

**IDAPA 27  
TITLE 01  
CHAPTER 01**

**27.01.01. - RULES OF THE IDAHO STATE BOARD OF PHARMACY**

**011. DEFINITIONS AND ABBREVIATIONS (J -- R).**

**01. LTCF -- Long-Term Care Facility.** An institutional facility that provides extended health care to resident patients. (3-21-12)

**02. Mail Service Pharmacy.** A nonresident pharmacy that ships, mails, or delivers by any lawful means a dispensed legend drug to residents in this state pursuant to a legally issued prescription drug order and ensures the provision of corresponding related pharmaceutical care services required by law. (7-1-13)

**03. Maintenance Drug.** A drug intended for the treatment of a health condition or disease that is persistent or otherwise expected to be long lasting in its effects. ( )

**04. Medication Synchronization Program.** An opt-in program provided by a pharmacy for aligning the refill dates of a patient's prescription drugs so that drugs that are refilled at the same frequency may be refilled concurrently. ( )

~~035.~~ **MPJE.** Multistate Pharmacy Jurisprudence Exam. (3-21-12)

**046. MTM -- Medication Therapy Management.** A distinct service or group of services that optimize therapeutic outcomes for individual patients. MTM services are independent of, but can occur in conjunction with, the provision or administration of a drug or a device and encompass a broad range of activities and responsibilities. The MTM service model in pharmacy practice includes the following five core elements: (3-21-12)

a. Medication therapy review; (3-21-12)

b. Personal medication record; (3-21-12)

c. Medication-related action plan; (3-21-12)

d. Intervention or referral, or both; (3-21-12)

e. Documentation and follow-up. (3-21-12)

~~057.~~ **NABP.** National Association of Boards of Pharmacy. (3-21-12)

~~068.~~ **NAPLEX.** North American Pharmacists Licensure Examination. (3-21-12)

~~079.~~ **NDC.** National Drug Code. (3-21-12)

~~108.~~ **Non-Institutional Pharmacy.** A pharmacy located in a drug outlet that is not an institutional facility. (3-21-12)

~~0911.~~ **Outsourcing Drug Outlet.** A drug outlet that is registered by the United States Food and Drug Administration pursuant to 21 U.S.C. Section 353b and either registered or endorsed by the Board. (4-6-15)

~~102.~~ **Parenteral Admixture.** The preparation and labeling of sterile products intended for administration by injection. (3-21-12)

~~143.~~ **Pharmaceutical Care Services.** A broad range of pharmacist-provided cognitive services, activities and responsibilities intended to optimize drug-related therapeutic outcomes for patients. Pharmaceutical care services may be performed independent of, or concurrently with, the dispensing or administration of a drug or device

and encompasses services provided by way of DTM under a collaborative practice agreement, pharmacotherapy, clinical pharmacy practice, pharmacist independent practice, and MTM. Except as permitted pursuant to a collaborative practice agreement, nothing in these rules allows a pharmacist, beyond what is statutorily allowed, to engage in the unlicensed practice of medicine or to diagnose, prescribe, or conduct physical examinations. Pharmaceutical care services are not limited to, but may include one (1) or more of the following, according to the individual needs of the patient: (4-4-13)

**a.** Performing or obtaining necessary assessments of the patient's health status, including the performance of health screening activities that may include, but are not limited to, obtaining finger-stick blood samples; (3-21-12)

**b.** Reviewing, analyzing, evaluating, formulating or providing a drug utilization plan; (3-21-12)

**c.** Monitoring and evaluating the patient's response to drug therapy, including safety and effectiveness; (3-21-12)

**d.** Performing a comprehensive drug review to identify, resolve, and prevent drug-related problems, including adverse drug events;

**e.** Documenting the care delivered; (3-21-12)

**f.** Communicating essential information or referring the patient when necessary or appropriate; (3-21-12)

**g.** Providing counseling education, information, support services, and resources applicable to a drug, disease state, or a related condition or designed to enhance patient compliance with therapeutic regimens; (3-21-12)

**h.** Conducting a drug therapy review consultation with the patient or caregiver; (3-21-12)

**i.** Preparing or providing information as part of a personal health record; (3-21-12)

**j.** Identifying processes to improve continuity of care and patient outcomes; (3-21-12)

**k.** Providing consultative drug-related intervention and referral services; (3-21-12)

**l.** Coordinating and integrating pharmaceutical care services within the broader health care management services being provided to the patient; (3-25-16)

**m.** Ordering and interpreting laboratory tests; and (3-25-16)

**n.** Other services as allowed by law. (3-21-12)

**124. Pharmacist Extern.** A person enrolled in an accredited school or college of pharmacy who is pursuing a professional degree in pharmacy. (4-4-13)

**135. Pharmacist Intern.** A person who has successfully completed a course of study at an accredited school or college of pharmacy, has received a professional degree in pharmacy, and is obtaining practical experience under the supervision of a pharmacist. (3-21-12)

**146. Pharmacy Operations.** Activities related to and including the preparation, compounding, distributing, or dispensing of drugs or devices from a pharmacy. (3-21-12)

**157. PHI -- Protected Health Information.** Individually identifiable health information that is: (3-21-12)

**a.** Transmitted by electronic media (as defined by the HIPAA Privacy Rule at 45 CFR 160.103); (3-21-12)

- b.** Maintained in electronic media; and (3-21-12)
- c.** Transmitted or maintained in any other form or medium. (3-21-12)
- d.** PHI excludes individually identifiable health information in: (3-21-12)
  - i. Education records covered by the Family Education Right and Privacy Act, as amended (20 U.S.C. Section 1232g); (3-21-12)
  - ii. Records described at 20 U.S.C. Section 1232g(a)(4)(B)(iv); and (3-21-12)
  - iii. Employment records held by a covered entity (as defined by the HIPAA Privacy Rule at 45 CFR 160.103) in its role as an employer. (3-21-12)
- 168.** **PIC.** Pharmacist-in-charge. (3-21-12)
- 179.** **PMP.** Prescription Monitoring Program. (3-21-12)
- 1820.** **Prepackaging.** The act of transferring a drug, manually or using an automated system, from a manufacturer's original container to another container prior to receiving a prescription drug order. (3-21-12)
- 219.** **Prescriber.** An individual currently licensed, registered, or otherwise authorized to prescribe and administer drugs in the course of professional practice. (3-21-12)
- 202.** **Prescriber Drug Outlet.** A drug outlet in which prescription drugs or devices are dispensed directly to patients under the supervision of a prescriber, except where delivery is accomplished only through on-site administration or the provision of drug samples. (3-21-12)
- 243.** **Purple Book.** The list of licensed biological products with reference product exclusivity and biosimilarity or interchangeability evaluations published by the FDA under the Public Health Service Act. (4-11-15)
- 224.** **Readily Retrievable.** Records are considered readily retrievable if they are able to be completely and legibly produced upon request within seventy-two (72) hours. (3-21-12)
- 235.** **Reconstitution.** The process of adding a diluent to a powdered medication to prepare a solution or suspension, according to the product's labeling or the manufacturer's instructions. (3-25-16)
- 246.** **Relative Contraindication.** A condition that renders a particular treatment or procedure inadvisable, but not prohibitive. (3-21-12)
- 257.** **Remote Dispensing Site.** A licensed pharmacy staffed by one or more certified technicians at which telepharmacy services are provided through a supervising pharmacy. (3-21-12)
- 268.** **Remote Office Location.** A secured area that is restricted to authorized personnel, adequately protects private health information, and shares a secure common electronic file or a private, encrypted connection with a pharmacy, from which a pharmacist who is contracted or employed by a central drug outlet performs centralized pharmacy services. (7-1-13)
- 279.** **Retail Non-Pharmacy Drug Outlet.** A retail outlet that sells non-prescription drugs or devices that is not a pharmacy. (3-21-12)
- 2830.** **Retail Pharmacy.** A community or other pharmacy that sells prescription drugs at retail and is open to the public for business. (3-21-12)
- 2931.** **R.N.** Registered nurse. (3-21-12)

(BREAK IN CONTINUITY OF SECTIONS)

**032. PHARMACIST LICENSURE EXAMINATIONS.**

Qualified applicants may sit for and to obtain licensure must pass the NAPLEX and the MPJE in accordance with NABP standards. A candidate who fails the NAPLEX three (3) times must complete at least thirty (30) hours of continuing education accredited by ACPE-accredited provider prior to being eligible to sit for each subsequent reexamination. (3-21-12)(\_\_\_\_\_)

**033. PHARMACIST LICENSURE BY RECIPROCITY.**

An applicant for pharmacist licensure by reciprocity must satisfy the requirements of Section 54-1723, Idaho Code, and this rule to obtain an Idaho license. ~~The Board will issue a reciprocal license only to a~~ An applicant whose pharmacist licensed in good standing is currently restricted by a licensing entity in another state at the time of application and issuance of the Idaho license must appear before the Board to petition for licensure by reciprocity. (3-21-12)(\_\_\_\_\_)

**01. Transfer Application.** The applicant must submit a preliminary application for licensure transfer through NABP. (3-21-12)

**02. MPJE.** The applicant must pass the Idaho-based MPJE. (3-21-12)

**03. Intern Hours.** An applicant not actively engaged in the practice of pharmacy during the year preceding the date of application may also be required to complete up to forty (40) intern hours for each year away from the practice of pharmacy. (3-21-12)

(BREAK IN CONTINUITY OF SECTIONS)

**116. PRESCRIPTION DRUG ORDER: REFILLS.**

**01. Refill Authorization.** A prescription drug order may be refilled when permitted by state and federal laws and only as specifically authorized by the prescriber. (3-21-12)

**a.** A pharmacist, utilizing his best professional judgment, may dispense a prescription drug that is not a controlled substance up to the total amount authorized by the prescriber including refills. (3-21-12)

**b.** Refills exceeding those authorized by the prescriber on the original prescription drug order may only be authorized through issuance of a new and separate prescription drug order, except that upon patient request, a pharmacist may extend a maintenance drug, other than a controlled drug, compounded drug, or biological product, for the limited quantity necessary to coordinate a patient's refills in a medication synchronization program. (3-21-12)(\_\_\_\_\_)

**02. Emergency Prescription Refills.** A pharmacist may refill a prescription for a patient when: (3-25-16)

**a.** The prescriber is not available for authorization if, in the professional judgment of the pharmacist, a situation exists that threatens the health or safety of the patient should the prescription not be refilled. Only sufficient medication may be provided, consistent with the dosage instructions, to maintain the prescribed treatment until, at the earliest possible opportunity, the issuing or an alternative prescriber is contacted for further renewal instructions. (3-25-16)

**b.** Upon the declaration of a national, state, or local emergency by the President of the United States, the Governor of the State of Idaho, or by any other person with legal authority to declare an emergency, a pharmacist may dispense a refill of a prescription drug to an affected patient, not to exceed a thirty (30)-day supply if, in the pharmacist's professional judgment, the prescription drug is essential to the patient's health or continuation of therapy. (3-25-16)

(BREAK IN CONTINUITY OF SECTIONS)

**142. PARENTERAL ADMIXTURE LABELING.**

If one or more drugs are added to a parenteral admixture the admixture's container must include a distinctive, supplementary label with at least the following information: (3-21-12)

**01. Ingredient Information.** The name, amount, strength, and if applicable, the concentration of the drug additive and the base solution or diluent; (3-21-12)

**02. Date and Time.** The date and time of the addition, or alternatively, the beyond use date ~~and time~~; ~~(3-21-12)~~(\_\_\_\_\_)

**03. Identification.** The initials or other unique identifier of the pharmacist or preparing prescriber responsible for its accuracy; (4-4-13)

**04. Prescribed Administration Regimen.** The rate or appropriate route of administration or both, as applicable; and (3-21-12)

**05. Special Instructions.** Any special handling, storage, or device-specific instructions. (3-21-12)

**143. PREPACKAGED PRODUCT LABELING.**

The containers of prepackaged drugs prepared for ADS systems or other authorized uses must include a label with at least the following information: (3-21-12)

**01. Drug Name and Strength.** The name and strength of the drug; (3-21-12)

**02. Expiration Date.** An expiration date that is the lesser of: (3-21-12)

**a.** The manufacturer's original expiration date; (3-21-12)

**b.** One (1) year from the date the drug is prepackaged; or (3-21-12)

**c.** A shorter period if warranted (A prepackaged drug returned unopened from an institutional facility and again prepackaged must be labeled with the expiration date used for the initial prepackaging.); (3-21-12)

**03. Conditional Information.** If not maintained in ~~the a separate~~ records ~~of the pharmacy~~, the manufacturer's name and lot number and the identity of the pharmacist or provider responsible for the prepackaging. ~~(3-21-12)~~(\_\_\_\_\_)

(BREAK IN CONTINUITY OF SECTIONS)

**200. CONTROLLED SUBSTANCES: POSITIVE IDENTIFICATION REQUIRED.**

A potential recipient of a controlled substance must first be positively identified or the controlled substance must not be dispensed. (3-21-12)

**01. Positive Identification Presumed.** Positive identification is presumed and presentation of identification is not required if dispensing directly to the patient and if: (3-21-12)

**a.** The controlled substance will be paid for, in whole or in part, by an insurer; or (3-21-12)

**b.** The patient is being treated at an institutional facility or is housed in a correctional facility. (4-4-13)

**c.** The filled prescription is delivered to the patient's ~~residence~~ or patient's provider either by mail, common carrier, or an employee of the pharmacy. ~~(4-4-13)~~(\_\_\_\_\_)

**02. Personal Identification.** Presentation of identification is also not required if the individual receiving the controlled substance is personally and positively known by a pharmacy or prescriber drug outlet staff member who is present and identifies the individual and the personal identification is documented by recording:

(3-21-12)

a. The recipient's name (if other than the patient); (3-21-12)

b. A notation indicating that the recipient was known to the staff member; and (3-21-12)

c. The identity of the staff member making the personal identification. (3-21-12)

**03. Acceptable Identification.** The identification presented must include an unaltered photograph and signature and acceptable forms include: (3-20-14)

a. A valid U.S. state or U.S. military driver's license or identification card; (3-20-14)

b. A Western Hemisphere Travel Initiative (WHTI) compliant document (i.e., Enhanced Driver's License (EDL) or Nexus Air Card); (3-20-14)

c. A valid passport; and (3-20-14)

d. A U.S. passport card (PASS Card). (3-20-14)

**04. Identification Documentation.** Documentation of the recipient's identification must be permanently linked to the record of the dispensed controlled substance and must include: (3-21-12)

a. A copy of the identification presented; or (3-21-12)

b. A record that includes: (3-21-12)

i. The recipient's name; (3-21-12)

ii. A notation of the type of identification presented; (3-21-12)

iii. The government entity that issued the identification; and (3-20-14)

iv. The unique identification number. (3-20-14)

(BREAK IN CONTINUITY OF SECTIONS)

## 262. RESTRICTED RETURN OF DRUGS OR DEVICES.

Once removed from the premises from which it was dispensed, a drug or prescription device must only be accepted for return or destruction under the conditions permitted by this rule or pursuant to the Legend Drug Donation Act and rules. (3-21-12)(\_\_\_\_\_)

**01. Qualifying Returns.** ~~Unless dispensed in any manner inconsistent with the prescriber's instructions and returned for quarantine for destruction purposes only, a drug or prescription device that has been received from or delivered to the patient or the patient's representative is ineligible for return.~~ Drugs or devices that may qualify for return include: (3-21-12)(\_\_\_\_\_)

**a.** Those that were dispensed in a manner inconsistent with the prescriber's instructions may be returned for quarantine and destruction purposes only. (\_\_\_\_\_)

**b.** Those intended for inpatients of an institutional facility that have been maintained in the custody and control of the institutional facility or dispensing pharmacy; and (3-21-12)

**c.** That are liquid or in unit dose or unit-of-use packaging and, if a controlled substance, returned from a hospital daily delivery system. A hospital daily delivery system means a system under which a pharmacy dispenses no more than a twenty-four (24) hour supply for a drug order, or up to a seventy-two (72) hour supply for a drug order if warranted for good patient care; and (3-21-12)(\_\_\_\_\_)

**ed.** Those for which the following conditions are satisfied: (3-21-12)

i. The drug was delivered by the dispensing pharmacy directly to the institutional facility or its authorized agent and subsequently stored in a suitable drug storage area that is inaccessible to patients; (3-21-12)

ii. The drug is returned in an unopened manufacturer-sealed container or with other tamper-evident packaging intact; (3-21-12)

iii. In the professional judgment of the pharmacist, the safety and efficacy of the drug has not been compromised; and (3-21-12)

iv. A system is in place to track the restocked drug for purposes of a recall. (3-21-12)

**02. Marking Ineligible Returns.** Drugs or devices otherwise eligible for return that are or will become ineligible for any reason must be clearly marked "Not Eligible for Return" prior to leaving the institutional facility or upon discovery and before storing in an area with other eligible returns. (3-21-12)

**03. Consulting Pharmacy and PIC Responsibilities.** The pharmacy and its PIC are responsible for: (4-4-13)

**a.** Consulting with an institutional facility from which returns will be accepted; (4-4-13)

**b.** Ensuring that the institutional facility has an employee trained and knowledgeable in the proper storage, use, and administration of drugs and devices; (4-4-13)

**c.** Reviewing, approving, and enforcing written protocols that will ensure compliance with the conditions necessary to allow returns; and (4-4-13)

**d.** Storing a copy of the protocols, as well as the written approval thereof, in an immediately retrievable fashion. (4-4-13)

**04. Collection for Destruction.** A pharmacy registered with the DEA as a collector may collect controlled and non-controlled drugs for destruction in accordance with applicable federal law. ( )

(BREAK IN CONTINUITY OF SECTIONS)

### **300. PIC: QUALIFICATIONS.**

A pharmacist may neither be designated nor function as the PIC of ~~a~~ more than two (2) pharmacies ~~unless the designee spends a substantial part of the designee's working time each month at the pharmacy in which designated as the PIC.~~ (3-21-12)( )

(BREAK IN CONTINUITY OF SECTIONS)

### **500. UNPROFESSIONAL CONDUCT.**

The following acts or practices by a pharmacist, student pharmacist, or technician are declared to be specifically, but not by way of limitation, unprofessional conduct and conduct contrary to the public interest. (3-21-12)

**01. Unethical Conduct.** Conduct in the practice of pharmacy or in the operation of a pharmacy that may reduce the public confidence in the ability and integrity of the profession of pharmacy or endangers the public health, safety, and welfare. A violation of this section includes committing fraud, misrepresentation, negligence, concealment, or being involved in dishonest dealings, price fixing, or breaching the public trust with respect to the practice of pharmacy. (3-21-12)

**02. Lack of Fitness.** A lack of fitness for professional practice due to incompetency, personal habits, drug or alcohol dependence, physical or mental illness, or for any other cause that endangers public health, safety, or welfare. (3-21-12)

**03. On-Duty Intoxication or Impairment.** Intoxication, impairment, or consumption of alcohol or drugs while on duty, including break periods after which the individual is expected to return to work, or prior to reporting to work. (3-21-12)

**04. Diversion of Drug Products and Devices.** Supplying or diverting drugs, biologicals, and other medicines, substances, or devices legally sold in pharmacies that allows the circumvention of laws pertaining to the legal sale of these articles. (3-21-12)

**05. Unlawful Possession or Use of Drugs.** Possessing or using a controlled substance without a lawful prescription drug order. A failed drug test creates a rebuttable presumption of a violation of this rule. (3-21-12)

**06. Prescription Drug Order Noncompliance.** Failing to follow the instructions of the person writing, making, or ordering a prescription as to its refills, contents, or labeling except as provided in these rules. (4-4-13)

**07. Failure to Confer.** Failure to confer with the prescriber when necessary or appropriate or filling a prescription if necessary components of the prescription drug order are missing or questionable. (3-21-12)

**08. Excessive Provision of Controlled Substances.** Providing a clearly excessive amount of controlled substances. Evidentiary factors of a clearly excessive amount include, but are not limited to, the amount of controlled substances furnished and previous ordering patterns (including size and frequency of orders). (3-21-12)

**09. Failure to Counsel or Offer Counseling.** Failing to counsel or offer counseling, unless specifically exempted or refused. The failure to retain appropriate documentation evidencing compliance with patient counseling requirements creates a rebuttable presumption of a violation of this rule. (3-21-12)

**10. Substandard, Misbranded, or Adulterated Products.** Manufacturing, compounding, delivering, dispensing, or permitting to be manufactured, compounded, delivered, or dispensed substandard, misbranded, or adulterated drugs or preparations or those made using secret formulas. (3-21-12)

**11. Prescriber Incentives.** Allowing a commission or rebate to be paid, or personally paying a commission or rebate, to a person writing, making, or otherwise ordering a prescription. (3-21-12)

**12. Exclusive Arrangements.** Participation in a plan or agreement that compromises the quality or extent of professional services or limits access to provider facilities at the expense of public health or welfare. (3-21-12)

**13. Failure to Report.** Failing to report to the Board any violation of statutes or rules pertaining to the practice of pharmacy or any act that endangers the health, safety, or welfare of patients or the public. (3-21-12)

**14. Failure to Report Medication Errors With Fatal Outcomes.** Within two (2) business days of discovery, the PIC, pharmacy director, or pharmacist on duty must provide a brief notification to the Board of a fatality that is reasonably expected to have resulted from a medication error. ( )

**a. Reportable Events.** A fatality is reportable if it is suspected to be related to an error in medication use process, including product labeling, packaging, compounding, dispensing, or direct administration of a medication. ( )

**b. Follow-up Reporting Requirements.** The pharmacy director must provide a copy of the official incident report filed with an accrediting body or government agency to the Board within two (2) business days of submission to the other entity. ( )

**145. Failure to Follow Board Order.** Failure to follow an order of the Board. (3-21-12)

*(BREAK IN CONTINUITY OF SECTIONS)*

**503. PRESCRIPTION DELIVERY RESTRICTIONS.**

A pharmacist must not participate in any arrangement or agreement whereby filled prescriptions may be left at, picked up from, accepted by, or delivered to any place of business not registered as a pharmacy except that a pharmacist or a pharmacy, by means of its agent, may deliver filled prescriptions to the following: (4-4-13)( )

**01. Patient.** ~~To the patient, or the patient's residence, the hospital or other institutional facility in which the patient is convalescing, the correctional facility in which a patient is housed, or if a non-controlled substance, or~~ (4-4-13)( )

**02. Provider.** ~~To the patient's licensed or registered healthcare provider, except if a controlled substance not intended for direct administration.~~ (4-4-13)( )

(BREAK IN CONTINUITY OF SECTIONS)

**603. PHARMACY REFERENCES.**

Required pharmacy references include the latest hard copy or electronic editions and supplements of the following: (3-21-12)

**01. Pharmacy Laws and Rules.** Idaho Pharmacy Laws and Rules. (3-21-12)

**02. DEA Manual.** DEA Pharmacist's Manual. ( )

**023. Current Pharmacy References.** ~~One (1) of the following current pharmacy references:~~ (3-21-12)

~~a. Facts and Comparisons;~~ (3-21-12)

~~b. Clinical Pharmacology;~~ (3-21-12)

~~e. Micromedex; or~~ (3-21-12)

~~d. Lexicomp.~~ (3-21-12)

~~03. Additional Current Pharmacy Reference. One (1) additional~~ At least two (2) current pharmacy references relevant to the practice setting. (3-21-12)( )

(BREAK IN CONTINUITY OF SECTIONS)

**605. PHARMACY SECURITY.**

A pharmacy must be constructed and equipped with adequate security to protect its equipment, records, and supply of drugs, devices, and other restricted sale items from unauthorized access, acquisition, or use. Failure to provide effective controls to prevent unauthorized access, acquisition, or use constitutes grounds for discipline to the PIC and the facility. New construction or a remodeled pharmacy must meet the following minimum security requirements: (4-11-15)( )

**01. Alarm.** At least while closed an alarm or other comparable monitoring system is required. (4-11-15)

~~02. Walls. Pharmacy walls must extend to the roof or the pharmacy must be similarly secured from unauthorized entry.~~ (4-11-15)

~~03. Doors. Solid core or metal doors are required.~~ (4-11-15)

~~04. Hinges and Locks. Doors and other access points must be constructed in a manner that the hinge hardware is tamper proof when closed.~~ (4-11-15)

**05. Differential Hours.** When ~~closed for~~ located in a larger business establishment, a pharmacy that is closed must be: (4-11-15)

~~a.~~ Completely enclosed in a manner sufficient to provide adequate security; ~~or.~~ (4-11-15)( )

~~b.~~ Located within a larger business establishment that is also closed. In such cases, the establishment must meet these minimum security requirements, and no person is allowed entry to the establishment unless a pharmacist is present. (4-11-15)

**06. Drop Box.** If used, a “drop box” or “mail slot” allowing delivery of prescription drug orders to the pharmacy during hours closed must be appropriately secured against theft, and the pharmacy hours must be prominently visible to the person depositing the prescription drug order. Prescriptions must not be accepted for delivery to the pharmacy or for depositing in the drop box by non-pharmacy employees of a retail establishment. (4-11-15)

(BREAK IN CONTINUITY OF SECTIONS)

**637. INSTITUTIONAL FACILITY: EMERGENCY OUTPATIENT DRUG DELIVERY BY HOSPITAL EMERGENCY ROOMS.**

Drugs may be delivered by an RN to outpatients being treated in a hospital emergency room as follows: (4-4-13)

**01. Prerequisites:** (4-4-13)

**a.** In the presence of a prescriber, acting as an agent of that prescriber, or outside the presence of a prescriber, when there is no prescriber present in the hospital in accordance with applicable state and federal law; (4-4-13)

**b.** Pursuant to a valid drug order issued by a prescriber; and (4-4-13)( )

**c.** ~~When no pharmacist is on duty in the community; and~~ (4-4-13)

~~d.~~ When drugs are stored and accessed in accordance with applicable laws and rules. (4-4-13)

**02. Limitations.** ~~No more than one (1) prepackaged container of the same drug may be delivered unless more than one (1) package is required to sustain the patient until the first available pharmacist is on duty in the community except that the full course of therapy for anti-infective medications may be provided.~~ Dispensing must be in limited quantities and for a reasonable time duration as a continuation of or supplemental to treatment that is administered in the emergency room. (3-21-12)( )

**03. Documentation.** Delivery must be documented as required by these rules for institutional facility emergency drug access. (4-4-13)

**04. Labeling.** The institutional pharmacy must prepackage and affix a label to the container with the information required by the standard prescription drug labeling rules, except that blank spaces may be left for the names of the patient and prescriber and directions for use. (4-4-13)

(BREAK IN CONTINUITY OF SECTIONS)

**650. INSTITUTIONAL FACILITY: CENTRALIZED PHARMACY SERVICES.**

In addition to the rules for centralized pharmacy services, an institutional facility that centralizes pharmacy services must be in compliance with the following rules: (7-1-13)

**01. Limited Purpose.** Centralized pharmacy services are for the limited purpose of ensuring that drugs or devices are attainable to meet the immediate needs of patients and residents of the institutional facility or if the originating pharmacy cannot provide services for the institutional facility on an ongoing basis. Centralized product distribution is permissible if performed by a centralized pharmacy under common ownership with the institutional facility, and if such distribution is within the limits of other applicable state and federal laws; (7-1-13)( )

**02. Policies and Procedures.** An institutional pharmacy and its contracted central drug outlet or central pharmacist that provides centralized pharmacy services must adopt policies and procedures and retain documentation

that evidences at least the following, as applicable:

~~(7-1-13)~~(\_\_\_\_\_)

- a.** A copy of the contract if required by these rules; (7-1-13)
- b.** Identification of the directors or PICs; (7-1-13)
- c.** The protocol for ensuring that the central drug outlet maintains sufficient Board licensed or registered pharmacists to meet the centralized pharmacy services needs of the institutional facility; (7-1-13)
- d.** The protocol for accessing prescription drugs in the institutional pharmacy contracting with the central drug outlet or central pharmacist and for maintaining the security of the drugs; (7-1-13)
- e.** Essential information utilized by the institutional facility, such as its formulary, standard drip concentrations, standard medication administration times, standardized or protocol orders, pharmacokinetic dosing policies, and renal dosing policies, as well as protocols for ensuring timely and complete communication of changes to the information; and (7-1-13)
- f.** The protocol for the central drug outlet or central pharmacist to perform a review of the patient's profile, including but not limited to performing a prospective drug review. (7-1-13)