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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
PHARMACY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
August 21, 2025

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

11:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of June 19, 2025 (5-8)

C. Reminders: Conflicts of Interest, Scheduling Concerns

D. Introductions, Announcements and Recognition
1. Introduction: Erick Sokn, Pharmacist Member (Succeeds: Kleppin)
2. Recognition: Susan M. Kleppin, Pharmacist Member (Resigned: 8/7/2025)

E. Administrative Matters – Discussion and Consideration
1. Department, Staff and Board Updates
2. Election of Officers, Appointments of Liaisons and Alternates, Delegation of Authorities
3. Board Members – Term Expiration Dates
   a. O'Hagan, Tiffany M. – 7/1/2028
   b. Peterangelo, Anthony – 7/1/2027
   c. Sokn, Erick – 7/1/2029
   d. Walsh, Michael – 7/1/2024
   e. Weitekamp, John G. – 7/1/2026
   f. Wilson, Christa – 7/1/2025

F. Legislative and Policy Matters – Discussion and Consideration

G. Administrative Rule Matters – Discussion and Consideration (9-20)
1. Preliminary Rule Draft: Phar 7, Relating to Electronic Prescriptions, Prescription Labeling, CPR for Pharmacists, Epinephrine Delivery Systems, Controlled Substance Prescription Transfers, Remote Dispensing, Managing Pharmacist Definition, Initial Consultation, Alteration, and Final Check **(10-18)**
2. Possible Rule Project: Paper-Free Prescription Information **(19-20)**

3. Pending or Possible Rulemaking Projects **(21)**

H. Speaking Engagements, Travel, or Public Relation Requests, and Reports – Discussion and Consideration (22)

1. Travel Request: NABP Forum: Executive Officer, Board Member, Compliance Officer, and Legal Counsel – October 27, 2025 – Mt. Prospect, IL

I. Interdisciplinary Advisory Committee – Discussion and Consideration (23-29)

1. Draft IV Hydration Guidance Document **(24-29)**
2. Future Topics

J. National Association of Boards of Pharmacy Matters – Discussion and Consideration (30-42)

1. MPJE Pilot Program Update **(31-42)**

K. NABP Pulse Regulator Monthly Champions Call – Discussion and Consideration

L. Newsletter Matters – Discussion and Consideration

M. Credentialing Matters – Discussion and Consideration

N. Liaison Reports – Discussion and Consideration

O. Discussion and Consideration on 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 Policy Matters
11. Administrative Rule Matters
12. Public Health Emergencies
13. Pilot Program Matters
14. Variances
15. Liaison Reports
16. Board Liaison Training and Appointment of Mentors
17. Informational Items
18. Division of Legal Services and Compliance (DLSC) Matters
19. Presentations of Petitions for Summary Suspension
20. Petitions for Designation of Hearing Examiner
21. Presentation of Stipulations, Final Decisions and Orders
22. Presentation of Proposed Final Decisions and Orders
23. Presentation of Interim Orders
24. Pilot Program Matters
25. Petitions for Re-Hearing
26. Petitions for Assessments
27. Petitions to Vacate Orders
28. Requests for Disciplinary Proceeding Presentations

29. Motions
30. Petitions
31. Appearances from Requests Received or Renewed
32. Speaking Engagements, Travel, or Public Relation Requests, and Reports

P. 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.).

Q. Presentation and Deliberation of Petition for Summary Suspension

1. **12:30 P.M. APPEARANCE:** John Lightfield, DLSC Attorney; and A.P.B., Respondent: 24 PHM 0117 – A.P.B. **(43-101)**

R. Credentialing Matters

1. Application Review

a. J.A.F. – Pharmacy Technician (IA-81318) **(102-154)**
b. S.P. – Pharmacy (Out-of-State) (IA-509288) **(155-174)**
c. M.M.S. – Wholesale Distributor (IA-633141) **(175-185)**

S. Deliberation on Division of Legal Services and Compliance Matters

1. Administrative Warnings

a. 23 PHM 141 – B.H.R. **(186-187)**
b. 23 PHM 141 – M.H.G. **(188-189)**
c. 24 PHM 0103 – H.P. **(190-192)**
d. 24 PHM 0103 – S.H. **(193-194)**
e. 24 PHM 0136 – I.C. **(195-196)**

2. Case Closings

a. 22 PHM 195 – R.T. **(197-205)**
b. 23 PHM 091 – R.P.P. **(206-210)**
c. 23 PHM 128 – O.S.S., C.P. **(211-214)**
d. 23 PHM 141 – W. **(215-220)**
e. 23 PHM 145 – W. **(221-226)**
f. 24 PHM 0027 – W. **(227-231)**
g. 24 PHM 0111 – W. **(232-234)**
h. 24 PHM 0119 – R. **(235-239)**
i. 25 PHM 0023 – F.K. **(240-244)**
j. 25 PHM 0076 – B.S.O. **(245-250)**
k. 25 PHM 0089 – A.M. **(251-253)**

3. Proposed Stipulations, Final Decisions and Orders

a. 22 PHM 195 – Soojin Oh **(254-259)**
b. 24 PHM 0103 – Jamal J. Jaber **(260-265)**
c. 24 PHM 0027 – Jennifer M. Betts **(266-271)**

T. 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

U. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

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

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

ADJOURNMENT

NEXT MEETING: OCTOBER 16, 2025

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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 virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at https:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of any agenda item may be changed by the board for the convenience of the parties. The person credentialed by the board has the right to demand that the meeting at which final action may be taken against the credential be held in open session. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
PHARMACY EXAMINING BOARD
MEETING MINUTES
JUNE 19, 2025

PRESENT: Tiffany O'Hagan; Anthony Peterangelo, Michael Walsh, John Weitekamp, Christa Wilson

ABSENT: Susan Kleppin

STAFF: Brad Wojciechowski, Executive Director; Whitney DeVoe, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administrative Specialist; and other Department staff

CALL TO ORDER

John Weitekamp, Chairperson, called the meeting to order at 11:02 a.m. A quorum was confirmed with five (5) members present.

ADOPTION OF AGENDA

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF APRIL 17, 2025

MOTION: Anthony Peterangelo moved, seconded by Christa Wilson, to approve the Minutes of April 17, 2025, as published. Motion carried unanimously.

SPEAKING ENGAGEMENTS, TRAVEL, OR PUBLIC RELATION REQUESTS, AND REPORTS

Travel Request: NABP and AACP District IV Meeting, September 10-12, 2025, Fort Wayne, IN

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to designate Tiffany O'Hagan and Brad Wojciechowski, to attend the NABP and AACP District IV Meeting, on September 10-12, 2025, in Fort Wayne, IN. Motion carried unanimously.

Travel Request: MPJE State-Specific Review, September 17-19, 2025, Mt. Prospect, IL

MOTION: Christa Wilson moved, seconded by Anthony Peterangelo, to designate John Weitekamp and Tiffany O'Hagan, to attend the MPJE State-Specific Review, on September 17-19, 2025, in Mt. Prospect, IL. Motion carried unanimously.

CLOSED SESSION

MOTION: Tiffany O'Hagan moved, seconded by Michael Walsh, to 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.). John Weitekamp, Chairperson, read the language of the motion. The vote of each member was ascertained by voice vote. Roll Call Vote: Tiffany O'Hagan-yes; Anthony Peterangelo-yes; Michael Walsh-yes; John Weitekamp-yes; and Christa Wilson-yes. Motion carried unanimously.

The Board convened into Closed Session at 11:39 a.m.

CREDENTIALING MATTERS

Application Review

C.F. – Pharmacist (IA-367245)

MOTION: John Weitekamp moved, seconded by Michael Walsh, to find grounds exist to deny the application IA-367245 for renewal of Pharmacist credential, and offer a limited license. Reason for Denial: Wis. Stat. s. 440.08(4) and Wis. Stat. s. 450.10(1)(a)2. Motion carried unanimously.

K.E. – Pharmacist (IA-638990)

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to find grounds exist to deny the application IA-638990 for renewal of Pharmacist credential, and offer a limited license. Reason for Denial: Wis. Stat. s. 440.08(4) and s. 450.10(1)(a)2. Motion carried unanimously.

H.S. – Out-of-State 3rd Party Logistics Provider

MOTION: Tiffany O'Hagan moved, seconded by John Weitekamp, to approve the Out-of-State 3rd Party Logistics Provider application for H.S., once all requirements are met. Motion carried unanimously.

J.B. – Pharmacy Technician (IA-551875)

MOTION: Tiffany O'Hagan moved, seconded by Michael Walsh, to authorize Board Counsel to request additional information from Applicant IA-551875. Once the additional information is received the Liaison may act on the application. Motion carried unanimously.

M.V.H.S. – Pharmacy Out-of-State (IA-519005)

MOTION: Tiffany O'Hagan moved, seconded by John Weitekamp, to approve the Pharmacy Out-of-State application IA-519005, once all requirements are met. Motion carried unanimously.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Administrative Warnings

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to issue an Administrative Warning in the following DLSC Cases:

1. 24 PHM 0056 – B.J.G.
2. 24 PHM 0056 – S.J.F.
3. 24 PHM 0062 – J.J.G.
4. 24 PHM 0086 – J.M.T.
5. 24 PHM 0096 – R.E.L.
6. 24 PHM 0118 – M.A.
7. 25 PHM 0027 – N.M.B.

Motion carried unanimously.

24 PHM 0082 – M.E.

MOTION: John Weitekamp moved, seconded by Christa Wilson, to refer back DLSC Case Number 24 PHM 0082 to DLSC for further investigation. Motion carried unanimously.

Case Closings

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to close the following DLSC Cases for the reasons outlined below:

1. 24 PHM 003 – L.P.S. – Lack of Jurisdiction (L2)
2. 24 PHM 0062 – C.P. – Prosecutorial Discretion (P2)
3. 24 PHM 0072 – C.M.D., M.S. – No Violation
4. 24 PHM 0096 – W. – No Violation
5. 25 PHM 0027 – W. – No Violation
6. 25 PHM 0046 – M.M.P. – No Violation
7. 25 PHM 0071 – A.I.S. – Prosecutorial Discretion (P1)

Motion carried unanimously.

Proposed Stipulations, Final Decisions and Orders

24 PHM 0186 – Megan E. Adams

MOTION: Anthony Peterangelo moved, seconded by John Weitekamp, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Megan E. Adams, DLSC Case Number 24 PHM 0186. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to reconvene into Open Session. Motion carried unanimously.

The Board reconvened into Open Session at 1:19 p.m.

VOTING ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the Closed Session motions stand for the purposes of the affirmation vote.)

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) UPDATES

MOTION: John Weitekamp moved, seconded by Anthony Peterangelo, to acknowledge and thank Marjorie Liu, Program Lead, PDMP for her appearance and presentation to the Pharmacy Examining Board. Motion carried unanimously.

ADJOURNMENT

MOTION: Michael Walsh moved, seconded by Anthony Peterangelo, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:22 p.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin **Administrative Rules Coordinator**	**08/11/25** 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:	5) Attachments:	6) How should the item be titled on the agenda page?
08/21/25	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** 1. **Preliminary Rule Draft: Phar 7, Relating to Electronic Prescriptions, Prescription Labeling, CPR for Pharmacists, Epinephrine Delivery Systems, Controlled Substance Prescription Transfers, Remote Dispensing, Managing Pharmacist Definition, Initial Consultation, Alteration, and Final Check** 2. **Possible Rule Project: Paper-Free Prescription Information** 3. **Pending or Possible Rulemaking Projects**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Attachments:

1. Phar 7 Preliminary Rule Draft
2. Email on Paper-Free Prescription Information
3. Rule Projects Chart

Copies of current Board Rule Projects Can be Viewed Here: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx

11) Authorization/

Nilajah D. Hardin — 08/11/25

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.

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE PHARMACY EXAMINING BOARD	:	PROPOSED ORDER OF THE PHARMACY EXAMINING BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Pharmacy Examining Board to repeal Phar 7.01 (2) and 7.40 (2); renumber and amend Phar 7.02 (5); amend Phar 7.02 (4), 7.05 (2) (a) 4., 7.07 (2), 7.08 (1) (a), and 7.42 (2) (intro); to repeal and recreate Phar 7.04 (3); and to create Phar 7.01 (1a), 7.02 (5) (a) to (c), 7.05 (5), 7.16, and 7.43 (4) (d) , relating to Electronic Prescriptions, Prescription Labeling, CPR for Pharmacists, Epinephrine Delivery Systems, Controlled Substance Prescription Transfers, Remote Dispensing, Managing Pharmacist Definition, Initial Consultation, Alteration, and Final Check.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 450.02 (2) and (5);450.09 (1) and (2) (b) 2; 450.10; and 450.11 Stats.

Statutory authority: ss. 15.08 (5) (b); 450.02 (2); 450.02 (3) (a), (b), (d), and (e); and 450.02 (5). Stats.

Explanation of agency authority:
Section 15.08 (5) (b), Stats. states that the Board "shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 450.02 (2), Stats., states that "the Board shall promulgate rules that do all of the following:
(a) The board shall adopt rules defining the active practice of pharmacy. The rules shall apply to all applicants for licensure under s. 450.05.
(b) Define the activities that constitute the practice of a pharmacy technician for purposes if the registration requirement under s. 450.68."

Section 450.02 (3) (a), Stats., states "[t]he Board may promulgate rules relating to the manufacture of drugs and the distribution and dispensing of prescription drugs."

Section 450.02 (3) (b), Stats., states "[t]he Board may promulgate rules establishing security standards for pharmacies."

Section 450.02 (3) (d), Stats., states "[t]he Board may promulgate rules necessary for the administration and enforcement of this chapter and ch. 961."

Section 450.02 (3) (e), Stats., states "[t]he Board may promulgate rules establishing minimum standards for the practice of pharmacy."

Section 450.02 (5), Stats., states "[t]he Board may promulgate rules governing pharmacies that are operated as remote dispensing sites."

Related statute or rule: s. 961.31, Stats.

Plain language analysis: The objective of this rule was to update requirements in Wisconsin Administrative Code Phar 7 to align with current pharmacy practice in the areas of electronic prescriptions, prescription labelling, CPR for pharmacists, controlled substance prescription transfers, remote dispensing, and the definition of a managing pharmacist. Additionally, the rule will implement the statutory changes from 2023 Wisconsin Act 27 by updating requirements for epinephrine delivery systems. This rule updates chapter Phar 7 as follows:

- A definition for "HIPAA" was added to Phar 7.01
- Phar 7.01 (2) was repealed
- Phar 7.02 (4) was amended to include prescriptions sent via secure texting platforms
- Phar 7.02 (5) was amended to include additional requirements for alterations to a prescription
- Phar 7.04 (3) was repealed and recreated
- Phar 7.05 (2) (a) 4. was amended to say "epinephrine delivery system"
- Phar 7.05 (5) was created to add requirements about labelling non-patient specific compounded preparations
- Phar 7.07 (2) was amended to reflect that final check may involve other pharmacy personnel besides the pharmacist
- Phar 7.08 (1) (a) was amended to include that a prescription that has not been previously dispensed by that pharmacy or a pharmacy in the same computer system
- Phar 7.16 is created to require CPR training and basic life support for all pharmacists who administer drug product or devices or vaccines
- Phar 7.40 (2) was repealed
- Phar 7.42 (2) (intro) was amended to include an updated statute on remote dispensing
- Phar 7.43 (4) (d) was created to clarify that no vaccines or drug product or devices shall be administered at a remote dispensing site

Summary of, and comparison with, existing or proposed federal regulation: The practice of pharmacy is not regulated by the federal government and Wisconsin has its own controlled substances schedules. However, the federal government does regulate federally controlled substances and the vast majority of Wisconsin controlled substances are also federally controlled substances. Title 21 CFR Chapter II governs federally scheduled controlled substances, including: registration of manufacturers, distributors and dispensers of controlled substances; prescriptions; orders for schedule I and II controlled substances; requirements for electronic orders and prescriptions; and disposal.

Summary of public comments received on statement of scope and a description of how and to what extent those comments and feedback were taken into account in drafting the proposed rule: The Pharmacy Examining Board held a Preliminary Hearing on Statement of Scope on August 29, 2024 at 11:00am. No comments were received.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of Pharmacy in Illinois, with input from the Illinois Board of Pharmacy. The Illinois Pharmacy Practice Act contains various requirements on licensure, dispensing, and practice. Some of those requirements include that a prescription includes electronically transmitted orders for drugs from a licensed health care prescriber. Additionally, an electronically transmitted prescription means a prescription issued with an electronic signature and is transmitted and stored via electronic means. In Illinois, "remote prescription processing" includes outsourcing certain prescription services to a remote pharmacy. Such services may include entering prescription or patient data into a pharmacy system, drug regimen review, getting refill authorizations and communicating with prescribers, and transferring prescription information. Remote prescription processing may only occur between pharmacies that share a common electronic file or have technology that allows information to be sufficiently processed. Outside of remote prescription processing, Illinois licensees may also engage in "telepharmacy" under certain conditions. In this context, "telepharmacy" means the practice of pharmacy by a pharmacist through telecommunications or other technology. A pharmacy engaged in the practice of telepharmacy shall use an automated pharmacy system and be under the supervision of a pharmacist in charge [225 Illinois Complied Statutes ch. 85 ss. 3, 25.10, and 25.15].

The Illinois Department of Financial and Professional Regulation is also responsible for the promulgation of rules to implement certain sections of the Illinois Pharmacy Practice Act. These rules in the Illinois Administrative Code include that a "remote consultation site" means a site separate from a pharmacy where prescriptions that were filled at that pharmacy are stored and dispensed by a pharmacy technician or student pharmacist under remote supervision of a pharmacist who is located at the home pharmacy. A "remote dispensing site" means a site separate from the home pharmacy where a supply of prescriptions drugs is kept and prescriptions are filled and dispensed by a pharmacy technician or student pharmacist under the remote supervision of a pharmacist who is located at the pharmacy. Additionally, any compounded drug for

office use must have a label with the name, address, and phone number of the compounding pharmacy; the name, strength, and dose of the compounded drug; the pharmacy's lot number and a beyond-use date; quantity or amount; storage instructions or hazardous drug warning labels; and a statement that says "For Office Use Only – Note for Resale." Illinois pharmacies are required to have a Pharmacist-in-Charge, similar to a Managing Pharmacist in Wisconsin, who is responsible for supervision of the activities all employees that relate to the practice of pharmacy, of the method for storage and safekeeping of drugs, of the pharmacy recordkeeping system. The Pharmacist-in-Charge is responsible for the security of the pharmacy along with the pharmacy owner [Illinois Administrative Code ss. 1330.10, 1330.640, and 1330.660].
The Illinois Pharmacy Practice Act Statute and its related Administrative Rules do not appear to address cardiopulmonary resuscitation (CPR) training for pharmacists, epinephrine delivery systems, controlled substance prescription transfers, initial patient consultation, prescription alteration, or final check.

Iowa: The Iowa Board of Pharmacy is responsible for the licensure and regulation of Pharmacy practice in Iowa. Chapter 155A of the Iowa Code contains various statutes regarding pharmacy practice including requirements for a prescription. In Iowa, a prescription is required to be submitted electronically unless it qualifies for an exemption. Some of the exemptions include, a prescription for a device, for a compounded preparation with two or more components, for an opioid antagonist, and for an emergency situation. Exempted prescriptions may be submitted in writing as an original signed by the prescriber, by facsimile, or orally [Iowa Code ch. 155A s. 115A.27].
The Iowa Administrative Code also includes various pharmacy practice rules. Some of those requirements include rules for controlled substance prescription transfers, telepharmacy, labelling of non-patient specific compounded prescriptions, and patient consultation. In Iowa, transfers of controlled substance prescriptions is allowed pursuant to 21 CFR 1306 and are limited to authorization by the pharmacist at the patient's request. Telepharmacy requirements include that a telepharmacy site must have a managing pharmacy located in Iowa and an on-site pharmacist at least 16 hours per month. A pharmacist may provide remote supervision of pharmacy personnel at a telepharmacy site. Requirements for labelling of non-patient specific compounded prescriptions include the name, strength, dosage form and quantity; name of each active ingredient; pharmacy name, address, and phone number; preparation and beyond-use date; storage and handling instructions; lot or control number; a statement identifying the prescription as a compounded drug and whether it is sterile; and a statement that the prescription is not for distribution or is limited to direct patient administration. Patient consultation is required prior to dispensing any new or changed prescription. A pharmacist will counsel the patient on matters that the pharmacist determines will enhance drug therapy [481 Iowa Administrative Code ch. 552 ss. 552.8, 552.16, 552.18, 552.21, and 552.23].
The Iowa Board of Pharmacy's Administrative Rules and related Statutes do not appear to address CPR training for pharmacists, epinephrine delivery systems, managing pharmacist requirements, prescription alteration, or final check.

Michigan: The Michigan Board of Pharmacy is responsible for the licensure and regulation of pharmacy practice in Michigan. Act 368 Article 15 Part 177 of the Michigan Compiled Laws includes the regulations for pharmacy in Michigan, among several other occupations. Those regulations include requirements for electronic prescriptions, epinephrine delivery systems, remote dispensing, and pharmacist-in-charge requirements. In Michigan, an electronically transmitted prescription is a prescription communicated via electronic means, such as computer to computer or computer to facsimile machine, but does not include a prescription transmitted by telephone or facsimile machine. For prescribing auto-injectable epinephrine, or an epinephrine delivery system in Wisconsin, a pharmacist may dispense to an authorized entity. Authorized entities include a school board, a person or governmental entity that operates where allergens that can cause anaphylaxis may be present such as an amusement park, religious institution or recreation camp, and an entity eligible under the laws enforcement and firefighter access to epinephrine act. The pharmacist shall use the name of the authorized entity as the name of the patient for the prescription of the auto-injectable epinephrine. Requirements for a remote pharmacy include that both a parent pharmacy and an associated remote pharmacy must have a common owner, both be licensed as pharmacies, and located in the state of Michigan. A remote pharmacy cannot be within 10 miles of another pharmacy unless a waiver has been granted by the Michigan Board. If a pharmacist is not on site at a remote pharmacy, the pharmacist in charge of the parent pharmacy shall ensure that there is a pharmacist overseeing pharmacy technicians at the remote pharmacy via video and a telepharmacy system. A pharmacist cannot oversee 3 or more remote pharmacies at the same time. For a Pharmacist in Charge, or managing Pharmacist in Wisconsin, they are responsible for supervising the practice of pharmacy at the pharmacies they are assigned to. A Pharmacist in Charge may not supervise more than 3 pharmacies at one time, including remote pharmacy sites [Michigan Compiled Laws ss. 333.17703, 333.17742a and b, 333.17744a, and 333.17748].
Additional pharmacy practice regulations are also located in the Michigan Administrative Rules and include requirements on patient consultation. Patient consultation includes that a pharmacist is required to provide consultation on a prescription orally and in-person, except when the patient is not present at the pharmacy. The pharmacist providing the information printed or electronically also satisfies the consultation requirement. Consultation is to be provided with refills if the pharmacist deems it to be appropriate.[Michigan Administrative Rules R 338.589 (4)]
The Michigan Board of Pharmacy's statutes and related administrative rules do not appear to address CPR training for pharmacists, labelling of non-patient specific compounded prescriptions, controlled substance prescription transfers, prescription alteration, and final check.

Minnesota: The Minnesota Board of Pharmacy is responsible for the licensure and regulation of pharmacy practice in Minnesota. Chapter 151 of the Minnesota Statutes, the Pharmacy Practice and Wholesale Distribution Act, includes pharmacy regulations. In Minnesota, an electronic prescription order is allowed if it has that practitioner's electronic signature. The electronic prescription should contain the same information as any other prescription order [Minnesota Statutes 151.01 (16a)].

Part 6800 of the Minnesota Administrative Code also includes regulations for pharmacy in Minnesota. Some of those regulations include requirements for a Pharmacist-in-Charge, controlled substance prescription transfers, patient consultation, In Minnesota, a Pharmacist-in-Charge is responsible for supervising and establishing the procedures for all pharmacy employees. They also are required to supervise the method of storage of drugs and the record keeping system for pharmacy transactions. A Pharmacist-in-Charge may not be designated to supervise more than one pharmacy. For controlled substance prescription transfers, schedule III-V transfers are allowed pursuant to the requirements of the Drug Enforcement Administration. Schedule II controlled substance prescriptions cannot be transferred. For patient consultation, every pharmacy is required to have a procedure for consultation that allows for oral communication between the patient and the pharmacist about the patient's drug therapy. The pharmacist shall initiate the consultation for any new prescription. The consultation must be in person, whenever applicable, but can be supplemented with written information [Minnesota Administrative Rules part 6800, sections 6800.0910, 6800.2400, 6800.3120].
The Minnesota Board of Pharmacy's statutes and related administrative rules do not appear to address labelling of non-patient specific compounded prescriptions, CPR training for pharmacists, epinephrine delivery systems, remote dispensing, prescription alteration, and final check.

Summary of factual data and analytical methodologies: The Pharmacy Examining Board reviewed Wisconsin Administrative Code chapter Phar 7 and made updates where needed.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The rule will be posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens.

Fiscal Estimate and Economic Impact Analysis:
The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:
These proposed rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov, or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

TEXT OF RULE

SECTION 1. Phar 7.01 (1a) is created to read:

Phar 7.01 (1a) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

SECTION 2. Phar 7.01 (2) is repealed.

SECTION 3. Phar 7.02 (4) is amended to read:

Phar 7.02 (4) VERBAL PRESCRIPTION AND PRESCRIPTION VIA SECURE TEXTING PLATFORM. Verbal prescription orders may be received at a pharmacy via a direct conversation, telephone answering device or voice mail. Prescription orders via text may be received at a pharmacy through a HIPAA compliant secure texting platform. The verbal prescription or prescription order via secure texting platform shall be reduced to writing or entered into a computer system under s. Phar 7.11 (2) and the prescription record shall indicate the pharmacist responsible for the accuracy of the prescription information.

SECTION 4. Phar 7.02 (5) is renumbered to 7.02 (5) (intro) and amended to read:

Phar 7.02 (5) ALTERATIONS. Any alterations that modify the original intent of a prescription shall be documented including the identification of the pharmacist responsible for the alteration and the practitioner or practitioner's delegate who authorized the alteration. If an alteration does not modify the original intent of the prescription, the pharmacist shall use their professional judgement when determining whether it is necessary to contact the practitioner or practitioner's delegate before performing the following alterations to an initial fill of a non-controlled substance prescription:

SECTION 5. Phar 7.02 (5) (a) to (c) are created to read:

Phar 7.02 (5) (a) Changing the quantity, dosage, or directions for use of the medication if doing so does not alter the intended treatment parameters.

(b) Changing the dosage form, with patient consent, if the form dispensed contains the identical amount of the active ingredients as the dosage prescribed and if doing so does not alter the intended treatment parameters.

(c) Adding missing information on a prescription label required under s. Phar 7.05 (2) (a).

SECTION 6. Phar 7.04 (3) is repealed and recreated to read:

Phar 7.04 (3) CONTROLLED SUBSTANCES. The transfer of controlled substance prescriptions is allowed consistent with 21 CFR 1306.

SECTION 7. Phar 7.05 (2) (a) 4. is amended to read:

Phar 7.05 (2) (a) 4. For an epinephrine ~~auto-injector~~ delivery system prescribed under s. 118.2925 (3) or 255.07 (2), Stats., the name of the school, authorized entity, or other person specified under s. 255.07 (3), Stats.

SECTION 8. Phar 7.05 (5) is created to read:

Phar 7.05 (5) Notwithstanding sub. (2), compounded preparations dispensed or distributed to a practitioner pursuant to a non-patient specific order to be administered by a practitioner or a practitioner's agent shall comply with ch. Phar 15 and meet all of the following:

(a) The order shall include the name and address of the practitioner, drug, strength, quantity, and the purpose of the compounded preparation.

(b) The label shall include the practitioner's name in place of the patient's name and state "For practitioner Administration Only – Not for Dispensing or Distribution." If the sterility or integrity of the compounded preparation is not maintained after the initial opening of the container, the label shall state "Single-Dose Only."

(c) The pharmacist shall record the name and address of the location the compounded preparation was dispensed or distributed, and the lot number and beyond-use date of all preparations dispensed or distributed to the practitioner.

SECTION 9. Phar 7.07 (2) is amended to read:

Phar 7.07 (2) For all prescription drug products or devices dispensed by a pharmacist, the prescription record shall identify the ~~pharmacist~~ individual responsible for each part of the final check. If sub. (1) (a) or (b) is completed by a pharmacy product verification technician under s. Phar 7.14 or automated technology under s. Phar 7.55, the prescription record shall identify the pharmacy product verification technician performing the check.

SECTION 10. Phar 7.08 (1) (a) is amended to read:

Phar 7.08 (1) (a) Has not been dispensed previously to the patient by that pharmacy or a pharmacy within the same shared computer system.

SECTION 11. Phar 7.16 is created to read:

Phar 7.16 Additional Certification for Pharmacists. Every licensed pharmacist who administers drug product or devices or vaccines pursuant to s. 450.035, Stats., shall maintain current certification in cardiopulmonary resuscitation and basic life support.

SECTION 12. Phar 7.40 (2) is repealed.

SECTION 13. Phar 7.42 (2) (intro) is amended to read:

Phar 7.42 (2) 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)~~450.09 (2) (b) 1. a. to d., Stats., may operate for purposes of practitioner dispensing. The supervising practitioner will ensure all of the following requirements are met:

SECTION 14. Phar 7.43 (4) (d) is created to read:

Phar 7.43 (4) (d) No vaccines or drug product or devices shall be administered at a remote dispensing site.

SECTION 15. 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)

Sent: Wednesday, April 30, 2025 10:31 PM
To: DeVoe, Whitney - DSPS
Cc: Wojciechowski, Brad - DSPS
Subject: Re: UW Health announcement

I have not received any response on this yet. I've had several inquiries.

Thanks
Susan

From: SUSAN KLEPPIN
Sent: Thursday, April 24, 2025 11:23 AM
To: DeVoe Whitney DSPS
Cc: Wojciechowski Brad DSPS
Subject: Re: UW Health announcement

Any response? I have had a question from another pharmacy about this.

Thanks
SK
Sent from my iPhone

> On Apr 22, 2025, at 7:10 PM, SUSAN KLEPPIN <susan.kleppin@att.net> wrote:
>
> Whitney:
> UW Health announced today that they will be implementing a paper-free option for prescription drug information at their mail order pharmacy. The prescription receipt will have a QR code that can be scanned that would lead to online drug information.

Patients would need to request paper information.

News story

<LGHIW5IUTVNDBHDM4FF6U33ALY.jpg>

UW Health announces new paper-free option for prescription information
wmtv15news.com

Do you believe this meets the intent of Phar 7.08(5)?

It seems questionable to me.

Thanks

Susan

Pharmacy Examining Board
Rule Projects (updated 08/11/25)

CH Rule Number	Scope Number	Scope Expiration Date	Code Chapter Affected	Relating Clause	Stage of Rule Process	Next Step
Not Assigned Yet	002-25	07/13/2027	Phar 1. 6, 7, and 10	Pharmacy Workplace Conditions	Drafting	Board Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review
Not Assigned Yet	089-24	05/05/2027	Phar 7	Electronic Prescriptions, Prescription Labeling, CPR for Pharmacists, Epinephrine Delivery Systems, Controlled Substance Prescription Transfers, Remote Dispensing, Managing Pharmacist Definition, Initial Consultation, Alteration, and Final Check	Board Review of Preliminary Rule Draft at 8/21/25 Meeting	Board Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review
24-070 (EmR 2411)	044-23	01/10/2026	Phar 8	Controlled Substances Requirements	Emergency Rule: Effective 10/01/24-06/27/25 Permanent Rule: Effective 07/01/25	N/A
24-092	007-23	07/23/2025	Phar 15	Compounding Pharmaceuticals	Adoption Order Pending Publication	10/1/25 Anticipated Rule Effective Date

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director			**2) Date when request submitted:** 7/29/2025 **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: 8/21/2025	**5) Attachments:** ☐ Yes ☒ No	**6) How should the item be titled on the agenda page?** Speaking Engagements, Travel, or Public Relation Requests, and Reports, Discussion and Consideration 1) Travel Request: NABP Forum: Executive Officer, Board Member, Compliance Officer, and Legal Counsel – October 27, 2025, Mt. Prospect, IL	
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes <Appearance Name(s)> ☐ No	**9) Name of Case Advisor(s), if applicable:** <Click Here to Add Case Advisor Name or N/A>	
10) Describe the issue and action that should be addressed: Request to delegate DSPS staff to attend the NABP Executive Officer Forum			
11) Authorization 7/29/2025 **Signature of person making this request** — **Date** **Supervisor (Only required for post agenda deadline items)** — **Date** **Executive Director signature (Indicates approval for post agenda deadline items)** — **Date**			
Directions for including supporting documents: 1. This form should be saved with any other documents submitted to the Agenda Items folders. 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.			

Revised 03/2021

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Whitney DeVoe on behalf of the Interdisciplinary Advisory Committee	**2) Date when request submitted:** 6/26/2025 Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting

Name of Board, Committee, Council, Sections and Meeting Dates:

Physician Assistant Affiliated Credentialing Board, 6/26/2025
Board of Nursing, 7/10/2025
Controlled Substances Board, 7/11/2025
Medical Examining Board, 7/16/2025
Cosmetology Examining Board, 7/28/2025
Pharmacy Examining Board, 8/21/2025

5) Attachments: ☒ **Yes [Draft Doc]** ☐ **No**	**6) How should the item be titled on the agenda page?** **Interdisciplinary Advisory Committee – Discussion and Consideration** 1. Draft IV Hydration Guidance Document 2. Future Topics

7) Place Item in: ☒ **Open Session** ☐ **Closed Session**	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☒ **No**	**9) Name of Case Advisor(s), if applicable:** **n/a**

10) Describe the issue and action that should be addressed:

Seeking Board approval of the IV Hydration Guidance Document and referral back to IAC for finalization and discussion of potential future topics.

11) Authorization

Whitney De Voe — 6/26/2025

Signature of person making this request — **Date**

Directions for including supporting documents:
1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
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.**

JOINT ADVISORY OPINION OF THE WISCONSIN EXAMINING BOARDS OF MEDICAL, NURSING, PHARMACY, AND COSMETOLOGY, AND THE PHYSICIAN ASSISTANT AFFLIATED CREDENTIALING BOARD, AND THE WISCONSIN CONTROLLED SUBSTANCES BOARD

It is the overall duty of each Examining Board to improve the profession they supervise, both within and outside its own profession, to bring about a better relationship between the profession and the general welfare of this state. Each Examining Board is empowered to set standards of professional competency and conduct for the profession it supervises. With these principles in mind, the Interdisciplinary Advisory Committee (Committee) consisting of the Wisconsin Medical Examining Board, Pharmacy Examining Board, Board of Nursing, Physician Assistant Affiliated Credentialing Board, Cosmetology Examining Board and Controlled Substances Board was established to discuss issues of mutual concern.

In recent years, Wisconsin has seen an increase in the intravenous (IV) hydration therapy business and the Wisconsin Department of Safety and Professional Services (DSPS) has seen an increase in questions from healthcare professionals concerning the legal requirements for IV hydration therapy businesses.

IV hydration therapy businesses provide patients with IV fluids with or without prescription medications, vitamins, minerals and/or amino acids. Based on inquiries received by DSPS, there appears to be confusion among healthcare professionals and the public as it relates to understanding the responsibilities of healthcare professionals engaged in these businesses. Because of the concern over the lack of any industry-specific guidelines or laws regarding the operation of these businesses and the potential harm to the residents of Wisconsin, the Committee puts forth this guidance document. **This guidance document is based upon the existing laws of Wisconsin and sets forth the relevant laws and standards of care implicated by IV hydration therapy businesses within the context of a retail or "on-demand" business setting**.[1]

For purposes of this guidance document, the Committee has divided the practice occurring at IV hydration businesses into three main stages: assessment, compounding, and administration. The guidance below is meant to assist licensees in understanding the laws and regulations implicated at each stage. Please note, this is not an exhaustive list, but rather a list addressing the most commonly raised practice concerns.

BACKGROUND

Prior to discussion of the specific stages, the Committee believes it is crucial to highlight that services offered by IV hydration therapy businesses constitute the practice of medicine and surgery.

The practice of medicine and surgery is defined as meaning:

[1] This guidance is meant to specifically address the emerging market for IV Hydration therapy or businesses offering IV Hydration therapy services. Underlying principles established in this guidance may be applicable to other services offered by healthcare professionals. Please contact private counsel to review your specific business model for compliance with relevant laws and regulations.

> [t]o examine into the fact, condition or cause of human health or disease, or to treat, operate, prescribe or advise for the same, by any means or instrumentality … [t]o apply principles or techniques of medical sciences in the diagnosis or prevention of any of the conditions described in par. (a) and in sub. (2) … [t]o penetrate, pierce or sever the tissues of a human being … [t]o offer, undertake, attempt or do or hold oneself out in any manner as able to do any of the acts described in this subsection.

See Wis. Stat. § 448.01(9). Further, pursuant to Wis. Stat. § 448.03, "[n]o person may practice medicine or surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine or surgery" except for "[a]ny person lawfully practicing within the scope of a license, permit, registration, certificate, or certification granted to practice… professional or practical nursing or nurse-midwifery under ch. 441… to practice as a physician assistant under subch. IX… or as otherwise provided by statute."

At its core, the IV hydration therapy business model involves offering patients, including on a walk-in basis, a menu of pre-selected mixtures ("cocktails") of additives to basic IV saline. The cocktails may include fluids with or without prescription medications, vitamins, minerals and/or amino acids. Some basic health screening generally occurs prior to the selection and administration of the IV. It is of concern to the Committee that the basic health screening and selection of IVs are being performed by unlicensed individuals or licensees whose scope of practice does not allow for the practice of medicine or surgery.

Although many IV hydration therapy businesses may have a physician, physician assistant (PA) or advanced practice nurse prescriber (APNP) associated with the business, in some instances a registered nurse (RN) may be the only licensed health care professional interacting with the patient. The Committee wants to make clear that a registered nurse (RN), or any individual not holding the proper credential, undertaking the diagnosing and prescribing of medications falls outside an RN's scope of practice[2] and can result in disciplinary action against not only the RN's license, but also the physician, PA, or APNP overseeing the practice.

Moreover, IV hydration therapy fluids and additives are prescription drugs requiring purchase and storage by a qualified practitioner which may include a physician, PA, or APNP. Fluids and additives must be purchased from FDA licensed manufacturers, distributors licensed in the state where they are being purchased, or from compounding pharmacies designated and licensed as 503B compounding facilities. Non-qualified individuals, including, but not limited to RNs or licensed practical nurses (LPNs), may not possess or store prescription drugs in any location not appropriately licensed by the Pharmacy Examining Board.

[2] It is not within the scope of practice for an RN or LPN to independently engage in acts that require independent medical diagnosis, or the ordering, compounding, or prescribing of IV fluids, IV medications, or IV therapeutic regimens. See Wis. Stat. § 441.001(4) and Wis. Admin. Code § N 6.03.

ASSESSMENT

The patient must be assessed prior to ordering any IV Hydration treatment. Practitioners who may order treatment appropriate to their area of competence as established by their education, training, or experience include:

- A physician licensed to practice medicine and surgery in this state as defined in Wis. Stat. § 448.01(5).
- A PA licensed pursuant to Wis. Stat. § 448.974.
- An APNP licensed pursuant to Wis. Stat. § 441.16.

Although telehealth may be utilized to perform the initial patient assessment, it is the recommendation of this Committee that patient assessment should be done in person, as a complete medical assessment is difficult to conduct via telehealth.[3] Certain conditions may be hard to evaluate without an in-person assessment including an assessment of necessary organ systems. An assessment consisting merely of a simple questionnaire without an appropriate clinical assessment would not meet the standard of care and is considered unprofessional conduct pursuant to Wis. Admin. Code § Med 24.07(2). A patient assessment should include at minimum a history and physical exam. Although a nurse may complete certain delegated portions of the assessment, a patient assessment should not rely solely on findings from a nursing assessment.

As part of the assessment, the practitioner may diagnose the patient's condition and shall make recommendations consistent with the findings from the history and physical as to treatment. Treatment recommendations may include a discussion with the patient surrounding which therapies, including the addition of specific additives, may be appropriate to treat the patient's condition. These discussions should include a description of risks, benefits and alternative options. To be clear, this constitutes the practice of medicine and should only be undertaken by a practitioner with statutory authority to diagnose and treat. The discussion with a patient and recommendation shall be provided by the practitioner.

Following the assessment, the practitioner may prescribe the appropriate therapy or treatment. The use of standing orders outside of an established practitioner-patient relationship for an individualized assessment, diagnosis and treatment of patients may be considered prescribing in a manner inconsistent with the standard of minimal competence pursuant to Wis. Admin. Code § Med 10.03(2)(c).

To ensure the assessment complies with the standard of care, after evaluating the patient and making treatment recommendations, a comprehensive medical record must be created. Additionally, informed consent shall be obtained to be consistent with the standard of care. Informed consent should include, but not be limited to, the risks of additives to saline, the risks of IV fluids, and the risks of an IV itself. Medical records must be stored in compliance with state and federal law, including those with the Wisconsin Department of Health Services.

[3] Telehealth is only acceptable if it meets established regulations. See Wis. Admin. Code chs. Med 24, PA 3 and N 8.

COMPOUNDING

After determining a course of treatment, a cocktail containing the additives ordered may need to be prepared. When an individual adds medications, vitamins, minerals and/or amino acids to IV bags, they are engaging in the practice of compounding, and federal and state law including section 503A of the Food, Drug, and Cosmetic Act apply. Application of these laws help ensure patients receive their treatment in sanitary conditions.

Pursuant to Wis. Stat. § 450.01(16), the practice of pharmacy includes the compounding, packaging, and labeling of drugs and devices. Further, pursuant to Wis. Stat. § 450.01(3), compound "means to mix, combine or put together various ingredients or drugs for the purpose of dispensing." Federal law allows either a licensed pharmacist or a physician to perform compounding.

The United States Pharmacopeia (USP) is the recognized publication that contains standardized requirements for compounding, including sterile compounding found in USP <797> and has been adopted by the FDA and the Wisconsin Pharmacy Examining Board as the enforceable standard. USP <797> applies to all individuals who prepare compounded sterile preparations (CSPs) and all places where CSPs are prepared for human and animal patients.

The utilization of the "immediate use" provision of USP <797> does not circumvent USP sterile compounding requirements. Additionally, the "immediate use" provision requires certain conditions be met, including,

- Aseptic techniques, processes, and procedures are followed, and written SOPs are in place to minimize the potential for contact with nonsterile surfaces, introduction of particulate matter or biological fluids, and mix-ups with other conventionally manufactured products or CSPs.
- Personnel are trained and demonstrate competency in aseptic processes as they relate to assigned tasks and the facility's SOPs.
- The preparation is performed in accordance with evidence-based information for physical and chemical compatibility of the drugs (e.g., approved labeling, stability and compatibility studies).
- The preparation involves not more than 3 different sterile products. **Please note, Saline Solution utilized in IV Hydration is a sterile product and must be included in this analysis.**
- Any unused starting component from a single-dose container must be discarded after preparation is complete. Single-dose containers must not be used for more than one patient.
- Administration begins within 4 hours following the start of preparation. If administration has not begun within 4 hours following the start of preparation, it must be promptly, appropriately, and safely discarded.
- Unless it is directly administered by the person who prepared it or administration is witnessed by the preparer, the CSP must be labeled with the names and amounts of all

active ingredients, the name or initials of the person who prepared the preparation, and the 4-hour time period within which administration must begin.[4]

The provision of USP <797> allowing for immediate use should not be viewed as a workaround for the standards governing sterile product preparation. Failure to comply with these standards may result in unsanitary and unsafe conditions for patients.[5]

ADMINISTRATION

Upon receipt of an order for IV hydration therapy, an individual with appropriate training and experience[6], including an RN or LPN (consistent with the requirements of Wis. Admin. Code ch. N 6), may administer the treatment.

While the patient undergoes the IV administration, an RN should perform a nursing assessment of the patient including monitoring their vital signs. Please note that the performance of a nursing assessment is outside the scope of an LPN. An RN should monitor the patient for side effects, allergic reactions or any unusual or unexpected effects. An RN is expected to document all nursing acts performed by the RN as part of the administration and monitoring of the patient.

CONCLUSION

The practices engaged in at IV hydration clinics involve the practice of multiple professions. Individuals engaged in these practices must hold the appropriate license and practice within the scope of practice allowed by their credentials. Licensees who fail to follow the laws governing their practice could be subject to disciplinary proceedings as appropriate.

Licensees are charged with protecting the public by ensuring their practice complies with the laws and regulations of Wisconsin and any relevant federal regulations, including satisfying all applicable professional standards.

ACKNOWLEDGEMENT SECTION

These materials may have been consulted in the preparation of the above document.

ARIZONA STATE BOARD OF NURSING, *Advisory Opinion Intravenous Hydration and Other Therapies* (Revised date May 2024), Available at https://azbn.gov/sites/default/files/AO-IV-Hydration-Other-Therapies.pdf

[4] Handling of sterile hazardous drugs must comply with USP <800> as well.

[5] See FDA highlights concerns with compounding of drug products by medical offices and clinics under insanitary conditions https://www.fda.gov/drugs/human-drug-compounding/fda-highlights-concerns-compounding-drug-products-medical-offices-and-clinics-under-insanitary

[6] For example, if an electrolyte is being administered by IV, the IV should be administered using a volumetric infusion pump or rate-controller tubing to ensure the electrolytes are administered at an appropriate rate to avoid and prevent adverse reactions. The individual administering the IV in this case should have training and experience using these devices.

KENTUCKY.GOV, *Joint Statement of the Kentucky Boards of Medical Licensure, Nursing, and Pharmacy Regarding Retail IV Therapy* (March 28, 2025), available at https://kbn.ky.gov/KBN%20Documents/Joint%20Statement%20-%20IV%20Hydration%20Clinics.pdf

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE, *Guidance Regarding IV Hydration Therapy from the Mississippi State Board of Medical Licensure* (Sept. 5, 2023), available at https://www.msbml.ms.gov/sites/default/files/news/IV%20Hydration%20Therapy%20Guidance%2009-05-23.pdf

NEBRASKA BOARD OF NURSING, *Advisory Opinion: IV/Infusion Therapy* (Nov. 2023), available at https://dhhs.ne.gov/licensure/Documents/IVInfusion.pdf

OHIO BOARD OF PHARMACY, *Joint Regulatory Statement of the State Medical Board of Ohio, Ohio Board of Pharmacy, and Ohio Board of Nursing Regarding Retail IV Therapy* (May 15, 2025), available at https://www.pharmacy.ohio.gov/documents/pubs/special/ivtherapy/joint%20regulatory%20statement%20on%20the%20operation%20of%20retail%20iv%20therapy%20clinics%20in%20ohio.pdf

RHODE ISLAND DEPARTMENT OF HEALTH, *Rhode Island Department of Health Guidance Document Regarding the Operation of Medical Spas and Intravenous (IV) Therapy Businesses* (July 2024), available at https://health.ri.gov/sites/g/files/xkgbur1006/files/publications/guidance/Medical-Spa-and-IV-Therapy-Business.pdf

SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION, *Joint Advisory Opinion of the South Carolina State Boards of Medical Examiners, Pharmacy, and Nursing Regarding Retail IV Therapy Businesses* (Aug. 15, 2023), available at https://llr.sc.gov/med/Policies/Joint-Position-Statement-Retail-IV-Therapy.pdf

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Brad Wojciechowski, Executive Director		**2) Date when request submitted:** 8/5/2025 **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: 8/21/2025	**5) Attachments:** ☒ Yes ☐ No	**6) How should the item be titled on the agenda page?** National Association of Boards of Pharmacy Matters – Discussion and Consideration 1) MPJE Pilot Program Update
7) Place Item in: ☒ Open Session ☐ Closed Session	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ Yes <Appearance Name(s)> ☒ No	**9) Name of Case Advisor(s), if applicable:** <Click Here to Add Case Advisor Name or N/A>
10) Describe the issue and action that should be addressed: <Click Here to Add Description>		
11) Authorization Signature of person making this request		Date: 8/5/2025
Supervisor (Only required for post agenda deadline items)		Date
Executive Director signature (Indicates approval for post agenda deadline items)		Date

Directions for including supporting documents:
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NABP
National Association of Boards of Pharmacy

Early MPJE Pilot Program

Jasmina Bjegovic, PharmD | *Director, Competency Assessment*

NABP
National Association of Boards of Pharmacy

Early MPJE Pilot

Objective: Enable students (ND, WI) who have completed the didactic portion of the Doctor of Pharmacy curriculum the opportunity to take one (1) attempt of the MPJE prior to APPEs / degree conferral.

Outcomes measured: Pass rates (%), qualitative feedback, and operational efficiency.

Operational Workflow – *NAPLEX / MPJE*

Candidates create e-Profile, add EDU records, apply for NAPLEX/MPJE (up to 6 months prior to grad date).

Conferred transcripts uploaded by schools or NABP ***after*** grad date. EDU record "**verified.**" Eligibility granted.*

Candidates purchase exam, receive ATT, take exam, results released within 14 days.

Pilot Workflow – *Early MPJE*

Students create e-Profile, add EDU records. SOPs submitted **rosters** to NABP.

Temporary transcripts uploaded by NABP ***prior*** to grad date. EDU record "**verified.**" Eligibility granted.*

Exception applied for MPJE; students purchase **only** MPJE, receive ATT, take exam, results released within 14 days.

EDU record returned to "**unverified**" to prevent 2nd MPJE / NAPLEX / NAPLEX ADV and/or EE auto tool.

**Eligibility granted (application does not move forward until transcripts received). Verified education allows candidates to apply and purchase exams at will in accordance with exam attempt limits.*

NABP National Association of Boards of Pharmacy

Pilot Summary

North Dakota

The 'Pilot Program' is a trial process for allowing pre-APPE pharmacy students to take the MPJE in their final year, prior to degree conferral.

e-Profiles & Eligibility:

Rostered Students	e-Profiles		Elig Applied	Elig Granted
49	21	43% % of Rostered	29	18

Timeframes:

Pilot Purchase to Registration	Historic Purchase to Registration	Max Pilot Exams Taken	Max Historic Exams Taken
46 days	41 days	January	July

Exams & Pass Rate:

Scheduled	Delivered	Released		Pilot Passing Rate	'20-24 ND-MPJE 1st Attempt Pass Rate
3	13	11	10 PASS	91%	83.3%

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Pilot Summary

Wisconsin

The 'Pilot Program' is a trial process for allowing pre-APPE pharmacy students to take the MPJE in their final year, prior to degree conferral.

e-Profiles & Eligibility:

Rostered Students	e-Profiles		Elig Applied	Elig Granted
120	115	96% (% of Rostered)	143	126

Timeframes:

Pilot Purchase to Registration	Historic Purchase to Registration	Max Pilot Exams Taken	Max Historic Exams Taken
34 days	41 days	September	July

Exams & Pass Rate:

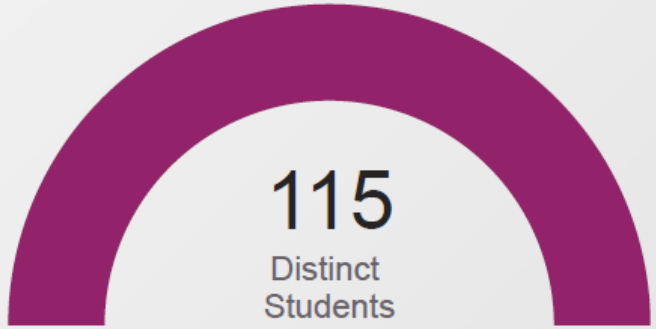
Scheduled	Delivered	Released		Pilot Passing Rate	'20-24 WI-MPJE 1st Attempt Pass Rate
23	84	80	59 PASS	74%	80.5%

Eligibility Overview

MPJE

2025	143	112
Year	Eligibility	ATTs

Pilot Students with Eligibility Applications



Roster Total

120

Eligibility Granted

126

Eligibility Requested

10

Application Withdrawn

7

College	Eligibility Applied Students	e-Profiles
Concordia Univ Wisconsin	37	37
Medical Coll of Wisconsin	32	32
Univ of Wisconsin-Madison	46	46
Total	**115**	**115**

School	Roster
Concordia Univ of Wisc	39
Med Coll of Wisc	35
Univ of Wisc-Madison	46
Total	**120**

Year	Applications
2024	
May	24
June	39
July	14
August	5
September	4
October	7
November	14
December	1
2025	
January	4
February	4
March	14
April	13
Total	**143**

Results

Exams Taken

84

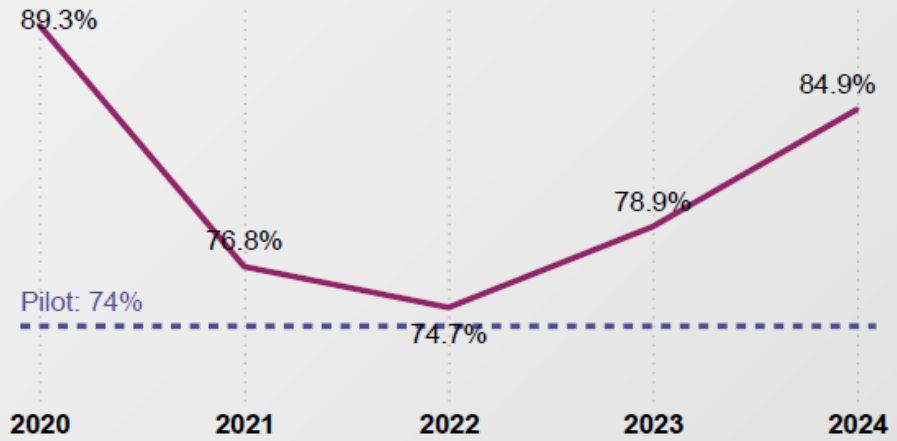
Pilot Passing Rate

74%

Unreleased

4

Released Results



Released Results

College	FAIL	PASS	Total
Concordia Univ Wisconsin	8	19	**27**
Medical Coll of Wisconsin	6	16	**22**
Univ of Wisconsin-Madison	7	24	**31**
Total	**21**	**59**	**80**

Opportunities

School	Student	NABP
Rosters sent to NABP from schools	Students without e-Profiles and/or missing education records	Students applying for NAPLEX, triggers NABP eligibility automation tool
Late additions to student rosters	Students did not apply for eligibility to take the MPJE	NABP staff using a manual temporary process to upload temporary transcript and verify education
Frequent communication to follow-up on pilot steps	Students applying for second MPJE attempt after failed exam	After MPJE is taken, education record must be returned to "*unverified*"
Schools must delete temporary transcripts and upload official transcripts after graduation	Students attempting to apply for NAPLEX for WI or another jurisdiction	Communications to students; only one attempt allowed

Successes

- NABP received positive feedback from students and SOPs.
- The assurance of completing one exam for licensure requirement (~80% exams delivered).
- Students created e-Profile account and added education record prior to degree conferral.
- The ease of scheduling exams @ PearsonVUE in Aug/Sept/Jan (non-peak) versus peak testing season June/July.
- Eligibility services provided by NABP to students in Wisconsin.

Considerations for Future Expansion

- Expansion of Early MPJE offering to additional jurisdictions
- Collaborate with SOPs on communications to students to clearly outline program requirements.
- IT enhancements to MPJE application to enable eligibility automation without impeding NAPLEX Advantage registrations and/or NAPLEX applications.
- Streamline operational workflow
- Reevaluate NABP Transcript Policy – communication strategy (advanced notice) to SOPs & BOPs

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Appendix

Pre-APPE MPJE Pilot Overview

1. NABP staff evaluated transcripts and verified students had taken and passed law courses.
2. A temporary note is uploaded to each student e-Profile account to mark "*education verified*".
3. An exception is applied on the e-Profile account, allowing student to apply for the MPJE.
4. Student must apply for eligibility for MPJE via e-Profile account.
5. Eligibility is granted by NABP.
6. Students must purchase exam application for the MPJE.
7. Students receive Authorization to Test (ATT).
8. Students must schedule and take the exam.
9. Results sent to Wisconsin board within 14 business days.
10. Students receive one attempt to take MPJE during the pilot phase.
11. After exam is taken, education record is returned to "*unverified*".

Program Objectives

- Last spring NABP launched the Pre-APPE MPJE pilot. This allowed WI 2025 students who completed the didactic portion of their schools' curriculum to take the MPJE prior to graduation.
- Schools were instructed to send their roster of students participating in the pilot program along with unofficial transcripts to NABP.
- All students must have created an e-Profile account, passed law course, added education record, and applied for eligibility to take MPJE.

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