

(FINAL/APPROVED)

**VIRGINIA BOARD OF PHARMACY
MINUTES OF STATEWIDE PROTOCOL WORK GROUP MEETING**

Friday, August 11, 2023

Department of Health Professions
Perimeter Center
Board Room 2
9960 Mayland Drive
Henrico, Virginia 23233

- CALL TO ORDER:** A Statewide Protocol Work Group Meeting was called to order at 9:03AM.
- PRESIDING:** Dale St. Clair, PharmD, Board of Pharmacy, Chairman
- MEMBERS PRESENT:** Kristopher Ratliff, DPh, Board of Pharmacy, Member
Ling Yuan, PharmD, Board of Pharmacy, Member
L. Blanton Marchese, Board of Medicine, Member
William T. Hutchens, MD, Board of Medicine, Member
Krishna P. Madiraju, MD, Board of Medicine, Member
Shaina Bernard, PharmD, Virginia Department of Health, Antibiotic Resistance Coordinator
- STAFF PRESENT:** Caroline Juran, RPh, Board of Pharmacy, Executive Director
James Rutkowski, JD, Senior Assistant Attorney General, Board Counsel
Erin Barrett, JD, Director of Legislative and Regulatory Affairs, DHP
Sorayah Haden, Board of Pharmacy, Executive Assistant
- QUORUM:** With all members of the workgroup present, a quorum was established.
- APPROVAL OF AGENDA:** Agenda was accepted as presented.
- PUBLIC COMMENTS:** Karen Winslow, RPh, Interim Executive Director of VPhA, expressed VPhA's excitement and support of the protocols being discussed. VPhA believes the protocols will allow pharmacists to practice at the top of their education.
- Staff provided the work group members and the public with three handouts of written public comment that Ms. Juran received via email prior to the meeting. The three documents consisted of public comments from the Virginia Association of Health-System Pharmacists, the Medical Society of

Virginia, and the Virginia Association of Chain Drugstores.

Dr. St. Clair provided an overview of the work group's charge pursuant to SB 948 and HB 2274.

**GROUP A STREPTOCOCCUS
BACTERIA INFECTION**

The workgroup reviewed and discussed recommended statewide protocols for Group A Streptococcus (GAS) bacteria infection for patients 18 and over. The agenda materials included Statewide Protocols from Arkansas, Iowa, and Kansas. There was discussion that use of the Centor Score Assessment as used in the Arkansas example may go beyond the legislation's allowance for use of a CLIA-waived test. The work group carefully reviewed each protocol and had a lengthy discussion regarding appropriate language to recommend for inclusion in Virginia's protocol.

MOTION:

The work group voted unanimously to recommend to the Board of Pharmacy that it adopt the Kansas Group A Streptococcus statewide protocol as presented and amended as follows:

- **Rearrange language in the protocol to conform with the general outline of existing Virginia statewide protocols to create uniformity;**
- **Under inclusion criteria on page 26 of agenda packet, strike "If testing positive, the patient must be willing to wait at the pharmacy until antibiotics are dispensed";**
- **Under exclusion criteria on page 27, strike "Resident of nursing home or long-term care facility" and "A patient being treated in a medical care facility or emergency department" and insert #2 from page 15 "If patient has taken antibiotics for sore throat or URI in the last 30 days"**
- **Regarding Antibiotic Therapy, insert notation that both azithromycin and clindamycin may have potential resistance and that clindamycin is preferred;**
- **On page 30, replace the paragraph for monitoring beginning with "The pharmacy shall ensure..." with requirement to counsel patient to follow-up with primary care provider (PCP) within 48 hours if symptoms worsen or are unresolved;**
- **On page 31, strike the requirement that training must be accredited by ACPE and insert reference to CDC guidelines following the reference to IDSA guidelines;**
- **On page 31, replace the paragraph under Notification with current statutory language for notifying PCP or counseling patient on importance of relationship with PCP as required in statute for use of statewide protocols;**
- **In Appendix A on page 33, insert question "Have you taken an antibiotic in the last 30 days? If yes, why?" and allow Appendix A to be used in an electronic format. (motion by Marchese, seconded**

by Ratliff)

**INFLUENZA
VIRUS INFECTION**

The workgroup reviewed and discussed recommended statewide protocols for Influenza virus infection for patients 18 and over. The agenda materials included statewide protocols from Arkansas, Iowa, and Kansas. There was lengthy discussion regarding whether the protocol should authorize pharmacists to initiate prophylaxis therapy. The work group decided it would authorize treatment only for now, but that prophylaxis could be considered in the future in a separate protocol. It was discussed and determined that the law does not currently require pharmacists to report positive influenza tests to the Virginia Department of Health.

MOTION

The work group voted unanimously to recommend to the Board of Pharmacy that it adopt the Kansas Influenza statewide protocol as presented and amended as follows:

- **Rearrange language in the protocol to conform with the general outline of existing Virginia statewide protocols to create uniformity;**
- **Under inclusion criteria on page 56 of agenda packet, strike “If testing positive, the patient must be willing to wait at the pharmacy until antiviral therapy is dispensed”;**
- **Under exclusion criteria on page 57, strike “Resident of nursing home or long-term care facility” and “A patient being treated in a medical care facility or emergency department” and insert “If patient has taken antivirals in last 30 days”**
- **On page 59, replace the paragraph for monitoring beginning with “The pharmacy shall ensure....” with requirement to counsel patient to follow-up with primary care provider (PCP) within 48 hours if symptoms worsen or are unresolved;**
- **On page 60, strike the requirement that training must be accredited by ACPE;**
- **On page 60, replace the paragraph under Notification with current statutory language for notifying PCP or counseling patient on importance of relationship with PCP as required in statute for use of statewide protocols. (motion by Marchese, seconded by Ratliff)**

**COVID-19 VIRUS
INFECTION**

The work group reviewed and discussed a recommended statewide protocol for COVID-19 virus infection for patients 18 and over. The agenda materials included the statewide protocol used in New Mexico. The work group acknowledged that the Paxlovid Emergency Use Authorization currently allows pharmacists to prescribe Paxlovid under certain conditions.

MOTION

The work group voted unanimously to recommend to the Board of Pharmacy that it adopt a statewide protocol for COVID-19 that references allowances under the Paxlovid current emergency use

authorization and contains a checklist similar to page 67 to assist pharmacists. (motion by Marchese, seconded by Ratliff)

**URINARY
TRACT INFECTION**

The workgroup reviewed and discussed recommended statewide protocols for Urinary Tract Infections for patients 18 and over. The agenda materials included statewide protocols from Kansas and Kentucky.

MOTION:

The work group voted unanimously to recommend to the Board of Pharmacy that it adopt the Kansas statewide protocol for urinary tract infections as presented and amended as follows:

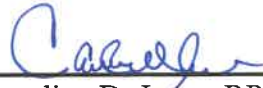
- **Rearrange language in the protocol to conform with the general outline of existing Virginia statewide protocols to create uniformity;**
- **Under inclusion criteria on page 69, strike “and” between “nitrites and/or leukocytes”;**
- **Under exclusion criteria on page 70, replace “stay at a medical care facility” with “or hospital stay” and strike “Resident of a nursing home or long-term care facility” and “A patient being treated in a medical care facility or emergency department”;**
- **On page 71, regarding counseling for when to seek medical attention, change “three days” to “48 hours”;**
- **Restructure antibiotic treatment on page 72, by inserting reference to “First-line Treatment” which shall then list first “Cephalexin 500mg PO BID for 5 days”, secondly “Cefdanir 300mg PO BID for 5 days”, thirdly “Nitrofurantoin monohydrate/macrocrystals 100mg PO BID for 5 days (for cephalosporin allergy)”, then insert reference to “Alternative Therapy” and list Fosfomycin trometamol 3gm PO single dose”;**
- **On page 72, replace the paragraph for monitoring beginning with “The pharmacy shall ensure....” with requirement to counsel patient to follow-up with primary care provider (PCP) within 48 hours if symptoms worsen or are unresolved;**
- **Regarding recordkeeping, on page 73, strike reference to Kansas laws and change “10 years” to “6 years”;**
- **On page 73, strike the requirement that training must be accredited by ACPE and insert requirement that training should include proper biohazard destruction;**
- **On page 73, replace the paragraph under Notification with current statutory language for notifying PCP or counseling patient on importance of relationship with PCP as required in statute for use of statewide protocols. (motion by Marchese, seconded by Ratliff). (motion by Marchese, seconded by Madiraju)**

MEETING ADJOURNED:

Having completed all business on the agenda, the meeting was adjourned at 1:44PM.

9/26/2023

Date



Caroline D. Jufan, RPh
Executive Director