



PHARMACY EXAMINING BOARD
Room N208, 4822 Madison Yards Way, 2nd Floor, Madison
Contact: Debra Sybell (608) 266-2112
October 28, 2019

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

8:30 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-3)

B. Administrative Matters – Discussion and Consideration

- 1) Department, Staff and Board Updates
- 2) Board Members – Term Expiration Dates

C. Legislative and Policy Matters – Discussion and Consideration

D. Administrative Rule Matters – Discussion and Consideration

- 1) Phar 7 Relating to Practice of Pharmacy **(4-20)**
- 2) Pending or Possible Rulemaking Projects

E. Discussion and Consideration of Items Added After Preparation of Agenda

- 1) Introductions, Announcements and Recognition
- 2) Nominations, Elections, and Appointments
- 3) Administrative Matters
- 4) Election of Officers
- 5) Appointment of Liaisons and Alternates
- 6) Delegation of Authorities
- 7) Education and Examination Matters
- 8) Credentialing Matters
- 9) Practice Matters
- 10) Legislative and Administrative Rule Matters
- 11) Liaison Reports
- 12) Board Liaison Training and Appointment of Mentors
- 13) Informational Items
- 14) Division of Legal Services and Compliance (DLSC) Matters
- 15) Presentations of Petitions for Summary Suspension
- 16) Petitions for Designation of Hearing Examiner
- 17) Presentation of Stipulations, Final Decisions and Orders
- 18) Presentation of Proposed Final Decisions and Orders
- 19) Presentation of Interim Orders

- 20) Pilot Program Matters
- 21) Petitions for Re-Hearing
- 22) Petitions for Assessments
- 23) Petitions to Vacate Orders
- 24) Requests for Disciplinary Proceeding Presentations
- 25) Motions
- 26) Petitions
- 27) Appearances from Requests Received or Renewed
- 28) Speaking Engagements, Travel, or Public Relation Requests, and Reports

F. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 440.205, Stats.); to consider individual histories or disciplinary data (s. 19.85 (1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

G. Deliberation on Division of Legal Services and Compliance Matters

- 1) **Proposed Stipulations, Final Decisions, and Orders**
 - a. 17 PHM 158 – Richard D. Moe, R.Ph. **(22-26)**
- 2) **Case Closings**
 - a. 17 PHM 172 – W., J.T.K., S.C.F. **(27-31)**
 - b. 18 PHM 026 – K.G.V. **(32-38)**
 - c. 18 PHM 056 – W. **(39-41)**
 - d. 19 PHM 103 – C. **(42-45)**
- 3) **Monitoring Matters**
 - a. Brad Spross, R.Ph. – Requesting Reduction in Drug Screens and AA/NA Meeting Attendance **(46-78)**

H. Deliberation of Items Added After Preparation of the Agenda

- 1) Education and Examination Matters
- 2) Credentialing Matters
- 3) Application Reviews
- 4) DLSC Matters
- 5) Monitoring Matters
- 6) Professional Assistance Procedure (PAP) Matters
- 7) Petitions for Summary Suspensions
- 8) Petitions for Designation of Hearing Examiner
- 9) Proposed Stipulations, Final Decisions and Orders
- 10) Proposed Interim Orders
- 11) Administrative Warnings
- 12) Review of Administrative Warnings
- 13) Proposed Final Decisions and Orders
- 14) Matters Relating to Costs/Orders Fixing Costs
- 15) Case Closings
- 16) Board Liaison Training
- 17) Petitions for Assessments and Evaluations
- 18) Petitions to Vacate Orders
- 19) Remedial Education Cases

- 20) Motions
- 21) Petitions for Re-Hearing
- 22) Appearances from Requests Received or Renewed

I. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

J. Vote on Items Considered or Deliberated Upon in Closed Session, if Voting is Appropriate

K. Open Session Items Noticed Above Not Completed in the Initial Open Session

L. Board Meeting Process (Time Allocation, Agenda Items) – Discussion and Consideration

M. Board Strategic Planning and its Mission, Vision, and Values – Discussion and Consideration

ADJOURNMENT

NEXT MEETING: DECEMBER 17, 2019

MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held at 4822 Madison Yards Way, Madison, Wisconsin, unless otherwise noted. In order to confirm a meeting or to request a complete copy of the board's agenda, please call the listed contact person. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Interpreters for the hearing impaired provided upon request by contacting the Affirmative Action Officer, 608-266-2112.

**State of Wisconsin
Department of Safety & Professional Services**

AGENDA REQUEST FORM

1) Name and Title of Person Submitting the Request: Sharon Henes Administrative Rules Coordinator		2) Date When Request Submitted: 14 October 2019 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting	
3) Name of Board, Committee, Council, Sections: Pharmacy Examining Board			
4) Meeting Date: 23 October 2019	5) Attachments: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6) How should the item be titled on the agenda page? Administrative Rule Matters 1. Phar 7 Relating to Practice of Pharmacy 2. Pending or Possible Rulemaking Projects	
7) Place Item in: <input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session	8) Is an appearance before the Board being scheduled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required:	
10) Describe the issue and action that should be addressed:			
11) Authorization			
<i>Sharon Henes</i>		<i>10/14/19</i>	
Signature of person making this request		Date	
Supervisor (if required)		Date	
Executive Director signature (indicates approval to add post agenda deadline item to agenda)		Date	
Directions for including supporting documents: 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director. 3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.			

TEXT OF RULE

SECTION 1. Chapter 7 is repealed and recreated to read:

Subchapter I — General

7.01 Definitions.

(1) “Managing pharmacist” means a pharmacist currently licensed in this state who accepts responsibility for the operation of a pharmacy in conformance with all laws and rules pertinent to the practice of pharmacy, and who is personally in full and actual charge of the pharmacy and personnel.

(2) “Standing order” means an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients.

7.02 Prescription (1) REQUIREMENTS. A prescription drug order shall include all of the following:

1. Date of issue
2. Name and address of the practitioner.
3. Prescriptions written by a delegate of the practitioner shall include the name and signature of the delegate and the name and address of the practitioner.
4. Name, strength, dosage, form and quantity of the drug.
5. Directions for use of the drug.
6. Refills, if any.
7. Name and address of the patient except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2)(a)1., 448.035 (2) and 448.037 (2) (a) 1., Stats.
8. If prescription is issued under s. 118.2925 (3), Stats., the name and address of the school.
9. If prescription is issued under s. 255.07 (2), the name and address of the authorized entity.
10. Practitioner’s written signature, or electronic or digital signature.

(2) STANDING ORDER. (a) A prescription pursuant to a standing order shall include all of the following:

1. Date of issue
2. Name and address of the practitioner.
3. Prescriptions written by a delegate of the practitioner shall include the name and signature of the delegate and the name and address of the practitioner.
4. Name, strength, dosage, form and quantity of the drug.
5. Directions for use of the drug.
6. Refills, if any.
7. Name and address of the patient except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2)(a)1., 448.035 (2) and 448.037 (2) (a) 1., Stats.
8. If prescription is issued under s. 118.2925 (3), Stats., the name and address of the school.
9. If prescription is issued under s. 255.07 (2), the name and address of the authorized entity.
10. Indicate the prescription is pursuant to a standing order.

(b) A copy of the standing order shall be retained under Phar 7.11.

(3) ELECTRONIC PRESCRIPTION. (a) Except as provided in s. 89.068 (1) (c) 4., Stats., and as otherwise prohibited by law, prescription orders may be accepted and dispensed if they have been transmitted electronically from a practitioner or his or her designated agent to a pharmacy

via computer modem or other similar electronic device. Prescription orders transmitted by facsimile machine are not considered electronic prescription orders; but rather, written prescription orders.

(b) A pharmacist may dispense a prescription pursuant to a prescription order transmitted electronically, if the pharmacist assures the prescription order does all of the following:

1. Was sent only to the pharmacy of the patient's choice and only at the option of the patient, with no intervening person or third party having access to the prescription order other than to forward it to the pharmacy.
2. Identifies the individual sender's name and telephone number for oral confirmation, the time and date of transmission, and the pharmacy intended to receive the transmission.
3. Contains all other information that is required in a prescription order.

(c) The prescribing practitioner's electronic signature, or other secure method of validation shall be provided with a prescription order electronically transmitted via computer modem or other similar electronic device.

(4) **ORAL PRESCRIPTION.** Oral prescription orders may be received at a pharmacy via a telephone answering device or voice mail. The oral prescription shall be reduced to writing or an electronic prescription and indicate that the prescription is an oral prescription.

(5) **ALTERNATIONS.** Any alterations that modify the original intent, with the exception of quantity, in prescription order drug data shall be documented including the identification of the pharmacist responsible for the alteration and the individual who authorized the alteration.

7.03 Drug utilization review. (1) A pharmacist shall complete a drug utilization review by reviewing the patient record prior to dispensing each prescription drug order for all of the following:

- (a) Known allergies.
- (b) Rational therapy
- (c) Contraindications.
- (c) Proper dose, duration of use, and route of administration, considering the age, gender, and other patient factors.
- (d) Proper directions for use.
- (e) Potential or actual adverse drug reactions.
- (f) Drug interactions with food, beverages, other drugs or medical conditions.
- (i) Therapeutic duplication;
- (j) Proper utilization and optimum therapeutic outcomes.
- (k) Potential abuse or misuse.

(2) Upon recognizing a concern with any of the items in sub. (1) (a) to (k), the pharmacist shall take steps to mitigate or resolve the problem.

7.04 Transferring Prescription Order Information. (1) GENERAL REQUIREMENTS. A transfer of prescription order information between pharmacies licensed in this state or another state, for the purpose of original or refill dispensing of non-controlled substances and refills of controlled substances, if all of the following conditions are satisfied:

(a) The transfer is communicated in one of the following ways:

1. Oral communication between two pharmacists.
2. Electronically or by facsimile machine between the two pharmacies.

(b) The pharmacist receiving the oral transfer of prescription order information for either a controlled or a non-controlled substance transcribes the transferred information into a written or electronic prescription.

(c) All transferred prescription records are maintained for a period of 5 years from the date of the last refill. {under recordkeeping }

(2) NON-CONTROLLED SUBSTANCES. The transfer of prescription order information for non-controlled substances for the purposes of original or refill dispensing is permissible pursuant to the following requirements:

(a) The transfer record shall include the following information:

1. The word "VOID" is on the face of the invalidated prescription order or recorded in a similar manner to "VOID" on a prescription order in a computer system meeting the requirements of sub. (4).
2. The name and address of the pharmacy to which it was transferred, the full name of the pharmacist receiving the prescription order, the date and the full name of the pharmacist transferring the information are recorded on the invalidated prescription order or in a computer system meeting the requirements sub. (4).

(b) Unless a computer system meeting the requirements in sub. (4) is used, the pharmacist, or delegate, receiving the transferred prescription order information shall record the following:

1. The word "TRANSFER" on the face of the transferred prescription order or recorded in a similar manner in a computer system.
2. The name and address of the patient, the name and address of the prescribing practitioner, and the name and quantity and dosage form of the drug product or device prescribed and the directions for use.
3. The date of issuance of the original prescription order.
4. The original number of refills authorized on the original prescription order.
5. The date of original dispensing if the prescription order has previously been dispensed.
6. The number of valid refills or total quantity remaining and the date of the last refill.
7. The pharmacy's name, address, and the prescription order number from which the prescription order information was transferred.
8. The full name of the pharmacist authorizing the transfer.

(3) CONTROLLED SUBSTANCES. The transfer of prescription order information for schedule III to V controlled substances for the purposes of refill dispensing is permissible pursuant to the following requirements:

(a) The requirements in sub. (2).

(b) The transfer of prescription order information is permissible only on a one time basis unless a computer system meeting the requirements of sub. (4) is used.

(c) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist making the transfer shall record in writing the following information:

1. The name, address and DEA registration number of the pharmacy to which it was transferred.
2. The name of the pharmacist receiving the prescription order.
3. The date and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order.

(d) Unless a computer system meeting the requirements of sub. (4) is used, the pharmacist receiving the transferred prescription order information shall record in writing the following information:

1. The word "TRANSFER" on the face of the transferred prescription order.
2. The name and address of the patient, the name, address and DEA number of the prescribing practitioner, and the name and quantity and dosage form of the drug product or device prescribed and the directions for use.
3. The date of issuance of the original prescription order.
4. The original number of refills authorized on the original prescription order.

5. The date of original dispensing.
6. The number of valid refills remaining.
7. The name, address, telephone number, DEA registration number and prescription order number of the pharmacy from which the prescription order information was transferred if different from the pharmacy from which the prescription order was originally dispensed.
8. The name of the pharmacist making the transfer.

(4) Use of computer system. A computer system used for transferring prescription order information shall, in addition to meeting the requirements of s. Phar 7.11(2) (a), contain a shared real time electronic file database with complete prescription record filled and dispensed.

Phar 7.05 Label Requirements (1) In this section, ambulatory patient does not include those in a correctional facility.

(2) All prescribed drugs or devices for outpatient, ambulatory patient shall have a label attached to the container disclosing all of the following:

- (a) Identification of the patient by one of the following:
 1. Except as provided in subd. 1. b to e., the full name of the patient
 2. For an antimicrobial drug dispensed under s. 450.11 (1g), Stats., the full name of the patient, if known, or the words, “expedited partner therapy” or the letters “EPT”.
 3. For an opioid antagonist when delivered under s. 450.11 (1i), Stats., the name of the person to whom the opioid antagonist is delivered.
 4. For an epinephrine auto-injector prescribed under s. 118.2925 (3) or 255.07 (2), the name of the school, authorized entity, or other person specified under s. 255.07 (3).
 5. If the patient is an animal the last name of the owner, name of the animal and animal species.
- (b) Directions for use as indicated by the prescriber using numeric instead of alphabetic characters for numbers.
- (c) Symptom or purpose if the patient indicates in writing to the prescriber that the patient wants the information on the label.
- (d) Drug name, unless the prescribing practitioner requests omission of the name of the drug. Both the generic brand name of the drug product equivalent and the brand name specified in the prescription order may be listed on the label if the brand name is listed on the prescription and the drug product equivalent is dispensed, unless the prescribing practitioner requests that the brand name be omitted from the label.
- (e) Drug strength, unless the prescribing practitioner requests omission of the strength of the drug dispensed.
- (f) The use by date indicating the date after which the medication shall not be used.
- (g) Pharmacy name.
- (h) Pharmacy telephone number.
- (i) Prescriber name.
- (j) Date the prescription was filled.
- (k) Prescription number.
- (L) Drug quantity.
- (m) Number of remaining refills.
- (n) Written or graphic product descriptions.
- (o) Any cautions or other provisions.

(3) Sub. (2) does not apply to complimentary samples of drug products or devices dispensed in original packaging by a practitioner to his or her patients.

Phar 7.06 Repackaging. (1) In this section, “repackaging” means taking a finished drug product from the container in which it was distributed by the original manufacturer and placing it into a different container without further manipulation of the drug.

(2) A pharmacy repackaging drugs shall do all of the following:

- (a) The repackaging processes are conducted under conditions that ensure the integrity of the drug.
- (b) In the absence of stability data for the drug product in the repackaged container, the beyond-use dating period is one year or the time remaining until the expiration date, whichever is shorter. If current stability data is available for the drug product in the repackaged container, the length of time established by the stability study may be used to establish the beyond use date, but may not exceed the manufacturer’s expiration date.
- (c) The repackaged container shall meet or exceed the original container’s specification for light resistance.
- (d) The conditions or storage shall meet the storage specifications as described in the labeling of the original container received for repackaging. Where no specific storage conditions are specified, the product must be maintained at controlled room temperature and in a dry place during the repackaging process, including storage.
- (e) The repackaged drugs are labeled with all the following components:
 1. Drug name, strength and dosage form.
 2. Pharmacy control and manufacturer lot number.
 3. Name of the manufacturer or distributor of the drug or NDC number.
 4. Beyond use date.
- (f) Records of all repackaging operations are maintained and include all the following:
 1. Name, strength, dosage form, quantity per container, and quantity of containers of the drug being prepackaged.
 2. Name of the manufacturer or distributor of the drug or NDC number.
 3. Pharmacy control and manufacturer lot number.
 4. Expiration date of the drug according to the original manufacturer or distributor container and the beyond-use date.
 5. Full name of the pharmacist or delegate that prepackaged the drug and the full name of the pharmacist that verified the appropriateness of the prepackaged drug.
 6. Date the drug is prepackaged.

Phar 7.07 Final Check (1) The final check on the accuracy and correctness of the prescription includes all of the following:

- (a) Label requirements.
- (b) Correct product.
- (c) Ensures completion of the drug utilization review.

(2) For all prescriptions, the prescription record shall identify the pharmacist responsible for each part of the final check of the prescription. If sub. (1) (a) or (b) is completed by automated technology under s. Phar 7.13 or delegate check delegate under s. Phar 7.14, the prescription record shall identify the pharmacist supervising the delegation.

Phar 7.08 Patient Counseling. (1) Patient counseling shall include at least one of the following:

- (a) Name and description of the drug.
- (b) Dosage form, dose, route of administration and duration for drug therapy.
- (c) Intended use of the drug and expected action.
- (d) Special directions and precautions for preparation, administration and use by the patient.

- (e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur.
 - (f) Techniques for self-monitoring drug therapy.
 - (g) Proper storage and appropriate disposal method of unwanted or unused medication.
 - (i) Action to be taken in the event of a missed dose.
 - (j) Assessment of the drug's effectiveness in meeting the patient's treatment goals and any adverse effects related to the prescription.
- (2) A pharmacist shall give the patient or patient's agent appropriate consultation relative to the prescription for all new or renewal of a prescription, change in the patient's therapy, and the first refill after a new prescription or change in patient's therapy. The consultation shall occur before the transfer of the drug to the patient. This requirement is not satisfied by only offering to provide consultation.
- (3) Sub. (2) applies regardless of the method of delivery of the drug.
- (4) Consultation is required upon patient request.
- (5) A pharmacist shall utilize professional judgement in determining whether to give the patient or patient's agent appropriate consultation relative to the prescription for any refill.
- (6) Notwithstanding sub. (2), a consultation is not required when a health care provider is administering the medication.

Phar 7.09 Procurement, recall and out-of-date prescription drugs and devices.

- (1) Procurement of prescription drugs and devices shall be from a drug wholesaler licensed by the board or U.S. food and drug administration to distribute to pharmacies or from another licensed pharmacy or licensed practitioner located in the United States.
- (2) There shall be a system for identifying any prescription drugs and devices subjected to a product recall and for taking appropriate steps as required by the recall notice.
- (3) Any drug or device bearing an expiration date shall not be dispensed for use beyond the expiration date of the drug or device. Outdated drugs or devices shall be removed from dispensing stock and shall be quarantined until such drugs or devices are properly disposed of.

7.10 Return or exchange of health items. (1) In this section:

- (a) "Health item" means drugs, devices, hypodermic syringes, needles or other objects for injecting a drug, medicines, or items of personal hygiene.
 - (b) "Original container" means the container in which a health item was sold, distributed, or dispensed.
 - (c) "Tamper-resistant package" means a container bearing a beyond use date that is sealed so that the contents cannot be used without obvious destruction of the seal.
- (2) No health items after taken from a pharmacy where sold, distributed or dispensed, may be returned to that pharmacy, except for any of the following:
- (a) Where the health items were dispensed in error, were defective, adulterated, misbranded, or dispensed after their beyond use date.
 - (b) When in the professional judgment of the pharmacist substantial harm could result to the public or patient if they were to remain in the possession of the patient, patient's family or agent, or other person.
 - (c) A health item that is prepackaged for consumer use without a prescription and labeled in compliance with all applicable state and federal laws where all of the following apply:
 - 1. The pharmacist determines that the original package is unopened, sealed and intact and that package labeling is unaltered.
 - 2. The pharmacist determines the contents are not adulterated.

Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.

(3) Health items returned to a pharmacy pursuant to sub. (2) (a) and (b), may not be sold, resold, or repackaged and sold or resold, given away, or otherwise distributed or dispensed. Returned health items shall either be destroyed at the pharmacy or delivered for destruction or other disposal by an authorized person or entity.

(4) It is not a return of a health care item if a patient or agent of a patient delivers a previously dispensed drug or device to a pharmacy for the purpose of repackaging and relabeling of that previously dispensed drug or device, and subsequent return of the drug or device is for the same patient's use.

Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.

(5) It is not a return of a health care item if a patient or agent of a patient delivers a previously dispensed drug or device to a pharmacy for the purpose of destruction at the pharmacy or other disposal by an authorized person or entity.

Phar 7.11 Pharmacy Records. (1) GENERAL. Pharmacy records shall be maintained for five years.

(2) PRESCRIPTION RECORDS. (a) A computerized system may be used for maintaining a record, as required under this section, of prescription dispensing and transfers of prescription order information for the purposes of original or refill dispensing if the system:

1. Is capable of producing a printout of any prescription data which the user pharmacy is responsible for maintaining.
2. Is equipped with an auxiliary procedure which, during periods of down-time, shall be used for documentation of prescription dispensing. The auxiliary procedure shall ensure that prescription refills are authorized by the original prescription order, that the maximum number of prescription refills has not been exceeded and that all of the appropriate data are retained for on-line entry as soon as the computer system is again available for use.

(b) A record of all prescriptions dispensed shall be maintained for a period of 5 years after the date of the last refill.

(c) All systems used for maintaining a record of any prescription dispensing shall contain all items required in the medical profile record system.

(d) Electronic prescription records may be maintained instead of paper records if the prescription is scanned into the record.

(3) MEDICATION PROFILE RECORD SYSTEM. (a) An individual medication profile record system shall be maintained in all pharmacies for humans and non-humans for whom prescriptions, original or renewal, are dispensed. This section does not apply to prescriptions which are administered in a health care facility. The system shall be capable of permitting the retrieval of information.

(b) The following minimum information shall be retrievable:

1. Full patient name, or if not human name of pet, species and last name of owner.
2. Address of the patient.
3. Birth date of the patient or if not human birthdate of the owner.
4. Name of the drug product dispensed.
5. Strength of the drug product dispensed.
6. Dosage form of the drug product dispensed.
7. Quantity of the drug product dispensed.
8. Directions for use.
9. Prescription identification number or institution unit number
10. Date of all instances of dispensing, for original and renewal prescriptions.

11. Prescriber national provider identifier number

- (c) The pharmacist shall be responsible for attempting to ascertain and record any patient allergies, adverse drug reactions, drug idiosyncrasies, and any chronic conditions which may affect drug therapy as communicated by the patient or agent of the patient. If none, this should be indicated.
- (d) At the time a prescription order is reviewed by the pharmacist for dispensing, the pharmacist shall review the medication profile record of the patient for the previously dispensed medication history and shall determine whether the prescription order presented should be dispensed.
- (e) Medication profile records shall be maintained for a period of not less than 5 years following the date of the last entry.

Phar 7.12 Delegation by a Physician. The pharmacist shall document the delegation. The delegated act may be started prior to the documentation. Documentation of the delegated act may be in a contract or agreement.

Phar 7.13 Automated technology product verification (1) DEFINITIONS. In this section:

- (a) “Product verification” means doing a check of the accuracy and correctness of a product, including drug, strength, formulation, and expiration or beyond use date, as part of the final check.
- (b) “Supervising pharmacist” means the pharmacist licensed in this state who is responsible for the operations and outcomes of the product verification done by an automated technology.

(2) AUTOMATED TECHNOLOGY PRODUCT VERIFICATION QUALIFICATIONS. Product verification may be done only by an automated technology which meets all of the following:

- (a) Located within a licensed pharmacy.
- (b) Utilizing barcodes or another machine-readable technology to complete the product verification.
- (c) Validated by the following process:
 - 1. The automated technology shall make a product verification for accuracy and correctness of a minimum of 2500 product verifications and achieve an accuracy rate of at least 99.8%.
 - 2. A pharmacist shall audit 100% of the product verifications made by the automated technology during the validation process.
- (d) Revalidated if the software is upgraded or any component of the automated technology responsible for the accuracy and correctness of the product verification is replaced or serviced outside of the manufacturer’s standard maintenance recommendations.

(3) ELIGIBLE PRODUCT. The automated technology may do the product verification if the product meets all of the following:

- (a) Is dispensed in the original package from a manufacturer or if a licensed pharmacist has ensured that any repackaging results in a package that is labeled with the correct drug name, strength, formulation, control or lot number, and expiration or beyond use date.
- (b) Has a drug utilization review performed by a pharmacist prior to delivery.
- (c) Will be administered by an individual authorized to administer medications at the institution where the medication is administered.

(4) POLICIES AND PROCEDURES. Each pharmacy shall maintain policies, procedures, and training materials for the automated technology product verification which shall be made available to the board upon request.

(5) RECORDS. (a) Each pharmacy shall maintain for 5 years the following records:

1. All validation records of each automated technology that include the dates that the validation occurred, the number of product verifications performed, the number of product verification errors, and overall accuracy rate.
 2. Documentation indicating acceptance of responsibility for compliance with this section, signed and dated by both the managing pharmacist and supervising pharmacist, indicating the name of the supervising pharmacist and start and end dates of supervision.
 3. Documentation of the completion of the manufacturer's recommended maintenance and quality assurance measures.
 4. Documentation of the dates of all software upgrades.
 5. Documentation of all service performed outside of the manufacturer's standard maintenance recommendations.
- (b) Records shall be made available to the board upon request.

Phar 7.14 Delegate-check-delegate. (1) DEFINITIONS. In this section:

- (a) "Delegate" means a person to whom the pharmacist has delegated the task of product verification.
- (b) "Delegate-check-delegate" means the process in which one delegate conducts the task of product verification of technical dispensing functions completed by an unlicensed individual. A delegate may not conduct product verification as part of the final check of their own product preparation.
- (c) "Product verification" means doing a check of the accuracy and correctness of a product, including drug, strength, formulation, and expiration or beyond use date, as part of the final check.
- (d) "Supervising pharmacist" means the pharmacist licensed in this state, who is responsible for the operations and outcomes of product verification done by a delegate and ensuring for direct supervision of the delegate.

(2) DELEGATE QUALIFICATIONS. A pharmacist may delegate the product verification of a prescription or chart order to a delegate who meets all of the following:

- (a) Is at least 18 years old.
- (b) Completed an accredited technician training program or has a minimum of 500 hours of experience in product selection, labeling and packaging.
- (c) Completed a didactic and practical training curriculum approved by the supervising and managing pharmacist that includes training in all of the following:
 1. Elements of correct product including all of the following:
 - a. Drug name.
 - b. Strength.
 - c. Formulation.
 - d. Expiration date.
 - e. Beyond use date.
 2. Common dispensing medication errors and concepts including all of the following:
 - a. Wrong medication.
 - b. Wrong strength.
 - c. Wrong formulation.
 - d. Extra or insufficient quantity.
 - e. Omitted medications if utilizing unit dose or compliance packaging.
 - f. Expired medication.
 - g. Look-alike or sound-alike errors.
 - h. High-alert medications.
 3. Eligible medications for delegate-check-delegate.

4. Organizational policies and procedures on reporting of medication errors.
 5. Overview of the medication use process including all of the following:
 - a. Procurement.
 - b. Ordering.
 - c. Dispensing.
 - d. Administration.
 - e. Monitoring.
 6. A practical training designed to assess the competency of the delegate prior to starting the validation process. The practical training shall include simulation of at least two occurrences of each of the following:
 - a. Wrong drug.
 - b. Wrong strength.
 - c. Wrong formulation.
 - d. Omitted medication, if utilizing unit dose or compliance packaging.
- (d) Completed the following validation process:
1. The delegate being validated shall make a product verification on the work of a pharmacist or unlicensed person for accuracy and correctness of a minimum of 500 product verifications over a minimum of 5 separate days and achieve an accuracy rate of at least 99.8%.
 2. A pharmacist shall audit 100% of the product verifications made by the delegate during the validation process.
- (e) Notwithstanding, par (a) to (d), a delegate who completed the pilot program validation process between October 1, 2016 and September 30, 2019 meets the delegation qualifications unless the delegate fails to meet the quality assurance standards under sub. (4).
- (3) ELIGIBLE PRODUCT.** (a) *Institutional pharmacies.* The delegate may do the product verification in an institutional pharmacy if the product meets all of the following:
1. Is in an original package from a manufacturer or if the licensed pharmacist has ensured that any repackaging of stock results in a package that is labeled with the correct drug name, strength, formulation, control or lot number, and beyond use date.
 2. Has a drug utilization review performed by a pharmacist prior to dispensing.
 3. Will be administered by an individual authorized to administer medications at the institution where the medication is administered.
- (b) *Community pharmacies.* The delegate may do the product verification in a community pharmacy if the medications meets all of the following:
1. Is in an original package from a manufacturer or if the licensed pharmacist has ensured that any repackaging of stock results in a package that is labeled with the correct drug name, strength, formulation, control or lot number, and beyond use date.
 2. Has a drug utilization review performed by a pharmacist prior to dispensing.
 3. Includes a description of the medication on the prescription label that allows for a non pharmacist to check the accuracy of the medication after it is delivered.
- (4) QUALITY ASSURANCE.** (a) A minimum of 5% of each delegate's product verifications shall be audited by a licensed pharmacist. The accuracy of each delegate shall be tracked individually.
- (b) A record of each delegate-check-delegate audit shall include all of the following:
1. Name of the product verification delegate.
 2. Total number of product verifications performed.
 3. Number of product verifications audited by the pharmacist.
 4. Percentage of product verifications audited by pharmacist.
 5. Percentage of accuracy.

6. Number of product verification errors identified.
 7. Type of error under sub. (2) (c) 3.
- (c) On a quarterly basis, the supervising pharmacist shall perform an assessment of each delegate's previous 12 months accuracy and correctness of delegate-check-delegate product verifications including a review of the quality assurance log.
- (d) A delegate shall be revalidated if the delegate fails to maintain a product verification accuracy rate of 99.8% based on the quarterly assessment of the previous 12 months or has not performed delegate-check-delegate product verifications within the last 6 months.
- (5) **POLICIES AND PROCEDURES.** Each pharmacy shall maintain policies, procedures, and training materials for the delegate-check-delegate which shall be made available to the board upon request.
- (6) **RECORDS.** (a) Each pharmacy shall maintain for 5 years the following records:
1. All validation records of each delegate that include the dates that the validation occurred, the number of product verifications performed, the number of product verification errors, and overall accuracy rate.
 2. Documentation indicating accepting responsibility for compliance with this section, signed and dated by both the managing pharmacist and supervising delegate-check-delegate pharmacist, indicating the name of the supervising delegate-check-delegate pharmacist, and the dates the supervision responsibilities begin and end.
 3. Quality assurance audits and quarterly assessments.
- (b) Records shall be made available to the board upon request.

Subchapter III — Central Fill

7.30 Definitions. In this section:

- (1) "Central fill pharmacy" means a pharmacy licensed in this state acting as an agent of an originating pharmacy to fill or refill a prescription.
- (2) "Dispensing pharmacy" means the central fill pharmacy or originating pharmacy which delivers the prescribed drug or device to the ultimate user.
- (3) "Originating pharmacy" means a pharmacy licensed in this state that uses a central fill pharmacy to fill or refill a prescription order.

7.31 Requirements. A central fill pharmacy and originating pharmacy may process a request for the filling or refilling of a prescription order received by an originating pharmacy only pursuant to the following requirements:

- (1) The central fill pharmacy either has the same owner as the originating pharmacy or has a written contract with the originating pharmacy outlining the services to be provided and the responsibilities of each pharmacy in fulfilling the terms of the contract in compliance with federal and state law.
- (2) The central fill pharmacy shall maintain a record of all originating pharmacies, including name, address and DEA number, for which it processes a request for the filling or refilling of a prescription order received by the originating pharmacy. The record shall be made available upon request for inspection by the board or its agent.
- (3) The central fill pharmacy and originating pharmacy maintain a written filling protocol delineating each pharmacy's assumption of responsibility for compliance with the prescription drug compounding and dispensing requirements of this chapter and ch. Phar 8.
- (4) The originating pharmacy shall remain responsible for compliance with the prescription drug compounding and dispensing requirements of this chapter and ch. Phar 8, and which are not assumed in writing by the central fill pharmacy pursuant to a written filling protocol.

(5) Unless the central fill pharmacy shares a common central processing unit with the originating pharmacy, it may not perform processing functions such as the medication profile record review of the patient, drug utilization review, refill authorizations, interventions and drug interactions.

(6) The prescription label attached to the container shall contain the name and address of the dispensing pharmacy. The date on which the prescription was dispensed for purposes of s. 450.11 (4) (a) 2., Stats., shall be the date on which the central fill pharmacy filled the prescription order.

(7) The originating pharmacy shall maintain the original of all prescription orders received for purposes of filing and recordkeeping as required by state and federal law.

(8) The central fill pharmacy shall maintain all original fill and refill requests received from the originating pharmacy and shall treat them as original and refill prescription orders for purposes of filing and recordkeeping as required by state and federal law.

(9) In addition to meeting the other recordkeeping requirements required by state and federal law, the central fill pharmacy and originating pharmacy shall each maintain records to identify each of its pharmacists responsible for receiving and reviewing prescription orders and compounding and dispensing pursuant to a prescription order and track the prescription order during each step in the dispensing process.

(10) The central fill pharmacy and originating pharmacy shall adopt a written quality assurance program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, resolve identified problems and insure compliance with this section.

(11) The originating pharmacy shall provide the patient with the name and address of the central fill pharmacy and obtain consent as required by applicable state and federal law.

Subchapter IV — Delivery Systems and Remote Dispensing

Phar 7.40 Definition. In this subchapter:

(1) “Delivery system” means a structure, located outside of the pharmacy, that a prescription is placed in for patient pick-up. Delivery system does not include delivery by vehicle to the patient’s place of choice.

(2) “Supervising pharmacy” means a licensed pharmacy that oversees the operations and administration of remote dispensing.

Phar 7.41 Delivery System. (1) Prescription is filled by the dispensing pharmacy.

(2) Prescription shall be stored in a secure delivery system immediately upon delivery to the location of the delivery system. Only the patient or patient’s designee shall be able to open the door or locker containing the individual’s prescription bag.

(3) The delivery system shall be designed in a manner which does not disclose protected health information or reveals contents of the prescription.

(4) The delivery system shall maintain appropriate environmental controls, including temperature and humidity, to prevent drug adulteration.

(5) The use of a delivery system does not create an exemption to s. 450.11 (1b), Stats.

(6) A log shall be maintained by the dispensing pharmacy of all prescriptions delivered to the delivery system.

(7) The delivery system shall be inventoried at least weekly and a list of unclaimed prescriptions shall be provided to the dispensing pharmacy.

(8) The managing pharmacist shall establish written policies and procedures for all of the following:

(a) Stocking of the delivery system, including identifying the responsible pharmacist.

(b) Determining access to the delivery system.

(c) Detection and mitigation of controlled substance diversion.

Phar 7.42 Automated direct-to-patient dispensing system. (1) A pharmacy may utilize an automated direct-to-patient dispensing system in a secure and professionally appropriate environment in any of the locations under s. 450.062 (1) to (4), Stats.

(2) An automated direct-to-patient dispensing system shall be associated with a pharmacy. A prescriber may not dispense utilizing an automated direct-to-patient dispensing system. A prescriber may authorize the dispensing of a drug utilizing an automated direct-to-patient dispensing system.

(3) Individuals with access to the automated direct-to-patient dispensing system for the purpose of stocking, inventory, and monitoring shall be limited to pharmacist or a pharmacist delegate.

(4) The automated direct-to-patient dispensing system shall label the prescription in compliance with s. Phar 7.05.

(5) The automated direct-to-patient dispensing system shall maintain prescription records in compliance with s. Phar 7.11 (1).

(6) The pharmacist shall do a prospective drug use review before a prescription can be dispensed by an automated direct-to-direct patient dispensing system.

(7) The pharmacist is responsible is responsible for compliance with consulting requirements in s. Phar 7.08.

(7) The managing pharmacist is responsible for maintaining records of the automated direct-to-patient dispensing system.

Phar 7.43 Remote Dispensing. (1) LOCATION. A pharmacist or a person engaged in the practice of pharmacy under s. 450.03 (1) (f), (g), or (i) may dispense at any of the locations under s. 450.062 (1) to (4), Stats.

(2) TITLE. No person may use or display the title “pharmacy”, “drugstore,” “apothecary,” or any other title, symbol or insignia having the same or similar meanings in connection with remote dispensing.

(3) REQUIREMENTS. (a) A remote dispensing location shall display a sign, easily viewable by customers, that states all of the following:

1. Prescriptions may be filled at this location.
2. This remote dispensing location is being supervised by a pharmacist located at all of the following:
 - a. Name of pharmacy.
 - b. Address of pharmacy.
 - c. Telephone of pharmacy.
3. The pharmacist is required to consult with you each time you pick up a prescription.

(b) Remote dispensing may not occur if the supervising pharmacy is closed.

(c) A prescribed drug or device may not be dispensed in the absence of the ability of a patient to communicate with a pharmacist.

(d) Remote dispensing locations shall have a centrally monitored alarm. For all after hour entries, the personnel entering the location shall record their name, and the date, time and purpose for entering the site in a log. All logs shall be retained for 2 years.

(4) Dispensing requirements. Remote dispensing shall meet comply with all of the following:

(a) Visually inspecting all prescription orders, labels and dispensed product.

(b) Labeling requirements under s. Phar 7.05. The prescription label shall contain the name and address of the supervising pharmacy as the licensed facility from which the prescribed drug or device was dispensed.

(c) Federal law if dispensing controlled substances.

- (5) RESPONSIBILITIES OF MANAGING PHARMACIST. (a) The managing pharmacist of the supervising pharmacy shall do all of the following:
1. Have written policies and procedures for system operation, safety, security, accuracy and access.
 2. Implement an on-going quality assurance program that monitors performance that includes the number of prescriptions dispensed per month, number of medication errors documented, loss or diversion, and documentation of remedial training to prevent future errors.
 3. Visit the remote dispensing location at least biweekly to confirm delivery status of all drugs, to ensure written policies and procedures are being followed, and to ensure that remote dispensing personnel comply with all federal and state laws regulating the practice of pharmacy.
 4. Retain documentation of the visits at the remote dispensing location for 2 years.
- (b) The managing pharmacist at the supervising pharmacy is responsible for all remote dispensing connected to the supervising pharmacy.
- (6) Delegate requirements. A person engaged in the practice of pharmacy under s. 450.03 (1) (f), (g), or (i) shall meet the following requirements to remote dispense:
- (a) Be 18 years of age or older.
 - (b) Be a high school graduate or have equivalent education.
 - (c) Have completed 1500 hours of work as a delegate within the 3 years prior to engaging in remote dispensing or completed a training program approved by the board.

Subchapter V — Institutional Pharmacies

Phar 7.50 Definitions. In this subchapter:

- (1) “Chart order” means an order entered on the chart or a medical record of an inpatient or resident of an institutional facility by a practitioner or delegate for a drug or device
- (2) “Institutional facility” means a facility, as defined in s. 647.01 (4), Stats.; any hospital, nursing home, community-based residential facility, county home, county infirmary, county hospital, county mental health complex, or other placed licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.03, 50.032, 50.033, 50.034, 50.35, 51.08, or 51.09, Stats.; a facility under s. 45.50, 51.05, 51.06, 233.40, 233.41, 233.42, or 252.10, Stats.; and a hospice facility under s. 50.90 (1) (c), Stats.
- (3) “Institutional pharmacy” means a pharmacy that provides pharmacy services to an institutional facility.

Phar 7.51 Chart orders. A chart order shall contain all of the following:

- (1) Full name of the patient.
- (2) Date of issuance.
- (3) Name, strength, and dosage form of the drug prescribed.
- (4) Directions for use.
- (5) Practitioner’s written signature, or electronic or digital signature.
- (6) Prescriptions written by a delegate of the practitioner shall include the name and signature of the delegate and the name of the practitioner.

Phar 7.52 Labels. All prescribed drugs and devices for prescriptions or devices for use by inpatients of a hospital, or health care facility shall have a label attached to the container disclosing all of the following:

- (1) Patient’s legal name.
- (2) Drug name.

- (3) Route of administration, if not oral.
- (4) Drug Strength.
- (5) Prescriber name.
- (6) Date of dispensing.
- (7) Dispensing pharmacy.
- (8) If the drug was repackaged, the name of the person who repackaged it.
- (9) Special storage conditions, if required.

Phar 7.53 Contingency Supply. (1) Arrangements shall be made in advance by the managing pharmacist for access of drugs by the health care staff of the institutional facility when a dispensing by a pharmacist is not available.

(2) In the absence of a pharmacist, drugs shall be stored in a manner in which only authorized personnel may obtain access and is sufficiently secure to deny access to unauthorized persons.

(3) The managing pharmacist shall develop inventory listings of those drugs to be included in the cabinet, determine who may have access and have systems in place to mitigate and prevent diversion.

7.54 Return or exchange of health items. (1) In this section:

(a) "Health item" means drugs, devices, hypodermic syringes, needles or other objects for injecting a drug, medicines, or items of personal hygiene.

(b) "Inpatient health care facility" means any hospital, nursing home, county home, county mental hospital, tuberculosis sanitarium or similar facility, but does not include community-based residential facilities, jails or prison facilities.

(c) "Original container" means the container in which a health item was sold, distributed, or dispensed.

(d) "Resident health care patient" means a patient residing in a community-based residential facility that controls a resident's prescribed and over-the-counter medications as specified by s. DHS 83.37

(e) "Secured institutional health care patient" means any of the following:

1. A jail inmate patient whose dispensed health items are maintained under the custody and control of the jail pursuant to an approved policy and procedure manual under s. DOC 350.17, containing policies and procedures for the control and administration of medications complying with s. DOC 350.20.

2. A juvenile patient who resides in a juvenile correctional facility, as defined in s. 938.02 (10p), Stats.; a secured residential care center for children and youth, as defined in s. 938.02 (15g), Stats.; a juvenile detention facility, as defined in s. 938.02 (10r), Stats.; or a juvenile portion of a county jail whose dispensed health items are maintained under the custody and control of the health services staff as defined in s. DOC 316.02 (6) and provided to a juvenile patient under the provisions of s. DOC 316.03.

(f) "Tamper-resistant package" means a container bearing a beyond use date that is sealed so that the contents cannot be used without obvious destruction of the seal.

(2) No health items after taken from a pharmacy where sold, distributed or dispensed, may be returned to that pharmacy, except for a reason under Phar 7.10 (2) or any of the following:

(a) From an inpatient health care facility, provided they are in their original containers and the pharmacist determines the contents are not adulterated or misbranded.

(b) For a secured institutional health care patient or resident health care patient where all of the following apply:

1. The health item was never in the possession and control of the patient.

2. The health item was sold, distributed or dispensed in a tamper-evident package and, for a drug, includes the beyond use date and manufacturer's lot number.
3. The health item is not commingled with a different health item unless the health item will be repackaged and redispensed to the same patient.
4. The health item is in its original container and the pharmacist determines the contents are not adulterated or misbranded.

(3) Health items returned from a secured institutional health care patient to a pharmacy pursuant to sub. (2) (b), must be segregated in the pharmacy and may not be sold, resold, or repackaged and sold or resold, given away, or otherwise sold, distributed or redispensed other than to a secured institutional health care patient.

Subchapter VI — Unlicensed Persons

7.60 Direct Supervision. (1) A person practicing pharmacy under s. 450.03 (1) (f) or (g), Stats. is limited to performing duties under the direct supervision of a person licensed as a pharmacist by the board.

(2) Direct supervision means immediate availability to continually coordinate, direct and inspect in real time the practice of another.

7.61 Unlicensed Persons (1) This section does not apply to a person practicing pharmacy under s. 450.03 (1) (f) or (g), Stats.

(2) A pharmacist shall provide supervision of unlicensed personnel. A pharmacist shall be available to the unlicensed person for consultation either in person or contact by telecommunication means.

(3) An unlicensed person may not perform any of the following:

(a) Provide the final verification for the accuracy, validity, completeness of a filled prescription or medication order unless the person is validated for delegate-check-delegate under s. Phar 7.14.

(b) Perform any of the following tasks:

1. Complete the drug utilization review under Phar 7.03.

2. Administer any prescribed drug products, devices or vaccines under s. 450.035, Stats.

(c) Provide patient specific counseling or consultation.

(4) The prohibitions in sub. (3), do not apply to a person completing an internship under ch. Phar 17 for purposes of meeting the internship requirement under s. 450.03 (2) (b).

(5) A pharmacist who delegates to an unlicensed person shall first provide training to or verify competency of the person in performing the delegated act.

(6) The pharmacist shall document the responsibilities delegated to an unlicensed person. This record shall be provided to the board upon request.

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)
