



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise ID 83720-0067

208/334-2356

208/334-3536 Fax

## PROPOSED CHANGE IN OPERATION

*Complete and return form to Board 30 days prior to proposed change*

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Type of Change:    Ownership    Location    Closure    Remodel    Name Change

### **CURRENT INFORMATION**

Pharmacy DEA #: \_\_\_\_\_ Pharmacy registration #: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Current Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pharmacy Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

### **NEW INFORMATION**

New Name: \_\_\_\_\_

New Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

New Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Differential Hours? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, attach Notification of Differential Hours)

Construction Changes: *(Attach plans)* \_\_\_\_\_

Disposition of controlled substances: \_\_\_\_\_

Other Stock: \_\_\_\_\_

Prescription records: \_\_\_\_\_

Signature of Pharmacy Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Inspector Comments: \_\_\_\_\_

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_



# Idaho State Board of Pharmacy

3380 Americana Terrace #320  
208/334-2356

PO Box 83720

Boise ID 83720-0067  
208/334-3536 Fax

## APPLICATION FOR PHARMACY REGISTRATION

Annual Fee: \$100 per registration

**\*\*All applications that involve new construction or structural changes must include floor plans\*\***

Proposed Opening Date: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Pharmacy Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Pharmacy Owner: \_\_\_\_\_

Type of Ownership: *(Circle and attach listing of officers, partners, etc., with address and phone for each)*

Partnership

Sole Proprietorship

Corporation

Limited Liability

Type of Operation: *(Circle all that apply)*

Parenteral Admixture

Hospital

Community

Limited Service

Have any of the applicants had – *If yes to any of the following attach documentation*

Conviction relating to the distribution of drugs, including samples? \_\_\_\_\_ No \_\_\_\_\_ Yes

Felony convictions under federal, state or local laws? \_\_\_\_\_ No \_\_\_\_\_ Yes

Suspensions or revocation of licensure for the manufacturing or distributing of drugs, including controlled substances, by federal, state or local laws of any license currently or previously held by applicants? \_\_\_\_\_ No \_\_\_\_\_ Yes

Have any applications for licensure or registration been denied by any federal, state or local agency?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

Previous license or registration with the Board of Pharmacy? \_\_\_\_\_

Pharmacy Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

*Must be licensed pharmacist - Please Print*

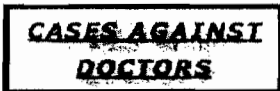
Signature of Pharmacy Manager: \_\_\_\_\_ Date: \_\_\_\_\_



DIVERSION PROGRAMS  
 APPLICATIONS & ON-LINE  
 FORMS  
 ARCOS  
 CHEMICALS  
 CONTROLLED SUBSTANCE  
 SCHEDULES  
 IMPORT AND EXPORT  
 NFLIS  
 QUOTAS  
 REGISTRATION SUPPORT  
 REPORTS REQUIRED BY 21 CFR

RESOURCES  
 CAREER OPPORTUNITIES  
 DRUGS/CHEMICALS OF  
 CONCERN  
 e-COMMERCE INITIATIVES  
 FEDERAL REGISTER NOTICES  
 MEETINGS & EVENTS  
 OFFICES & DIRECTORIES  
 PROGRAM DESCRIPTION  
 PUBLICATIONS  
 QUESTIONS & ANSWERS  
 REGULATIONS & CODIFIED CSA

LINKS  
 FEDERAL AGENCIES & RELATED  
 INDUSTRY RELATED  
 PUBLIC INTEREST



Drug Registration > ODWIF

## Registration Applications

### Office of Diversion Control Web Interactive Form (ODWIF)

#### NEW APPLICATIONS

DEA-224	Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner.
DEA-225	Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter
DEA-363	Narcotic Treatment Program
DEA-510	Domestic Chemical

#### MINIMUM ON-LINE REQUIREMENTS

The DEA Forms listed below are for those applying to DEA for a controlled substance registration. Data will be entered through a **secure connection** to the ODWIF on-line application system. **Your web browser must support 128-bit encryption.**

You will need to have the following information handy in order to complete the form:

- Tax ID number and/or Social Security Number
- State Controlled Substance Registration Information
- State Medical License Information
- Credit Card (VISA, MasterCard, Discover or American Express)

**The ODWIF system can only process credit card transactions at this time. If you are paying by check, you will need to use the PDF version of the form, then print and mail the form to the address listed on the form.**



# Idaho State Board of Pharmacy

3380 Americana Terrace #320  
208/334-2356

PO Box 83720

Boise ID 83720-0067  
208/334-3536 Fax

## Pharmacist-In-Charge (PIC) Responsibility Checklist

***\*\*You must attach a list of ALL currently employed  
Pharmacists & pharmacy technicians\*\****

The Board of Pharmacy holds the PIC of each pharmacy responsible for all pharmacy related matters. The following is a non-inclusive list of Board Rules that relate to the responsibilities of pharmacists moving into a PIC role.

Ensure that your pharmacy has the current edition of the Idaho Pharmacy Laws & Rules prior to reviewing the following.

Rule 156. PHARMACIES. All sections

Rule 496. CONTROLLED SUBSTANCE INVENTORY. All sections

Rule 251. PHARMACY TECHNICIANS. All Sections

### PHARMACIST IN CHARGE Statement

RPh License No. \_\_\_\_\_ Name: \_\_\_\_\_

#### ***PLACE OF EMPLOYMENT***

Pharmacy License No. \_\_\_\_\_ Pharmacy Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Effective Date of Change:*** \_\_\_\_\_

*I certify that I have read and understand the above-mentioned Rules related to the role of PIC. I understand that every part of the establishment coming under the regulation of the pharmacy law shall be under my full and complete control as responsible pharmacist manager.*

\_\_\_\_\_  
***Signature***

\_\_\_\_\_  
***Date***

<b>License Number</b>	<b>Pharmacist</b>
<b>Registration Number</b>	<b>Pharmacy Technician</b>



# Idaho State Board of Pharmacy

3380 Americana Terrace #320  
208/334-2356

PO Box 83720

Boise ID 83720-0067  
208/334-3536 Fax

## NOTIFICATION OF DIFFERENTIAL HOURS

*Notification must be filed with the Idaho Board of Pharmacy no less than 30 days prior to operating with differential closing hours. Within 10 days of receipt of notification, inspection will be made and you will be advised of approval or disapproval. Board inspection and approval must be completed prior to commencing of such differential hours.*

Pharmacy License #: \_\_\_\_\_ Date: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pharmacist Manager: \_\_\_\_\_

Pharmacy Hours: \_\_\_\_\_ Store Hours: \_\_\_\_\_

Sign Posted: \_\_\_\_\_ Security Gate: \_\_\_\_\_

\_\_\_\_\_  
Signature of Pharmacist Manager

\_\_\_\_\_  
Date

Date Received: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Inspector

\_\_\_\_\_  
Date



# Idaho State Board of Pharmacy

3380 Americana Terrace #320

PO Box 83720

Boise, ID 83720-0067

Telephone 208/334-2356

Fax 208/334-3536

## APPLICATION FOR REGISTRATION PRECEPTOR SITE - TRAINING OF EXTERN/INTERNS

**FEE: \$25.00**

**Expires: June 30, annually**

**Name of Training Site:** \_\_\_\_\_  
*(Please Print)*

**Pharmacy License Number:** \_\_\_\_\_ **DEA Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street City St Zip*

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**In addition to the required reference library it is recommended that professional publications such as: US Pharmacist, Drug Topics, and Pharmacy Times, be available for use by the extern/intern.**

**I hereby certify that I have read and understand the Board of Pharmacy Laws and governing the training of externs/interns.**

\_\_\_\_\_  
*Signature of Pharmacist In Charge (PIC)*

\_\_\_\_\_  
*Date*

**Power of Attorney for DEA Order Forms**

\_\_\_\_\_ (Name of registrant)

\_\_\_\_\_ (Address of registrant)

\_\_\_\_\_ (DEA registration number)

I, \_\_\_\_\_ (name of person granting power), the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint

\_\_\_\_\_ (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for books of official order forms and to sign such order forms in requisition for Schedule I and II controlled substances, in accordance with section 308 of the Controlled Substances Act (21 U.S.C. 828) and part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney shall lawfully do or cause to be done by virtue hereof.

\_\_\_\_\_  
(Signature of person granting power)

I, \_\_\_\_\_ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

\_\_\_\_\_  
(Signature of attorney-in-fact)

**Witnesses:**

1. \_\_\_\_\_.

2. \_\_\_\_\_.

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_, (year), at \_\_\_\_\_.

**Notice of Revocation**

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act of the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact \_\_\_\_\_ this same day.

\_\_\_\_\_  
(Signature of person revoking power)

Witnesses:

1. \_\_\_\_\_.

2. \_\_\_\_\_.

Signed and dated on the \_\_\_\_\_ day of \_\_\_\_\_, (year), at \_\_\_\_\_.

[62 FR 13963, Mar. 24, 1997]

# Code of Federal Regulations

---

## **Section 1305.07 Power of attorney.**

Any purchaser may authorize one or more individuals, whether or not located at the registered location of the purchaser, to obtain and execute order forms on his/her behalf by executing a power of attorney for each such individual. The power of attorney shall be signed by the same person who signed the most recent application for registration or reregistration and by the individual being authorized to obtain and execute order forms. The power of attorney shall be filed with the executed order forms of the purchaser, and shall be retained for the same period as any order form bearing the signature of the attorney. The power of attorney shall be available for inspection together with other order form records. Any power of attorney may be revoked at any time by executing a notice of revocation, signed by the person who signed (or was authorized to sign) the power of attorney or by a successor, whoever signed the most recent application for registration or reregistration, and filing it with the power of attorney being revoked. The form for the power of attorney and notice of revocation shall be similar to the following:

**03. Certification.** Upon request, the Board may certify to another state's licensing authority the status of a licensee's continuing education participation. The Board may request certification from another state's licensing authority regarding the status of an applicant's continuing education participation. (7-1-93)

**137. LICENSE RENEWAL NOTIFICATION.**

The Board will develop an appropriate annual renewal notice to be mailed to all licensed pharmacists prior to June 1 of each year. (7-1-93)

**01. Fee.** The notice will state the annual pharmacist license renewal fee. (7-1-93)

**02. Other.** The notice will include the continuing pharmacy education time requirement and any other information considered pertinent for the licensee's understanding of the renewal requirements. (7-1-93)

**138. RENEWAL APPLICATION.**

**01. Annual Renewal.** The notice shall be returned to the Board with the appropriate fee and with certification of satisfactory completion of continuing pharmacy education requirements signed by the licensee. Proof of continuing education credits must be kept by the pharmacist for a period of three (3) years. Incomplete renewal applications will not be processed and will be returned to the applicant with an explanatory note. (12-7-94)

**02. Audit of Submitted Renewal Notice Forms.** The Board may randomly select submitted renewal notice forms for audit and verification of contents. (7-1-93)

**139. NON-COMPLIANCE.**

Failure to meet the annual license renewal requirements by July 1 of any year will cause the license to lapse. Reinstatement may be considered as provided in Section 54-1728, Idaho Code. For reinstatement after July 1 and before June 30 of the next year, the applicant shall have completed the continuing pharmacy education requirements and certify that fact to the Board as stated in Subsection 138.01 of these rules. (7-1-93)

**140. LICENSE REINSTATEMENT.**

Any applicant for a restored license as provided within Section 54-1728, Idaho Code, shall produce evidence satisfactory to the Board of satisfactory completion of the continuing pharmacy education requirements by examination or approved continuing pharmacy education program prior to restoration of license. (7-1-93)

**141. LICENSE ELIGIBILITY.**

Any person who is ineligible for any license, registration, or certification granted by the Board by reason of Board discipline, unprofessional conduct, criminal activity, or the official actions of the courts or pharmacy board of another state is thereby ineligible for any and all other types of licenses, registrations, or certifications granted by the Board. (7-1-98)

**142. STANDARDS OF CONDUCT.**

**01. Duty to Cooperate in Investigation.** It is the duty of every licensee to cooperate with a disciplinary investigation, and any failure or refusal to do so is grounds for disciplinary action. (4-6-05)

**02. Duty to Report Theft, Loss, or Adulteration.** It is the duty of every pharmacist-in-charge or pharmacy director to report any theft or loss of controlled substances and any adulteration of any prescription drug to the Board, even if the theft, loss, or adulteration has been accounted for and the employee disciplined internally. The report of theft or loss, required hereunder, shall contain all of the information reported to the Drug Enforcement Administration (DEA), as required under 21 CFR 1301.74(c), and shall be reported to the Board at the same time it is reported to the DEA. (3-30-07)

**143. -- 150. (RESERVED).**

**151. PHARMACY MINIMUM STANDARDS.**

**01. Application for Registration of Pharmacy.** Application for registration to operate, maintain, open or establish a pharmacy, drug store or apothecary shop shall be made on an application blank provided by the Board. (7-1-93)

**02. Inspection.** Prior to the issuance of a registration, the Board will inspect the pharmacy for minimum standards in regard to drugs, chemicals, reference library, technical equipment, space, fixtures, sanitation, and security. (7-1-93)

**03. Drugs, Chemicals and Preparations.** A stock of FDA approved drugs, chemicals, and preparations sufficient to compound and dispense ordinary prescriptions as indicated by the practice type and experience in the community where the pharmacy is located. (7-1-93)

**a.** All stock and materials held for ultimate sale or supply to the consumer shall be free of contamination. (7-1-93)

**b.** All stock and materials that have exceeded their expiration dates shall be removed from stock and returned to the source of supply or destroyed. (7-1-93)

**c.** All stock and materials that appear and can be presumed to have deteriorated by reason of age, heat, light, cold, moisture, crystallization, chemical reaction, rupture of coating, disintegration, change of odor, precipitation, or other change that can be determined by organoleptic examination or by other means shall be removed from stock and returned to the source of supply or destroyed. (7-1-93)

**d.** All stock and materials that are improperly labeled shall be removed from stock and returned to the source of supply or destroyed. (7-1-93)

**e.** All stock and materials in defective containers shall be removed from stock and returned to the source of supply or destroyed. (7-1-93)

**152. REFERENCE LIBRARY.**

**01. Required References.** Required references include the latest editions and supplements, either in book, computer diskette or on-line web application, of the following: (5-8-09)

**a.** Idaho Pharmacy Law and Rules; (3-20-04)

**b.** One (1) of the following current pharmacy references: (3-20-04)

**i.** Facts and Comparisons; (3-20-04)

**ii.** Clinical Pharmacology; (3-20-04)

**iii.** Micromedex; and (3-20-04)

**c.** One (1) other current pharmacy reference of your choice. (5-8-09)

**153. TECHNICAL EQUIPMENT.**

The equipment necessary for compounding and dispensing should include the following: (7-1-93)

**01. Graduates.** Graduates capable of measuring volumes from five (5) ml to at least five hundred (500) ml. (7-1-93)

**02. Mortars and Pestles.** At least two (2) porcelain or glass mortars and pestles. (7-1-93)

**03. Non-Metallic Spatula.** At least one (1) non-metallic spatula. (7-1-93)

**04. Steel Spatulas.** Three (3) steel spatulas of assorted sizes. (7-1-93)

- 05. **Funnels.** Two (2) funnels of assorted sizes. (7-1-93)
- 06. **Files.** Prescription files. (7-1-93)
- 07. **Poison Register.** (7-1-93)
- 08. **Idaho Register.** Official Idaho Register. (7-1-93)
- 09. **Balance.** A balance that meets requirements of a Class A prescription balance. (7-1-93)
- 10. **Weights.** Apothecary and metric weights, one (1) set of each. (7-1-93)
- 11. **Typewriter.** (7-1-93)
- 12. **Labels Equipment.** Label moistener or pressure sensitive labels. (7-1-93)
- 13. **Numbering Machine.** (7-1-93)
- 14. **Miscellaneous Equipment.** (7-1-93)

**154. SPACE AND FIXTURES.**

**01. Requirements.** The stock, library, and equipment should be housed in a suitable, well-lighted, well-ventilated room or department with temperatures maintained within the comfort zone, and with clean and sanitary surroundings devoted primarily to the compounding of prescriptions, the manufacturing of pharmaceutical preparations, and other operations necessary to assure the strength and purity of medicines. (7-1-93)

**02. Space.** The space should be adequate to prevent overcrowding and be equipped with necessary counters, tables, drawers, shelves, storage cabinets, a sink with hot and cold water, refuse disposal, a proper sewerage outlet, and refrigerated storage equipment of reasonable capacity. There must be facilities for the proper cleaning of the premises, equipment, and utensils. (7-1-93)

**03. Lavatory.** There must be lavatory facilities restricted to pharmacy staff adjoining or in the pharmacy. (7-1-93)

**04. New or Remodeled Pharmacy.** Any new pharmacy or any existing pharmacy that is being remodeled must comply with the following provisions: (7-1-97)

**a.** Approval of plans. The prescription area (including patient consultation area, merchandising area, and waiting area, when applicable), storeroom, restroom, partitions (including, but not limited to, walls, doors and windows), and trade fixtures shall be indicated on floor plans showing appropriate elevations. Floor plans shall be submitted to the Board at the time the application for a new pharmacy is filed or prior to remodeling an existing pharmacy. Such plans shall be submitted to the Board prior to proceeding with any construction. All plans submitted must receive Board approval before a pharmacy permit is issued. (7-1-97)

**b.** A patient consultation area must be provided. The patient consultation area must afford the patient privacy from auditory and visual detection by any person other than persons authorized by the patient. The patient consultation area must be accessible by the patient through an entrance and exit that does not require the patient to enter or traverse any part of the prescription or drug storage areas. The patient consultation area must be handicapped accessible. (7-1-97)

**155. INSPECTIONS.**

The Board shall inspect each pharmacy and drug outlet for compliance with Idaho Code and Board rules. Where deficiencies exist, one (1) follow-up inspection will be performed by the Board at no cost to the establishment. Inspections beyond the one (1) follow-up visit will be at the expense of the establishment or owner. Charges for said inspection will be actual travel and personnel costs incurred in the inspection and will be payable prior to approval.

(7-1-93)

**156. PHARMACIES.**

**01. Change of Ownership or Location.** In case of change of ownership or location of a pharmacy, the original registration becomes void and must be returned with a new pharmacy application. (7-1-93)

**02. Annual Employee Report.** Annually on the date of renewal of registration the pharmacist-in-charge must notify the Board of the pharmacist-in-charge of the pharmacy, each licensed employee-pharmacist, and each student pharmacist training in the pharmacy on the place provided on the application. However, any change in pharmacist, pharmacy technician, or student pharmacist employment shall be reported by the pharmacist-in-charge to the Board within ten (10) days of the change. (5-8-09)

**03. Reporting Change in Pharmacist-In-Charge.** The pharmacist-in-charge shall report any change in the pharmacist-in-charge of the pharmacy to the Board immediately. (5-8-09)

**04. Qualifications and Responsibility of the Pharmacist-In-Charge.** The pharmacist-in-charge shall be responsible for the management of and shall be under the full and complete control of every part of the drug outlet and its operations that are regulated by the pharmacy laws. No pharmacist shall be designated as the pharmacist-in-charge of a pharmacy and no pharmacist shall function as the pharmacist-in-charge of a pharmacy unless the person so designated and so functioning spends a substantial part of his working time each month working in the pharmacy of which he has been designated the pharmacist-in-charge. (5-8-09)

**05. Return of Drugs or Other Items.** In the interest of public health, drugs, medicines, sickroom supplies, devices, and items of personal hygiene shall not be accepted for return by any pharmacist or pharmacy after such drugs, medicines, sickroom supplies, devices, and items of personal hygiene have been taken from the premises where sold, distributed, or dispensed, except that medications for in-patients of residential or assisted living facilities, licensed skilled nursing care facilities, and hospitals may be returned to the dispensing pharmacy for credit if the medications are liquid medications that have been supplied in manufacturer sealed containers and remain unopened, or the medications are in unopened "unit dose" packaging. In addition, the conditions set forth in Paragraph 156.05.b. of these rules must be satisfied: (3-20-04)

**a.** Unit dose is defined as medications packaged in individual, sealed doses with tamper-evident packaging (for example, single unit of use, blister packaging, unused injectable vials, and ampules). (3-20-04)

**b.** The following conditions must be satisfied: (3-20-04)

**i.** The medications must be returned with tamper-evident packaging intact and with no evidence of tampering. (3-20-04)

**ii.** In the professional judgment of the pharmacist, the medications meet all federal and state standards for product integrity. (4-5-00)

**iii.** Policies and procedures are followed for the appropriate storage and handling of medications at the facility and for the transfer, receipt, and security of medications returned to the dispensing pharmacy. (4-5-00)

**iv.** A system is in place to track restocking and reuse to allow medications to be recalled if required. (4-5-00)

**v.** No controlled substance may be returned except those delivered by unit dose on a daily delivery system. (4-5-00)

**vi.** If the drug is prepackaged by the pharmacy, each prepackaged container must be labeled in accordance with the following (For purpose of this rule, any change from the original manufacturer's packaging prior to delivery of the medication to the hospital or the facility shall be considered prepackaged): (3-20-04)

(1) Name and strength of the medication; (3-20-04)

(2) A suitable expiration date that shall not be later than the expiration date on the original manufacturer's container or one (1) year from the date the drug is prepackaged (If a medication that was prepackaged and delivered to the hospital or facility is thereafter returned to the pharmacy and subsequently prepackaged again, the expiration date hereunder shall not be later than the expiration date used when the medication was initially prepackaged.); (3-20-04)

(3) The date the medication was prepackaged; (3-20-04)

(4) The manufacturer's lot number, expiration date, and identity; and (3-20-04)

(5) The identity of the pharmacist responsible for the prepackaging. (3-20-04)

**c.** If the information required under Subparagraphs 156.05.b.vi.(4) and 156.05.b.vi.(5) of these rules is maintained in the internal records of the pharmacy, those requirements may be omitted from the labeling. The labeling requirements of Subparagraph 156.05.b.vi. of these rules shall apply in addition to the labeling requirements under Section 159 of these rules. (3-20-04)

**d.** Medications that have been outside the custody and control of the hospital or facility for any reason are not eligible for return. To be considered as having been in the custody and control of the hospital or facility, the medications must have been delivered by the dispensing pharmacy directly to the hospital or facility or to an agent thereof who is authorized and qualified to accept delivery, and the medications must then be held by the hospital or facility in an area suitable for storing medications and not accessible to patients. Once a medication has passed from the hospital or facility storage area to the patient or to the patient's designee for any reason, the medication is no longer eligible for return. (3-20-04)

**e.** Medications otherwise eligible for return under this rule by virtue of their packaging but that have become ineligible for return for any reason must be marked as follows: (3-20-04)

**i.** Medications released for self-administration by the patient or for administration outside the hospital or facility premises or otherwise released to be taken outside the custody and control of the hospital or facility shall first be clearly marked and identified "Not Eligible For Return"; however, the foregoing requirement for marking shall not apply to the daily dose of medication released to a patient on the day such dose is to be administered if the hospital or facility does not allow the medication to be returned to the same medication storage area as medications eligible for return. (3-20-04)

**ii.** Medications that are received by the hospital or facility from the patient or the patient's representative, and not directly from the dispensing pharmacy, and that are to be stored in the same storage area as medications which are eligible for return, shall first be clearly marked and identified "Not Eligible for Return." (3-20-04)

**iii.** In the event medications otherwise eligible for return under this rule by virtue of their packaging are discovered to be ineligible for return because they have been outside the custody and control of the hospital or facility, or for any other reason, such medications shall be clearly marked and identified "Not Eligible for Return" immediately upon discovery if they are to remain stored in the same storage area as medications that are eligible for return. (3-20-04)

**f.** Each pharmacy and its pharmacist-in-charge shall be responsible for consulting with each hospital or facility from which the pharmacy will accept returns under Section 156 of these rules to ensure that the hospital or facility has an employee who is trained and knowledgeable in the proper storage, use, and administration of medications at the hospital or facility and to ensure that the hospital or facility has in place and enforces written protocols that will ensure compliance with the conditions necessary to allow returns. The pharmacist-in-charge must review and approve the protocols. The pharmacy must keep a copy of the protocols, as well as the written approval thereof, on file in the pharmacy and produce them for Board inspectors upon request. (3-20-04)

**g.** Each pharmacy and its pharmacist-in-charge that will be accepting returns under Section 156 of these rules shall establish written protocols for the pharmacy that will ensure compliance with Section 156 for all

returns. The pharmacist-in-charge must review and approve the protocols. The pharmacy must keep a copy of the protocols, as well as the written approval thereof, on file in the pharmacy and produce them for Board inspectors upon request. (3-20-04)

**06. Damaged Drugs.** To sell, offer for sale, barter, or give away drugs damaged by fire, water, or any other means that might affect the potency of the drug is prohibited without first obtaining the written approval of the Board. (7-1-93)

**07. Dangerous Drugs.** Legend drugs, controlled substances, or other limited sale items must be stored in accordance with United States Pharmacopoeia/National Formulary requirements in the prescription area (where prescriptions are compounded, dispensed or filled) and in a manner as to limit access to licensed pharmacists or authorized personnel of that area only. Failure to comply with this requirement shall be *prima facie* evidence of unprofessional conduct. (7-1-93)

**157. PATIENT PROFILES.**

**01. Pharmacies' Daily Record.** In pharmacies not maintaining patient profiles, a daily record will be maintained for prescriptions filled and refilled. The record will contain the following information: (7-1-93)

- a. The name of the patient; (7-1-93)
- b. The date the prescription is filled; (7-1-93)
- c. The name of the medication prescribed; (7-1-93)
- d. The amount dispensed; (7-1-93)
- e. The name of the prescriber; and (7-1-93)
- f. The file number of the prescription. (7-1-93)

**02. Patient Profile Information.** Patient profiles will contain all of the information of a patient record and will include summarization of the known, pertinent, personal medical data, that may significantly affect the proper determination of a regimen of medication. Examples are chronic and acute disease states, allergies or idiosyncrasies to medications, age, and weight. The daily record and patient profile record will be maintained in the pharmacy for a period of three (3) years. (7-1-93)

**158. PRESCRIPTION DRUGS.**

**01. Designated Drugs.** In addition to drugs designated as prescription or legend drugs, as defined in Section 54-1705(23), Idaho Code, the Board includes preparations containing ephedrine or salts of ephedrine as prescription drugs. (7-1-93)

**02. Exempt Drugs.** A product that meets all the criteria set forth in Paragraph 158.02.a. of these rules is exempt from the designation as a prescription drug under Subsection 158.01 and from inclusion as a Schedule II controlled substance under Section 37-2707, Idaho Code, unless it is being used or possessed as an immediate precursory of another controlled substance. (7-1-98)

a. Products containing a formula with a ratio of twelve and one half (12.5) milligrams ephedrine to two hundred (200) milligrams guaifenesin or twenty-five (25) milligrams ephedrine to four hundred (400) milligrams guaifenesin, not exceeding a maximum of twenty-five (25) milligrams of ephedrine per tablet, capsule, or dose, and in addition to such formula, may include only inert or inactive ingredients or substance. (7-1-98)

b. Hemorrhoidal ointments containing not more than two tenths percent (0.2%) ephedrine sulfate and suppositories not exceeding four (4) milligrams ephedrine sulfate per suppository are also exempt pursuant to Subsection 158.02. of these rules. (7-1-98)

**159. PRESCRIPTION REQUIREMENTS.**

**01. Prescription Requirements.** All prescriptions shall at a minimum indicate the following: the name of the patient; the date written; the directions for use; the name, strength, and amount of the medication; the name of the prescriber; and, if written, the pre-printed, stamped or hand-printed name of the prescriber and the handwritten signature of the prescriber. No prescription is refillable unless specifically indicated by the prescriber. Further requirements for controlled substance prescriptions are contained in Subsection 433.10. of these rules. (7-1-98)

**02. Prescription Labels.** Any drug dispensed shall bear a label containing the following: the name, address and telephone number of the dispenser (person or business), the serial number and date of the prescription or its filling, the name of the prescriber and the name of the patient, the directions for use, name (generic or brand) of the medication (including the manufacturer's name if a generic), and any cautionary statements required to protect the consumer including, when advisable the manufacturer's original expiration date, the quantity of item dispensed and the initials of the person dispensing the prescription and the statement: "Warning: Federal or state law prohibits the transfer of this prescription to any person other than the person for whom it was prescribed." When appropriate, the prescriber may request "Do Not Label", in such cases the medication name will not appear. (7-1-98)

**160. PRESCRIPTION TRANSFER.**

A pharmacist may transfer prescription order information for the purpose of refilling a prescription only if the information is communicated orally directly from pharmacist to pharmacist. Such oral information can be communicated by a student pharmacist, under the direct supervision of a pharmacist, to another pharmacist as long as one (1) of the parties involved in the communication is a pharmacist. In the alternative, the transferring pharmacist may transfer the prescription order information by facsimile transmission to the receiving pharmacist. In the case of a facsimile transmission, the transmission shall be signed by the transferring pharmacist. (5-8-09)

**01. Transferring Prescriptions for Controlled Substances.** A prescription for a controlled substance may be transferred only from the pharmacy where it was originally filled and never from the pharmacy that received the transfer. (7-1-93)

**a.** In addition to the information required in Subsection 160.02 the pharmacist transferring the prescription shall record on the back of the original order the DEA number and address of the pharmacy to which the transfer was made. (7-1-93)

**b.** The receiving pharmacist must record the DEA number and address of the pharmacy transferring the order. (7-1-93)

**02. Documenting the Transfer of a Prescription.** The pharmacist who transfers the prescription shall: (5-8-09)

**a.** Invalidate the original prescription by writing the word "void" across the face of the form; and (7-1-93)

**b.** On the back of the form, record the following information: his name; name of the receiving individual; name of the receiving pharmacy; date of the transfer, and the number of authorized refills available. (7-1-93)

**03. Documenting the Receipt of a Transferred Prescription.** The pharmacist who receives the transferred prescription shall: (5-8-09)

**a.** Reduce the transferred information to writing including all information required by law or rule and a notation that the prescription is a "transfer"; and (7-1-93)

**b.** On the back of the form, record the following information: his name; the name of the transferring individual; the name of the transferring pharmacy; the date of the original dispensing and transfer, the number of refills authorized, the number of valid refills remaining, the date of the last refill, and the serial number of the prescription transferred. (7-1-93)

**04. Documenting Prescription Transfers by Computer.** Transferring pharmacies that utilize a computer prescription database that contains all of the prescription information required by law or rule may enter the information required under Section 160 of these rules into the pharmacy's prescription database (including deactivation of the transferred prescription in the database of the transferring pharmacy) in lieu of entry of the required information on the original written prescription. The receiving pharmacy must generate a hard copy to be treated as a new prescription, and the hard copy shall also contain all of the information required under Section 160 of these rules. (3-30-01)

**05. Transferring Prescription Refills.** Prescriptions for non-controlled drugs may be transferred more than one (1) time as long as there are refills remaining and all of the provisions of these rules are followed. (7-1-93)

**06. Transferring Prescription Between Pharmacies Using Common Electronic Prescription Files.** (7-1-98)

**a.** For prescriptions written for drugs other than controlled substances two (2) or more pharmacies may establish and use a common electronic prescription file to maintain required dispensing information. Pharmacies using the common file are not required to transfer prescriptions or information for dispensing purposes between or among other pharmacies using in the same common electronic prescription file. (7-1-98)

**b.** For controlled substances pharmacies using a common electronic prescription must satisfy all documentation requirements of a manual prescription transfer. (7-1-98)

**c.** All common electronic prescription files must contain complete and accurate records of each prescription and refill dispensed. Hard copies must be generated and treated as new prescriptions by the receiving pharmacies. (7-1-98)

**161. FACSIMILE PRESCRIPTION TRANSMISSION.**

The receipt of prescriptions by fax transmission for dispensing purposes will be allowed from an authorized prescribing practitioner to a pharmacy only when in compliance with the following provisions: (7-1-98)

**01. Fax Transmission.** Fax transmission of the signed prescription is performed by the prescribing practitioner or the practitioner's authorized agent. (6-30-95)

**02. Voice Verification.** Practitioners or their authorized agents must provide voice verification upon request of the pharmacist receiving the prescription. If voice verification is refused, the prescription may not be filled. (6-30-95)

**03. Facsimile Equipment Provision.** Pharmacies are precluded from supplying facsimile equipment to practitioners, hospitals, nursing homes, or any health care provider or facility. (6-30-95)

**04. Facsimile Machine Location.** The receiving facsimile machine must be located within the prescription department of the pharmacy. (6-30-95)

**05. Faxed Prescription Documentation.** The faxed prescription must be received as a non-fading document retaining legibility for a minimum of three (3) years. (6-30-95)

**06. Schedule II Faxed Prescription Documentation.** A prescription for a Schedule II substance may be faxed by the practitioner or the practitioner's agent to a pharmacy via facsimile equipment, provided that the original written and signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance. Prescriptions for the following Schedule II substances may be dispensed on receipt of a faxed prescription and the faxed copy shall serve as the original written prescription: (7-1-99)

**a.** A Schedule II prescription to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion. (7-1-99)

**b.** A Schedule II prescription for a resident of a Long Term Care Facility (LTCF). (7-1-99)

c. A Schedule II prescription for a patient residing in a hospice certified by Medicare under Title XVIII or licensed by the state. The practitioner or the practitioner's agent shall note on the prescription that the patient is a hospice patient. (7-1-99)

d. Copies of Schedule II facsimile prescriptions will not be required to be sent to the Board office. (6-30-95)

**07. Schedules III, IV, and V Faxed Prescription Documentation.** For substances in Schedules III, IV, and V, a faxed copy of a written, signed prescription transmitted directly by the prescribing practitioner to the pharmacy can serve as an original prescription. All federal and state laws and rules pertaining to written prescriptions for Schedule III, IV, and V substances apply to faxed prescriptions. (6-30-95)

**08. Pharmacist Verification.** The pharmacist receiving a faxed prescription will be responsible for verifying the authenticity of the prescription and for ensuring that a prescription for a controlled substances has been issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice pursuant to 21 CFR 1306.04(a). Orders purporting to be prescriptions that are not issued in the usual course of professional treatment are not considered prescriptions within the meaning and intent of the Controlled Substances Act. A person who issues or fills such an order shall be subject to penalties provided by law. Responsibility for verification applies equally to an order transmitted by facsimile. (6-30-95)

**162. PRESCRIPTION EXPIRATION.**

Prescription orders that are legally refillable must have the refill instructions indicated on their face. All prescription orders expire fifteen (15) months after date of issue. For long term medication orders a new prescription must be obtained and a new file number issued. (4-6-05)

**163. EMERGENCY PRESCRIPTION REFILL.**

In an emergency a pharmacist may refill a prescription for a patient if the prescribing practitioner is not available for authorization and, in the professional judgment of the pharmacist the prescription, should be refilled. Only sufficient medication may be furnished for the emergency period and the practitioner must be contacted as soon as possible for further refill instructions. (7-1-93)

**164. (RESERVED).**

**165. PHARMACEUTICAL CARE.**

A licensed pharmacist's scope of pharmacy practice may include, but is not limited to, the provision of those acts or services necessary to provide pharmaceutical care as defined in these rules. (5-8-09)

**01. Definitions.** (7-1-99)

a. Collaborative pharmacy practice. Means that practice of pharmacy whereby one (1) or more pharmacists have jointly agreed to work in conjunction with one (1) or more practitioners under protocol whereby the pharmacist may perform certain patient care functions authorized by the practitioner under certain specified conditions or limitations. (5-8-09)

b. Collaborative pharmacy practice agreement. Means a written and signed agreement between one (1) or more pharmacists and one (1) or more practitioners that provides for collaborative pharmacy practice for the purpose of conducting drug therapy management services, as defined in these rules. (5-8-09)

c. Drug therapy management. Means a distinct service or group of services that optimize therapeutic outcomes for individual patients. Drug therapy management services are independent of, but can occur in conjunction with, the provision of a drug or a device. Drug therapy management encompasses a broad range of professional activities and responsibilities within the licensed pharmacist's scope of practice. These services may include, but are not limited to, the following, according to the individual needs of the patient: (5-8-09)

i. Performing or obtaining necessary assessments of the patient's health status; (5-8-09)

- ii. Formulating a drug treatment plan; (5-8-09)
- iii. Selecting, initiating, modifying, or administering drug therapy; (5-8-09)
- iv. Monitoring and evaluating the patient's response to therapy, including safety and effectiveness; (5-8-09)
- v. Performing a comprehensive drug review to identify, resolve, and prevent drug-related problems, including adverse drug events; (5-8-09)
- vi. Documenting the care delivered and communicating essential information to the patient's other primary care providers; (5-8-09)
- vii. Providing information, support services and resources designed to enhance patient adherence with his therapeutic regimens; (5-8-09)
- viii. Coordinating and integrating drug therapy management services within the broader health care-management services being provided to the patient; and (5-8-09)
- ix. Such other drug therapy management services as may be allowed by law. (5-8-09)
- d.** Health information. Means any information, whether oral or recorded in any form or medium, that:
  - i. Is created or received by a health care provider, health plan, public health authority, employer, life insurer, school or university, or health care clearinghouse; and (5-8-09)
  - ii. Relates to the past, present, or future physical or mental health or condition of an individual; or the past, present, or future payment for the provision of healthcare to an individual. (5-8-09)
- e.** HIPAA. Means the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191) and any amendments thereof. (5-8-09)
- f.** Individually identifiable health information. Means information that is a subset of health information, including demographic information collected from an individual and that:
  - i. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and (5-8-09)
  - ii. Relates to the past, present, or future physical or mental health or condition of an individual; or the past, present, or future payment for the provision of health care to an individual that: (5-8-09)
    - (1) Identifies the individual; or (5-8-09)
    - (2) With respect to which there is a reasonable basis to believe the information can be used to identify the individual. (5-8-09)
- g.** Other pharmaceutical patient care services. Means services that may include, but are not limited to, the following: (5-8-09)
  - i. Collaborative pharmacy practice. (5-8-09)
  - ii. Such other pharmaceutical patient care services as may be allowed by law. (5-8-09)
- h.** Pharmaceutical care. Means the provision by a pharmacist of drug therapy management services and other pharmaceutical patient care services intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of a patient's symptoms, or arresting or slowing of a disease process as defined in

these rules. (5-8-09)

**i.** Pharmacist's scope of practice pursuant to the collaborative practice agreement. Means those duties and limitations of duties placed upon one (1) or more pharmacists by the collaborative practitioner or practitioners, the Board, and applicable law and includes the limitations implied by the scope of practice of the collaborating practitioner or practitioners. (5-8-09)

**j.** Practitioner. Means, for purposes of Section 165, an individual currently licensed, registered, or otherwise authorized in Idaho to prescribe and administer drugs in the course of professional practice. (5-8-09)

**k.** Protected health information. Means individually identifiable health information that, except as provided in Subparagraph 165.01.k.iv. of these rules, is: (5-8-09)

**i.** Transmitted by electronic media; (5-8-09)

**ii.** Maintained in any medium described in the definition of electronic media at 45 CFR 162.103 (HIPAA privacy rules); and (5-8-09)

**iii.** Transmitted or maintained in any other form or medium. (5-8-09)

**iv.** Protected health information excludes individually identifiable health information in: (5-8-09)

**(1)** Education records covered by the Family Education Right and Privacy Act, as amended (20 U.S.C. Section 1231(g)); (5-8-09)

**(2)** Records described at 20 U.S.C. Section 1231 (g)(4)(B)(iv); and (5-8-09)

**(3)** Employment records held by a licensee in its role as an employer. (5-8-09)

**02. Collaborative Pharmacy Practice.** Collaborative pharmacy practice is subject to the following requirements: (5-8-09)

**a.** Collaborative pharmacy practice agreement. A pharmacist planning to engage in collaborative pharmacy practice shall have on file at his place of practice the written collaborative pharmacy practice agreement. The initial existence and subsequent termination of any such agreement and any additional information the Board may require concerning the collaborative pharmacy practice agreement including the agreement itself, shall be made available to the Board for review upon request. The agreement may allow the pharmacist, within the pharmacist's scope of practice pursuant to the collaborative pharmacy practice agreement, to conduct drug therapy management services approved by the practitioner and as defined by these rules. The collaboration that the practitioner agrees to conduct with the pharmacist must be within the scope of the practitioner's current practice. Patients or caregivers shall be advised of such agreement. (5-8-09)

**b.** Contents. The collaborative pharmacy practice agreement shall include: (5-8-09)

**i.** Identification of the practitioner and pharmacist who are parties to the agreement; (5-8-09)

**ii.** The types of drug therapy management decisions that the pharmacist is allowed to make; (5-8-09)

**iii.** A method for the practitioner to monitor compliance with the agreement and clinical outcomes and to intercede where necessary; (5-8-09)

**iv.** A provision that allows the practitioner to override a collaborative practice decision made by the pharmacist whenever he deems it necessary or appropriate; (5-8-09)

**v.** A provision that allows either party to cancel the agreement by written notification; (5-8-09)

- vi. An effective date; and (5-8-09)
- vii. Signatures of each collaborating pharmacist and practitioner who are parties to the agreement as well as dates of signing. Amendments to a collaborative pharmacy practice agreement must be documented, signed, and dated. (5-8-09)
- c. Initiation of the collaborative pharmacy practice agreement. The collaborative pharmacy practice agreement must be coupled with a medical order from the practitioner to initiate allowed activities for any particular patient. (5-8-09)
- d. Documentation of pharmacist activities. Documentation of allowed activities must be kept as part of the patient's permanent record and must be readily available to other health care professionals providing care to that patient and who are authorized to receive it. Documentation of allowed activities shall be considered protected health information. (5-8-09)
- e. Review. At a minimum, the written agreement shall be reviewed and renewed and, if necessary, revised every year. (5-8-09)

**166. -- 175. (RESERVED).**

**176. POISONS.**

- 01. Definition -- Poison.** A poison is any substance that when applied to the body, either internally or externally, is capable of destroying the action of vital functions. (7-1-93)
- 02. Packaging of Poisons.** In addition to meeting all the requirements of the Federal Food, Drug and Cosmetic Act of 1938; the Poison Prevention Packaging Act of 1970; and the Idaho Food, Drug and Cosmetic Act relevant to repackaging and distributing items included by definition or listed as poisons, the pharmacist must comply with the following rules: (7-1-93)
  - a. Any poison item sold as a non-prescription, over-the-counter transaction must be in unopened, properly labeled (including name and strength of contents, warning, antidote, and name of distributor) manufacturer's or distributor's containers. Such sales are permitted without recordkeeping requirements. (7-1-93)
  - b. All sales of prepackaged items defined as poisons shall: (7-1-93)
    - i. Be sold only to persons at least eighteen (18) years of age; (7-1-93)
    - ii. Be placed in a suitable container with a safety closure; and (7-1-93)
    - iii. Be labeled with the name and strength of contents, antidote, warning statements, and the name and address of the pharmacy distributing the item. (7-1-93)
  - c. All sales of poisons in repackaged containers require entry in a POISON REGISTER, which is a bound book containing at least the following information: (7-1-93)
    - i. Signature and age of purchaser; (7-1-93)
    - ii. Time and date of sale; (7-1-93)
    - iii. Item sold and quantity; (7-1-93)
    - iv. Intended use of item; and (7-1-93)
    - v. Signature (initials) of pharmacist. (7-1-93)
  - d. The Poison Register must be maintained in the pharmacy during its use and for three (3) years after

the date of the last sale. (7-1-93)

- 03. List of Poisons.** The following list of poisons is not considered exhaustive and is subject to change: (7-1-93)
- a.** All acids capable of destroying vital human functions; (7-1-93)
  - b.** Arsenic, its salts and compounds; (7-1-93)
  - c.** Mercury, its salts and compounds; (7-1-93)
  - d.** Cyanide, its salts and compounds; (7-1-93)
  - e.** Phenol and phenolic preparations; (7-1-93)
  - f.** Potassium or sodium hydroxide and their compounds; (7-1-93)
  - g.** Silver nitrate and its preparations; (7-1-93)
  - h.** Strychnine and strychnine salts; and (7-1-93)
  - i.** Chloroform and related compounds. (7-1-93)

**177. LIMITED SERVICE PHARMACIES.**

Pharmacists proposing to operate retail drug outlets that are not community pharmacies but limit the types of drug orders that may be filled shall submit lists of suggested equipment and drug stocks to the Board with the application for pharmacy registration. The Board, or its designee, shall review the lists and either approve or deny the equipment and stocks contained therein. No pharmacy registration application may be granted for such a pharmacy until the lists of equipment and stocks are approved. The rules applicable to institutional and retail pharmacies, where appropriate, may be applied to such limited service pharmacies. All required equipment and stock are to be maintained on a continuing basis. (7-1-93)

**178. PHARMACIES, PARENTERAL ADMIXTURE.**

**01. Definition -- Parenteral Admixture.** Parenteral admixture is the preparation and labeling of sterile products intended for intravenous or intramuscular administration. (7-1-93)

**02. General Requirements for Parenteral Admixture.** (7-1-93)

**a.** The environment for this type of practice shall be set apart, designed and equipped to facilitate aseptic techniques and conditions. (7-1-93)

**b.** The Board must be notified prior to construction of such pharmacies to allow approval of floor plans per Section 156 of these rules. (7-1-93)

**c.** A registration separate from the regular pharmacy registration is required of all such pharmacies prior to opening and after inspection by the Board. (7-1-93)

**d.** A policy and procedure manual must be available at the time of initial inspection and at the annual inspection that shows proper procedures and techniques for the protection of the employee and the safety of the patient. (7-1-93)

**e.** Such pharmacies shall be under the supervision and control of a licensed pharmacist. (7-1-93)

**03. Equipment for Parenteral Admixture.** (7-1-93)

**a.** A sink with hot and cold water in close proximity to the hood; (7-1-93)

- b.** A laminar airflow hood or other appropriate environmental control device capable of maintaining a compounding area environment equivalent to “Class 100 conditions” as described in the Federal Standard 209 Clean Room and Work Station Requirements; (7-1-93)
- c.** A refrigerator for proper storage of additives and finished parenteral products prior to delivery when necessary; (7-1-93)
- d.** All library requirements in Section 154 of these rules plus the most recent copy of “*Handbook of Injectable Drugs*” by Lawrence A. Trissel; (7-1-93)
- e.** A separate vertical flow biohazard safety hood is required, if hazardous materials are prepared; and (7-1-93)
- f.** All supplies necessary for handling both hazardous and biohazardous spills and disposal of wastes shall be available and maintained in the area at all times. (7-1-93)
- 04. Distribution and Control of Prescriptions.** (7-1-93)
- a.** Proper prescription files with all required information shall be maintained. (7-1-93)
- b.** In addition to the requirements for other prescriptions, labels shall include the name and amounts of additives and the diluent, storage requirements and an expiration date and time. (7-1-93)
- 05. Quality Control of Equipment.** (7-1-93)
- a.** All equipment monitoring and maintenance must be documented. (7-1-93)
- b.** All hoods shall be certified as often as recommended by the manufacturer or at least annually. (7-1-93)

**179. PHARMACIES, DEPOT.**

No licensed pharmacist shall participate in any arrangement or agreement whereby prescriptions may be left at, picked up from, accepted by, or delivered to any place of business not licensed as a pharmacy. (7-1-93)

**01. Application.** This prohibition applies to both the prescription order blank and the completed prescription medication container. (7-1-93)

**02. Other.** Nothing in this rule shall prohibit a licensed pharmacist or a licensed pharmacy, by means of its employee or by use of a common carrier, from picking up prescriptions or delivering prescriptions at the office or home of the prescriber, at the residence of the patient, or at the hospital or medical care facility in which a patient is confined. (7-1-93)

**180. DIFFERENTIAL HOURS.**

**01. Security at Pharmacy.** A pharmacy must provide adequate security for its drug supplies, equipment, and records and in the absence of a pharmacist, the pharmacy must be closed. If a pharmacy is located within a larger business establishment that is open to the public for business at times when a pharmacist is not present, the pharmacy must be totally enclosed by a partition, such as a glass or metal mesh screen or a security fence, that is sufficient to provide adequate security for the pharmacy, as approved by the Board or its representatives. In the absence of a pharmacist, the pharmacy must be locked. Employees of the business establishment may not be authorized to enter the closed pharmacy during those hours that the business establishment is open to the public for business. (7-1-93)

**02. Equipment, Records, Drugs, and Other Items.** All equipment and records referred to in these rules and all drugs, devices, poisons, and other items or products that are restricted to sale either by or under the personal supervision of a pharmacist must be kept in the pharmacy area. (7-1-93)