



# NORTH DAKOTA STATE BOARD OF PHARMACY

*newsletter to promote pharmacy and drug law compliance*

## **Updates to the North Dakota Legend Drug Donation and Repository Program**

*By Emily Lothspeich and Tess Prochazka, PharmD Candidates 2022 – North Dakota State University School of Pharmacy*

The North Dakota Legend Drug Donation and Repository Program has been in effect since July 1, 2007, when House Bill 1256 was signed by Governor John Hoeven. As of fall 2021, that makes North Dakota one of 40 states with legislation on donation programs and one of 27 states with an operational program. North Dakota currently has 105 pharmacies with a registered account for the program, but only 48 have active inventory. Your pharmacy should have received a letter outlining some of the following information, but the North Dakota State Board of Pharmacy requests your participation in the program.

The Donation Program has most commonly been referred to as the “Drug Repository Program,” but in hopes to increase public understanding of the program, the Board is making a gentle transition to use “Drug Donation Program.” Any unopened medications, devices, and medical supplies qualify for enrollment into the program upon pharmacist assessment of eligibility. This is especially helpful for high-cost medications, such as insulin and diabetic testing supplies, or specialty medications, such as treatments for cancer, HIV, and rheumatoid arthritis. Medications that do not qualify include controlled substances, Risk Evaluation and Mitigation Strategy program drugs, expired medications, and multi-dose drug packages (eg, Diabetes Health Pack, Dispill, PASS Pack).

Drug donations have the twofold benefit of removing unused medications from patient homes and aiding other patients with financial and health needs. Donation programs provide other

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benefits, including increased medication accessibility for patients of low socioeconomic status, decreased cost for patients and the health care system, and reduced environmental impact. Even if the medication is not eligible for the program, it gives pharmacy staff the opportunity to discuss other options for safe disposal, such as medication take-back programs.

For the Drug Donation Program to succeed, it is vital to have pharmacy and patient involvement. We created a poster outlining details of the program along with a patient brochure to display in your pharmacy. The Board asks participating pharmacies to utilize these resources to increase advertising of the program and patient knowledge regarding its benefits.

The Board is making some formatting changes to the program's section of the website, which can be found at [www.nodakpharmacy.com](http://www.nodakpharmacy.com). These updates include access to new resources, including a how-to guide explaining how to register for an account, search for active inventory, and update your pharmacy's inventory. Duplicate pharmacy accounts have been removed, and pharmacy license formats have been changed to "Phar###," which will be used for all new registrants.

To further expand patient-focused initiatives, it is helpful to see previous impact. Therefore, the Board asks that when adding medications to their inventory, pharmacies include the total estimated cost, as this can be used to determine overall health care savings. Secondly, when removing items from their inventory, pharmacies are asked to select "expiring," "dispensing," or "other" to determine how many patients were impacted.

If you have a patient in another part of the state requesting medication from your stock, medications donated through this program are eligible for mailing. It is important for the Drug Donation Program to support patients in all areas of North Dakota. As health care professionals and advocates for patient health, your participation in the Drug Donation Program is encouraged.

### ***Up-and-Coming Changes to the Role of Pharmacist***

*By Madison Nelson, PharmD Candidate 2022 – Creighton University  
(previously published in March 2022)*

North Dakota recently passed legislation during the 2021 session that grants pharmacists prescribing authority for two public health issues. This means that pharmacists in North Dakota can now independently prescribe and dispense orders for immunizations and for tobacco cessation drug therapy.

As the pharmacy profession has grown, so have the responsibilities of the pharmacist. Because of the coronavirus disease 2019 (COVID-19) pandemic and the implementation of the Public Readiness and Emergency Preparedness Act, pharmacists have been ordering and administering COVID-19 immunizations and other related therapies without needing a collaborative agreement with a prescriber. The precedent may have come about due to the emergent nature of the pandemic, but nonetheless, pharmacists can handle and perform more clinical roles even in the community setting.

The future is bright for pharmacy in North Dakota, and a growing prescribing authority for pharmacists is part of that future. Pharmacists have been adaptive to continually provide better care and more resources to their patients. Accessibility is always a concern, especially within rural North Dakota, and these laws will help to provide some relief to the health care system while increasing accessibility to patients.

The protocols for these two laws have been approved by the Board. These protocols, and their supplementary guidance documents, are available on the Board's [website](#). The guidance documents are quick references that are simplified versions of the full protocols. Please refer to the full protocols for greater detail, or for any questions that are not addressed in the guidance documents. The Board may also be contacted for any questions regarding the protocols. Referenced below are the guidance documents for prescribing immunizations and tobacco cessation drug therapy.

### ***Pharmacist Prescribing Authority for Immunizations***

Now, with the enactment of legislation and the Board's rules, the Board's current protocol states that authorized pharmacists may independently order and administer immunizations while exercising their professional judgment for patients three years old or older. An authorized pharmacist may also delegate administration to a qualified pharmacy technician (according to North Dakota Administrative Code (NDAC) 61-04-11) or another health care professional (if authorized by their respective health care act). Please refer to the full protocol for more information.

**Addressing conflict of guidelines:** Protocol is based upon current criteria established by the United States Centers for Disease Control and Prevention (CDC) and/or the Advisory Committee on Immunization Practices (ACIP). If a conflict does arise between this protocol and future guidelines, the most current CDC and/or ACIP guidelines will supersede.

**Types of immunizations:** This protocol applies to ACIP/CDC-approved vaccinations from their regular and catch-up schedules, immunizations recommended for travel, and emergency immunizations approved during a public health emergency.

**Provided to the patient:** Patient handouts and/or vaccine information statements should be given to the patient prior to administration. Authorized pharmacists shall screen each patient for appropriateness of receiving a vaccine and provide recommendations to the patient prior to vaccine ordering and administration. The patient shall be observed for immediate adverse reactions by the authorized pharmacist. The patient should be requested to remain in an observation area for a minimum of 15 minutes.

**Records and reporting:** Must obtain informed consent prior to administration. This consent may be provided verbally or written. Must record all immunizations ordered and administered. These records need to be kept at least five years from the date of administration. Any immunization

ordered and administered must be reported to the North Dakota Immunization Information System within 14 days of its administration. This step can be completed by either the authorized pharmacist or their designee. Report any adverse events following an immunization administration, even if the cause of said event is unclear. Also notify a patient's primary care provider of any events if they occur.

**Safety:** Authorized pharmacists shall have CPR or basic life-support certification and access to epinephrine and other related emergency supplies. They will also follow Occupational Safety and Health Administration regulations and state law for injection needle safety and disposal.

### ***Prescribing Tobacco Cessation Products Guidance Document***

With the development of e-cigarettes and vaping, nicotine dependence has begun to steadily increase, and so has the demand for tobacco cessation resources. To increase accessibility for those who want to pursue quitting, NDAC 61-04-15 grants qualified pharmacists independent prescribing authority for tobacco cessation, as outlined in the protocol. For greater detail, please refer to the full protocol.

**Tobacco products:** Includes traditional tobacco-containing products, such as cigarettes, smokeless tobacco, etc, and/or e-cigarettes, and other devices used for nicotine inhalation/dependence.

**Qualifications:** Must have an active North Dakota pharmacist license. Have completed training approved by the Board for prescribing tobacco cessation drug therapy, or training in line with NDAC 61-04-15-02. Be acting in good faith and providing care that aligns with current clinical guidelines.

**Products that can be prescribed:** Any Food and Drug Administration-approved medication with an indication for tobacco/smoking cessation. May not prescribe medications for off-label use according to the current protocol.

**Procedure:** Process can start by patient request or by pharmacist offering to initiate based on professional judgment. May offer tobacco cessation services even if patient is not deemed ready to quit. Patient readiness should be assessed using the 5 A's approach for quitting or by a similar strategy. Assessment should be performed using current evidence. A health screening must be performed and documented. This should be used to identify candidates for treatment by the pharmacist or to identify high-risk patients who should be referred to an appropriate provider.

**Counseling and follow-up:** Are highly recommended to be done with the patient. Encourage the patient to ask questions. Counseling includes medication and tobacco cessation behavioral counseling, as providing both is best practice. Tobacco cessation behavioral counseling can be done by the pharmacist or referred to an appropriate source.

**Therapy options:** Shall be decided in consultation with the patient. May select and dispense either single or combination tobacco cessation therapy. Combination therapy options can be selected based on clinical guidelines and/or on published peer-reviewed literature. Product selection should be based on patient factors and preferences.

**Reporting and documentation:** Informed consent can be obtained verbally but should always be documented. The pharmacist shall provide product information and educational material to the patient. Notify the patient's primary care provider of the therapy provided within a reasonable time frame if the patient has one. Maintain all records of interaction for at least five years.

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