



**VIRTUAL/TELECONFERENCE
PHARMACY RULES COMMITTEE of the
PHARMACY EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Brad Wojciechowski (608) 266-2112
February 26, 2026**

Notice: The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. A quorum of the Board may be present during any committee meetings.

AGENDA

9:00 A.M.

OPEN SESSION – CALL TO ORDER

- A. Approval of Agenda (1)**
- B. Approval of Minutes of October 16, 2025 (2)**
- C. Administrative Rule Matters – Discussion and Consideration (3-21)**
 - 1. Final Rules 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. Pending or Possible Rulemaking Projects
- D. Public Comments**

ADJOURNMENT

NEXT MEETING: APRIL 16, 2026

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 RULES COMMITTEE of the
PHARMACY EXAMINING BOARD
MEETING MINUTES
OCTOBER 16, 2025**

PRESENT: Tiffany O’Hagan, Erick Sokn, Anthony Peterangelo, John Weitekamp

STAFF: Brad Wojciechowski, Executive Director; Renee Parton, Assistant Deputy Chief Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Tracy Drinkwater, Board Administration Specialist; and other Department staff

CALL TO ORDER

John Weitekamp, Chairperson, called the meeting to order at 9:01 a.m. A quorum was confirmed with four (4) members present.

ADOPTION OF AGENDA

MOTION: Anthony Peterangelo moved, seconded by Tiffany O’Hagan, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF AUGUST 21, 2025

MOTION: Erick Sokn moved, seconded by Tiffany O’Hagan, to approve the Minutes of August 21, 2025, as published. Motion carried unanimously.

ADJOURNMENT

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

The meeting adjourned at 9:46 a.m.

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

AGENDA REQUEST FORM

1) Name and title of person submitting the request: Nilajah Hardin Administrative Rules Coordinator		2) Date when request submitted: 02/16/26 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 Rules Committee			
4) Meeting Date: 2/26/26	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 – Discussion and Consideration 1. Final 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. 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? <i>(If yes, please complete Appearance Request for Non-DSPS Staff)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	9) Name of Case Advisor(s), if required: N/A	
10) Describe the issue and action that should be addressed: Attachments: 1. Phar 7 Final Rule Draft 2. Phar 7 Clearinghouse Report 3. Phar 7 Public Comments Copies of current Board Rule Projects Can be Viewed Here: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx			
11) Authorization			
 Signature of person making this request		2/16/26 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 : PROPOSED ORDER OF THE
PROCEEDINGS BEFORE THE : PHARMACY EXAMINING BOARD
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.

Commented [NH1]: Clearinghouse Comment #2a and 5c

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

Commented [NH2]: Clearinghouse Comment #5d

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 Compiled 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. For prescription alteration, a pharmacist may use professional judgement when making a therapeutic substitution to a prescribed drug, unless the prescription includes "dispense as written"[Iowa Code ch. 155A ss. 155A.27 and 155A. 32].

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, managing pharmacist requirements, or final check.

The statutory requirements for epinephrine auto-injectors are located under the Department of Health and Human Services - Public Health chapter instead of the Iowa Board of Pharmacy. In Iowa, a person who is authorized to administer epinephrine must be an employee or agent of a “facility” as defined by statute. Licensed healthcare professionals are to use the name of the facility when prescribing epinephrine auto-injectors. The facility may have a prescription for and maintain a supply of epinephrine auto-injectors at a secure location [Iowa Code ch. 135 s. 135.185].

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 was 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. No Comments were received.

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 December 18, 2025, to be included in the record of rule-making proceedings.

TEXT OF RULE

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

Phar 7.01 (1am) “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

Commented [NH3]: Clearinghouse Comment #2b

Commented [NH4]: Clearinghouse Comment #5b - Consider whether clarity is lost with removal of “managing pharmacist” definition

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).

Commented [NH5]: Public Comment (PSW) - If intent is to allow addition of any missing Rx label info, then reference in Phar 7.02 (5) (c) should be updated to Phar 7.05 (2).

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.

Commented [NH6]: Public Comment (Dorff) - Opposed if this change does not allow transfer of C2.
Public Comment (PSW) - Phar 7.04 (1)(a) still limits CS transfers to refills only which is inconsistent with 21 CFR 1306.
Clearinghouse Comment #2c -incorporate standard by reference or reproduce in full

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.

Commented [NH7]: Public Comment (Empower Pharmacy) - Change Phar 7.05 (5) (b) to “the label shall include the practitioner’s name in place of the patient’s name and state and follow requirements for labeling referenced by the Compounding Quality Act Title 1, section 503B.”
Clearinghouse Comment #5a - consider including more information on the label in 7.05 (5) (b)

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

Commented [NH8]: Public Comment (PSW) - add “if sub. (1) (a) or (b) is completed by automated technology under s. Phar 7.55, the prescription record shall delegate the supervising pharmacist under s. Phar 7.55 (1) (b).”

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)

Commented [NH9]: Public Comment (Gillard) - opposed to this change
Public Comment (PSW) - request to have this change removed from the rule



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE **25-073**

AN ORDER to repeal Phar 7.01 (2) and 7.40 (2); to renumber and amend Phar 7.02 (5); to 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.

Submitted by **PHARMACY EXAMINING BOARD**

09-18-2025 RECEIVED BY LEGISLATIVE COUNCIL.

10-06-2025 REPORT SENT TO AGENCY.

SG:PW

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]
Comment Attached YES NO
2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]
Comment Attached YES NO
3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]
Comment Attached YES NO
4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]
Comment Attached YES NO
5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]
Comment Attached YES NO
6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]
Comment Attached YES NO
7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]
Comment Attached YES NO



Wisconsin Legislative Council

RULES CLEARINGHOUSE

Scott Grosz
Clearinghouse Director

Anne Sappenfield
Legislative Council Director

Margit Kelley
Clearinghouse Assistant Director

CLEARINGHOUSE RULE 25-073

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Council Staff and the Legislative Reference Bureau, dated November 2020.]

2. Form, Style and Placement in Administrative Code

a. In the statutory interpreted section of the analysis, consider whether s. 450.10, Stats., is necessary to include. The proposed rule does not appear to interpret any provisions of this statute.

b. In SECTION 1, consider changing the subsection from “(1a)” to “(1m)” to be consistent with s. 1.10 (3) (c), Manual.

c. In SECTION 6, consider whether the reference to Code of Federal Regulations material meets the definition of a standard, and if not, then consider whether it should be reproduced in full, as part of the text of the rule. [s. 1.14 (7) (c), Manual.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In SECTION 8, consider whether the label for the compounded preparations should include more information than what is in par. (b). By using the term, “notwithstanding”, the provision would not require any information specified in s. Phar. 7.05 (2). Also, consider whether any of the information recorded by the pharmacist in par. (c) should be included on the label, such as the lot number.

b. In SECTION 2, consider whether any clarity is lost by removing the definition of “managing pharmacist” while continuing to use the term throughout the chapter, especially when the use of the term is in conjunction with “supervising pharmacist”, which is a defined term.

c. In the statutes interpreted section of the analysis, add a period after the “2” in “450.09 (1) and (2) (b) 2;”. Also, add a comma before “Stats.”.

d. In the statutory authority section of the analysis, consider placing s. 450.02 (5), Stats., with s. 450.02 (2), Stats. Also, use a comma rather than a period before “Stats.”.

From: Software-Notification@legis.wisconsin.gov
To: [DSPS Admin Rules](#)
Cc:
Subject: Public comment on CR 25-073
Date: Monday, November 10, 2025 11:16:32 AM

CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.

Name: Mike Gillard
Address:
Email:

Organization:

Comments: As a pharmacist in good standing in the State of Wisconsin, I disagree with the creation of:
SECTION 14. Phar 7.43 (4) (d)
Phar 7.43 (4) (d) No vaccines or drug product or devices shall be administered at a remote dispensing site.

Pharmacy technicians serve a vital role to both assist the pharmacist at a pharmacy for vaccinating patients, as well as a remote dispensing site. Given the availability of a certified technician at a remote dispensing site with remote oversight by a pharmacist, I strongly disagree with preventing their ability to assist in the health and well-being of citizens in WI seeking vaccination. Happy to take additional questions by contacting me at my email listed.

Mike Gillard, PharmD, BCPS, FPSW

From: Software-Notification@legis.wisconsin.gov
To: [DSPS Admin Rules](#)
Cc:
Subject: Public comment on CR 25-073
Date: Monday, December 15, 2025 4:47:23 PM

CAUTION: This email originated from outside the organization.
Do not click links or open attachments unless you recognize the sender and know the content is safe.

Name: Kellen Dorff
Address:
Email:

Organization:

Comments: Hello,

My comment is specific to, "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."

This change seems to restrict the electronic transfer of initial fill schedule II prescriptions as specified in 08 CFR 1306. If this is not the intent of this language, I would suggest rewording to specify that electronic transfer of schedule II medications is allowed.

If this is the intent of this language, I would like to object to the creation of this rule on the basis that it will increase burden on providers and pharmacists, delay patient care, increase duplication of prescriptions, decrease security and move against the modernization of healthcare.

Allowing electronic transfer of schedule II-controlled substances:

Combats Duplication- Secure electronic systems make it harder for patients to get multiple copies of the same controlled substance prescription, a major diversion risk.

Improves Patient Access- Patients can easily switch pharmacies if theirs is out of stock, or if they're traveling, without needing to call their doctor.

Modernizes practices- The healthcare industry has been moving to electronic records, making systems more efficient.

Enhanced Security- Electronic records create a clear audit trail, allowing better tracking and security than paper.

Thank you,

Kellen Dorff
PharmD, RPH

TO: Members, Pharmacy Examining Board

FROM: Danielle Womack, MPH, HIVPCP
Vice President, Public Policy & Advocacy
Pharmacy Society of Wisconsin

DATE: December 18, 2025

SUBJECT: Comments Regarding Proposed Rule CR 25-073

Thank you for the opportunity to comment on proposed rule CR 25-073. The Pharmacy Society of Wisconsin greatly appreciates the Board's work in supporting regulatory updates that modernize pharmacy practice, improve efficiency, and enhance patient access to care. While several provisions in this rule represent positive steps forward, we request clarification or revisions to certain sections to ensure consistency with statute, avoid unintended consequences, and maintain appropriate patient protections.

Phar 7.02(5)(c): Adding Missing Label Information

This subsection refers to Phar 7.05(2)(a) as the required label information. However, Phar 7.05(2)(a) pertains only to the patient, client, school, or authorized entity name. If the intent is to allow pharmacists to add *any* missing required label information, the reference should be revised to Phar 7.05(2) in its entirety to avoid ambiguity.

Phar 7.04(3): Controlled Substance Transfers

We wholeheartedly support the repeal and recreation of Phar 7.04(3) to allow controlled substance transfers consistent with 21 CFR 1306, thereby improving alignment with federal law.

However, Phar 7.04(1)(a) continues to limit controlled substance transfers to refills only. This is more restrictive than federal law and inconsistent with the recreated subsection. Revising Phar 7.04(1)(a) is necessary to ensure internal consistency and avoid unnecessary barriers to patient access.

Phar 7.07(2): Prescription Record Identification

The amended language requires identification of the person responsible for each part of the final check. However, the rule states that the PPV Technician must be documented when automated technology completes verification.

Clarification is needed to resolve this discrepancy and ensure accurate documentation of accountability when automation is used.

We recommend modifying the second sentence to state, *“If sub. (1)(a) or (b) is completed by a pharmacy product verification technician under s. Phar 7.14, the prescription record shall identify the pharmacy product verification technician performing the check. If sub. (1)(a) or (b) is completed by automated technology under s. Phar 7.55, the prescription record shall delegate the supervising pharmacist under s. Phar 7.55(1)(b).”*

7.43(4)(d): Remote Dispensing Sites and Vaccination

Pharmacy technicians serve a vital role in supporting pharmacists, including assisting with vaccination services and staffing remote dispensing sites under pharmacist oversight. Prohibiting the administration of vaccines at remote dispensing sites, even when trained and certified technicians are present with remote pharmacist supervision, as allowed by statute, unnecessarily restricts access to care.

State statute allows pharmacy technicians to provide vaccines under the direct supervision of a pharmacist. Phar 1 defines direct supervision as “immediate, whether in person or real time video conferencing where all parties can communicate by simultaneous means of audio, video, or data communications, availability to continually coordinate, direct and inspect in real time the practice of another.”

The limitation on vaccine administration at remote dispensing sites is inconsistent with the current allowance for a pharmacy technician to administer vaccines via real-time video conferencing, undermines the efficient use of the pharmacy workforce, and negatively impacts patients—particularly in rural and underserved areas—who rely on remote dispensing sites for essential health services.

We request that the prohibition on remote dispensing site vaccination be removed.

The Pharmacy Society of Wisconsin supports thoughtful regulatory modernization and appreciates the Pharmacy Examining Board’s work on revising Phar 7. Addressing the statutory conflicts and clarifying language identified above will strengthen CR 25-073 and ensure it improves patient access, safety, and operational clarity across pharmacy practice settings in Wisconsin.

Thank you for the opportunity to provide these comments.



December 18th, 2025

Brad Wojciechowski
Executive Director
Wisconsin Pharmacy Examining Board
4822 Madison Yards Way
Madison, WI 53705

Dear Executive Director Wojciechowski,

Empower Pharmacy's core belief is to provide access to personalized, affordable medication through innovation with a commitment to quality, service, and people. Since 2009 we have grown into the nation's largest, most advanced compounding pharmacy and outsourcing facility serving healthcare markets across the country. We proudly serve patients across the state of Wisconsin and play a pivotal role in supporting critical access to medications. I am writing to you as Director of Government Affairs to work collaboratively with the board and to help continue our efforts to drive safe and quality access to medications for patients in Wisconsin.

We thank the Board in their efforts to continue to update regulations to keep up with industry advancements while working to protect patient safety. Our request is for the Board to update the labeling requirements in Section 8. Phar 7.05 (5). Our goal is to work collaboratively with the board to ensure the proposed language is strengthened and data driven. We have included our suggestions for language below.

- **Proposed Rule Section 8. Phar 7.05 (5):**
- **Recommended amendments:** 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."~~ and follow requirements for labeling referenced by The Compounding Quality Act Title 1, section 503B.
- **Comment/Rationale:** In reviewing the state analysis provided for Phar 7 rules, we saw a gap in the analysis when it came to federal FDA 503B regulations relating to compounding by outsourcing facilities. In addition, in the board's comparison with other states, we noted that surrounding states such as IL, do coincide with the federal labeling requirements and other states do not address or defer to federal 503B rules.

The Compounding Quality Act Title 1: Drug Compounding Sec 503B (Outsourcing facilities) as referenced on the FDA website requires the following labeling for medications made by 503B Outsourcing Facilities¹:

- (10) Labeling of drugs.--
 - (A) Label.--The label of the drug includes--
 - (i) the statement "This is a compounded drug." or a reasonable comparable alternative statement (as specified by the Secretary) that prominently identifies the drug as a compounded drug.
 - (IX) the statement "Not for resale", and, if the drug is dispensed or distributed other than pursuant to a prescription for an individual identified patient, the statement "Office Use Only";

For Wisconsin to be aligned with federal standards, we suggest instead of creating a rule that is in direct contention with stringent federal regulations, working to be in cohesion. Registered 503B

outsourcing facilities must follow cGMP standards, are inspected by the FDA, and are held to federal standards. Adding state specific labeling requirements goes directly against federal requirements and puts facilities in a juxtaposition. We do agree that clarity is warranted and thank the board for their efforts to help protect patient safety but want to ensure there is a clear understanding of the federal requirements that already exist.

Empower Pharmacy fully supports the Board's mission to protect the public through the advancement of quality and safety in compounding practice. We believe that regulations grounded in validated data and science-based risk assessment best serve this mission. We stand ready to collaborate with the Board, compounding experts, and other stakeholders to develop language that aligns with FDA standards.

Sincerely,



Deeb D. Eid, PharmD, RPh, FMPLP
Director of Government Affairs
deid@empowerpharmacy.com

Empower Pharmacy
7601 N Sam Houston Pkwy W, Ste 100
Houston, TX 77064

References

1. <https://www.fda.gov/drugs/human-drug-compounding/text-compounding-quality-act>