



COMMONWEALTH OF VIRGINIA

Meeting of the Board of Pharmacy

Perimeter Center, 9960 Mayland Dr., Second Floor
Richmond, Virginia 23230

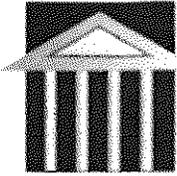
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Tentative Agenda of Meeting Ad Hoc Committee for On-hold Prescriptions *May 17, 2011* 12:30PM

<u>TOPIC</u>	<u>PAGE(S)</u>
Call to Order: Brandon Yi	
• Welcome and Introductions	
• Reading of emergency evacuation script	
• Approval of Agenda	
Call for Public Comment	
Review NOIRA	1-4
Discussion and development of draft regulatory amendments	

Adjourn: The committee will adjourn no later than 3:30PM.

***The Committee will have a working lunch at approximately 1pm.**



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**Notice of Intended Regulatory Action (NOIRA)
Agency Background Document**

Agency name	Board of Pharmacy, Department of Health Professions
Virginia Administrative Code (VAC) citation	18VAC110-20-10 et seq.
Regulation title	Regulations Governing the Practice of Pharmacy
Action title	On-hold prescriptions
Document preparation date	3/9/2011

This information is required for executive branch review and the Virginia Registrar of Regulations, pursuant to the Virginia Administrative Process Act (APA), Executive Orders 21 (2002) and 58 (1999), and the *Virginia Register Form, Style, and Procedure Manual*.

Purpose

Please describe the subject matter and intent of the planned regulatory action. Also include a brief explanation of the need for and the goals of the new or amended regulation.

Regulations of the Board of Pharmacy address requirements for filing prescriptions and pharmacist verification of data entry into an automated data processing system, when pharmacies make use of such a system. While the regulations satisfy the handling of prescriptions intended to be dispensed that day, pharmacists are experiencing increased requests from patients to place prescriptions for routine medications “on-hold” until the patient is in need of the prescribed drug.

Because regulations do not specifically address when the data entry of these prescriptions must be performed, some pharmacies store these prescriptions in a single file until needed. Others perform data entry of the prescription and file by the date of entry into the computer which is non-compliant with the current regulation, but find it burdensome to retrieve and move the prescription to the file associated with the date of initial dispensing. Additionally, when the data entry is performed on a separate date than the date of initial dispensing a pharmacist may not be verifying the accuracy of the data entered at the time of entry.

The lack of regulation on this issue may contribute to misplacing of the prescription which may impede patients from obtaining their medication when needed, the dispensing of prescriptions fraudulently due to improper handling of the prescriptions, and possibly dispensing errors



resulting from data entry being performed on a separate date from the date of initial dispensing without pharmacist verification of the accuracy of the data. Therefore, the Board will consider the promulgation of amendments to regulation to address concerns regarding on-hold prescriptions.

Legal basis

Please identify the state and/or federal legal authority to promulgate this proposed regulation, including (1) the most relevant law and/or regulation, including Code of Virginia citation and General Assembly chapter number(s), if applicable, and (2) promulgating entity, i.e., agency, board, or person. Describe the legal authority and the extent to which the authority is mandatory or discretionary.

Regulations are promulgated under the general authority of Chapter 24 of Title 54.1 of the Code of Virginia. Section 54.1-2400, which provides the Board of Pharmacy the authority to promulgate regulations to administer the regulatory system:

§ 54.1-2400 -General powers and duties of health regulatory boards

The general powers and duties of health regulatory boards shall be:

...

6. To promulgate regulations in accordance with the Administrative Process Act (§ 9-6.14:1 et seq.) which are reasonable and necessary to administer effectively the regulatory system. Such regulations shall not conflict with the purposes and intent of this chapter or of Chapter 1 (§ 54.1-100 et seq.) and Chapter 25 (§ 54.1-2500 et seq.) of this title. ...

The specific authority to issue licenses and permits to pharmacists and pharmacies and to control the sale and dispensing of prescription drugs is found in the Code of Virginia in Chapters 33 and 34 of Title 54.1.

<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+TOC5401000>

Substance

Please detail any changes that will be proposed. For new regulations, include a summary of the proposed regulatory action. Where provisions of an existing regulation are being amended, explain how the existing regulation will be changed. Include the specific reasons why the agency has determined that the proposed regulatory action is essential to protect the health, safety, or welfare of citizens. Delineate any potential issues that may need to be addressed as the regulation is developed.

The following sections of the regulations have been identified as having issues that may need to be addressed in the promulgation of amended regulations:

18VAC110-20-240 Manner of maintaining records, prescriptions, inventory records.

The current requirement that all prescriptions shall be filed chronologically by date of initial dispensing is problematic when filing on-hold prescriptions which are prescriptions presented by

the patient to the pharmacist and maintained by the pharmacist for days or weeks until the patient is in need for the prescription to be dispensed. As written, the regulation currently requires a pharmacist to physically retrieve and relocate the prescription from the file that it was originally maintained in on the date of receipt to the file associated with the date of initial dispensing. This appears to be creating an undue burden on practicing pharmacists, particularly in community pharmacies where on-hold prescriptions are more frequently received. Therefore, this regulation may be amended to create a less burdensome filing requirement for on-hold prescriptions.

Additionally, current regulations do not specifically address when data entry of the on-hold prescription must be performed and how the prescription must be maintained prior to the initial dispensing, therefore, the following concerns may exist: if data entry and proper filing for the on-hold prescription is not performed on or about the date of receipt, then the prescription may be misplaced which may impede a patient from readily obtaining the drug when needed, or it may increase the possibility for it being diverted and dispensed fraudulently either at the receiving pharmacy or another pharmacy. Thus, regulations may be promulgated that specifically address data entry requirements and maintaining of on-hold prescriptions.

18VAC110-20-250. Automated data processing records of prescriptions.

The current regulation requires pharmacists making use of an automated data processing system to document on a daily printout or logbook that the information entered into the computer each time a pharmacist fills a prescription for a drug is correct. Because the Board may promulgate regulations requiring the data entry of an on-hold prescription prior to the initial dispensing of the drug, this regulation may be amended to require a pharmacist to document the fact that the information entered into the computer that day is correct, regardless of whether the prescription is dispensed that day.

Alternatives

Please describe all viable alternatives to the proposed regulatory action that have been or will be considered to meet the essential purpose of the action.

In September 2010, the Board reviewed and denied a petition for rulemaking to amend the filing requirements in Regulation 18VAC110-20-240 to allow prescriptions to be filed by date of initial dispensing or date of initial entry into the pharmacy's electronic record keeping system if such a system is employed by the pharmacy. The petition was submitted based on a perceived burden in filing on-hold prescriptions under current filing requirements. Though the petition was denied, the Board agreed to research other states' requirements for filing on-hold prescriptions. At the request of Board staff, the National Association of Boards of Pharmacy surveyed all states on current requirements for processing and filing on-hold prescriptions. Fourteen states responded to the survey and the results of the survey were reviewed at the December 2010 board meeting. Two states currently have rules addressing on-hold prescriptions and other states commented in the survey that rules on this subject may be warranted due to concerns for diversion resulting from improper handling of these prescriptions or dispensing errors resulting from data entry being performed on a separate date from the date of initial dispensing without pharmacist verification of the accuracy of the data. In December, the Board assigned members

to an Ad Hoc committee to review the possibility for needed regulations. This committee was unable to meet prior to the March 2011 full board meeting due to a shortage in board staff and activities associated with the General Assembly. Therefore, the full Board discussed the possible need for regulations at the March 2011 full Board meeting and determined that the Board must proceed with a Notice of Intended Regulatory Action to potentially alleviate concerns associated with the improper handling of on-hold prescriptions and the undue burden with current filing requirements.

Family impact

Assess the potential impact of the proposed regulatory action on the institution of the family and family stability.

There is no impact of the proposed regulatory action on the institution of the family and family stability.

- (11) Total number of refills dispensed to date for that prescription order;
 - (12) Date of each refill;
 - (13) Name or initials of each individual dispensing pharmacist.
- (M) A log must be maintained of all changes made to a prescription record after the prescription has been dispensed. Such log may be accessible to the pharmacist for review, but shall be protected from being altered in any way. The log must contain at least, but is not limited to, the following:
- (1) Date and time of change;
 - (2) Changes made;
 - (3) Pharmacist making the change.
- (N) Prescriptions entered into a computer system but not dispensed must meet all of the following conditions:
- (1) The complete prescription information must be entered in the computer system;
 - (2) The information must appear in the patient's profile;
 - (3) There is positive identification, in the computer system or on the hard copy prescription, of the pharmacist who is responsible for entering the prescription information into the system; and
 - (4) The original prescription is filed according to rule 4729-5-09 of the Administrative Code.
- (O) Records shall be maintained for three years on all immunizations administered pursuant to section 4729.41 of the Revised Code and rule 4729-5-38 of the Administrative Code and must include at least the following information:
- (1) Full name and address of the patient;
 - (2) Patient's date of birth or age;
 - (3) Patient's gender;
 - (4) Patient's applicable allergy information;
 - (5) Date of administration;
 - (6) Name, strength, and dose of the immunization administered;
 - (7) Lot number and expiration date of the immunization;
 - (8) Route of administration;
 - (9) Location of the injection site;
 - (10) Positive identification of the administering pharmacist or the administering pharmacy intern and supervising pharmacist;

- (E) Prescriptions entered into a computer system but not dispensed may be transferred to another pharmacy if all of the following conditions are met:
 - (1) The complete prescription information has been entered into the computer system;
 - (2) The information is displayed on the patient's profile;
 - (3) There is positive identification, either in the computer system or on the hard copy prescription, of the pharmacist who is responsible for entering the prescription information into the system;
 - (4) The original prescription is filed in accordance with rule 4729-5-09 of the Administrative Code;
 - (5) All requirements of this rule are met for the transfer of the prescription.
- (F) Transfer of prescription information between two pharmacies which are accessing the same real time, online database pursuant to the operation of a board approved central filling operation shall not be considered a prescription copy and, therefore, is not subject to the requirements of this rule.
- (G) A licensed pharmacy intern may send or receive copies of prescriptions pursuant to the following:
 - (1) The pharmacist on duty who is supervising the activity of the intern will determine if the intern is competent to send or receive a prescription copy.
 - (2) The pharmacist on duty who is supervising the activity of the intern is responsible for the accuracy of a prescription copy that is sent or received by an intern.
 - (3) The supervising pharmacist must be immediately available to answer questions or discuss the prescription copy that is sent or received by an intern.
 - (4) The intern may not send or receive a prescription copy for a controlled substance.
 - (5) The pharmacist or intern receiving a prescription copy from an intern must document the full names of the sending intern and his/her supervising pharmacist. The receiving intern shall immediately reduce the prescription copy to writing and shall review the prescription with the supervising pharmacist. Prior to dispensing, positive identification of the intern and the supervising pharmacist shall be made on the prescription to identify the responsibility for the receipt of the copy.
 - (6) The pharmacist or intern sending a prescription copy to an intern must document the full names of the receiving intern and his/her supervising pharmacist. There must be documented positive identification of the sending intern and his/her supervising pharmacist who authorized the transfer of the prescription copy.
 - (7) The approved intern and the supervising pharmacist must meet all the requirements of this rule.

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Ohio**4729-5-09 Prescription filing.**

All original outpatient prescriptions shall be filed in the following manner:

(A) Prescriptions for schedule II controlled substances shall be maintained in a separate prescription file for schedule II prescriptions.

(B) Prescriptions for schedules III, IV, and V controlled substances shall be maintained in a separate prescription file for schedules III, IV, and V prescriptions.

(C) Prescriptions for noncontrolled substances shall be maintained in a separate prescription file for noncontrolled prescriptions.

Prescriptions containing multiple drug orders shall be filed in the most restrictive file. In this case, a mechanism must be in place to allow the immediate retrieval of all prescriptions.

If the prescription records are kept on microfilm, automated data processing retrievable electronic media, or in any form requiring special equipment to render the records easily readable, the registrant shall provide access to such equipment with the records. If any code system is used (other than pricing information), a key to the code shall be provided to make the records understandable.

R.C. 119.032 review dates: 12/11/2007 and 12/01/2012

Promulgated Under: 119.03

Statutory Authority: 3719.28, 4729.26

Rule Amplifies: 3719.05, 3719.07, 3719.13, 3719.27, 4729.37

Prior Effective Dates: 09/01/1989, 07/01/1994

18VAC110-20-10. Definitions.

In addition to words and terms defined in §§54.1-3300 and 54.1-3401 of the Code of Virginia, the following words and terms when used in this chapter shall have the following meanings, unless the context clearly indicates otherwise:

"ACPE" means the Accreditation Council for Pharmacy Education.

"Acquisition" of an existing entity permitted, registered or licensed by the board means (i) the purchase or transfer of all or substantially all of the assets of the entity or of any corporation that owns or controls the entity; (ii) the creation of a partnership by a sole proprietor or change in partnership composition; (iii) the acquiring of 50% or more of the outstanding shares of voting stock of a corporation owning the entity or of the parent corporation of a wholly owned subsidiary owning the entity, except that this shall not apply to any corporation the voting stock of which is actively traded on any securities exchange or in any over-the-counter market; or (iv) the merger of a corporation owning the entity, or of the parent corporation of a wholly owned subsidiary owning the entity, with another business or corporation.

"Alternate delivery site" means a location authorized in 18VAC110-20-275 to receive dispensed prescriptions on behalf of and for further delivery or administration to a patient.

"Beyond-use date" means the date beyond which the integrity of a compounded, repackaged, or dispensed drug can no longer be assured and as such is deemed to be adulterated or misbranded as defined in §§54.1-3461 and 54.1-3462 of the Code of Virginia.

"Board" means the Virginia Board of Pharmacy.

"CE" means continuing education as required for renewal of licensure by the Board of Pharmacy.

"CEU" means a continuing education unit awarded for credit as the equivalent of 10 contact hours.

"Chart order" means a lawful order for a drug or device entered on the chart or in a medical record of a patient by a prescriber or his designated agent.

"Compliance packaging" means packaging for dispensed drugs which is comprised of a series of containers for solid oral dosage forms and which is designed to assist the user in administering or self-administering the drugs in accordance with directions for use.

"Contact hour" means the amount of credit awarded for 60 minutes of participation in and successful completion of a continuing education program.

"Correctional facility" means any prison, penitentiary, penal facility, jail, detention unit, or other facility in which persons are incarcerated by government officials.

"DEA" means the United States Drug Enforcement Administration.

"Drug donation site" means a permitted pharmacy that specifically registers with the board for the purpose of receiving or redispensing eligible donated prescription drugs pursuant to § 54.1-3411.1 of the Code of Virginia.

"Electronic prescription" means a written prescription that is generated on an electronic application in accordance with 21 CFR Part 1300 and is transmitted to a pharmacy as an electronic data file.

"Expiration date" means that date placed on a drug package by the manufacturer or repacker beyond which the product may not be dispensed or used.

"Facsimile (FAX) prescription" means a written prescription or order which is transmitted by an electronic device over telephone lines which sends the exact image to the receiver (pharmacy) in a hard copy form.

"FDA" means the United States Food and Drug Administration.

"Floor stock" means a supply of drugs which have been distributed for the purpose of general administration by a prescriber or other authorized person pursuant to a valid order of a prescriber.

"Foreign school of pharmacy" means a school outside the United States and its territories offering a course of study in basic sciences, pharmacology, and pharmacy of at least four years in duration resulting in a degree that qualifies a person to practice pharmacy in that country.

"Forgery" means a prescription that was falsely created, falsely signed, or altered.

"FPGEC certificate" means the certificate given by the Foreign Pharmacy Equivalency Committee of NABP that certifies that the holder of such certificate has passed the Foreign Pharmacy Equivalency Examination and a credential review of foreign training to establish educational equivalency to board approved schools of pharmacy, and has passed approved examinations establishing proficiency in English.

"Generic drug name" means the nonproprietary name listed in the United States Pharmacopeia-National Formulary (USP-NF) or in the USAN and the USP Dictionary of Drug Names.

"Hospital" or "nursing home" means those facilities as defined in Title 32.1 of the Code of Virginia or as defined in regulations by the Virginia Department of Health.

"Inactive license" means a license which is registered with the Commonwealth but does not entitle the licensee to practice, the holder of which is not required to submit documentation of CE necessary to hold an active license.

"Long-term care facility" means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients.

"NABP" means the National Association of Boards of Pharmacy.

"Nuclear pharmacy" means a pharmacy providing radiopharmaceutical services.

"On duty" means that a pharmacist is on the premises at the address of the permitted pharmacy and is available as needed.

"On-hold prescription" means a valid prescription that is received and maintained at the pharmacy and is intended to be dispensed on a future date when needed by the patient.

"Permitted physician" means a physician who is licensed pursuant to §54.1-3304 of the Code of Virginia to dispense drugs to persons to whom or for whom pharmacy services are not reasonably available.

"Perpetual inventory" means an ongoing system for recording quantities of drugs received, dispensed or otherwise distributed by a pharmacy.

"Personal supervision" means the pharmacist must be physically present and render direct, personal control over the entire service being rendered or act being performed. Neither prior nor future instructions shall be sufficient nor, shall supervision rendered by telephone, written instructions, or by any mechanical or electronic methods be sufficient.

"Pharmacy closing" means that the permitted pharmacy ceases pharmacy services or fails to provide for continuity of pharmacy services or lawful access to patient prescription records or other required patient records for the purpose of continued pharmacy services to patients.

"Pharmacy technician trainee" means a person who is currently enrolled in an approved pharmacy technician training program and is performing duties restricted to pharmacy technicians for the purpose of obtaining practical experience in accordance with § 54.1-3321 D of the Code of Virginia.

"PIC" means the pharmacist-in-charge of a permitted pharmacy.

"Practice location" means any location in which a prescriber evaluates or treats a patient.

"Prescription department" means any contiguous or noncontiguous areas used for the compounding, dispensing and storage of all Schedule II through VI drugs and devices and any Schedule I investigational drugs.

"PTCB" means the Pharmacy Technician Certification Board, co-founded by the American Pharmaceutical Association and the American Society of Health System Pharmacists, as the national organization for voluntary examination and certification of pharmacy technicians.

"Quality assurance plan" means a plan approved by the board for on-going monitoring, measuring, evaluating, and, if necessary, improving the performance of a pharmacy function or system.

"Radiopharmaceutical" means any drug that exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any nonradioactive reagent kit or radionuclide generator that is intended to be used in the preparation of any such substance, but does not include drugs such as carbon-containing compounds or potassium-containing salts that include trace quantities of naturally occurring radionuclides. The term also includes any biological product that is labeled with a radionuclide or intended solely to be labeled with a radionuclide.

"Repackaged drug" means any drug removed from the manufacturer's original package and placed in different packaging.

"Robotic pharmacy system" means a mechanical system controlled by a computer that performs operations or activities relative to the storage, packaging, labeling, dispensing, or distribution of medications, and collects, controls, and maintains all transaction information.

"Safety closure container" means a container which meets the requirements of the federal Poison Prevention Packaging Act of 1970 (15 USC §§1471-1476), i.e., in testing such containers, that 85% of a test group of 200 children of ages 41-52 months are unable to open the container in a five-minute period and that 80% fail in another five minutes after a demonstration of how to open it and that 90% of a test group of 100 adults must be able to open and close the container.

"Satellite pharmacy" means a pharmacy which is noncontiguous to the centrally permitted pharmacy of a hospital but at the location designated on the pharmacy permit.

"Special packaging" means packaging that is designed or constructed to be significantly difficult for children under five years of age to open to obtain a toxic or harmful amount of the drug contained therein within a reasonable time and not difficult for normal adults to use properly, but does not mean packaging which all such children cannot open or obtain a toxic or harmful amount within a reasonable time.

"Special use permit" means a permit issued to conduct a pharmacy of a special scope of service that varies in any way from the provisions of any board regulation.

"Storage temperature" means those specific directions stated in some monographs with respect to the temperatures at which pharmaceutical articles shall be stored, where it is considered that storage at a lower or higher temperature may produce undesirable results. The conditions are defined by the following terms:

1. "Cold" means any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which temperature is maintained thermostatically between 2° and 8°C (36° and 46°F). A freezer is a cold place in which the temperature is maintained thermostatically between -20° and -10°C (-4° and 14°F).

2. "Room temperature" means the temperature prevailing in a working area.

3. "Controlled room temperature" is a temperature maintained thermostatically that encompasses the usual and customary working environment of 20° to 25°C (68° to 77°F); that results in a mean kinetic temperature calculated to be not more than 25°C; and that allows for excursions between 15° and 30°C (59° and 86°F) that are experienced in pharmacies, hospitals, and warehouses.

4. "Warm" means any temperature between 30° and 40°C (86° and 104°F).

5. "Excessive heat" means any temperature above 40°C (104°F).

6. "Protection from freezing" means where, in addition to the risk of breakage of the container, freezing subjects a product to loss of strength or potency, or to the destructive alteration of its characteristics, the container label bears an appropriate instruction to protect the product from freezing.

7. "Cool" means any temperature between 8° and 15°C (46° and 59°F).

"Terminally ill" means a patient with a terminal condition as defined in §54.1-2982 of the Code of Virginia.

"Unit dose container" means a container that is a single-unit container, as defined in United States Pharmacopeia-National Formulary, for articles intended for administration by other than the parenteral route as a single dose, direct from the container.

"Unit dose package" means a container that contains a particular dose ordered for a patient.

"Unit dose system" means a system in which multiple drugs in unit dose packaging are dispensed in a single container, such as a medication drawer or bin, labeled only with patient name and location. Directions for administration are not provided by the pharmacy on the drug packaging or container but are obtained by the person administering directly from a prescriber's order or medication administration record.

"USP-NF" means the United States Pharmacopeia-National Formulary.

"Well-closed container" means a container that protects the contents from extraneous solids and from loss of the drug under the ordinary or customary conditions of handling, shipment, storage, and distribution.

18VAC110-20-240. Manner of maintaining records, prescriptions, inventory records.

A. Each pharmacy shall maintain the inventories and records of drugs as follows:

1. Inventories and records of all drugs listed in Schedules I and II shall be maintained separately from all other records of the pharmacy. Each pharmacy shall maintain a perpetual inventory of all Schedule II drugs received and dispensed, with reconciliation at least monthly. Electronic monitoring at the pharmacy or by another entity that provides alerts for discrepancies between drugs received and drugs dispensed is acceptable provided such alerts are reviewed at least monthly.

2. Inventories and records of drugs listed in Schedules III, IV, and V may be maintained separately or with records of Schedule VI drugs but shall not be maintained with other records of the pharmacy.

3. All executed order forms, prescriptions, and inventories of Schedule II through V drugs shall be maintained at the same address as the stock of drugs to which the records pertain. If authorized by DEA, other records pertaining to Schedule II through V drugs, such as invoices, may be maintained in an off-site database or in secured storage. All records in off-site storage shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

4. All inventories required by § 54.1-3404 of the Code of Virginia shall be signed and dated by the person taking the inventory and shall indicate whether the inventory was taken prior to the opening of business or after close of business. A 24-hour pharmacy with no opening or closing of business shall clearly document whether the receipt or distribution of drugs on the inventory date occurred before or after the inventory was taken.

5. Invoices or other records showing receipts of Schedule VI drugs shall be maintained, but may be stored in an electronic database or record as an electronic image that provides an exact, clearly legible, image of the document or in secured storage either on or off site. All records in off-site storage or database shall be retrieved and made available for inspection or audit within 48 hours of a request by the board or an authorized agent.

6. All records required by this section shall be filed chronologically and maintained for a period of not less than two years from the date of transaction.

B. Prescriptions.

1. A hard copy prescription shall be placed on file for every initial prescription dispensed and be maintained for two years from the date of last refill. All prescriptions shall be filed chronologically by date of initial dispensing or date of initial entry into the automated data processing system in compliance with 18VAC110-20-250, if such a system is employed by the pharmacy.

2. Schedule II drugs. Prescriptions for Schedule II drugs shall be maintained in a separate prescription file.

3. Schedule III through V drugs. Prescriptions for Schedule III through V drugs shall be maintained either in a separate prescription file for drugs listed in Schedules III, IV, and V only or in such form that they are readily retrievable from the other prescriptions of the pharmacy. Prescriptions will be deemed readily retrievable if, at the time they are initially filed, the face of the prescription is stamped in red ink in the lower right corner with the letter "C" no less than one inch high and filed in the prescription file for drugs listed in the usual consecutively numbered prescription file for Schedule VI drugs. However, if a pharmacy employs an automated data processing system or other electronic recordkeeping system for prescriptions which permits identification by prescription number and retrieval of original documents by prescriber's name, patient's name, drug dispensed, and date filled, then the requirement to mark the hard copy prescription with a red "C" is waived.

C. Chart orders.

1. A chart order written for a patient in a hospital or long-term care facility, a patient receiving home infusion services, or a hospice patient pursuant to §54.1-3408.01 A of the Code of Virginia shall be exempt from having to contain all required information of a written prescription provided:

a. This information is contained in other readily retrievable records of the pharmacy; and

b. The pharmacy maintains a current policy and procedure manual that sets out where this information is maintained and how to retrieve it and the minimum requirements for chart orders consistent with state and federal law and accepted standard of care.

2. A chart order may serve as the hard-copy prescription for those patients listed in subdivision 1 of this subsection.

3. Requirements for filing of chart orders.

a. Chart orders shall be filed chronologically by date of initial dispensing with the following exception: If dispensing data can be produced showing a complete audit trail for any requested drug for a specified time period and each chart order is readily retrievable upon request, chart orders may be filed using another method. Such alternate method shall be clearly documented in a current policy and procedure manual.

b. If a single chart order contains both an order for a Schedule II drug and one or more orders for a drug in another schedule, where the Schedule II drug is not floor stocked, but is dispensed from the pharmacy pursuant to this order for the specific patient, the original order must be filed with records of dispensing of Schedule II drugs and a copy of the order placed in the file for other schedules.

18VAC110-20-250. Automated data processing records of prescriptions.

A. An automated data processing system may be used for the storage and retrieval of original and refill dispensing information for prescriptions instead of manual record keeping requirements, subject to the following conditions:

1. A prescription shall be placed on file as set forth in 18VAC110-20-240 B with the following provisions:

a. In lieu of a hard copy file for Schedule VI prescriptions, an electronic image of a prescription may be maintained in an electronic database provided it preserves and provides an exact image of the prescription that is clearly legible and made available within 48 hours of a request by a person authorized by law to have access to prescription information. Storing electronic images of prescriptions for Schedule II-V controlled substances instead of the hard copy shall only be authorized if such storage is allowed by federal law.

b. If the pharmacy system's automated data processing system fields are automatically populated by an electronic prescription, the automated record shall constitute the prescription and a hard copy or electronic image is not required.

c. For Schedule II-V controlled substances, electronic prescriptions shall be maintained in accordance with federal law and regulation.

2. Any computerized system shall provide retrieval (via computer monitor display or printout) of original prescription information for those prescriptions which are currently authorized for dispensing.

3. Any computerized system shall also provide retrieval via computer monitor display or printout of the dispensing history for prescriptions dispensed during the past two years.

4. ~~Documentation of the fact that the information entered into the computer each time a pharmacist fills a prescription for a drug is correct shall be provided by the individual pharmacist who makes use of such system. Documentation indicating that the information entered into the computer system is correct for each on-hold prescription or each prescription that is dispensed shall be provided by the individual pharmacist who makes use of such system.~~ If a printout is maintained of each day's prescription dispensing data or data entry of an on-hold prescription, the printout shall be verified, dated and signed by the individual pharmacist who dispensed the prescription or verified the accuracy of the data entry. The individual pharmacist shall verify that the data indicated is correct and then sign the document in the same manner as his name appears on his pharmacist license (e.g., J. H. Smith or John H. Smith).

If a bound log book, or separate file is maintained rather than a printout, each individual pharmacist involved in dispensing shall sign a statement each day in the log, in the manner previously described, attesting to the fact that the dispensing information and data entry of on-hold prescriptions entered into the computer that day has been reviewed by him and is correct as shown.

B. Printout of dispensing data requirements. Any computerized system shall have the capability of producing a printout of any dispensing data which the user pharmacy is responsible for maintaining under the Drug Control Act (§54.1-3400 et seq. of the Code of Virginia) and any data entry of on-hold prescriptions. Such printout shall be provided within 48 hours of a request of an authorized agent.

18VAC110-20-270. Dispensing of prescriptions; certification of completed prescriptions; supervision of pharmacy technicians.

A. In addition to the acts restricted to a pharmacist in §54.1-3320 A of the Code of Virginia, a pharmacist shall provide personal supervision of compounding of extemporaneous preparations by pharmacy technicians.

B. A pharmacist shall determine the number of pharmacy interns, pharmacy technicians, and pharmacy technician trainees he can safely and competently supervise at one time; however, no pharmacist shall supervise more than four persons acting as pharmacy technicians at one time.

C. After the prescription has been prepared and prior to the delivery of the order, the pharmacist shall inspect the prescription product to verify its accuracy in all respects, and place his initials on the record of dispensing as a certification of the accuracy of, and the responsibility for, the entire transaction. Such record showing verification of accuracy shall be maintained on a pharmacy record for the required time period of two years, unless otherwise specified in regulation

D. If a pharmacist declines to fill a prescription for any reason other than the unavailability of the drug prescribed, he shall record on the back of the prescription the word "declined"; the name, address, and telephone number of the pharmacy; the date filling of the prescription was declined; and the signature of the pharmacist.

E. If a pharmacist determines from a prescriber or by other means, including the use of his professional judgment, that a prescription presented for dispensing is a forgery, the pharmacist shall not return the forged prescription to the person presenting it. The forged prescription may be given to a law-enforcement official investigating the forgery; or it shall be retained for a minimum of 30 days before destroying it, in the event it is needed for an investigative or other legitimate purpose.

F. An on-hold prescription shall be entered into the automated data processing system, if such system is employed by the pharmacy, within 24 hours of receipt and the pharmacist on-duty shall verify the accuracy of the data entry at that time. The pharmacist subsequently dispensing the on-hold prescription on a future date shall, at a minimum, conduct a prospective drug review consistent with 54.1-3319 A of the Drug Control Act and verify with the prescriber, if necessary, that the on-hold prescription is consistent with the patient's currently prescribed treatment, and verify the accuracy of the dispensed drug.