

01	<p>Dx on RX</p> <p>Alternative 2 suggests that the baseline suggestion is a phased-in requirement. But I couldn't figure this out from what was submitted.</p> <p>Alternative 3 – what can you do to ameliorate your concerns about “small business” pharmacies that can't afford software (hardware?) changes?</p>
02	<p>C-II Expiration – Acute Use</p> <p>Group 9 thinks that you are planning on a 30-day restriction for acute use. I couldn't find this in your submission.</p>
03	<p>Pharmacist CPR Certification</p> <p>Alternative 1: do you want to set a maximum for number of hours permitted for initial certification or recertification? Might you end up diluting overall CE activities with CPR stuff.</p> <p>Alternative 2: seems to me that the need might be greater than in urban areas.</p> <p>Alternative 3: well, maybe. Which pharmacy won't be doing this?</p> <p>How about pharmacies that are not open to the public – long-term care providers, home IV-therapy, etc?</p>
04	<p>Counseling Requirements</p> <p>A good system of alternatives. Just be sure that you leave the Board with tools that are in fact enforceable, technical feasibility, etc.</p> <p>“Slackers”! Harrumph!</p>

05	<p>Preceptor Relations</p> <p>Just to be clear: you want to establish a <u>guideline</u> as opposed to modifying the WAC? Recall that guidelines are not enforceable, so won't really change much from the existing situation.</p>
06	<p>Pseudoephedrine Restrictions???</p> <p>Alternative 2: how is behind-the-counter much different than the current restrictions?</p> <p>Others – no comments</p>
07	<p>Who Can Call In Prescriptions</p> <p>What is your proposed change? Prescribers and registered nurses?</p> <p>Does your alternative (request communication...) different from existing law?</p>
08	<p>PA's and ARNP's Controlled Substances Status Verification</p> <p>Are you taking on the ARNP issue, too?</p>
09	<p>C-II Expiration – Exemptions from Acute Use Restrictions</p> <p>OK to divvy up acute and chronic use for Group 2 and Group 9 respectively.</p> <p>I'm not clear about what 30-day limit you are addressing. Is it the typical reimbursement limit for DSHS and other insurers?</p> <p>The "chronic" declaration on the prescription is "OK". But, not go for broke and (a) mandate the diagnosis on the prescription for any chronic condition and allow the Board of Pharmacy to maintain a list (accessible from the Department's web site) of covered conditions? Couldn't the list be a "guideline", permitting the Board to modify it as necessary.</p>

10	<p>Curricular Change for Herbal/Dietary Supplements</p> <p>I visited with Stan Weber and he is looking forward to meeting with you! He and I suggest that you contact ACPE soon to determine the appropriate process. Soon, or you will run out of time before the quarter ends.</p> <p>No head hanging is permitted....</p>
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11	<p>MTMS Comment fo NOPR</p> <p>Have you requested a time extension from CMS?</p> <p>Please set a meeting with me. Owen or Penny in the Department of Pharmacy can do this.</p>
12	<p>?????</p> <p>You didn't provide sufficient information to evaluate.</p>
Group	Title/Comments