



ARIZONA STATE BOARD OF PHARMACY COVID-19

FAQS:

In response to State and Federal public health emergency associated with COVID -19, the Arizona State Board of Pharmacy will continue to update this document as we continue to move through this situation together. Due to the nature of this situation and the changes taking place rapidly, please monitor the Board website for updates.

If you have questions that do not appear in this FAQ, you may submit your questions [CLICK HERE](#).

COVID-19 INFORMATION AND RESOURCES

- [Arizona State Board of Pharmacy](#) (all ASBP updates will be posted to ASBP's homepage)
- [Arizona Department of Health \(ADHS\)](#)
- [ADHS's Guidance for Healthcare Providers & Long-term Care Facilities](#)
- [U.S. Centers for Disease Control and Prevention \(CDC\)](#)
- [Johns Hopkins COVID-19](#)
- [WHO's COVID-19 Info](#)
- **COVID-19 HOTLINE (FOR PATIENTS AND HEALTHCARE PROVIDERS): 1-844-542-8201**

EMERGENCY STATUTES AND RULES

Please review the following Statute and Rules. The Statute and Rules have been activated based on the Declared States and Federal Health Emergency. **Click on the links below (also available at the end of this document):**

[A.R.S. 32-1910 Emergencies; continued provision of services](#)

[R4-23-412 Emergency Refill Prescription Dispensing](#)

[R4-23-413 Temporary Recognition of Nonresident Licensure](#)

[R4-23-617 Temporary Pharmacy Facilities or Mobile Pharmacies](#)

KEEPING PHARMACY PERSONNEL SAFE

- [CDC's Personnel Recommendations](#)
- [ADHS's Healthcare Personnel Handout](#)
- [ADHS's PPE Guidance](#)
- [CDC's Information for Healthcare Professionals](#)

Q: How do I protect myself when taking care of patients?

A: The Board recommends that pharmacists should use their professional judgment to ensure policies and procedures are in place to protect their patients and staff. As always, pharmacy services must be safely and properly provided. Pharmacies should take proactive steps to prevent the spread of germs and to protect their patients and staff. Proper cleaning, sanitizing, and disinfection procedures should be in place. [See the CDCs guidance on keeping the workplace safe](#) and [considerations for pharmacies](#). The United States Environmental Protection Agency (EPA) has published a [resource](#) of disinfectant products approved for use against SARS-COV-2, the virus responsible for COVID-19. Pharmacy staff should be trained on and use [proper hand washing technique](#). Pharmacy staff should be trained on how to recognize of [symptoms](#) potential illness and what to do if they develop symptoms or come in close contact with a person known to have COVID-19.

The Board provides the following guidance:

- As a healthcare provider, you may wear a mask for protection, but should follow CDC recommendations to conserve PPE resources.
- Utilize and encourage the drive-thru or curbside delivery where possible.
- Set-up prescription delivery or mailing of prescriptions.
- Provide counseling over the phone or other means of technology to minimize contact.

OPERATING OR CLOSING PHARMACIES

Q: What are the Board's expectations if a pharmacy has to close entirely?

A: If a pharmacy is going to be closed:

- Notify the Board for closures greater than 48 hours. Please notify the Board via email at scarrillo@azpharmacy.gov or contact your respective [ASBP compliance officer](#).
- The pharmacist-in-charge or other authorized representative should notify the Board prior to the closing, or as soon as possible after a closing - if prior notification is not possible.
- Make sure to communicate the closure to the patient and prescribers.
- Notifications mentioned above should indicate the anticipated reopening date.
- Notifications to patients should provide information about how patients can have their prescriptions transferred or instruct patients that they will need to obtain new prescriptions from their providers and have them filled at a different pharmacy.

Q: Can a pharmacy change hours of operation?

A: Yes, a pharmacy may adjust the hours of operations. Please make sure to post the hours and properly notify your patients.

NEW Q: Are pharmacies required to perform the controlled substance annual inventory on May 1, 2020?

A: No, in the alternative, a pharmacy may complete the annual inventory on September 1, 2020. If you would like to complete the 2020 annual inventory on a date other than May 1st or Sept 1st, please contact your respective Compliance Officer for approval. (Note this does not apply to those pharmacies that have an alternative date already approved by the Board).

DISPENSING PRESCRIPTIONS**UPDATED Q: We have a patient who is out of refills for maintenance medication. We have been unable to get a refill authorization because the prescriber's clinic is closed as a result of COVID-19. Can we refill the prescription without authorization from the prescriber?**

A: Yes, in the event that a pharmacist is unable to reach a prescriber, they may utilize their professional judgment to dispense emergency refills of maintenance medications for up to a 90-day supply and an additional 90-day supply if necessary. This does not include refills on any controlled substances. A pharmacist should always make an attempt to contact the prescriber prior to dispensing an emergency refill. The prescription must be reduced to writing and contain the name of the original prescriber, the pharmacist's name and the statement "emergency refill" on the hardcopy. The prescription should be processed under the prescriber's name.

NEW Q: If a prescriber denies a refill for a patient, may a pharmacist provide an emergency supply of a prescription?

A: No, the purpose of the emergency refill provision is to extend therapy until a prescriber can be reached.

NEW Q: Is a pharmacist obligated to refill medications regardless of the patient's history?

A: No, a pharmacist should utilize their professional judgment, taking into account the patient's medication history. The purpose of the emergency refill provision is to continue maintenance medications until a prescriber can be reached.

NEW Q: During the state of emergency, can I dispense a CII opioid prescription with a hardcopy rather than an electronic prescription?

A: Yes, the electronic prescribing requirements outlined in A.R.S. § 36-2525(D) are not required for the duration of the state of emergency.

UPDATED Q: Can a prescriber phone-in a CII medication during the state of emergency?

A: Yes, a prescriber can phone-in prescription for a CII medication. Pursuant to the new [DEA guidance on Emergency](#)

[Oral CII prescriptions](#) a hard copy must be provided to the pharmacy within 15 days, the hard copy may be provided as a physical prescription, fax, scanned copy or photo to the pharmacy and the original, hard copy prescription is kept by the prescriber. It is not the pharmacist's responsibility to ensure this is kept by the prescriber. The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period.

Q: Can a hospital send a patient home with an inhaler or a multi-dose medication that doesn't meet the labeling requirements outlined in §32-1934(B)(4)?

A: Yes, during the state of emergency, the labeling restrictions outlined in A.R.S. § 32-1934(B) are waived for multi-dose medications such as an inhaler.

Q: Does counseling have to take place face-to-face?

A: While consultation is required for all new prescriptions the board encourages pharmacies to look at alternative methods for delivering consultation at this time. The Board recommends the following as a guide:

1. Use of drive-thru where possible
2. Counseling via telephone or other technological means.
3. Provide written information for the patient with a contact number to call the pharmacist

Q: Do I have to get the patient's signature for counseling?

A: A patient signature is not required by the Board of Pharmacy. However, the Board recommends reviewing the pharmacy's policy and procedure as some entities require it for contractual purposes. The Board does require that counseling be documented by the pharmacist.

 **Q: Can a pharmacist substitute a medication that is not AB-rated?**

A: Yes, in the event that a prescriber cannot be reached, a pharmacist, utilizing their professional judgment, may interchange therapeutically equivalent medications without receiving approval from the prescriber that are of the same drug classification unless the prescriber noted to dispense as written (DAW) on the prescription. Examples of appropriate substitutions include, but are not limited to changing from one formulation of albuterol to another, Proventil changed to Ventolin or ProAir or a product where tablets are not available switching to capsules. A pharmacist should always make an attempt to contact the prescriber prior to making the substitution. The pharmacist must counsel the patient and advise them of the change.

 **Q: Can a pharmacist interchange medications?**

A: Yes, in the event that a pharmacist is unable to reach a prescriber, they may utilize their professional judgment to interchange a therapeutically equivalent medication. A pharmacist should always make an attempt to contact the prescriber prior to making this change. The prescription must be reduced to writing and contain the name of the original prescriber, the pharmacist's name and the statement "therapeutically equivalent change" on the hardcopy. The prescription should be processed under the prescriber's name. Reminder: Patient MUST be counseled by the pharmacist when you exercise this process.

MEDICATION LIMITATIONS

Q: What is required in order to fill hydroxychloroquine and chloroquine during the state of emergency?

A: The following is required when filling hydroxychloroquine and chloroquine:

- The prescription must be presented with a diagnosis code for COVID-19 from the prescriber.
- For a phoned-in prescription, the pharmacist must document a diagnosis code for COVID-19.
- The prescription is limited to no more than a 14-day supply.
- No refills may be permitted unless a new prescription is furnished.
- Prophylactic prescriptions for the prevention of COVID-19 are strictly prohibited unless peer-reviewed evidence citing prophylactic effectiveness becomes available.
- This section does NOT apply to patients that are taking hydroxychloroquine and/or chloroquine for treatment other than COVID-19 (i.e. autoimmune disease) or to prescriptions written prior to April 2, 2020.

WORKING BY REMOTE ACCESS

Q: Will the Board allow pharmacists and technicians to work remotely from home in order to complete duties that would normally have to occur within a licensed pharmacy?

A: Yes, pharmacists and technicians can work from home ([R4-23-621 \(F\)](#)). A list of requirements below (it is not all-inclusive). Pharmacies do not need to gain prior approval to implementing remote access nor do they need to have an inspection prior. Note the Board does have the right to inspect if deemed necessary for public safety.

System:

- Levels of password protection/password changes
- Communication (for instance is e-mail communication intranet only)
- Is CD drive read only
- Is printer port disabled
- System time out when personnel not active-usually not more than 5 minutes
- Who owns and maintains the system

Standard Operating Procedures:

- Policies and procedures must be available to at home personnel
- Computer access, problems, maintenance
- Supervision
- Quality Assurance procedures
- Maintain a list of personnel working remotely

Q: A patient wants to get a quantity of a medication that is greater than the quantity prescribed. For example, a prescriber has written a prescription (non-controlled substance) for a 30-day supply of a maintenance drug plus 2 refills. The patient wants me to dispense a three-month supply. Can I do so without getting the permission of the prescriber?

A: Yes, the pharmacist may do so using their professional judgment. Please click the link below to review the Board's prescription refill policy statement. [REFILL POLICY](#)

COMPOUNDING

Q: Does the Board have any recommendations concerning the possibility of shortages of sterile compounding garb?

A: Please note that engaging in some of these recommendations may result in being out of compliance with USP Chapter 795, 797, and 800. The Board will take into consideration contingency plans to conserve limited supplies during this time if your pharmacy can demonstrate it complied with best practices during a period of documented supply limitations. If your pharmacy decides to implement any of the following recommendations during a shortage period, and implementation results in noncompliance with USP Chapter 797, you must develop and maintain a policy demonstrating compliance with best practices (e.g., if reusing face masks, you must develop a policy and procedure for identification,

storage, and handling of face masks subject to reuse). In addition to the above recommendations, please refer to:

- [CDC's Interim Guidance on preventing COVID-19 from spreading, which includes Strategies for Optimizing the Supply of N95 Respirators](#)
- [Healthcare Supply of Personal Protective Equipment](#)
- [FDA's Surgical Mask and Gown Conservation Strategies - Letter to Healthcare Providers](#)
- [USP Guidance on PPE and Garb Shortages](#)

Q: Given shortages of hand sanitizer, can pharmacies and outsourcing facilities compound and sell hand sanitizer products without a prescription?

A: Yes, as long as the pharmacy or outsourcing facility follows the relevant guidance:

- [FDA Guidance](#)
- [USP Guidance](#)

Q: What is the Board's position on USP 795, 797, 800, and 825?

A: The Board received an update from USP, please see link below. USP 795 and 797 are being revisited; USP 800 continues to be guidance: [USP Decision](#). While USP 800 is considered best practice, the Board will not be enforcing to this standard at this time.



Q: The pharmacy is unable to obtain a medication because of a drug shortage? How do I know if I can compound the medication?

A: A pharmacy may compound a patient specific medication and for anticipatory use for medications that is on the drug shortage list. If you are selling the medication across state lines, you must comply with federal regulations. As long as the medication is sold within Arizona you may use the FDA short list, ASHP short list, or document that you have attempted to purchase the product from all available vendors.

[FDA Drug Shortage List](#)


[ASHP Drug Shortage List](#)

MEDICATION DELIVERY

Q: Can medications be delivered to patients? What about delivering to patients who have tested positive for COVID-19?

A: Yes, delivery of medication is allowed. Please make sure to take extra precautions and develop a policy to minimize exposure.

LICENSING AND PERMITTING

 **Q: I am licensed in another state as a pharmacist, intern, or pharmacy technician without any discipline. Can I receive a temporary license in Arizona to help? How can I help the residents of Arizona?**

A: There are two ways to help:

- If you work for a pharmacy that is permitted with Arizona, you can work provide care for Arizonians.
- If you physically want to work in Arizona, you will need to go through the NABP passport process. Through this process, pharmacists, interns, and pharmacy technicians wanting to work in Arizona will first undergo a screening process to include license verification and disciplinary history review. Once completed, you will have a COVID-19 authorization added to your passport that documents their request to work. You will be notified on the authorization and will be able to print your passport. [CLICK HERE – NABP PASSPORT INSTRUCTIONS](#). You will also need to complete the [temporary license application](#) and submit the application to temporarylicense@azpharmacy.gov.

Q: Can a wholesaler or third-party logistics (3PL) provider located in another state ship into Arizona to alleviate pharmaceutical shortages even though they are not permitted with the Arizona Board of Pharmacy?

A: Yes, as long as the wholesaler or 3PL provider is permitted in their home state.

Q: Can an Arizona-permitted pharmacy or wholesaler receive pharmaceuticals from a non-permitted manufacturer located in another state or country to alleviate shortages?

A: Yes, the non-permitted manufacturer must be registered with the FDA and have a current Good Manufacturing Practice (GMP) inspection no older than 6 months.

Q: My technician trainee license will be expiring soon, how can I get an extension?

A: The Board of Pharmacy will extend technician trainees that will be expiring during the Health Emergency for up to six months after the Health Emergency is lifted.



Q: Is the Board considering waiving finger print requirements for the purpose of licensure during the state of emergency?

A: No, fingerprint clearance cards are still required for licensure. We are continuing to monitor availability of fingerprint services but at this time have determined that there are still sufficient services available for fingerprinting and processing. Below is a list of websites and possible locations but is not all inclusive:

[Arizona Fingerprinting Services](#)

[Arizona Livescan](#)

[Certifix Live Scan](#)

[Fieldprint Fingerprinting](#)

[National Background Information](#)

Q: I am an immunizing pharmacist and I will not be able to renew my CPR certification; can I still immunize?

A: Yes, the Board of Pharmacy will allow those pharmacists with CPR certificate expiring to during the Health Emergency to immunize for up to six months after the Health Emergency is lifted.

QUESTION NOT ANSWERED?

Submit a COVID-19 question to the COVID-19 Task Force. The Task Force plans on meeting weekly to address the community questions.

[SUBMIT A COVID-19 QUESTION TO THE BOARD](#)

[NEXT TASK FORCE MEETING](#)

[ASBP COVID-19 INFO](#)

Applicable Emergency Rules:

R4-23-412. Emergency Refill Prescription Dispensing

A. When a state of emergency is declared under A.R.S. § 32-1910(A) or (B) and the state of emergency results in individuals being unable to refill existing prescriptions, a pharmacist may work in the affected county, city, or town and may dispense a one-time emergency refill prescription of up to a 30-day supply of a prescribed medication to an affected individual if both of the following apply:

1. In the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy, and
2. The pharmacist makes a good faith effort to reduce the information to a written prescription marked "emergency prescription" and files and maintains the prescription as required by law.

B. If the state of emergency declared under A.R.S. § 32-1910(A) or (B) continues for at least 21-days after the pharmacist dispenses an emergency prescription under subsection (A), the pharmacist may dispense one additional emergency refill prescription of up to a 30-day supply of the prescribed medication if the pharmacist complies with subsection (A)(2).

C. A pharmacist's authority to dispense emergency prescriptions under this Section ends when the declared state of emergency is terminated.

R4-23-413. Temporary Recognition of Nonresident Licensure

A. When a state of emergency is declared under A.R.S. § 32-1910(A) or (B):

1. A pharmacist who is not licensed in this state, but who is currently licensed in another state, may dispense prescription medications in those affected counties, cities, or towns in this state during the time that a declared state of emergency exists under A.R.S. § 32-1910(A) or (B) if both of the following apply:

- a. The pharmacist provides proof of current licensure in another state, and
- b. The pharmacist is engaged in a relief effort during a state of emergency.

2. Acting under the direct supervision of a pharmacist, a pharmacy technician or pharmacy intern not licensed in this state, but currently licensed or registered in another state, may assist a pharmacist in dispensing prescription medications in affected counties, cities, or towns in this state during the time that a declared state of emergency exists under A.R.S. § 32-1910(A) or (B) if both of the following apply:

- a. The pharmacy technician or pharmacy intern provides proof of current licensure or registration in another state, and
- b. The pharmacy technician or pharmacy intern is engaged in a relief effort during a state of emergency.

B. The recognition of nonresident licensure or registration shall end with the termination of the declared state of emergency.

R4-23-617. Temporary Pharmacy Facilities or Mobile Pharmacies

A. Pharmacies located in declared disaster areas, nonresident pharmacies, and pharmacies licensed or permitted in another state but not licensed or permitted in this state, if necessary to provide pharmacy services during a declared state of emergency, may arrange to temporarily locate to a temporary pharmacy facility or mobile pharmacy or relocate to a temporary pharmacy facility or mobile pharmacy if the pharmacist-in-charge of the temporary pharmacy facility or mobile pharmacy ensures that:

1. The pharmacy is under the control and management of the pharmacist-in-charge or a supervising pharmacist designated by the pharmacist-in-charge;
2. The pharmacy is located within or adjacent to the declared disaster area;
3. The Board is notified of the pharmacy's location;
4. The pharmacy is properly secured to prevent theft and diversion of drugs;
5. The pharmacy's records are maintained in accordance with Arizona statutes and rules; and
6. The pharmacy stops providing pharmacy services when the declared state of emergency ends, unless it possesses a current resident pharmacy permit issued by the Board under A.R.S. §§ 32-1929, 32-1930, and 32-1931.

- B.** The Board shall have the authority to approve or deny temporary pharmacy facilities, mobile pharmacies, and shall make arrangements for appropriate monitoring and inspection of the temporary pharmacy facilities and mobile pharmacies on a case-by-case basis.
- C.** A temporary pharmacy facility wishing to permanently operate at its temporary site shall apply for and have received a permit issued under A.R.S. §§ 32-1929, 32-1930, and 32-1931 by following the application process under R4-23-606.
- D.** A mobile pharmacy, placed in operation during a declared state of emergency, shall not operate permanently.

R4-23-621. Shared Services

A. Before participating in shared services, a pharmacy shall have either a current resident or non-resident pharmacy permit issued by the Board.

B. A pharmacy may provide or utilize shared services functions only if the pharmacies involved:

1. Have the same owner, or
2. Have a written contract or agreement that outlines the services provided and the shared responsibilities of each party in complying with federal and state pharmacy statutes and rules, and
3. Share a common electronic file or technology that allows access to information necessary or required to perform shared services in conformance with the pharmacy act and the Board's rules.

C. Notifications to patients.

1. Before using shared services provided by another pharmacy, a pharmacy permittee shall:

- a. Notify patients that their orders may be processed or filled by another pharmacy; and
- b. Provide the name of that pharmacy or, if the pharmacy is part of a network of pharmacies under common ownership and any of the network pharmacies may process or fill the order, notify the patient of this fact. The notification may be provided through a one-time written notice to the patient or through use of a sign in the pharmacy.

2. If an order is delivered directly to the patient by a filling pharmacy and not returned to the requesting pharmacy, the filling pharmacy permittee shall ensure that the following is placed on the prescription container or on a separate sheet delivered with the prescription container:

- a. The local, and if applicable, the toll-free telephone number of the pharmacy utilizing shared services that has access to the patient's records; and
- b. A statement that conveys to the patient or patient's care-giver the following information: "Written information about this prescription has been provided for you. Please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at (insert the local and toll-free telephone numbers of the pharmacy utilizing shared services that has access to the patient's records)."

3. The provisions of subsection (C) do not apply to orders delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient.

D. A pharmacy permittee engaged in shared services shall:

1. Maintain manual or electronic records that identify, individually for each order processed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the order interpretation, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention, or refill authorization functions performed at that pharmacy;
2. Maintain manual or electronic records that identify, individually for each order filled or dispensed, the name, initials, or identification code of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, and pharmacy technician trainee who took part in the filling, dispensing, and counseling functions performed at that pharmacy;
3. Report to the Board as soon as practical the results of any disciplinary action taken by another state's pharmacy regulatory agency involving shared services;
4. Maintain a mechanism for tracking the order during each step of the processing and filling procedures performed at the pharmacy;
5. Provide for adequate security to protect the confidentiality and integrity of patient information; and
6. Provide for inspection of any required record or information within 72 hours of any request by the Board or its designee.

E. Each pharmacy permittee that provides or utilizes shared services shall develop, implement, review, revise, and comply with joint policies and procedures for shared services in the manner described in R4-23-610(A)(2). Each pharmacy permittee is required to maintain only those portions of the joint policies and procedures that relate to that pharmacy's operations. The policies and procedures shall:

1. Outline the responsibilities of each of the pharmacies;
2. Include a list of the name, address, telephone numbers, and all license and permit numbers of the pharmacies involved in shared services; and
3. Include policies and procedures for:

- a. Notifying patients that their orders may be processed or filled by another pharmacy and providing the name of that pharmacy;
 - b. Protecting the confidentiality and integrity of patient information;
 - c. Dispensing orders when the filled order is not received or the patient comes in before the order is received;
 - d. Maintaining required manual or electronic records to identify the name, initials, or identification code and specific activity or activities of each pharmacist, graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee who performed any shared services;
 - e. Complying with federal and state laws; and
 - f. Operating a continuous quality improvement program for shared services, designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.
- F.** Nothing in this Section shall prohibit an individual pharmacist licensed in Arizona, who is an employee of or under contract with a pharmacy, or an Arizona-licensed graduate intern, pharmacy intern, pharmacy technician, or pharmacy technician trainee, working under the supervision of the pharmacist, from accessing that pharmacy's electronic database from inside or outside the pharmacy and performing the order processing functions permitted by the pharmacy act, if both of the following conditions are met:
- 1. The pharmacy establishes controls to protect the confidentiality and integrity of patient information; and
 - 2. None of the database is duplicated, downloaded, or removed from the pharmacy's electronic database.

32-1910. Emergencies; continued provision of services

A. If a natural disaster or terrorist attack occurs and, as a consequence of the natural disaster or terrorist attack, a state of emergency is declared by the governor or by a county, city or town pursuant to its authority and the declared state of emergency results in individuals being unable to refill existing prescriptions, the board shall cooperate with this state and the county, city or town to ensure the provision of drugs, devices and professional services to the public.

B. If a natural disaster or terrorist attack occurs in another state and, as a consequence of the natural disaster or terrorist attack, a state of emergency is declared by the governor of that state and the declared state of emergency results in individuals being temporarily relocated to Arizona and unable to refill existing prescriptions, the board shall cooperate with this state to ensure the provision of drugs, devices and professional services to the relocated individuals.

C. When a state of emergency has been declared pursuant to this section, a pharmacist may work in the affected county, city or town and may dispense a one-time emergency refill prescription of up to a thirty-day supply of a prescribed medication if both of the following apply:

1. In the pharmacist's professional opinion the medication is essential to the maintenance of life or to the continuation of therapy.
2. The pharmacist makes a good faith effort to reduce the information to a written prescription marked "emergency prescription" and then files and maintains the prescription as required by law.

D. If the state of emergency declared pursuant to this section continues for at least twenty-one days after the pharmacist dispenses an emergency prescription pursuant to subsection C, the pharmacist may dispense one additional emergency refill prescription of up to a thirty day supply of the prescribed medication.

E. A pharmacist who is not licensed in this state, but who is currently licensed in another state, may dispense prescription medications in those affected counties, cities or towns in this state during the time that a declared state of emergency exists pursuant to this section if both of the following apply:

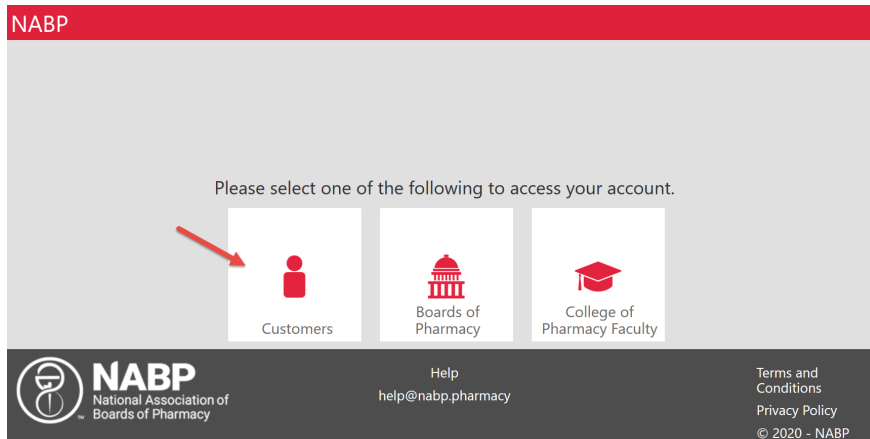
1. The pharmacist has proof of licensure in another state.
2. The pharmacist is engaged in a legitimate relief effort during the period of time an emergency has been declared pursuant to this section.

F. The board may adopt rules for the provision of pharmaceutical care and drug and device delivery during a declared emergency that is the consequence of a natural disaster or terrorist attack, including the use of temporary or mobile pharmacy facilities and nonresident licensed pharmacy professionals.

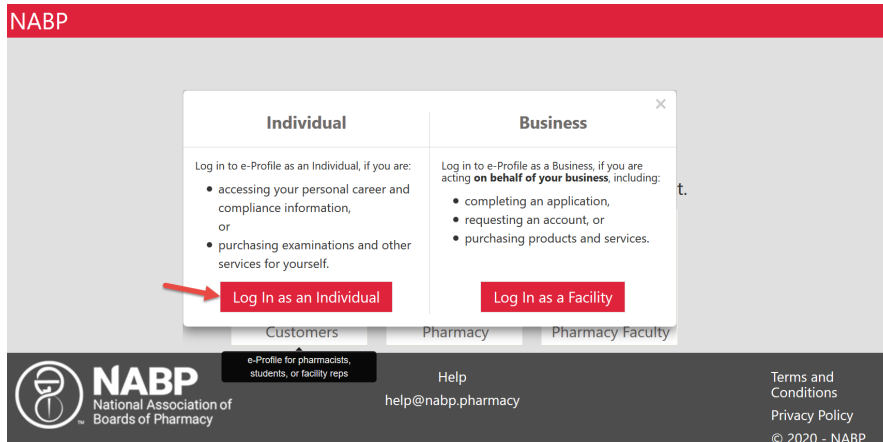
G. A pharmacist's authority to dispense prescriptions pursuant to this section ends when the declared state of emergency is terminated.

NABP PASSPORT INSTRUCTIONS

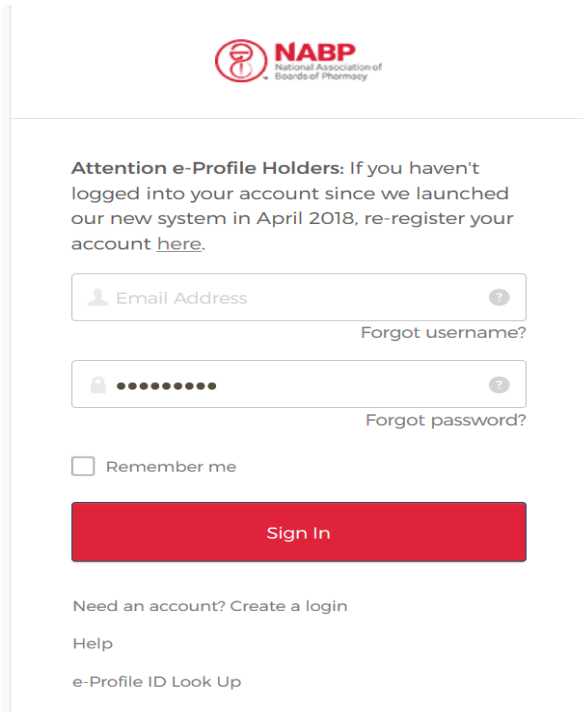
Individuals can obtain an NABP Passport by logging into their NABP e-Profile at <https://dashboard.nabp.pharmacy/Login/Splash>, click customer:



Log in as Individual:

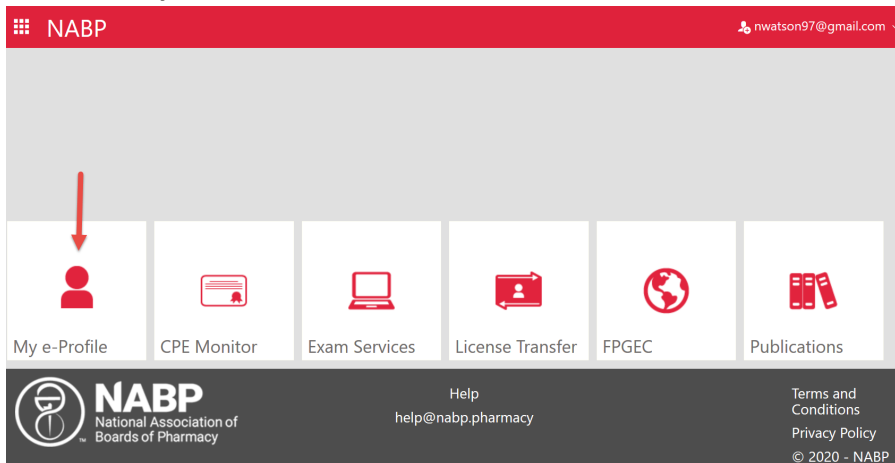


Log-in or create e-Profile account:



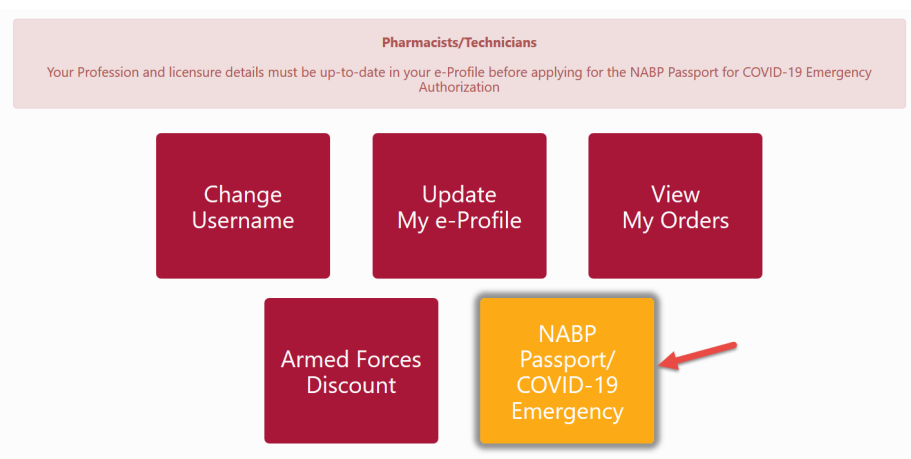
The image shows the NABP login page. At the top left is the NABP logo (National Association of Boards of Pharmacy). Below it is a message: "Attention e-Profile Holders: If you haven't logged into your account since we launched our new system in April 2018, re-register your account [here](#)." There are two input fields: "Email Address" and a password field (represented by dots). Below the password field is a "Remember me" checkbox. A red "Sign In" button is centered below the fields. At the bottom, there are links for "Need an account? Create a login", "Help", and "e-Profile ID Look Up".

Then click my e-Profile:



The image shows the NABP dashboard navigation bar. It has a red header with the NABP logo on the left and the user email "nwatson97@gmail.com" on the right. Below the header is a row of six white tiles with red icons: "My e-Profile" (person icon), "CPE Monitor" (document icon), "Exam Services" (laptop icon), "License Transfer" (briefcase icon), "FPGEC" (globe icon), and "Publications" (books icon). Below the tiles is a dark grey footer with the NABP logo, "Help" link (help@nabp.pharmacy), and "Terms and Conditions" and "Privacy Policy" links. Copyright © 2020 - NABP is also present.

Then click on the tile labeled NABP Passport/COVID-19 Emergency:



The image shows the main content area of the NABP dashboard. At the top is a light pink banner with the text: "Pharmacists/Technicians" and "Your Profession and licensure details must be up-to-date in your e-Profile before applying for the NABP Passport for COVID-19 Emergency Authorization". Below this are five dark red buttons: "Change Username", "Update My e-Profile", "View My Orders", "Armed Forces Discount", and "NABP Passport/COVID-19 Emergency". A red arrow points to the "NABP Passport/COVID-19 Emergency" button.

Please follow the “add a state” instructions on this page then click submit:

Pharmacist/Technician Request for NABP Passport for COVID-19 Emergency

Select State(s)	<div style="border: 1px solid #ccc; padding: 5px;"><ul style="list-style-type: none">ArizonaIdahoKentuckyLouisianaMassachusettsNorth CarolinaNorth Dakota</div>	Selected State(s)	<div style="border: 1px solid #ccc; padding: 5px; min-height: 50px;"></div>
	<div style="display: flex; justify-content: center; gap: 10px;"><div style="background-color: #28a745; color: white; padding: 5px 10px; border-radius: 3px;">→ Add</div><div style="background-color: #28a745; color: white; padding: 5px 10px; border-radius: 3px;">← Remove</div></div>		

I attest that my licenses are active and in good standing and are not subject to a pending disciplinary action. I understand that I am requesting authorization to practice under a federal and/or state emergency declaration related to the COVID-19 pandemic and that this authority does not represent full licensure or authority to practice beyond the scope of the declaration(s). I further understand that the state (and NABP if designated by the state) has the sole authority to issue or revoke this authorization. Further, NABP may share information in this authorization request and verified licensing information with state and federal government, or other entities that are providing pharmacy services in response to the COVID-19 pandemic, including community pharmacies.

Cancel

Submit