



October 7, 2020

On March 10, 2020, Governor Roy Cooper declared a state of emergency due to the public health emergency posed by novel coronavirus (COVID-19). The North Carolina Board of Nursing (“Board”) and the North Carolina Medical Board (“Medical Board”) jointly regulate the practice of nurse practitioners and are vested with the authority to waive the requirements of Article 9A and Article 1 of Chapter 90 of the General Statutes to allow emergency health services to the public if the Governor declares a state of emergency.

Pursuant to the authority granted to the Board by N.C. Gen. Stat. §90-171.49 in response to Executive Order 116 (2020), the Board hereby waives the following rules and requirements:

- **Waiver of Oseltamivir and Azithromycin from COVID-19 Drug Preservation Rule**

21 NCAC 36 .0817 COVID-19 DRUG PRESERVATION RULE

(a) The following drugs are "Restricted Drugs" as that term is used in this Rule:

- (1) Hydroxychloroquine;
- (2) Chloroquine;
- (3) Lopinavir-ritonavir;
- (4) Ribavirin;
- (5) Oseltamivir;
- (6) Darunavir; and
- (7) Azithromycin.

Waive the provisions of the temporary rule .0817 (a) (5) and (7) to remove Oseltamivir and Azithromycin from the “Restricted Drugs” list as these drugs have been identified by the North Carolina Department of Health and Human Services as no longer subject to the issue of shortage. This waiver shall be effective pending the removal of these drugs from the list in permanent rule making. All other provisions and requirements of the rule shall apply.

This waiver does not waive other statutory or rule requirements or limitations. This waiver shall take effect on October 7, 2020 and shall remain in full force and effect until the effective date of the permanent rule 21 NCAC 36 .0817, unless sooner amended or rescinded by the Board or further Executive Order.

Julia L. George, RN, MSN, FRE
Chief Executive Officer
The North Carolina Board of Nursing

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(b) A nurse practitioner shall prescribe a Restricted Drug only if that prescription bears a written diagnosis from the prescriber consistent with the evidence of its use.

(c) When a patient has been diagnosed with COVID-19, any prescription of a Restricted Drug for the treatment of COVID-19 shall:

- (1) Indicate on the prescription that the patient has been diagnosed with COVID-19;
- (2) Be limited to no more than a 14-day supply; and
- (3) Not be refilled, unless a new prescription is issued in conformance with this Rule, including not being refilled through an emergency prescription refill.

(d) A nurse practitioner shall not prescribe a Restricted Drug for the prevention of, or in anticipation of, the contraction of COVID-19 by someone who has not yet been diagnosed.

(e) A prescription for a Restricted Drug may be transmitted orally only if all information required by this Rule is provided to the pharmacy by the nurse practitioner, or the nurse practitioner's agent, and that information is recorded in writing in accordance with 21 NCAC 46 .1819(e).

(f) This Rule does not affect orders for administration to inpatients of health care facilities.

(g) This Rule does not apply to prescriptions for a Restricted Drug for a patient previously established on that particular Restricted Drug on or before March 10, 2020.

*History Note: Authority G.S. 90-171.23; 90-5.1; 90-8.2;
Emergency Adoption Eff. April 21, 2020;
Temporary Adoption Eff. June 26, 2020.*