



OREGON BOARD OF PHARMACY

Law Update

OSHP Annual Seminar
April 26, 2026 | Sunriver, Oregon

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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 Jane Lee, faculty for this CE activity, have no relevant financial relationship(s) with ineligible companies to disclose.

Outline

- Objectives and Pre-Test Questions
- Tips and Tricks for Using Common Resources and References
- Regulations:
 - Rules Prioritization List
 - Highlighted rules
 - Pharmacist Prescribing Update
 - Emerging Legislation
- Compliance Corner:
 - Common observations from on-site inspections
 - Compliance trend from across the states
- Post-Assessment Questions and Conclusion
- Ways to Stay in Touch and in Tune

Learning Objectives

- Develop effective strategies to organize and search reference materials, including those on the Board of Pharmacy's website.
- Review current and proposed structure of OAR Chapter 855 Board of Pharmacy Rules to better understand rules framework.
- Discuss recent legislative changes, new rules, and proposed rule amendments that affect pharmacy practice in Oregon specifically for Pharmacists, Pharmacy Interns, Certified Oregon Pharmacy Technicians, and Pharmacy Technicians.
- Become familiar with common observations discovered during routine inspections.
- Review available pathways to communicate with and provide feedback to the Board of Pharmacy.

Pre-Assessment Question 1

Regarding the resources and references available for pharmacy practice in Oregon, which of the following statements are TRUE? (Select all that apply)

- a) The "Rule Text Search" function on the Secretary of State's website searches the most current iterations of the rules, unlike the Annual Compilation.
- b) The Oregon Administrative Rules Annual Compilation contains the rules effective as of January 1st of that specific year.
- c) State laws specifically governing the scheduling and regulation of Controlled Substances are primarily located in Oregon Revised Statutes (ORS) Chapter 689.
- d) Federal regulations for scheduling and prescribing controlled substances are governed by the Food and Drug Administration (FDA) under Title 21 Chapter I of the Code of Federal Regulations.
- e) None of the above.

Pre-Assessment Question 2

According to 2026 HB 4131 establishing mobile pharmacies, which of the following requirements apply to the ownership and operation of a mobile pharmacy unit?
(Select all that apply)

- a) The mobile unit must act as an extension of a permanently licensed "mother" retail pharmacy located within the state.
- b) Any registered retail pharmacy in Oregon in good standing is eligible to apply for a mobile pharmacy license.
- c) Eligible entities to own a mobile pharmacy include hospitals, federally qualified health centers (FQHCs), critical access pharmacies, and county governing bodies.
- d) A licensed pharmacist must be physically present to staff the mobile pharmacy during all hours of operation.
- e) The mobile unit may operate independently without 24-hour record synchronization to a permanent retail outlet.

Pre-Assessment Question 3

Under the newly adopted 2026 Oregon Pharmacist Statewide Drug Therapy Management Protocols for Medications for Opioid Use Disorder (MOUD), which of the following is TRUE regarding a pharmacist's prescriptive authority?

- a) Pharmacists must execute a Collaborative Drug Therapy Management (CDTM) agreement with an addiction medicine physician to utilize the protocols.
- b) Pharmacists must obtain a specialized "Advanced Practice" license endorsement from the Board of Pharmacy prior to prescribing.
- c) The protocols provide autonomous prescribing authority, provided the pharmacist holds an active DEA registration and completes 8 hours of specific MOUD training.
- d) The "Initiation of Therapy" protocol is specifically designed for patients who are already stable on a prescribed regimen with no recent gaps in care.

Pre-Assessment Question 4

During routine inspections of Institutional and Retail Drug Outlets, Board Compliance Officers frequently note which of the following patient-safety-related observations? (Select all that apply)

- a) Failure to document or adequately respond to temperature excursions in drug storage areas.
- b) Code carts lacking a medication list on the exterior of the cart.
- c) Repackaged medications labeled with an expiration date that exceeds the manufacturer's original expiration date.
- d) Quarterly validations not being completed or documented for all vaccine storage units.
- e) Pharmacy technicians performing work requiring professional judgment (e.g., unit inspections) without a pharmacist's signature/verification.

Pre-Assessment Question 5

The Oregon Board of Pharmacy encourages active engagement from licensees and stakeholders. Which of the following are established pathways to provide feedback, stay informed, or seek guidance? (Select all that apply)

- a) Submitting new protocol concepts or providing feedback directly to the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC).
- b) Providing written or verbal public comment during official Board rulemaking hearings.
- c) Emailing specific regulatory or inspection-related questions directly to pharmacy.compliance@bop.oregon.gov.
- d) Attending public Board of Pharmacy meetings to stay informed on emerging legislation and rulemaking.
- e) Utilizing the designated pharmacy.rulemaking@bop.oregon.gov email to submit comments on proposed rules.

Resources

New and proposed laws & rules



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**

- [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

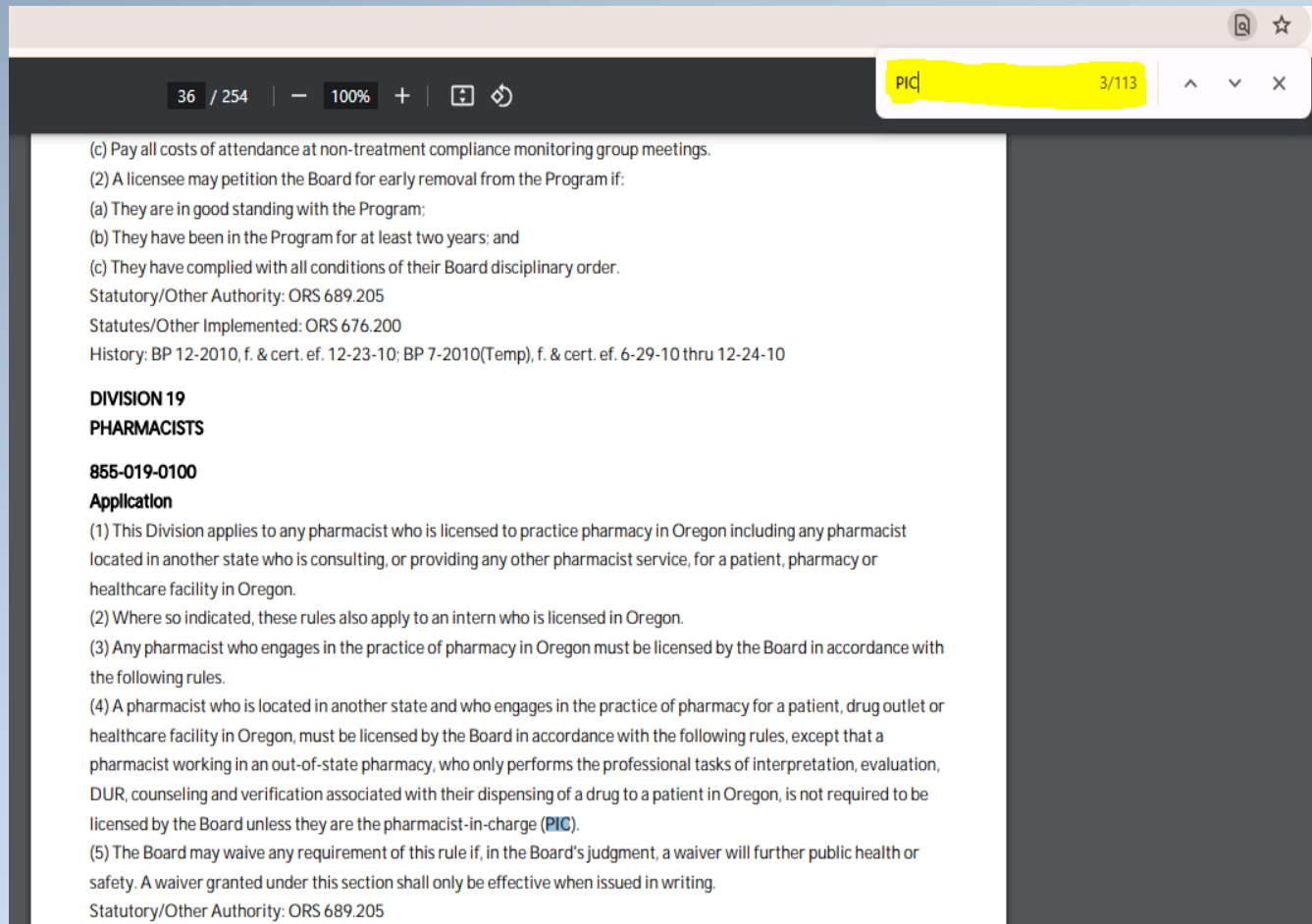
The Oregon Administrative Rules Compilation for 2024

Select New Compilation | OARD Home

Rows per table: 25 Page 7 of 7

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". Below the search bar, the document content is displayed. The text includes several numbered items and a section header. The first item is "(c) Pay all costs of attendance at non-treatment compliance monitoring group meetings." The second item is "(2) A licensee may petition the Board for early removal from the Program if:" followed by sub-items (a), (b), and (c). Below this is the text "Statutory/Other Authority: ORS 689.205" and "Statutes/Other Implemented: ORS 676.200". The next line is "History: BP 12-2010, f. & cert. ef. 12-23-10; BP 7-2010(Temp), f. & cert. ef. 6-29-10 thru 12-24-10". The section header is "DIVISION 19 PHARMACISTS" followed by "855-019-0100" and "Application". The first item under "Application" is "(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." The second item is "(2) Where so indicated, these rules also apply to an intern who is licensed in Oregon." The third item is "(3) Any pharmacist who engages in the practice of pharmacy in Oregon must be licensed by the Board in accordance with the following rules." The fourth item is "(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)." The fifth item is "(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." The final line is "Statutory/Other Authority: ORS 689.205".

(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 menu 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.

The screenshot shows the Board of Pharmacy website. The header includes the logo and name of LaVonne Griffin-Valade. A navigation menu 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'. Below this, the details for '855-041-1010' are displayed, including the title 'Outlet (Both Retail and Institutional Drug Outlets): Personnel' and a list of requirements for each drug outlet pharmacy.

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

Oregon Secretary of State
LaVonne Griffin-Valade

Home Business Voting Elections State Archives Audits

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



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Division 110	FEES	Licensing Fees
		(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).

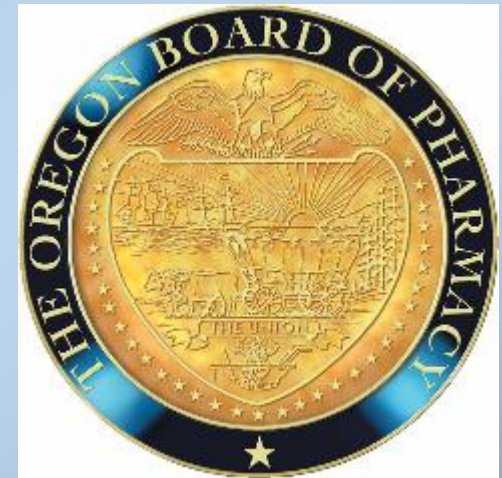
Regulations

Rules Prioritization List

Highlighted Rules

Pharmacist Prescribing Update

Emerging Legislation



Rules Prioritization List: April 2026

Immediate	<ul style="list-style-type: none"> Any urgent patient safety risk or public health emergency Legislative Mandates (New Laws) 	Medium	<ul style="list-style-type: none"> CDTM and CPA Division 041 Clean up <ul style="list-style-type: none"> RDF/RDM/Depot (Lockers/Kiosks) Nonprescription Drug Outlets Nuclear Pharmacy (compounding) Universal Rules Community Health Clinics (Family Planning) Dispensing Practitioner Drug Outlet Standards of Practice- unprofessional conduct
High	<ul style="list-style-type: none"> Drug Supply Chain Security Act <ul style="list-style-type: none"> Division 060- Manufacturers Division 062 DDA/3PL Division 065 Wholesalers Division XXX Outsourcing -need to create Drug Compounding – Div 045/183 Cold Drug Storage – Universal Rules Div 104 Pharmacists prescribing vaccines – (universal process for vaccine protocols being sent to PHPFAC) Division 041 → Division 141 <ul style="list-style-type: none"> Pharmacies (IP and RP) <ul style="list-style-type: none"> Standards for inspections for Non-Resident Pharmacies Telework (Remote Work)/ Remote Processing/ Central Fill Applicability Long Term Care PICs Remote Dispensing Site Pharmacy – Div 139 	Low	<ul style="list-style-type: none"> Drug Rooms Correctional Facilities (LTC and jails) Public Health Emergency Division 041 <ul style="list-style-type: none"> Home Dialysis Home Infusion Precursors Charitable Pharmacies
		Annually	Standards Adopted by Reference during April board meeting New Laws- after each legislative session

Rules Prioritization List: Division History

Division	Last Revised
006- Definitions	2024
007- Public Health Emergency	2009 (2020)
011- Health Professionals Service Program	2010
035- Non-Prescription Drug Outlet and Medical Gas	1992 and 1996 (2008)
041- Operation of Pharmacies	1992, 2008, 2010, 2013, 2015 , 2020 (minor 2022, 2023, 2024)
042- Nuclear Pharmacies and Pharmacists	1987
044- Charitable Pharmacies	2010 (2014, 2017 and 2020)
045- Drug Compounding (transition to 183)	2019 (2021 and 2023)
060- Pharmaceutical Manufacturers	1980, 1994 and 2015 (2021)
062- Drug Distribution Agent	2009 and 2015 (2022)
065-Wholesale Drug Outlets	2006, 2009 and 2015(2017, 2021, and 2022)
070- Prophylactics and Contraceptives	1995 and 2006
080- Schedule of Controlled Substances	2007, 2010, 2016 (2021, 2022,2023 and 2024)
• Animal Euthanasia	2012 (2023)
102- Board Administration	2023 and 2024
104- Universal Rules	2023 and 2024
110- Fees	2010 and 2022 (2024)
115- Pharmacists	2024
120- Interns and Preceptors	2024
125- Certified Oregon Pharmacy Technicians & Pharmacy Technicians	2024
135- Continuing Pharmacy Education	2024
139- Remote Dispensing Site Pharmacy	2022
141- Pharmacy Prescription Kiosk	2022
143- Pharmacy Prescription Locker	2022 (2024) PENDING

Rules Prioritization List: Sample Timelines

SAMPLE TIMELINES FROM 2025:

Immediate	<ul style="list-style-type: none">• Triaged based on source, timeline dictated, and magnitude of threat to patient safety.
High	<ul style="list-style-type: none">• DSCSA – Incremental submissions over subsequent board meetings with goal adoption by the end of 2025.• Compounding – Provided with direction and need to make finalized edits accordingly, which will require board discussion. Depending on board direction and public comment, could be within the next 12 to 16 months (~ Summer of 2026).• Division 041 – Deconstruct and align with Division Vision. Can begin work in between DSCSA and Compounding rules, as time allows. This revision will likely involve Workgroups/RACs/significant comment from interested parties, creating a goal adoption in 2 to 3 years (~Spring of 2027 or 2028).
Medium	<ul style="list-style-type: none">• Can focus on items that overlap with High Priorities and piggyback where possible.• Time to completion would likely be 3 to 5 years (~ Spring of 2028 to 2030).
Low	<ul style="list-style-type: none">• Begin addressing these within 5 years.



OAR Chapter 855 – Board of Pharmacy

^ Division 6 - DEFINITIONS	^ Division 80 - SCHEDULE OF CONTROLLED SUBSTANCES
^ Division 7 - PUBLIC HEALTH EMERGENCY	^ Division 102 - BOARD ADMINISTRATION
^ Division 11 - HEALTH PROFESSIONAL'S SERVICE PROGRAM	^ Division 104 - UNIVERSAL RULES
^ Division 35 - OPERATION OF NONPRESCRIPTION AND MEDICAL DEVICE, EQUIPMENT AND GAS (MDEG) OUTLETS	^ Division 110 - FEES
^ Division 41 - OPERATION OF PHARMACIES	^ Division 115 - PHARMACISTS
^ Division 42 - NUCLEAR PHARMACIES AND PHARMACISTS	^ Division 120 - INTERNS AND PRECEPTORS
^ Division 43 - PRACTITIONER DISPENSING	^ Division 125 - CERTIFIED OREGON PHARMACY TECHNICIANS AND PHARMACY TECHNICIANS
^ Division 44 - CHARITABLE PHARMACIES	^ Division 135 - CONTINUING PHARMACY EDUCATION
^ Division 45 - DRUG COMPOUNDING	^ Division 139 - REMOTE DISPENSING SITE PHARMACY
^ Division 60 - PHARMACEUTICAL MANUFACTURERS	^ Division 141 - PHARMACY PRESCRIPTION KIOSK
^ Division 62 - DRUG DISTRIBUTION AGENT	^ Division 143 - PHARMACY PRESCRIPTION LOCKER
^ Division 65 - WHOLESALE DRUG OUTLETS	^ Division 183 - DRUG COMPOUNDING
^ Division 70 - PROPHYLACTICS AND CONTRACEPTIVES	

Vertical Unification of Rule Structure

Within the Divisions for **Pharmacists (115)**, **Interns (120)**, and **Certified Oregon Pharmacy Technicians and Pharmacy Technicians (125)**, certain rule numbers and subjects have been standardized.

Rule Number (OAR 855-115/120/125-XX)	Rule Subject
0001	Applicability
0005	Definitions
0010	Licensure: Qualifications
0030	Application
0035	Renewal or Reinstatement
0040	Lapse
0050	Voluntary Surrender
0105	Responsibilities: General
0110	Confidentiality
0115	Duty to Report
0150	Prohibited Practices

Division 104- Universal Rules

Rule	Rule Title
OAR 855-104-0005	Duty to Cooperate
OAR 855-104-0010	Responsibilities: Duty to Report
OAR 855-104-0015	Responsibilities: Confidentiality
OAR 855-104-0050	Patients Access to Pharmacy Records
OAR 855-104-0055	Record and Document Retention
OAR 855-104-0060	Public Records Request to the Board
OAR 855-104-0100	Time for Requesting a Contested Case Hearing
OAR 855-104-0105	Filing Exceptions and Argument to the Board
OAR 855-104-0110	Petition for Reconsideration or Rehearing as Condition for Judicial Review
OAR 855-104-0115	Inspections
OAR 855-104-0150	Military Spouse or Domestic Partner Licensure Process

Basic Concepts: ORS 689.005

“Practice of Pharmacy”

(29) “Practice of pharmacy” means:

(a) The **interpretation** and evaluation of prescription orders;

(b) The **compounding**, **dispensing** and **labeling** of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs and devices;

(c) The **prescribing** and **administering** of vaccines and immunizations and the providing of **patient care services** pursuant to ORS 689.645;

(d) The **administering** of drugs and devices to the extent permitted under ORS 689.655;

(e) The participation in **drug selection** and **drug utilization reviews**;

(f) The **proper and safe storage** of drugs and devices and the **maintenance of proper records** regarding the safe storage of drugs and devices;

(g) The responsibility for **advising**, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices;

(h) The **monitoring** of therapeutic response or adverse effect to drug therapy;

(i) The **optimizing** of drug therapy through the practice of clinical pharmacy;

(j) **Patient care services**, including medication therapy management and comprehensive medication review;

(k) The offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy;

(L) The **prescribing** and **administering** of injectable hormonal contraceptives and the **prescribing** and **dispensing** of self-administered hormonal contraceptives pursuant to ORS 689.689;

(m) The **prescribing** and **dispensing** of emergency refills of insulin and associated insulin-related devices and supplies pursuant to ORS 689.696;

(n) The **prescribing**, **dispensing** and **administering** of preexposure prophylactic antiretroviral therapies and post-exposure prophylactic antiretroviral therapies, pursuant to ORS 689.704 and rules adopted by the board under ORS 689.645 and 689.704; and

(o) The **delegation** of tasks to other health care providers who are appropriately trained and authorized to perform the delegated tasks.

**Basic
Concepts:
ORS 689.005**

“Practice of Clinical
Pharmacy”

(28) “Practice of clinical pharmacy” means:

(a) The health science discipline in which, in conjunction with the patient’s other practitioners, a pharmacist provides patient care to optimize medication therapy and to promote disease prevention and the patient’s health and wellness;

(b) The provision of patient care services, including but not limited to post-diagnostic disease state management services; and

(c) The practice of pharmacy by a pharmacist pursuant to a clinical pharmacy agreement.

Basic Concepts: ORS 689.225 & ORS 689.486

Supervision, Direction
and Control

ORS 689.225(4) The State Board of Pharmacy shall adopt rules relating to the use of pharmacy technicians working under **the supervision, direction and control** of a pharmacist. For retail and institutional drug outlets, the board shall adopt rules which include requirements for training, including provisions for appropriate on-the-job training, guidelines for adequate supervision, standards and appropriate ratios for the use of pharmacy technicians. Improper use of pharmacy technicians is subject to the reporting requirements of ORS 689.455.

ORS 689.486(6) A person licensed to perform the duties of a pharmacy technician may perform the duties of a pharmacy technician only under the **supervision, direction and control** of a licensed pharmacist.

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)

Non-Licensed Personnel Functions

Rules in OAR Chapter 855

WHO : Non-licensed personnel (“clerks”)

WHAT: Responsibilities: Supervision - Pharmacists

WHEN: 3/01/2024

WHERE: OAR 855-115-0120

WHY: Sets parameters for non-licensed personnel

OAR 855-115-0120

Responsibilities: Supervision – Pharmacists

(1) When practicing pharmacy per ORS 689, each Pharmacist must:

- (a) Ensure personnel that require licensure have been granted and maintain licensure with the board;
- (b) Ensure licensed personnel work within the duties permitted by their licensure;
- (c) Ensure non-Pharmacist personnel only perform duties they are licensed and trained to perform;
- (f) Ensure each Certified Oregon Pharmacy Technician and Pharmacy Technician only assists in the practice of pharmacy under the supervision, direction, and control of a Pharmacist as outlined in OAR 855-125;
- (g) Ensure licensed personnel do not engage in prohibited practices as outlined for Interns in OAR 855-120-0150 and for Certified Oregon Pharmacy Technicians and Pharmacy Technicians in OAR 855-125-0150;
- (h) Ensure non-licensed personnel do not practice or assist in the practice of pharmacy;

What is the “practice of pharmacy?”

ORS 689.005

(29) “Practice of pharmacy” means:

(a) The **interpretation** and evaluation of prescription orders;

(b) The **compounding**, **dispensing** and **labeling** of drugs and devices, except labeling by a manufacturer, packer or distributor of nonprescription drugs and commercially packaged legend drugs and devices;

(c) The **prescribing** and **administering** of vaccines and immunizations and the providing of **patient care services** pursuant to ORS 689.645;

(d) The **administering** of drugs and devices to the extent permitted under ORS 689.655;

(e) The participation in **drug selection** and **drug utilization reviews**;

(f) The **proper and safe storage** of drugs and devices and the **maintenance of proper records** regarding the safe storage of drugs and devices;

(g) The responsibility for **advising**, where necessary or where regulated, of therapeutic values, content, hazards and use of drugs and devices;

(h) The **monitoring** of therapeutic response or adverse effect to drug therapy;

(i) The **optimizing** of drug therapy through the practice of clinical pharmacy;

(j) **Patient care services**, including medication therapy management and comprehensive medication review;

(k) The offering or performing of those acts, services, operations or transactions necessary in the conduct, operation, management and control of pharmacy;

(L) The **prescribing** and **administering** of injectable hormonal contraceptives and the **prescribing** and **dispensing** of self-administered hormonal contraceptives pursuant to ORS 689.689;

(m) The **prescribing** and **dispensing** of emergency refills of insulin and associated insulin-related devices and supplies pursuant to ORS 689.696;

(n) The **prescribing**, **dispensing** and **administering** of preexposure prophylactic antiretroviral therapies and post-exposure prophylactic antiretroviral therapies, pursuant to ORS 689.704 and rules adopted by the board under ORS 689.645 and 689.704; and

(o) The **delegation** of tasks to other health care providers who are appropriately trained and authorized to perform the delegated tasks.

Rule Review (2)

Criminal Conviction Predetermination

Rules in OAR Chapter 855

WHO : Technicians, Pharmacy Interns*

WHAT: Universal Rules

WHEN: 12/16/2025

WHERE: OAR 855-**104**-0155

WHY: May prevent individuals from investing significant time and tuition into an education or training program if a past conviction would permanently bar them from licensure. (see 2024 SB 1552)

OAR 855-104-0155

Criminal Conviction Determination Process

(1) Prior to beginning required education or training, a person who was convicted of a crime may petition the Board for a determination as to whether a criminal conviction will prevent the person from receiving a license issued by the Board.

(2) To be complete, a petition must include the following:

- (a) A complete and signed determination request form;
- (b) The required fee of \$100;
- (c) The following records related to the final judgment of each criminal conviction:
 - (A) A certified copy of the judgment of criminal conviction;
 - (B) Any charging document(s);
 - (C) The arrest report(s);
 - (D) Probation and parole records, if they exist;
- (d) A written statement from the petitioner regarding the facts underlying the criminal conviction, and any intervening circumstances.
- (e) A written statement or other document listing all criminal convictions, including dates of conviction and a summary of the facts, if the petitioner has more than one.

[OAR 855-104-0155](#)

Criminal Conviction Determination Process

- (3) If any of the records in (2)(c) no longer exist, have been sealed or are otherwise unavailable to the petitioner, petitioner must provide evidence from the agency that held the record that the record no longer exists.
- (4) A petition is incomplete when it is missing one or more of the items required in this rule. An incomplete petition will expire 60 days from the date the petition form was submitted to the Board. Petitioners who allow their petition to expire must file a new complete petition, including the required fee.
- (5) The petition and the Board's determination are subject to Oregon's public records laws, and unless an exemption applies, the information in the petition and determination are subject to public disclosure.
- (6) The Board will reconsider a determination that a criminal conviction prevents the person from obtaining a license when the person submits a completed application for a license.

OAR 855-104-0155

Criminal Conviction Determination Process

(7) Upon reconsideration, the Board may rescind a previous determination that a criminal conviction does not prevent the person from obtaining a license if the applicant:

- (a) Has allegations or charges pending in criminal court;
- (b) Has failed to disclose a previous criminal conviction;
- (c) Has been convicted of another crime during the period between the determination and the person's submission of a completed application for an occupational or professional license; or
- (d) Has been convicted of a crime that, during the period between the determination and the person's submission of a completed application for an occupational or professional license, became subject to a change in state or federal law that prohibits licensure for an occupational or professional license because of a conviction of that crime.

OAR 855-104-0155

Criminal Conviction Determination Process

(8) Failure to disclose a previous criminal conviction includes any misrepresentation or a prior criminal conviction, any concealment or failure to disclose a material fact about a prior criminal conviction, or any other misinformation regarding a prior criminal conviction.

(9) Nothing in this rule prohibits the Board from denying licensure when the person submits a completed application for a reason other than conviction of a crime.

(10) A determination under this rule is not considered a final determination of the Board.

Rule Review (3)

Use of Interpreters

New Rules in OAR Chapter 855

WHO: RPH, Techs, Interns

WHAT: Dispensing - Interpretation

WHEN: 09/01/2022

WHERE: OAR 855-**041**-1133

WHY: Added requirements for use of interpreters

OAR 855-041-1133

Dispensing - Interpretation

- (1) Except as provided in subsection (2) of this section, a Pharmacist or Intern must work with a health care interpreter from the health care interpreter registry administered by the Oregon Health Authority under ORS 413.558 when communicating with a patient who prefers to communicate in a language other than English or who communicates in signed language, unless the Pharmacist is proficient in the preferred language of the person with limited English proficiency. The Pharmacist or drug outlet may not charge for these services.

OHA Interpreter Registry: <https://hciregistry.dhsoha.state.or.us/Search>

OAR 855-041-1133

Dispensing - Interpretation

(2) A Pharmacist or Intern who is otherwise required to work with a health care interpreter from the health care interpreter registry **may work with a health care interpreter who is not listed on the health care interpreter registry only if the Pharmacist or Intern:**

(a) Verifies that the Pharmacist or Intern **has made a good faith effort needed to obtain a health care interpreter from the health care interpreter registry** in accordance with rules adopted by the authority under ORS 413.558 **and has found that none are available to provide interpretation;** or

(b) **Has offered the patient the services of a health care interpreter from the health care interpreter registry and the patient declined the offer and chose a different interpreter.**

OAR 855-041-1133

Dispensing - Interpretation

(4) A Pharmacist or Intern must maintain records of:

(a) Each patient encounter in which the Pharmacist or Intern worked with a health care interpreter from the health care interpreter registry; or

(b) Each good faith effort to utilize a health care interpreter from the health care registry for each patient encounter in which the Pharmacist or Intern worked with an interpreter not on the health care interpreter registry and met one of the exceptions in (2) of this rule.

(5) The records required in (4) must include:

(a) The full name of the health care interpreter;

(b) The health care interpreter's registry number, if applicable; and

(c) The language interpreted.

Rule Review (4)

Dual Language Labels

New Rules in OAR Chapter 855

WHO: Pharmacies

WHAT: Limited English Proficiency and Accessibility

WHEN: 01/01/2021

WHERE: OAR 855-**041**-1132

WHY: Added requirements for dual language labeling

OAR 855-041-1132

Limited English Proficiency Accessibility

855-041-1132

Limited English Proficiency and Accessibility

(1) Upon request of a prescriber, patient or a patient's agent, each drug dispensed by a pharmacy for a patient's self-administration must bear a label in both English and the language requested for an individual with limited English proficiency, defined as a person who is not fluent in the English language. This does not apply to a drug outlet dispensing a drug intended for administration by a healthcare worker.

(2) When dispensing a drug under (1), a pharmacy must provide labels and informational inserts in both English and one of the following languages:

- Spanish, Russian, Somali, Arabic, Chinese (simplified), Vietnamese, Farsi, Korean, Romanian, Swahili, Burmese, Nepali, Amharic, and Pashtu.*

(3) The board must reassess and update (2) as necessary and at least every ten years.

*adapted rule structure for formatting purposes

Rule Review (5)

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 (6)

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

Pharmacist Prescribing Update: 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.

Pharmacist Prescribing Update: Standing Order for OTC Contraception

OFFICE OF THE DIRECTOR



Tina Kotek, Governor

State of Oregon Standing Order to Provide Over-the-Counter (OTC) Oral Hormonal Contraception and Emergency Oral Hormonal Contraception to Oregon Health Plan (OHP) Members

Purpose: This standing order permits an Oregon-licensed pharmacist to provide over-the-counter (OTC) oral hormonal contraception or emergency oral hormonal contraception to an eligible Oregon Health Plan (OHP) member, consistent with FDA approval, upon request, in Oregon.

Providing OTC medication under this standing order does not establish the Oregon Health Authority, its clinicians, or the pharmacist as the health care provider for the individual to whom the OTC medication is being provided. Individuals seeking more comprehensive reproductive health care should see a primary care provider.

Eligible individuals: An OHP member of childbearing potential who wants to prevent pregnancy.*

Pharmacist Prescribing Update: Standing Order for OTC Contraception

Medication:

Select Medication	
<input type="checkbox"/>	Oral Hormonal Contraceptive Norgestrel 0.075 mg Tablet <u>Dispense:</u> Up to a 12-month supply. <u>Directions for use:</u> Take one tablet by mouth at the same time every day. Read Drug Facts label before taking the product. <u>Refills:</u> As needed.
<input type="checkbox"/>	<u>Emergency</u> Oral Hormonal Contraceptive Levonorgestrel 1.5 mg Tablet <u>Dispense:</u> 1 pack. <u>Directions for use:</u> Use as directed on package. Read Drug Facts label before taking the product. <u>Refills:</u> As needed.



Physician Signature

Dawn Mautner, MD, MS

Physician Name (Printed)

MD184194

License Number

December 16, 2025

Date

1770774598

NPI

Pharmacist Prescribing Update: 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 Update: 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 Update: Epinephrine via The Formulary

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 Update: Continuation of Therapy Protocol

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 Update: Continuation of Therapy Protocol

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 Update: Continuation of Therapy Protocol

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 Update: 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 Update: 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 Update: 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 Update: 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 Update: 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.

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 recent and upcoming legislation related to the practice of pharmacy.
- Stay up to date at:
 - Oregon State Legislature: https://www.oregonlegislature.gov/bills_laws
 - Oregon Legislative Information System: <https://olis.oregonlegislature.gov/>
- 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

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

Effective Date: 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).

Emerging Legislation: 2026 Short Session

Bill Number: 2026 SB 4131

Status: 3rd reading on 3/04/2026; Governor signed on 4/07/2026.

Effective Date: Section 2 of this 2026 Act becomes operative on January 1, 2027

Authority: Establishes a new regulatory framework allowing the Oregon Board of Pharmacy to license and regulate mobile pharmacies. Mandates that a mobile unit must act as an extension of a permanently licensed "mother" pharmacy located within the state and must be physically staffed by a licensed pharmacist during all hours of operation.

Scope: Increases direct access to prescription medications and clinical pharmacy services for underserved, rural, or transient populations. Permits rapid deployment to high-need areas while maintaining supply chain integrity through 24-hour mandatory record synchronization and strict geographic time limitations.

Emerging Legislation: 2026 Short Session

83rd OREGON LEGISLATIVE ASSEMBLY--2026 Regular Session

Enrolled House Bill 4131

Sponsored by Representatives PHAM H, NOSSE, RIEKE SMITH, Senator PATTERSON; Representatives ANDERSEN, GAMBA, GOMBERG, HARBICK, HARTMAN, ISADORE, JAVADI, LEVY B, MCDONALD, MCINTIRE, MUNOZ, NELSON, WALLAN, WATANABE, WISE, Senators CAMPOS, FREDERICK, GOLDEN, MEEK, NERON MISSLIN, REYNOLDS, SMITH DB, SOLLMAN, WEBER (Presession filed.)

Relating to mobile pharmacies; and prescribing an effective date.

Be It Enacted by the People of the State of Oregon:

SECTION 1. Section 2 of this 2026 Act is added to and made a part of ORS chapter 689.

SECTION 2. (1) The State Board of Pharmacy shall issue a license to operate a mobile pharmacy to an applicant that is a retail drug outlet registered under ORS 689.305 with a permanent physical location and that:

(a) Is one of the following entities:

(A) A critical access pharmacy, as defined by the Oregon Health Authority by rule;

(B) A hospital, as defined in ORS 442.015;

(C) A federally qualified health center; or

(D) The governing body of a county;

(b) Pays the licensure fee established by the board by rule; and

(c) Meets any other requirements established by the board by rule.

Compliance Corner: Common Institutional Drug Outlet Observations

Documentation / Records

- Counseling (offer/decline completed via pin pad but not retrievable)
- Interpreter use (consult registry if interpreters do not provide last name)
- Multiple entries missed for cleanings, temp/humidity/pressure checks where applicable, etc.
- Allergies / Health Conditions not entered in patient profile on retail side
- Compounding records missing required info (e.g., MFR reference #, storage info. and/or references)
- Code carts missing med list on EXTERIOR

Supervision

- Unit inspections missed multiple times (not done q 2 mos.)
- Work requiring judgment completed by tech but not signed by pharmacist (unit inspections, reconciliations, etc.)
- Techs not identifying themselves when answering phones

Repackaging / Expiration Dates

- Repackaged medications labeled with expiration date exceeding MFR expiration date
- Integrity of RTS meds not verified before reintegration (tampering, crushing, etc.)
- ED Prepack records do not contain all required elements

Drug storage violations

- Temperature excursions not responded to adequately, or at all (esp. when multiple people handle pager)
- Quarterly validations not completed/documented for all vaccine storage units

Pharmacist Prescriptive Authority

- Not using most recent iteration of approved protocols
- CDTM Agreements not updated at least every 2 years

Compliance Corner: Compliance Trends Across the States

- **The Trend:** High-volume compounding of GLP-1s (Semaglutide, Tirzepatide) driven by commercial shortages.
- **The Core Issue:** Improper API sourcing (e.g., using "research grade" salt forms instead of pure base).
- **The Ramifications:** Direct violation of state and federal laws, and immediate patient safety risks.
- **Future Outlook:** Heightened regulatory scrutiny on API documentation (COAs and invoices), with strict enforcement as commercial drug shortages resolve.

Compliance Corner: Compliance Trends Across the States

The Trend: Skyrocketing demand for "wellness" peptides (e.g., BPC-157, Melanotan II) via medi-spas and telehealth.

The Core Issue: Many popular peptides are on the FDA's "Category 2" list (prohibited for compounding).

The Ramifications: Dispensing unapproved new drugs creates a massive liability cascade for both the prescriber and the pharmacy, and increases risk of significant patient harm.

Future Outlook: Heightened enforcement efforts between State Pharmacy and Medical Boards to target inappropriate prescribing and dispensing pipelines.

Compliance Corner: Compliance Trends Across the States

The Trend: The rapid integration of Artificial Intelligence in Remote Order Entry and Clinical Decision Support (CDS).

The Core Issue: "Automation Bias" and navigating the liability gray area of machine-assisted verification.

The Ramifications: Significant accountability gaps when algorithmic errors or "hallucinations" lead to patient harm.

Future Outlook: Federal software validation mandates and new State Board rules defining "Meaningful Human Involvement."

Post-Assessment Question 1

Regarding the resources and references available for pharmacy practice in Oregon, which of the following statements are TRUE? (Select all that apply)

- a) The "Rule Text Search" function on the Secretary of State's website searches the most current iterations of the rules, unlike the Annual Compilation.
- b) The Oregon Administrative Rules Annual Compilation contains the rules effective as of January 1st of that specific year.
- c) State laws specifically governing the scheduling and regulation of Controlled Substances are primarily located in Oregon Revised Statutes (ORS) Chapter 689.
- d) Federal regulations for scheduling and prescribing controlled substances are governed by the Food and Drug Administration (FDA) under Title 21 Chapter I of the Code of Federal Regulations.
- e) None of the above.

Post-Assessment Question 2

According to 2026 HB 4131 establishing mobile pharmacies, which of the following requirements apply to the ownership and operation of a mobile pharmacy unit?
(Select all that apply)

- a) The mobile unit must act as an extension of a permanently licensed "mother" retail pharmacy located within the state.
- b) Any registered retail pharmacy in Oregon in good standing is eligible to apply for a mobile pharmacy license.
- c) Eligible entities to own a mobile pharmacy include hospitals, federally qualified health centers (FQHCs), critical access pharmacies, and county governing bodies.
- d) A licensed pharmacist must be physically present to staff the mobile pharmacy during all hours of operation.
- e) The mobile unit may operate independently without 24-hour record synchronization to a permanent retail outlet.

Post-Assessment Question 3

Under the newly adopted 2026 Oregon Pharmacist Statewide Drug Therapy Management Protocols for Medications for Opioid Use Disorder (MOUD), which of the following is TRUE regarding a pharmacist's prescriptive authority?

- a) Pharmacists must execute a Collaborative Drug Therapy Management (CDTM) agreement with an addiction medicine physician to utilize the protocols.
- b) Pharmacists must obtain a specialized "Advanced Practice" license endorsement from the Board of Pharmacy prior to prescribing.
- c) The protocols provide autonomous prescribing authority, provided the pharmacist holds an active DEA registration and completes 8 hours of specific MOUD training.
- d) The "Initiation of Therapy" protocol is specifically designed for patients who are already stable on a prescribed regimen with no recent gaps in care.

Post-Assessment Question 4

During routine inspections of Institutional and Retail Drug Outlets, Board Compliance Officers frequently note which of the following patient-safety-related observations? (Select all that apply)

- a) Failure to document or adequately respond to temperature excursions in drug storage areas.
- b) Code carts lacking a medication list on the exterior of the cart.
- c) Repackaged medications labeled with an expiration date that exceeds the manufacturer's original expiration date.
- d) Quarterly validations not being completed or documented for all vaccine storage units.
- e) Pharmacy technicians performing work requiring professional judgment (e.g., unit inspections) without a pharmacist's signature/verification.

Post-Assessment Question 5

The Oregon Board of Pharmacy encourages active engagement from licensees and stakeholders. Which of the following are established pathways to provide feedback, stay informed, or seek guidance? (Select all that apply)

- a) Submitting new protocol concepts or providing feedback directly to the Public Health and Pharmacy Formulary Advisory Committee (PHPFAC).
- b) Providing written or verbal public comment during official Board rulemaking hearings.
- c) Emailing specific regulatory or inspection-related questions directly to pharmacy.compliance@bop.oregon.gov.
- d) Attending public Board of Pharmacy meetings to stay informed on emerging legislation and rulemaking.
- e) Utilizing the designated pharmacy.rulemaking@bop.oregon.gov email to submit comments on proposed rules.

Stay in Touch and in Tune

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>



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