

Recommendations and Conclusions from the *Regulatory Assessment: Evaluation of Pharmacist Prescribing Authority* authored by the VT Office of Professional Regulations secondary to 2019 No. 30, § 15.

[Recommendations:]

Based upon information gathered from thoughtful stakeholder discussions; consideration of approaches to pharmacist prescribing authority in other States and countries, and their lessons learned; review of the considerable body of evidence-based literature from peer-reviewed journals, clinical guidelines, and professional health care research organizations and associations on the subject, to include development and implementation of prescribing parameters, guidelines, and protocols to guard-rail such authority; **OPR's recommends that the General Assembly include prescribing within the lawful scope of pharmacy practice, with appropriate limitations.**

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The State could make better use of community pharmacists through implementation of the following pharmacist prescribing opportunities:

1. Minimal emergency extension of long-term maintenance medications; intra-therapeutic category substitution
2. OTC products when self-care appropriateness is assessed for utilization of HSA/FSA benefits
3. Diabetes testing supplies, pen needles, spacers
4. Docosanol (Abreva®) for recurrent, diagnosed cold sores
5. Hormonal contraception for adult women
6. Tobacco cessation products

#### VIII. Conclusions

**The contemporary pharmacist holds a Doctor-of-Pharmacy degree and very likely has more training in pharmacotherapeutics than the median prescriber. And yet she stands in the retail pharmacy as a gatekeeper without a key to her own gate, unable under existing Vermont law to exercise very basic forms of discretion in the service of patients**—for example, titrating dosages of low-risk drugs based on side-effects actually experienced by the patient; providing hormonal birth control to an adult woman with a known medical history and an unavailable primary-care provider; supplying prescription docosanol to address a cold sore; working with an already-diagnosed patient to try comparable drugs in the same class, either to save out-of-pocket costs or to manage the balance of side effects and therapeutic effect.

Vermont's current prescribing practitioners include allopathic and osteopathic physicians, dentists, physician's assistants, advanced practice registered nurses, optometrists and naturopaths. Pharmacists interact with these providers on a daily basis and carry their own, substantially untapped expertise in monitoring, calibrating, and improving the quality of pharmacotherapeutic interventions. **The generally positive experiences of jurisdictions that have extended pharmacist prescribing authority tend to illustrate that pharmacist prescribing can be safely integrated into a coordinated healthcare system in a manner consistent with accepted standards of care and patient-centered primary care** overseen through a patient-centered medical home.

*Bolded text added for emphasis*