

# UTAH BOARD OF PHARMACY

Newsletter to Promote Pharmacy  
and Drug Law Compliance.

## Empowering Women's Health

By Urvi Patel, Aleese Smith, Erin Johanson, PharmD Candidates,  
Roseman University of Health Sciences

Pharmacists play a crucial role in providing accessible and convenient reproductive health care to women across Utah. Let us dive into the latest updates, resources, and best practices for empowering women's health.

### Legislative Update: Expanding Access to Contraception

Utah has led the way in expanding access to contraception through pharmacist prescribing. In a 2021 study, 127 out of 163 contactable pharmacies indicated their current participation in contraceptive prescribing. Since pharmacists have been authorized to prescribe birth control, Utah has seen a significant improvement in access to hormonal contraceptives, thereby empowering women to take control of their reproductive health.

### What's New in Telehealth Services?

Many pharmacies provide in-person consultations and prescriptions for hormonal birth control to eligible patients. In response to the growing demand for telehealth services for adult patients, Intermountain Health now permits pharmacists to provide contraceptive services remotely via telehealth appointments. Women between the ages of 18 and 55 with healthy blood pressure are eligible to consult a pharmacist and have medications delivered to their homes. Patients who do not meet the eligibility criteria are referred to their primary care providers for further evaluation.

### What is the role of the pharmacist?

This significant change in Utah pharmacy practice allows pharmacists and pharmacy

### Access the National Pharmacy Compliance News

A Service of the National  
Association of Boards of Pharmacy  
Foundation® (NABPF®)



# Empowering Women's Health

(continued)

interns to prescribe hormonal contraceptives to their patients. The new provision of care allows pharmacists to aid in the prevention of unplanned pregnancies by prescribing self-administered hormonal contraceptive medications, including oral pills, vaginal insertion medications, and birth control patches. Pharmacists are entrusted with the responsibility of evaluating patient needs and risk factors to ensure that all patients receiving birth control are eligible and safe to do so. In addition, pharmacists educate patients on the appropriate use of hormonal contraceptives and provide information to support

adherence. This new practice does not infringe on the patient's relationship with their general practitioner but rather enhances it. Pharmacists continually encourage regular follow-ups with patients' physicians and support this care by providing access when an appointment with a provider is unavailable. The expanding role of Utah pharmacists in prescribing hormonal contraceptives provides much-needed access and education for the community. By adhering to patient criteria and counseling properly, pharmacists can help patients receive care that is more accessible.

## Action Steps

- Contact your employer to see if this practice has been established at your site.
- Complete two continuing education hours related to hormonal contraceptive therapy through the Accreditation Council for Pharmacy Education-accredited educational training program every two years.
- Register every two years with the Utah Department of Health and Human Services.
- Submit reports on dispensing activities annually.



## Schedule II Changes Clarification Letter

The Utah Division of Professional Licensing (DOPL), in collaboration with the Utah Board of Pharmacy, has created a letter to provide clarification on DOPL's current policies regarding the changes a pharmacist may make to a Schedule II prescription.

This [letter](#) can be found under the "Resources" tab of the Pharmacy DOPL website.

On October 18, 2022, the Drug Enforcement Administration (DEA) Diversion Control Division issued Guidance Document DEA-DC-063. This guidance document was intended to provide clarity to the public regarding Department

of Justice policies relating to changes pharmacists may make to [S]chedule II prescriptions. The guidance document states that, while the DEA works on additional regulations, pharmacists should "adhere to state regulations or policy regarding those changes that a pharmacist may make to a [S]chedule II prescription after oral consultation with the prescriber."

Pending the promulgation of the new rules by DEA (as alluded to in the guidance document), DOPL, in collaboration with the Board, has been asked to clarify DOPL's current policies regarding a pharmacist's

# Schedule II Changes Clarification Letter

(continued)

ability to make changes to Schedule II prescriptions.

After consulting with the prescribing practitioner, a pharmacist may add to or change the following elements of a Schedule II controlled substance (CS) prescription:

- 1) patient's name (correction of legal name);
- 2) physical address;
- 3) dosage form;
- 4) drug strength;
- 5) drug quantity; and
- 6) directions for use.

A Schedule II CS prescription missing any of the above elements

is invalid and must be reissued by the prescribing practitioner.

Any change or addition must be noted on the prescription or documented in the pharmacy software system if the prescription was electronically prescribed and must indicate that the change/addition was verified by the prescribing practitioner.

**Pharmacists are permitted to make patient information changes/additions such as the patient's address and date of birth. This information should be verified by the pharmacist.**

However, the dispensing pharmacist is ultimately responsible for ensuring that the prescribing practitioner has a valid DEA number prior to dispensing the medication. If the pharmacy has the prescribing practitioner's DEA number on file, the pharmacist is permitted to annotate the DEA number on the prescription. If the prescribing practitioner's DEA number is not on file with the pharmacy, the pharmacist must obtain that information from the prescribing practitioner and record it on the prescription. If the prescribing practitioner's number cannot be identified, the prescription cannot be filled.



## RSV Vaccine

Respiratory syncytial virus (RSV) was discovered in 1956 and is associated with 2.1 million outpatient visits and up to 80,000 hospitalizations among children younger than five years old, as well as up to 160,000 hospitalizations

among adults 60 years and older, each year in the United States. RSV is estimated to cause approximately 14,000 deaths annually in US adults over age 65.

Due to the serious, and sometimes fatal, respiratory tract infections

caused by RSV, efforts were made to develop a safe and effective vaccine. Previous attempts were unsuccessful until 2023, when Food and Drug Administration approved two vaccines, Arexvy and Abrysvo®. Both vaccines were approved for

patients ages 60 years and older. Abrysvo also received the approved indication for use in pregnant women. In 2023, the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP), using shared clinical decision making, also recommended adults ages 60 years and older should receive a single dose of an RSV vaccine.

On June 26, 2024, ACIP modified its recommendation for the use of RSV vaccines (both Arexvy and Abrysvo) in **older patients**.<sup>\*</sup> The updated **recommendations** include the following:

- A single dose of RSV vaccine is recommended for **all** adults ages 75 and over.
- A single dose of RSV vaccine is recommended for adults between ages 60-74 who are at increased risk for severe RSV disease. This includes adults with:
  - Chronic cardiovascular disease (eg, heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension]);
  - Chronic lung or respiratory disease (eg, chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, or cystic fibrosis);
  - End-stage renal disease or dependence on

hemodialysis or other renal replacement therapy;

- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 inhibitor;
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness (eg, post-stroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance]);
- Chronic liver disease (eg, cirrhosis);
- Chronic hematologic conditions (eg, sickle cell disease or thalassemia);
- Severe obesity (body mass index  $\geq 40$  kg/m<sup>2</sup>);
- Moderate or severe immune compromise;
- Residence in a nursing home; and
- Other chronic medical conditions or risk factors that a health care provider determines would increase the risk for severe disease due to viral respiratory infection (eg, frailty, situations in which health

care providers have concern for the presence of undiagnosed chronic medical conditions, or residence in a remote or rural community where transportation of patients with severe RSV disease for escalation of medical care is challenging).

**\*Adults who have previously received the RSV vaccine should not receive another dose.**

ACIP did not change its recommendation on the use of the RSV vaccine Abrysvo during pregnancy.

- Only Abrysvo is approved and indicated for use during pregnancy.
- Pregnant people should receive a single dose of Abrysvo during weeks 32 through 36 of pregnancy.
- These vaccines are administered from September through January. Providers should not administer maternal RSV vaccines outside of this seasonal time frame.

At this time, CDC does not recommend another dose of the RSV vaccine during subsequent pregnancies if the pregnant person received a maternal RSV vaccine during a previous pregnancy. If the pregnant person was **not** vaccinated during the **current** pregnancy, the infant should receive nirsevimab if born between October and March.



Pharmacists licensed in Utah are permitted to administer RSV vaccines. It is important to note that, for Utah pharmacists utilizing the *Vaccine Administration Protocol Standing Order to Administer Immunizations and Emergency Medications* or the *Vaccine Administration Guidance Document*,

vaccines can only be administered in accordance with current guidelines established by ACIP.

The above-referenced documents can be found on the Pharmacy DOPL [website](#) under the “Related Information” and “Resources Related to Pharmacy” sections.

Additional resource links:

- [CDC’s Surveillance of RSV](#)
- [CDC’s Recommendations for Use of RSV Vaccines for Prevention of RSV](#)
- [CDC RSV Vaccine Guidance for Pregnant People](#)

---

*The Utah Board of Pharmacy News is published by the Utah Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.*

*Utah Board of Pharmacy - State News Editor*

*dopl.bureau3@utah.gov*

*dopl.utah.gov/pharm/index.html*

*Lemrey “Al” Carter, PharmD, MS, RPh - National News Editor & Executive Editor*

*Megan Pellegrini - Publications and Editorial Manager*

---

**PO Box 146741 | Salt Lake City, UT 84114-6741**

---