

# **BOARD OF PHARMACY**

## **DIVISION 43**

### **PRACTITIONER DISPENSING**

**855-043-0001** [Renumbered to 855-043-0005]

**855-043-0002** [Renumbered from 855-043-0120]

#### **Definitions**

In this division of rules:

(1) "Administer" means the direct application of a drug or device whether by injection, inhalation, ingestion, or any other means, to the body of a patient by:

(a) A practitioner or the practitioner's authorized agent; or

(b) The patient at the direction of the practitioner.

(2) "Dispense" or "Dispensing" means the preparation and delivery of a prescription drug pursuant to a lawful order of a practitioner in a suitable container appropriately labeled for subsequent administration to or use by a patient or other individual entitled to receive the prescription drug.

(3) "Formulary" means a list of drugs or a list of disease states or health conditions, or preventative measures such as immunization or birth control approved by the Board or by the Department of Human Services (DHS).

(4) "Health Officer" means a physician licensed by the Oregon Medical Board or the Oregon Board of Naturopathic Medicine and employed by or under contract with a county or district health department or DHS.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

## **855-043-0003**

### **Expedited Partner Therapy**

(1) Expedited Partner Therapy (EPT) means the practice of prescribing or dispensing an antibiotic drug for the treatment of a sexually transmitted disease to the partner of a patient without first examining that partner.

(2) An EPT prescription may only be dispensed for a drug and a disease that has been determined by DHS to be appropriately addressed by EPT.

Stat. Auth.: ORS 689.205

Stats. Implemented: Chapter 522 Oregon Laws 2009

## **855-043-0005 [Renumbered from 855-043-0001]**

### **Practitioner Labeling**

All drugs dispensed by a practitioner must be labeled with the following information:

- (1) Name, address and telephone number of the practitioner;
- (2) Date;
- (3) Name of the patient or the owner of the animal for which the drug is dispensed. If the prescription is for an animal, the species of the animal for which the drug is dispensed;
- (4) Name of drug, strength, the quantity dispensed. When a generic name is used, the label must also contain the name of the manufacturer or distributor;
- (5) Direction for use;
- (6) Required precautionary information regarding controlled substances;
- (7) Such other cautionary information as required for patient safety; and
- (8) An expiration date after which the patient should not use the drug or medicine. The expiration date on a drug dispensed must be the same as that on the original container unless, in the practitioner's professional judgment, a shorter expiration date is warranted. A drug must not be dispensed after the expiration date of the drug.

(9) Notwithstanding the labeling requirements in this rule, when a drug is dispensed in the practice of an Expedited Partner Therapy treatment protocol, the name of the patient or the patient's partner may be omitted from the label.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155, ORS 689.505, Chapter 522 Oregon Laws 2009

## **Non-Pharmacy Dispensing Drug Outlets**

### **County Health Clinics**

#### **855-043-0110**

##### **Purpose and Scope**

(1) A Registered Nurse who is licensed with the Oregon State Board of Nursing, and who is an employee of a local health department established under the authority of a county or district board of health may dispense a drug or device to a client of the health department for purposes of caries prevention, birth control, or prevention or treatment of a communicable disease.

(2) Such dispensing shall be pursuant to the order of a person authorized to prescribe a drug or device, and shall be subject to rules jointly adopted by the Board and DHS.

Stat. Auth.: ORS 689.205

Stats. Implemented: ORS 689.155

#### **855-043-0130**

##### **Drug Delivery and Control**

(1) The health officer is responsible for the establishment of policies and procedures that include:

- (a) Procedures for drug dispensing, storage, security, and accountability;
- (b) Maintenance of all drug records required by federal and state law;
- (c) Procedures for procurement of drugs.

(2) Dispensing:

- (a) A drug may only be dispensed by a practitioner who has been given dispensing privileges by their licensing board or by a Registered Nurse;
- (b) A drug must be dispensed in a container complying with the federal Poison Prevention Packaging Act unless the patient requests a non-complying container;
- (c) A Registered Nurses may only dispense a drug listed in, or for a condition listed in, the formulary;
- (d) Each drug that is dispensed must be labeled with the following information:
  - (A) Name of patient;
  - (B) Name of prescriber;
  - (C) Name, address, and phone number of the clinic;
  - (D) Date of dispensing;
  - (E) Name and strength of the drug. If the drug does not have a brand name, then the generic name of the drug and the drug manufacturer must be stated;
  - (F) Directions for use;
  - (G) Initials of the person dispensing;
  - (H) Cautionary statements, if any, as required by law;
  - (I) Manufacturer's expiration date, or an earlier date if preferable, after which the patient should not use the drug.
- (e) A drug information fact sheet must accompany each drug dispensed from a county health clinic.
- (3) Repackaged Drugs. A drug repackaged for dispensing must be in a container meeting USP standards and labeled to identify at a minimum:
  - (a) Brand name, or generic name and manufacturer;
  - (b) Strength;
  - (c) Lot number;
  - (d) Manufacturer's expiration date or an earlier date if preferable. An internal control number which references manufacturer and lot number may be used.

(4) Drug Security, Storage, and Disposal:

(a) In the absence of a dispensing practitioner or a Registered Nurse, drugs must be kept in a locked drug cabinet or drug room which is sufficiently secure to deny access to unauthorized persons. Only dispensing practitioners and Registered Nurses may have a key to the drug cabinet or drug room. In their absence, the drug cabinet or drug room must remain locked.

(b) All drugs must be stored in areas which will assure proper sanitation, temperature, light, ventilation and moisture control as recommended by the manufacturer.

(c) Drugs which are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to their supplier.

(5) Drug Records;

(a) A dispensing record must be maintained separately from the patient chart and kept for a minimum of three years. The record must show, at a minimum, the following:

(A) Name of patient;

(B) Brand name of drug, or generic name and name of manufacturer or distributor;

(C) Date;

(D) Initials of person dispensing the prescription.

(b) All records of receipt and disposal of drugs must be kept for a minimum of three years;

(c) All records required by these rules or by federal and state law must be readily retrievable and available for inspection by the Board.

(6) Notwithstanding any other requirements in this rule, when a drug is dispensed in the practice of an Expedited Partner Therapy treatment protocol, the name of the patient may be omitted from the label, the patient's name may be omitted from the records and a drug may be dispensed to the patient to be given to the patient's partner even if the partner has not been examined by a licensed health care provider acting within their scope of practice.

Stat. Auth.: ORS 689.205, ORS 689.605

Stats. Implemented: ORS 689.155, Chapter 522 Oregon Laws 2009

## **Nurse Practitioner and Clinical Nurse Specialist Dispensing**

**855-043-0210**

### **Purpose and Scope**

The Oregon State Board of Nursing may grant to a certified nurse practitioner or Clinical Nurse Specialist the privilege of writing prescriptions described in the formulary under ORS 678.385. A certified nurse practitioner or Clinical Nurse Specialist may submit an application to the Oregon State Board of Nursing to dispense prescription drugs. An application for the authority to dispense prescription drugs as authorized by ORS 678.385 shall include evidence of completion of a prescription drug dispensing training program jointly developed and adopted by rule by the Oregon State Board of Nursing (851-050-0162) and the State Board of Pharmacy. The training program shall be as follows:

- (1) Documented review of content regarding safe dispensing listed below:
  - (a) Board of Nursing handbook "Prescriptive Authority in Oregon for Nurse Practitioners and Clinical Nurse Specialists";
  - (b) The Drug Enforcement Administration Pharmacist's Manual (2004);
  - (c) OAR 851, Division 56;
  - (d) ORS Chapter 689 and OAR chapter 855;
  - (e) US Consumer Product Safety Commission publication "Poison Prevention Packaging: A Text for Pharmacist's and Physicians;"
  - (f) The Institute for Safe Medication Practices (ISMP) "List of Error-Prone Abbreviations, Symbols, and Dose Designations" (Nov.2006); and
  - (g) Information on available electronic or hard copy prescription drug references which provide information to professionals authorized to dispense prescription medications
- (2) Successful self examination as provided by the Board of Nursing on these materials.

Stat. Auth.: ORS 678.390, ORS 689.205

Stats. Implemented: ORS 689.205

## **Family Planning Clinics**

**855-043-0300**

### **Purpose and Scope**

(1) A practitioner who has been given dispensing privileges by their licensing board, or a Registered Nurse, who is an employee of a clinic that is registered with the Board and is supported by DHS for purposes of providing public health family planning services, may dispense drugs or devices to clients for the purpose of birth control, the treatment of amenorrhea, hormone deficiencies, urinary tract infections or sexually transmitted diseases.

(2) Such dispensing must be pursuant to the prescription of a person authorized to prescribe a drug or device, and is subject to rules jointly adopted by the Board and DHS.

Stat. Auth.: ORS689.205

Stats. Implemented: ORS 689.305

## **855-043-0310**

### **Drug Delivery and Control**

(1) Policies and Procedures. The licensed facility is responsible for the following:

(a) Maintaining written policies and procedures for drug dispensing, storage, security, and accountability;

(b) Maintenance of all drug records required by federal and state law; and

(c) Establishing procedures for procurement of drugs.

(2) Dispensing:

(a) Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by a practitioner who has been given dispensing privileges by their licensing board, or by a Registered Nurse, prior to being delivered or transferred to the patient.

(b) A drug must be dispensed in a containers complying with the federal Poison Prevention Packaging Act unless the patient requests a non-complying container.

(c) A prescription must be labeled with the following information:

(A) Name of patient;

(B) Name of prescriber;

(C) Name, address, and phone number of the clinic;

(D) Date of dispensing;

(E) Name and strength of the drug. If the drug does not have a brand name, then the generic name of the drug and the drug manufacturer must be stated;

(F) Directions for use;

(G) Initials of the person dispensing;

(H) Cautionary statements, if any, as required by law; and

(I) Manufacturer's expiration date, or an earlier date if preferable, after which the patient should not use the drug.

(d) The prescriber must verbally counsel the patient concerning all new medications and a drug information fact sheet must accompany all drugs dispensed from a family planning clinic.

(3) Repackaged drugs. Drugs repackaged for dispensing must be in a container meeting USP standards and labeled to identify at a minimum:

(a) Brand name, or generic name and manufacturer;

(b) Strength;

(c) Lot number; and

(d) Manufacturer's expiration date, or an earlier date if preferable. An internal control number which references manufacturer and lot number may be utilized.

(4) Drug security, storage, and disposal:

(a) In the absence of a physician, pharmacist, Registered Nurse, Clinical Nurse Specialist, or nurse practitioner, all drugs must be kept in a locked drug cabinet or drug room that is sufficiently secure to deny access to unauthorized persons. Only physicians, pharmacists, Registered Nurses, Clinical Nurse Specialists or nurse practitioners shall have a key to the drug cabinet or drug room. In their absence, the drug cabinet or drug room must remain locked.

(b) All drugs must be stored in areas which will assure proper sanitation, temperature, light, ventilation, and moisture control as recommended by the manufacturer.

(c) Drugs which are outdated, damaged, deteriorated, misbranded, or adulterated must be quarantined and physically separated from other drugs until they are destroyed or returned to their supplier.

(5) Drug records:

(a) A dispensing record must be maintained separately from the patient chart and kept for a minimum of three years. The record must show, at a minimum, the following:

(A) Name of patient;

(B) Brand name of drug, or generic name and name of manufacturer or distributor;

(C) Date of dispensing; and

(D) Initials of person dispensing the prescription;

(b) All records of receipt and disposal of drugs must be kept for a minimum of three years.

(c) All records required by these rules or by federal and state law must be readily retrievable and available for inspection by the Board.

(6) A consultant pharmacist must conduct and document an annual inspection of the clinic in accordance with the directions of the Board. The completed report form must be filed in the clinic, and be available to the Board for inspection for three years.

(7) Notwithstanding any other requirements in this rule, when a drug is dispensed in the practice of an Expedited Partner Therapy treatment protocol, the name of the patient may be omitted from the label, the patient's name may be omitted from the records and a drug may be dispensed to the patient to be given to the patient's partner even if the partner has not been examined by a licensed health care provider acting within their scope of practice.

Stat. Auth.: ORS689.205

Stats. Implemented: ORS 689.305, Chapter 522 Oregon Laws 2009