



HB 2397 Formulary Opportunities

The Oregon Legislature has recognized the essential role of pharmacists as healthcare providers through the approval of various measures which allow pharmacists to prescribe vaccines, birth control and naloxone. Pharmacists have the knowledge and ability to provide the public with greater access to healthcare while offering the highest quality of care in the most cost effective manner. HB 2397 will allow for the approval of pharmacist prescribing for a specific list of drugs and devices to help address the health needs of the Oregon public. A multidisciplinary Public Health and Pharmacy Formulary Advisory Committee will oversee and recommend a formulary of drugs and devices that a pharmacist may prescribe and dispense.

Possible formulary drugs, drug classes and devices:

1. **Diabetic Supplies**

- a. Lancets and lancet devices
- b. Glucometer
- c. Blood glucose testing strips
- d. Glucose tabs/oral glucose gel for hypoglycemia

2. **Travel Medicine**

- a. Routine travel vaccinations (typhoid, yellow fever, Hepatitis A and B)
- b. Doxycycline for malaria prevention
- c. Fluroquinolone (ciprofloxacin, levofloxacin) for traveler's diarrhea treatment

3. **Smoking Cessation**

- a. Nicotine patches, gum, lozenges – even though these are available over the counter, allowing a pharmacist to prescribe nicotine replacement therapy can allow insurance to be billed and help cover the cost of the medication
- b. Varenicline (Chantix®) – for patients with no known psychiatric disorder or depression
- c. Bupropion (Zyban®) – for patients with no known seizure disorder

4. **Reactive airway disease exacerbation or allergic reactions**

- a. Albuterol (Ventolin® HFA) rescue inhaler for asthma exacerbation
- b. Epinephrine auto-injector (EpiPen®)

5. Cough and Cold Medications

a. Pseudoephedrine (Sudafed®)

Rationale: HB 2128 has proposed that the schedule III controlled substance classification should be removed for pseudoephedrine. Unfortunately, in doing so, this medication cannot be tracked within the prescription drug monitoring program (PDMP). Through the formulary, pharmacists could be authorized to prescribe pseudoephedrine which will allow easier access to the public yet continue the tight level of control that has helped with the decline of methamphetamine use in Oregon.

b. Cough syrup with codeine (Cheratussin AC®)

Rationale: Cheratussin AC® is still available for purchase over the counter in a handful of states. This is a similar situation as pseudoephedrine where allowing pharmacists to prescribe will give the public easier access but this medication will have mandatory reporting to the PDMP and strict control.

6. Emergency Contraception

a. Ulipristal (Ella®)

Rationale: In Oregon, most emergency contraception is available to purchase without a prescription. Recent data suggests that levonorgestrel (Plan B) has a greater risk of being ineffective in obese women (BMI of 30 or greater) as compared to ulipristal. Additionally, ulipristal can be used up to 5 days after unprotected intercourse whereas levonorgestrel should be used within 72 hours. Allowing pharmacists to prescribe ulipristal will ensure women can receive the most optimal medication for their individual situation.

The addition of these agents to the pharmacist prescribing formulary will significantly influence the public health in Oregon by allowing safe and cost effective access to a variety of important medications.

The Oregon State Pharmacy Association and the Oregon Society of Health System Pharmacists encourage your adoption of the -2 amendments and the approval of HB 2397 as amended.