

IDAPA 27
TITLE 01
CHAPTER 01

27.01.01. - RULES OF THE IDAHO STATE BOARD OF PHARMACY

115. PRESCRIPTION DRUG ORDER: TRANSFERS.

01. Communicating Prescription Drug Order Transfers. ~~Except prescription drug orders for Schedule II controlled substances, a~~ A pharmacist, student pharmacist, or a certified technician may transfer prescription drug order information for the purpose of filling or refilling if the information is communicated ~~from pharmacist to pharmacist~~ verbally, electronically, or via fax. (3-21-12)

~~a- Prescription drug order information may also be communicated verbally by a student pharmacist, under the supervision of a pharmacist, to another pharmacist as long as one (1) of the parties involved in the communication is a pharmacist.~~ (3-21-12)

~~b- If transferring by fax transmission, the transfer document used must be signed by the transferring pharmacist.~~ (3-21-12)

02. Documentation Required of the Transferring Pharmacy. The ~~pharmacist~~ qualified individual transferring prescription drug order information must void or otherwise indicate that the original prescription drug order has been transferred and record the following information: (3-21-12)(_____)

- a. The name of the transferring ~~pharmacist~~ individual; (3-21-12)(_____)
- b. The name of the receiving ~~pharmacist~~ individual; (3-21-12)(_____)
- c. The name of the receiving pharmacy; (3-21-12)
- d. The date of the transfer; (3-21-12)
- e. The number of authorized refills available; and (3-21-12)
- f. If written for a controlled substance, the address and DEA registration number of the receiving pharmacy. (3-21-12)

03. Documentation Required of the Receiving Pharmacy. The ~~pharmacist~~ qualified individual receiving a transferred prescription drug order must document that the prescription drug order is a “transfer” and record the following information: (3-21-12)(_____)

- a. The name of the receiving ~~pharmacist~~ individual; (3-21-12)(_____)
- b. The name of the transferring ~~pharmacist~~ individual; (3-21-12)(_____)
- c. The name of the transferring pharmacy; (3-21-12)
- d. The date of issuance of the original prescription drug order; (3-21-12)
- e. The number of refills authorized by the original prescription drug order; (3-21-12)
- f. The number of authorized refills available; and (3-21-12)
- g. If written for a controlled substance: (3-21-12)
- i. The dates and locations of the original dispensing and previous refills; and (3-21-12)

ii. The name, address, DEA registration number, and the serial number assigned to the prescription by the transferring pharmacy and any additional pharmacy that filled the prescription, if applicable. (4-4-13)

04. Electronic Prescription Drug Order Transfers. For electronic prescription drug orders that are transferred electronically, the transferring pharmacist must provide all of the information required to be recorded by the receiving pharmacist in addition to the original electronic prescription data. The receiving pharmacist must create an electronic record for the prescription drug order that includes the receiving pharmacist's name and all of the information transferred with the prescription. (3-21-12)

05. Pharmacies Using Common Electronic Files. Pharmacies may establish and use a common electronic file to maintain required dispensing information. (3-21-12)

a. Pharmacies using a common electronic file are not required to transfer prescription drug order information for dispensing purposes between or among other pharmacies sharing the common electronic file. (3-21-12)

b. Common electronic files must contain complete and accurate records of each prescription and refill dispensed. (3-21-12)

06. Transferring Prescription Drug Orders for Controlled Substances. A prescription drug order for a controlled substance listed in Schedules III, IV, or V may be transferred only from the pharmacy where it was originally filled and never from the pharmacy that received the transfer, except that pharmacies electronically sharing a real-time, online database may transfer up to the maximum refills permitted by law and the prescriber's authorization. (3-21-12)

07. Transferring Prescription Drug Order Refills. Prescription drug orders for non-controlled substances may be transferred more than one (1) time if there are refills remaining and other legal requirements are satisfied. (3-21-12)

(BREAK IN CONTINUITY OF SECTIONS)

321. TECHNICIAN: REMOTE DATA ENTRY SITES

A pharmacy located in Idaho may employ one (1) or more certified technicians under the authority of the PIC for the purpose of data entry in remote practice sites located in Idaho. ()

01. Technician Qualification. All pharmacy technicians employed to work at a remote data entry practice site must be a certified technician. ()

02. Prohibition on Inventory. No drug inventory may be kept at any remote pharmacy technician data entry site and no dispensing may take place from a remote pharmacy technician data entry site. ()

03. Audit Trail Documentation. All remote pharmacy technician data entry sites must have a procedure for identifying the certified technician and all other persons responsible for each aspect of the prescription preparation. ()

04. Remote Site Operations. ()

a. If the remote pharmacy data entry site is located within a home, there must be a designated area in which all of the technician's work will be performed. ()

b. All computer equipment used at the remote technician data entry site must be able to establish a secure connection. Remote equipment must be configured so that patient information is not stored at the remote site electronically or in printed form. ()

c. Computer equipment may be used for remote technician data entry. No other use of the equipment is allowed. ()

d. Computer equipment must be locked or shut down whenever the technician is absent. ()

05. Security Requirements. Remote pharmacy technician data entry sites must have adequate security to maintain patient confidentiality, and utilize equipment that prevents unauthorized storage or transfer of patient information. ()

06. PIC Responsibilities. The PIC must: ()

a. Provide a written policy and procedure document outlining the operation and security of each remote pharmacy technician data entry site location. The document must be available at each practice site; ()

b. Keep a continuously updated list of all remote technician data entry sites to include address and phone number for each site. The record must be retained as part of the records of the licensed pharmacy; ()

c. Ensure that the Idaho licensed pharmacy and each remote data entry technician has entered into a written agreement outlining all conditions and policies governing the operation of the remote site; ()

d. Ensure that all computer equipment used at the remote site is in good working order, provides data protection, and complies with all security and HIPAA requirements; ()

e. Establish a quality monitoring and improvement program for each remote data entry site; and ()

f. Ensure adequate supervision of all remote technicians. The PIC is expected to ensure that the overall level of staffing does not result in, or would reasonably be expected to result in, an unreasonable risk of harm to public health, safety, or welfare. ()

07. Ratio. A remote data entry technician does not count against the ratio of pharmacists to student pharmacists and technicians set forth in these rules. ()

08. Inspections. All remote data entry sites are subject to unannounced inspection by a representative of the Board during established hours of operation. ()

~~3242.~~ -- 329. (RESERVED)

330. PHARMACIST: ADMINISTERED IMMUNIZATIONS.

01. Patient Eligibility. A pharmacist may administer an immunization to a healthy patient without immunization contraindications pursuant to the latest recommendations by the CDC or other qualified government authority or to any patient pursuant to a prescription drug order issued by another prescriber. (3-21-12)

02. Pharmacist Qualifications. To qualify to administer immunizations, a pharmacist must first: (3-21-12)

a. Successfully complete a course by an ACPE-accredited provider or a comparable course that meets the standards for pediatric, adolescent, and adult immunization practices recommended and approved by the CDC's Advisory Committee on Immunization Practices and includes at least the following: (~~3-21-12~~)()

i. Basic immunology, vaccine, and immunization protection; (3-21-12)

ii. Diseases that may be prevented by vaccination or immunization; (3-21-12)

iii. Current recommended immunization schedules; (3-21-12)

iv. Vaccine and immunization storage and management; (3-21-12)

- v. Informed consent; (3-21-12)
- vi. Physiology and techniques for administration of immunizations; (3-21-12)
- vii. Pre-immunization and post-immunization assessment and counseling; (3-21-12)
- viii. Immunization reporting and records management; and (3-21-12)
- ix. Identification response, documentation, and reporting of adverse events. (3-21-12)

b. Hold a current certification in basic life support for healthcare providers offered by the American Heart Association or a comparable Board-recognized certification program that includes cardiopulmonary resuscitation (CPR) and automated electronic defibrillator (AED) training and requires a hands-on skills assessment by an authorized instructor. (3-21-12)

03. ~~Maintaining Qualification.~~ ~~To maintain qualification to administer immunizations, a pharmacist must annually complete a minimum of one (1) CPE hour of ACPE approved CPE related to vaccines, immunizations, or their administration, which may also be applied to the general CPE requirements of these rules. (4-4-13)~~

04. ~~Student Pharmacist Delegation of Administration.~~ ~~An immunizing pharmacist may ~~not~~ delegate authority to the technical task of administering an immunizations; however, to a student pharmacist or a certified technician under their supervision who has satisfied the qualifications may administer immunizations under the direct supervision of a qualified immunizing pharmacist. (3-21-12)()~~

a. Holds a current certification in basic life support for healthcare providers offered by the American Heart Association or a comparable Board-recognized certification program that includes cardiopulmonary resuscitation (CPR) and automated electronic defibrillator (AED) training and requires a hands-on skills assessment by an authorized instructor; and ()

b. Has successfully completed a course on intramuscular, subcutaneous, and intranasal technique by an ACPE-accredited provider or a comparable course; or ()

c. Has successfully completed the pharmacist qualifications specified under this rule. ()

05. Waste Disposal. An immunizing pharmacist must properly dispose of used or contaminated supplies. (3-21-12)

06. Required Reports. An immunizing pharmacist must report: (3-21-12)

a. Adverse events to the healthcare provider identified by the patient, if any, and to the Vaccine Adverse Event Reporting System (VAERS); and (3-21-12)

b. Administration of immunizations to the Idaho Immunization Reminder Information System (IRIS), as required. (3-21-12)

07. Required Resources. A pharmacist must have a current copy of, or on-site access to, the CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases. (3-21-12)

08. Vaccine Information Statements. A corresponding, current CDC-issued VIS must be provided to the patient or the patient's representative for each administered immunization. (3-21-12)

09. Recordkeeping. For each administered immunization, the following information must be collected and maintained in the patient profile: (3-21-12)

a. The patient's name, address, date of birth, and known allergies; (3-21-12)

- b. The date of administration; (3-21-12)
 - c. The product name, manufacturer, dose, lot number, and expiration date of the vaccine; (3-21-12)
 - d. Documentation identifying the VIS provided; (3-21-12)
 - e. The site and route of administration and, if applicable, the dose in a series (e.g. one (1) of three (3)); (3-21-12)
 - f. The name of the patient's healthcare provider, if any; (3-21-12)
 - g. The name of the immunizing pharmacist and of the student pharmacist, if any; (3-21-12)
 - h. Adverse events observed or reported, if any, and documentation including at least the dates of any subsequent required reporting; and (3-21-12)
 - i. Completed informed consent forms. (3-21-12)
- 10. Emergencies.** (3-21-12)
- a. An immunizing pharmacist must maintain an immediately retrievable emergency kit sufficiently stocked to manage an acute allergic reaction to an immunization. At a minimum, the kit must include: (4-11-15)
 - i. Intramuscular diphenhydramine; (4-11-15)
 - ii. Oral diphenhydramine; (4-11-15)
 - iii. Appropriate needles and syringes for injection; (4-11-15)
 - iv. Alcohol; and (4-11-15)
 - v. At least one (1) of the following: (4-11-15)
 - (1) Auto-inject epinephrine; (4-11-15)
 - (2) A vial of epinephrine with a dosing chart based on average body mass by age for patients under the age of fourteen (14); or (4-11-15)
 - (3) An ampule of epinephrine with a dosing chart based on average body mass by age for patients under the age of fourteen (14) and filter needles. (4-11-15)
 - b. An immunizing pharmacist may initiate and administer epinephrine, intramuscular diphenhydramine, or oral diphenhydramine to treat an acute allergic reaction to an immunization pursuant to guidelines issued by the American Pharmacy Association. (4-11-15)

(BREAK IN CONTINUITY OF SECTIONS)

360. STUDENT PHARMACIST: UTILIZATION AND PRACTICE LIMITATIONS.

- 01. Activities.** A student pharmacist may engage in the practice activities of a pharmacist if: (3-21-12)
 - a. The activity is not specifically required to be performed only by a pharmacist; (3-21-12)
 - b. The activity is commensurate with the education and skill of the student pharmacist and performed under the supervision of a pharmacist; (3-21-12)
 - c. Any activity of a compounding, dispensing, or interpretive nature is checked by a pharmacist; and

(3-21-12)

d. Any recording activity that requires the initial or signature of a pharmacist is countersigned by a pharmacist, unless performing activities in compliance with the accuracy checking technician procedures.
(~~3-21-12~~)(_____)

02. Unlawful Acceptance of Assignment. A student pharmacist must not accept assignment of, or perform, any task or function connected with pharmacy operations unless the student pharmacist is authorized by the assigning pharmacist and the task or function meets the criteria set forth in this rule. (3-21-12)

03. Identification of Student Pharmacists. (3-21-12)

a. Each student pharmacist must be identified by a clearly visible name badge designating the individual as a student pharmacist. The name badge must contain the individual's printed first name and the title of student pharmacist, pharmacist intern, pharmacist extern, or another title that conveys the same meaning. (3-21-12)

b. Student pharmacists must identify themselves as a student pharmacist, pharmacist intern, or pharmacist extern on any phone calls initiated or received while on duty. (3-21-12)

(BREAK IN CONTINUITY OF SECTIONS)

400. TECHNICIAN -- UTILIZATION AND PRACTICE LIMITATIONS.

01. Unlawful Acceptance of Assignment. A technician must not accept assignment of, or perform, any task or function connected with pharmacy operations unless the technician is authorized by the assigning pharmacist and the task or function meets the criteria set forth in this rule. (3-21-12)

02. Unlawful Performance. A technician must not perform tasks or functions connected with pharmacy operations that: (3-21-12)

a. Are not routine; (3-21-12)

b. The technician is not adequately trained to perform; (3-21-12)

c. The technician has inadequate pharmacist supervision to perform; or (3-21-12)

d. Requires the use of a pharmacist's professional judgment. (3-21-12)

03. Prohibited Tasks or Functions by a Technician. Unless excepted, A technician must not do any of the following which, without limiting the scope of the term "professional judgment," is a non-exclusive list of actions requiring a pharmacist's professional judgment: (~~3-21-12~~)(_____)

a. Receive a new verbal prescription drug order from a prescriber or other person authorized by law and, either manually or electronically, reduce the order to writing, except if performed by a certified technician;
(~~3-21-12~~)(_____)

b. Consult with the prescriber prior to filling if clarification of information is needed regarding a patient or the prescription drug order, except if performed by a certified technician at the direction of a supervising pharmacist;
(~~3-21-12~~)(_____)

c. Perform prospective drug review or interpret clinical data in a patient's medication record (e.g., contraindications, drug interactions, etc.); (3-21-12)

d. Perform professional consultation with a prescriber, nurse, or other healthcare professional; (3-21-12)

e. Supervise the packaging of drugs and check the completed procedure and product, unless checked in

compliance with the ~~verification~~ accuracy checking technician procedures ~~allowed in institutional facilities;~~
(3-21-12)(_____)

f. Provide patient consultation on a new or refilled prescription or on over-the-counter drugs or supplements; and (3-21-12)

g. Supervise the pharmacy operations activities of student pharmacists and technicians. (3-21-12)

04. Technician Identification. (3-21-12)

a. Each technician must be identified by a clearly visible name badge designating the individual as a technician. The name badge must contain the individual's printed first name and the title of technician. (3-21-12)

b. Technicians must identify themselves as a technician on any phone calls initiated or received while on duty. (3-21-12)

(BREAK IN CONTINUITY OF SECTIONS)

410. VERIFICATION ACCURACY CHECKING TECHNICIAN PROGRAM.

~~Only institutional pharmacies located within acute care hospitals~~ may utilize ~~a verification~~ an accuracy checking technician program according to these rules. (3-21-12)(_____)

01. Program Scope. ~~A verification~~ An accuracy checking technician program allows qualified technicians to ~~verify~~ perform accuracy checking on the work of other technicians and student pharmacists, or products filled by an ADS and other technology-assisted filling equipment, in the filling of ~~floor and ward stock and unit dose distribution systems for patients whose;~~ (3-21-12)(_____)

a. Drug orders or prescription drug orders that have previously been undergone prospective drug reviewed and approved by a pharmacist; or (3-21-12)(_____)

b. If in an institutional setting, floor and ward stock, and drugs that a practitioner controls the order, preparation, and administration of in accordance with state and federal law. (_____)

012. Written Program Filing Description. Prior to initiating ~~a verification~~ an accuracy checking technician program, ~~an institutional~~ pharmacy must prepare a written program description that includes at least the following: (3-21-12)(_____)

a. The name of the pharmacist assigned as the coordinator of the ~~verification~~ accuracy checking technician program; (3-21-12)(_____)

b. A description of the duties of the coordinator sufficient to ensure and demonstrate compliance by the ~~institutional~~ pharmacy with these ~~verification~~ accuracy checking technician program rules; (3-21-12)(_____)

c. A description of the duties of technicians designated to perform the functions of verifying the work of other technicians;

d. Identification of the types of drugs ~~verification~~ accuracy checking technicians are authorized to verify; (3-21-12)(_____)

e. A description of the specialized and advanced training that must be provided to each ~~verification~~ accuracy checking technician; and (3-21-12)(_____)

f. A description of the monitoring and evaluation processes used by the ~~institutional~~ pharmacy to ensure the ongoing competency of each ~~verification~~ accuracy checking technician. (3-21-12)(_____)

023. Program Requirements. Each ~~institutional~~ pharmacy utilizing ~~a verification~~ an accuracy checking technician program must comply with the following requirements: (3-21-12)(_____)

a. A technician must neither be designated to perform, nor may the technician perform, ~~verification~~ accuracy checking functions without competently completing the required training. (3-21-12)(_____)

b. ~~A verification~~ An accuracy checking technician may not verify ~~only manufacturer prepared or robotically prepared unit dose drugs identified in the written program description for floor or ward stock or unit dose distribution systems of pharmacist reviewed and approved~~ a compounded drug orders for hospital patients. If either the alteration of a unit dose or the combination of unit doses is required, a pharmacist must verify the resulting unit dose alteration or combination of unit doses any other drug excluded in the written program description. (3-21-12)(_____)

c. The ~~institutional~~ pharmacy must conduct ~~ongoing~~ unannounced monitoring and evaluation of each ~~verification~~ accuracy checking technician at least quarterly for the first year and then annually thereafter to ensure the ongoing competency of the technician, and must remediate or remove from accuracy checking duty a technician who does not meet defined performance standards. (3-21-12)(_____)

d. For each ~~verification~~ accuracy checking technician, ~~an institutional~~ pharmacy utilizing ~~a verification~~ an accuracy checking technician program must maintain records containing: (3-21-12)(_____)

i. The date the accuracy checking technician was designated; (3-21-12)(_____)

ii. The date the accuracy checking technician completed the required training; (3-21-12)(_____)

iii. The dates and results of each competency evaluation; and (3-21-12)

iv. The dates of, and reasons for, any suspension or revocation of the technician's designation or other disciplinary action against the ~~verification~~ accuracy checking technician connected with the performance of the technician's duties in the ~~verification~~ accuracy checking technician program. (3-21-12)(_____)

e. While on duty, each ~~verification~~ accuracy checking technician must wear identification that includes the title, "~~Verification~~ Accuracy Checking Technician." (3-21-12)(_____)

f. The duties of the ~~verification~~ accuracy checking technician program coordinator must include the supervision of ~~verification~~ accuracy checking technicians to ensure their duties are performed competently in a manner that protects patient safety. (3-21-12)(_____)

g. Retail pharmacies implementing an accuracy checking technician program must use an electronic verification system that confirms the drug stock selected to fill the prescription is the same as indicated on the prescription label. Each prescription prepared for dispensing under an accuracy checking program must be electronically verified and electronically documented. (_____)

04. Student Pharmacist Participation. Student pharmacists may participate fully in an accuracy checking technician program with the same limitations and requirements as accuracy checking technicians. (_____)

05. Board Review. The written program description and records required under this section must be made available to the Board upon request. (_____)

(BREAK IN CONTINUITY OF SECTIONS)

607. PHARMACY STAFFING AND RATIO.

01. Staffing. A pharmacy must be staffed sufficiently to allow for appropriate supervision, to otherwise operate in compliance with the law, and if applicable, to remain open during the hours posted as open to the public for business. (3-21-12)

02. Ratio. Unless otherwise provided by these rules, ~~the~~ ratio of pharmacists to student pharmacists

and technicians may not exceed one (1) pharmacist for every six (6) student pharmacists and technicians in total in any practice setting. A pharmacist must not operate a pharmacy, allow the operation of a pharmacy, or be required to operate a pharmacy with a ratio that results in, or would reasonably be expected to result in, an unreasonable risk of harm to public health, safety, or welfare. ~~(3-21-12)~~(_____)