-Inspection-Forms.aspx>



Stay in Tune and Stay in Touch

Phone: 971-673-0001

Fax: 971-673-0002

General Inquiries - pharmacy.board@bop.oregon.gov

Compliance Inquiries - pharmacy.compliance@bop.oregon.gov

Licensing Inquiries - pharmacy.licensing@bop.oregon.gov



Coming up on the Horizon in 2026

Board Member Appointments

- *Pharmacist Board Member position available for appointment on 7/1/2026.*
- *Public Member position available for appointment now.*

PHPFAC Appointments

- Pharmacist Committee Member position available for appointment on 4/22/2026.
- Advanced Practice Registered Nurse Committee Member position available for appointment on 4/22/2026.
- Physician Committee Member position available for appointment now.

Drug Compounding Proposed Rules Public Feedback Survey

- Public feedback request for compounding rules via survey will be sent out next week.

Thank you



Oregon Board of Pharmacy est. 1891