

pharmacy should keep the completed self-inspection form on file at the pharmacy. A form can be downloaded at (www.dr1.state.wi.us). For new pharmacy applications, filling out the self-inspection form is the last step in the approval process. The form should not be sent in with the application. A self-inspection form is only required to be submitted to the PEB upon its request.

Multiple Schedule II Prescriptions

In response to a question regarding whether multiple Schedule II prescription orders could be written on one prescription blank, the Board considers that practice legal as long as proper documentation and record keeping are consistent with Phar 8.03 on filing prescription orders. One example of multiple prescription orders on one prescription blank may be for MS Contin 10 mg Q12h and morphine IR 5 mg Q2h prn pain. Another example is Percocet 5/325 1-2 Q8h prn and Ibuprofen 400 mg Q 6h. All these examples are valid prescription orders but in the later example, the original prescription blank must be filed with Schedule II prescription orders.

Clarification of Phar 8.05(7)

The Wisconsin Pharmacy Examining Board has been asked to clarify the intent of the wording in Phar 8.05(7) that states, "After consultation with the prescribing practitioner, a pharmacist may add, modify or clarify...the date of issuance...for a Schedule II controlled substance prescription order." The prescribing practitioner is required to sign and date the prescription order on the day it is issued. The date a practitioner signs a prescription is a fact that cannot be altered or changed; however, if the practitioner has forgotten to date the prescription or inadvertently uses the wrong year in the date, etc., the pharmacist may clarify the factual date of issuance by consulting with the practitioner. Additionally, the pharmacist must initial and date the prescription, indicate the clarification of information made, and document the manner by which the pharmacist obtained the information. Phar 8.05(7) does not allow a prescriber to instruct a pharmacist to change the actual date of issue but allows for the clarification or addition of the true date of issue.

Addresses on Prescriptions

In response to a question regarding the requirement for patient and prescriber addresses on all prescription orders, according to Wis. Stats. 450.11(1) and Phar 8.05(1), all prescription orders shall specify the name and address of the patient and the name and address of the prescriber. The use of a computer system to maintain addresses of the prescriber and patient are acceptable, but the addresses must also be on the actual prescription blank. The computer system can be used to print a label with the above information for attachment to the original prescription.

Controlled Substance Prescriptions – 34-Day Limit

The PEB was asked a question about filling Schedule III and IV prescriptions where the instructions permit more than the quantity specified and where there were authorized refills. An example would be lorazepam 1 mg tid #30 with 5 refills. Can the prescription be dispensed as #90 with one refill remaining? Legally the quantity can be dispensed but professional judgment must always be exercised and consulting the prescriber is highly advisable in these circumstances. Prescribers often write prescriptions for specific quantities for clinical reasons unknown to the pharmacist without consultation with the prescriber. Accommodating a payment or insurance issue is not a sufficient reason for such a change.

Patient-Physician Relationship

A patient-physician relationship must be maintained in order for a prescription to be valid per Phar 7.03. If the prescriber retires, prescription orders are valid only if the prescriber intends to monitor the patient. One option to assist the patient is to get a new prescription order from the prescriber who took over the retiring prescriber's practice. If the prescriber moves his practice but states that he is maintaining a relationship with a patient, a prescription order remains valid. However, if the prescriber upon moving his practice, does not maintain a relationship with a patient, then a prescription order becomes invalid. If the prescriber passes away, all prescriptions become invalid. For there to be a valid patient-prescriber relationship, the practitioner must be willing and able to accept responsibility for continuing, modifying, or changing medication therapies.

Pain & Policy Studies Group on Wisconsin Pharmacists and Schedule II Medications

A survey of Wisconsin pharmacists' knowledge and attitudes about dispensing opioid analgesics for chronic cancer and non-cancer pain was published in the March/April 2001 issue of the *Journal of the American Pharmaceutical Association*

<http://www.medsch.wisc.edu/painpolicy/publicat/01japhak/01japhak.htm>. The study found that not all pharmacists knew what constituted legitimate dispensing practices for controlled substances under federal or state policy in emergencies or for patients with terminal illness. Also many pharmacists were unaware of the distinction between addiction, physical dependence, and tolerance. The Board encourages pharmacists to re-educate themselves with current literature on pain management. Appropriate pain control can improve or at least maintain a patient's quality of life. It is the pharmacist's duty to provide medications along with proper counseling to ensure pain control. The PEB considers refusal to fill a Schedule II prescription based on speculation or ignorance unacceptable.

Pharmacy Technician Defined

Phar 7.015 was created to define a pharmacy technician as a non-pharmacist who is under the general supervision of the pharmacist. The technical dispensing functions which may be delegated to a pharmacy technician are delineated. These functions are considered technical and nonjudgmental responsibilities and thus can be delegated and supervised by a pharmacist. The decision to delegate any of the approved dispensing functions to a pharmacy technician is at the pharmacist's discretion and in no way relieves the pharmacist of responsibility for the proper filling of the prescription order. Additional nonjudgmental technical roles are allowed by the rule but require the supervision of a pharmacist. Some new technician roles to highlight include the requesting of authorization for a refill from the prescriber and accepting oral authorization for a refill provided there are no changes to the original prescription order. Another allows the pharmacy technician to compound pharmaceuticals as long as there are written policies and procedures. There is no change to the requirement that only a pharmacist may transfer the prescription to the patient or agent of the patient. Also, "tech check tech" is not adequate to meet the requirement for the pharmacist to provide final verification for the

accuracy, validity, completeness, and appropriateness of the patient's prescription prior to transferring the prescription to the patient or the agent of the patient.

Phar 7.015 Pharmacy technicians. (1) As used in this section, "pharmacy technician" means a non-pharmacist or non-pharmacist intern who, under the general supervision of a pharmacist who regularly coordinates, directs and inspects the activities of the pharmacy technician, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescription orders and inventory management. "Pharmacy technician" does not include ancillary persons which include, clerks, secretaries, cashiers or delivery persons, who may be present in the pharmacy.

(2) A pharmacist may delegate technical dispensing functions to a pharmacy technician, but only under the general supervision of the pharmacist where the delegated functions are performed. Technical dispensing functions include:

- (a) Accepting written or electronic prescription orders of the prescribing practitioner or from the prescribing practitioner's agent.
- (b) Accepting original oral prescription orders from the pre-scribing practitioner or prescribing practitioner's agent, if the conversation is recorded and listened to and verified by the pharmacist prior to dispensing.
- (c) Requesting authorization for a refill from the prescribing practitioner.
- (d) Accepting oral authorization for a refill from the prescribing practitioner or prescribing practitioner's agent, provided there are no changes to the original prescription order.
- (e) Accepting a request from a patient to refill a prescription.
- (f) Obtaining and entering patient or prescription data into the patient information system.
- (g) Preparing a prescription label.
- (h) Retrieving medication from stock, counting or measuring medication, and placing the medication in its final container.
- (i) Reconstituting prefabricated dosage forms.
- (j) Compounding pharmaceuticals pursuant to written policies and procedures.
- (k) Affixing a prescription label to its final container.
- (L) Placing ancillary information on the prescription label.

(m) Prepackaging and labeling drugs for dispensing by a pharmacist.

(n) Preparing unit dose carts for final review by a pharmacist.

(o) Retrieving and transporting stock medication to and from pharmacist approved areas.

(p) Other technical functions that do not require the professional judgment of a pharmacist.

(3) A pharmacy technician may not do any of the following:

(a) Provide the final verification for the accuracy, validity, completeness, or appropriateness of a filled prescription or medication order.

(b) Perform any of the following tasks:

1. Participate in final drug utilization reviews.

2. Make independent therapeutic alternate drug selections.

3. Participate in final drug regimen screening, including screening for therapeutic duplication, drug-to-drug interactions, incorrect dosage, incorrect duration of treatment, drug allergy reactions and clinical abuse or misuse.

4. Perform any act necessary to be a managing pharmacist.

5. Administer any prescribed drug products, devices or vaccines.

(c) Provide patient counseling, consultation, or patient specific judgment, such as interpreting or applying information, including advice relating to therapeutic values, potential hazards and uses.

(d) Transfer the prescription to the patient or agent of the patient.

(4) The pharmacist shall provide the final verification for the accuracy, validity, completeness, and appropriateness of the patient's prescription prior to the delivery of the prescription to the patient or the patient's representative.

History: Cr. Register, April, 2001, No. 544, eff. 5-1-01.

Amendments to Phar 7.05 Prescription Records

The PEB amended its rules to permit an unlimited number of transfers between pharmacies for the purpose of renewal dispensing. For example, a consumer may have a prescription order for medication with five refills that was originally presented and filled at a Milwaukee pharmacy. If the consumer goes on vacation in Door County and finds he or she requires a refill while there, the consumer can have the prescription order transferred to a Door County pharmacy for dispensing a refill. However, under the previous

one-time transfer rule when the consumer returned to Milwaukee he or she would have needed a new prescription order for the medication. With the modifications to Phar 7.05, the reference to the transfer of an original prescription order is removed and the rule modifies the one-time transfer limitation to permit unlimited transfer, except for controlled substances prescriptions. Please note in Phar 7.05(3)(b) 8, there is additional information that must be documented if the transfer you are accepting is not from the original pharmacy. As before, transfer of original controlled substance prescriptions is only permitted between two pharmacies on a one-time basis. The controlled substance one-time transfer restriction does not apply where pharmacies have access to a common central processing unit, and approval is received from the PEB.

Phar 7.05 Prescription records. (1) A record of all prescriptions dispensed shall be maintained for a period of 5 years after the date of the last renewal.

(2) All systems used for maintaining a record of any prescription dispensing shall include:

(a) Patient's identification.

(b) Name, strength and dosage form of the drug product dispensed.

(c) Quantity dispensed.

(d) Date of all instances of dispensing.

(e) Practitioner's identification.

(f) Pharmacist's identification.

(g) Retrieval designation.

(3) (a) Except as provided in sub. (5), the transfer of prescription order information for the purpose of dispensing is permissible between pharmacies on an unlimited basis pursuant to the following requirements:

1. The transfer is communicated directly between 2 pharmacists and the pharmacist making the transfer records the following information:

a. The word "VOID" is written on the face of the invalidated prescription order.

b. The name and address of the pharmacy to which it is transferred, the name of the pharmacist receiving the prescription order, the date and the name of the pharmacist transferring the information are recorded on the reverse side of the invalidated prescription order.

(b) The pharmacist receiving the transferred prescription order information shall record in writing the following:

1. The word “TRANSFER” on the face of the transferred prescription order.
2. The date of issuance of the original prescription order.
3. The original number of renewals authorized on the original prescription order.
5. The number of valid renewals remaining and the date of the last renewal.
6. The pharmacy’s name, address, and the prescription order number from which the prescription order information was transferred.
7. The name of the pharmacist making the transfer.
8. The name, address and telephone number of the pharmacy from which the original prescription order was transferred if different from subd. 6.

(c) The original and transferred prescription orders shall be maintained for a period of 5 years from the date of the last renewal.

(4) A written copy of any prescription order for a prescribed drug provided by a pharmacist shall be identified in writing as “COPY — FOR INFORMATION ONLY”. No prescribed drug may be dispensed based on an information copy.

(5) The transfer of original prescription order information for the purpose of renewal dispensing of a controlled substance is permissible between 2 pharmacies only on a one-time basis. However, pharmacies having access to a common central processing unit are not limited in the transfer of original prescription order information pertaining to controlled substances for the purpose of renewal dispensing if prior written approval is received from the board.

Note: This procedure requires a variance from the federal drug enforcement administration (DEA) for controlled substances. Requests shall be filed with the Administrator, Drug Enforcement Administration, Department of Justice, Washington, D.C. 20537.

(6) A computerized system may be used for maintaining a record, as required under this section, of prescription dispensing and transfers of prescription order information for the purposes of renewal dispensing, if the system:

(a) Is capable of producing a printout of any prescription data which the user pharmacy is responsible for maintaining. The system shall be designed so that the pharmacy can receive the print-out within 48 hours after requesting the printout.

(b) Is equipped with an auxiliary procedure which, during periods of down-time, shall be used for documentation of prescription dispensing. The

auxiliary procedure shall ensure that prescription renewals are authorized by the original prescription order, that the maximum number of prescription renewals has not been exceeded and that all of the appropriate data are retained for on-line entry as soon as the computer system is again available for use.

History: Cr. Register, January, 1983, No. 325, eff. 2-1-83; cr. (5), Register, September, 1987, No. 381, eff. 10-1-87; **CR 00-165: am. (3) (a) (intro.), (b) 6., (c), (5) and (6) (intro.), r. (3) (b) 4., cr. (3) (b) 8., Register July 2001, No. 547 eff. 8-1-01.**

Prescription Order Signatures

With the advent of new technologies as they relate to the issuing of prescription orders, the Medical Examining Board and Pharmacy Examining Board recently reviewed current statutes and applicable administrative codes as they specifically relate to what is considered a valid signature. Wisconsin State Statute 450.11 (1) states that “All prescription orders shall specify..... if the order is written by the practitioner, the signature of the practitioner.” Section 990.01 (38) of the State Statutes provides in part, “If the signature of any person is required by law it shall always be the handwriting of such person...” Med 17.06 states “Prescription orders prepared by professional nurses and ancillary health care personnel, as delegated and supervised by a practitioner under s. 448.03 (2) (e), Stats., shall contain in addition to other information required by this chapter, the name, address and telephone number of the delegating practitioner and the name, address and signature of the person preparing the prescription order.” (Note: Schedule II prescriptions must be manually signed by the practitioner as stated in Federal law, CFR 1306.05 (a).)

Thus, where any written, typed or computer generated prescription order contains only the practitioner’s printed or stamped name, the strict reading of the above statutes would render the order invalid as a written order. Even where a nurse or other authorized person initials the stamped signature, the prescription order is invalid as a written order. When faced with such a prescription order the pharmacist’s options would be either to reject the order or contact the practitioner and verify the prescription information on the order in the same manner as if an oral order had been telephoned into the pharmacist. Therefore, what is necessary on a valid written prescription order is either the practitioner’s or delegate’s handwritten signature. Additionally, faxed prescriptions must meet the same requirements as written prescription orders.

Each of the following written prescription order examples include a statement of whether it includes a valid written signature:

1. A written prescription "signed" with a prescriber's signature stamp with or without a nurse's or delegated agent's initials is presented or faxed. This prescription is invalid.
2. A written prescription "signed" with the prescriber's name by the nurse or delegated agent with or without that individual's initials is presented or faxed. This prescription is invalid.
3. A written prescription "signed" with a prescriber's signature stamp with the nurse's or agent's signature is presented or faxed. This is a valid prescription only if the nurse or agent was authorized to sign prescriptions by a delegating practitioner as stated in Med 17.06. The prescriber's stamp does not satisfy the requirement of a written signature; rather the signature of the nurse or delegated agent validates the prescription. The prescriber's stamp only indicates the identity of the delegating practitioner.
4. A written prescription "signed" with the practitioner's name by the nurse or agent with the nurse's or agent's signature included is presented or faxed. This is valid only if the nurse or agent was authorized to sign prescriptions under Med 17.06.

Electronic transmission of prescription orders is covered separately by State Statute 450.11 (1m) and Phar 7.08 which, in part, states "prescription orders may be accepted and dispensed if they have been transmitted electronically from a practitioner or his or her designated agent to a pharmacy via computer modem or other similar electronic device." The code further states that "Prescription orders transmitted by facsimile machine are not considered electronic prescription orders; but rather, written prescription orders." A handwritten signature that is manually recorded by the prescriber onto a "palm" unit and then prints directly to paper at the pharmacy via the use of a fax machine is considered a valid signature and prescription since the fax machine is considered a printer of the prescriber's "prescription pad" (the palm unit). Phar 7.08 should be referred to for additional rules covering valid electronically transmitted prescription orders.

The delegated authority discussed above applies to physicians (MD and DO) and podiatrists (DPM). The other practitioners in Wisconsin that have

prescriptive authority do not have this delegation authority in their practice acts and thus must manually sign their written or faxed prescription orders. A stamped signature would render the written or faxed prescription invalid. The practitioners who must personally sign their prescription orders include physician assistants (PA), advanced practice nurse prescribers (APNP), dentists (DDS), optometrists (OD), and veterinarians (DVM). Oral prescription orders may be accepted from delegated agents (office staff) of all prescribers since that is considered a secretarial function after the prescription order has been prepared.

Disciplines

DENNIS A KORANDA RPH

TOMAH WI SUSPENDED/LIMITED/COSTS

Filled a Tegretol Suspension prescription for a 3½ week old patient and the label was incorrect. Patient consultation gave opportunity to know label was incorrect and did not recheck the original prescription or call the prescriber's office. Should have known the labeled directions were an incorrect dose. The patient suffered substantial harm and was hospitalized. Limited for one year with required documentation of all pediatric dosing calculations and additional CE, effective 4/1/2001. Suspend for ten days effective 7/1/2001. Costs of \$650.00. Sec. 450.10(1)(a)6., Stats. Phar 10.03(2),(3) Case #LS0105152PHM

C JEFF ELIASON RPH

SUPERIOR WI

REPRIMAND/FORFEITURES/COSTS

Filled prescriptions for an elderly relative with legitimate prescription orders in 1995. The relative refused to see a physician and he continued to dispense without a prescription order. Forfeiture of \$2,000.00. Costs of \$750.00. Effective 3/28/2001. Phar 10.03(1) Case #LS0103281PHM

KEVIN OBRIEN RPH

BROOKLYN WI

REPRIMAND/FORFEITURES/COSTS

Dispensed prescription refills without consultations. Additionally as managing pharmacist, allowed subordinate pharmacists to not provide patients appropriate consultations on their prescriptions. Forfeiture of \$750.00 and costs of \$300.00. Effective 7/10/2001. Sec. 50.009(1), Stats. Phar .01 (1)(e) Case #LS0107101PHM

DAVID J PROHASKA RPH
LADYSMITH WI

REPRIMAND/FORFEITURES/COSTS

As pharmacy owner did not install centrally monitored alarm systems in his six pharmacies as required by administrative code effective 1/1/99. (Balsam Lake Pharmacy, Balsam Lake, WI; James Pharmacy, Barron, WI; James Pharmacy Turtle Lake, WI; Shell Lake Pharmacy, Shell Lake, WI; Blue Hills Pharmacy, Bruce, WI; and Miller Pharmacy, Cadott, WI) Forfeiture of \$19,640.00 and costs of \$500.00. Was disciplined by the board in 1984 for having been convicted of misdemeanor theft by fraud. Also disciplined by the board for failing to comply with a previous order in that he failed to perform the required community service in a timely manner. Effective 3/28/2001. Phar 6.08 Case #LS0103282PHM

WAYNE W MELIN RPH

LUCK WI FORFEITURES/COSTS/LIMITED

Disciplined in 1993 for failing to do a biennial controlled substances inventory between 1986 and 1993. Dispensed C-V drugs (codeine cough syrup) to a patient without a prescription by an authorized prescriber, a total of 186 bottles. Limited in that he cannot dispense a C-V substance to any person without a prescription from an authorized prescriber. Forfeiture of \$1,800.00. Costs of \$250.00. Effective 2/14/2001. Secs. 961.23(1), 961.38(4), Stats. Phar 10.03(1),(2),(3) Case #LS0102141PHM

PURITAN BENNETT CO

WEST ALLIS WI

REPRIMAND/COSTS/FORFEITURES

In the years 1999 and 2000, sold over 200 containers of medical grade nitrous oxide gas, all labeled as prescription drugs to an entity that was not a licensed drug distributor. Forfeiture of \$8,000.00 and costs of \$1,200.00. Effective 5/15/2001. Sec. 450.07(3), Stats. Case #LS0105154PHM

JAMES M SUNDBY RPH

STOUGHTON WI

REPRIMAND/COSTS/FORFEITURES

Dispensed two prescriptions to a department employee without providing a consultation. Transferred prescriptions to two different patients without providing a consultation. Stated that the managing pharmacist had said nothing to him about consultations and that "we don't consult on refills." Forfeiture of \$250.00 and costs of \$100.00. Effective 5/15/2001. Phar 7.01(1)(e) Case #LS0105155PHM

MITCHELL J BONJEAN RPH
WAUKESHA WI

SUSPENDED/LIMITED/REPRIMAND/COSTS

At the time of verifying a prescription for an 11 month old patient, did not check the original hardcopy or the patient's profile, which showed that the prescription had not been prescribed by the patient's regular physician; rather, it was a prescription for an adult. The mother called for instructions on how to administer the medication and he again did not check the records. Suspended 7 days concurrent with a one-week rotation. Limited. Costs of \$1150.00. Effective 8/14/2001. Sec. 450.10(1)(a)6., Stats. Phar 7.01(1)(c), 7.07(4), 10.03(2),(3) Case #LS0108143PHM

ARTHUR H HACKENDAHL RPH

RANDOM LAKE WI

REPRIMAND/LIMITED/COSTS

Created prescription records purporting to be telephoned prescriptions for himself and his spouse. Dispensed the prescriptions, including refills. He stated they were for legitimately diagnosed conditions for which the medications had been previously prescribed. Limited in that he not be responsible with respect to any prescriptions for himself or his family. Costs of \$250.00. Effective 8/14/2001. Secs. 450.10(1)(a)2., 6., 450.11(1),(7)(c), Stats. Phar 10.03 (1),(5) Case #LS0108144PHM

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Digests on Web Site

March 1998, September 1998, April 1999, September 1999, March 2000, November 2000, May 2001

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2001 Board Meeting Dates

April 10, May 15, June 12-13, July 10, August 14-15, September 11, October 9-10, November 13, and December 11.

Wisconsin Statutes and Code

Copies of the Pharmacy Examining Board Statutes and Administrative Code can be ordered from the Department. Include your name, address, county and a check payable to the Department of Regulation and Licensing in the amount of \$5.28. The latest edition is dated August, 2001.

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Please photocopy the mailing label of this digest, make changes in name or address, and return it to the Department. Confirmation of changes are not automatically provided.

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