4 MCAR 8

Board of Pharmacy

Adopted Amendments to Rules Relating to Licensure Fees, Internship, Pharmacy Equipment, Licensure Requirements, Continuing Education, Return of Drugs, Prescription Labeling, Controlled Substance Samples, Transfer of Prescriptions, Controlled Substances, Registration of Researchers, Prescription Order Communication, Emergency Kits, Labeling of Large Volume Parenterals, Waivers of Board Requirements, and Reorganization of Existing Rules

Rules as Adopted

7 MCAR S 8.004 Pharmacy license; annual renewal date and fees. Each pharmacy license shall expire on June 30 of each year and shall be renewed annually by filing an application therefor, on or before June 1 of each year, together with a fee of $75. Renewal applications received on or after July 1 shall be subject to a late filing fee of $20 in addition to the renewal fee.

7 MCAR S 8.010 Required reference books and minimum equipment for pharmacies.

A. Reference books. In addition to the most recent editions of the laws relating to the practice of pharmacy and the rules of the Board of Pharmacy, each pharmacy must have on file at least one current reference from each of the following categories:

1. Pharmacology. Examples:
   a. Pharmacology in Medicine;
   b. Pharmacological Basis of Therapeutics;
   c. Merck Manual;
   d. Pharmindex;
   e. United States Dispensatory; and
   f. United States Pharmacopeia - Dispensing Information.
2. Dosage and toxicology. Examples:
   a. Hazards of Medications;

b. American Hospital Formulary Service;

c. Facts and Comparisons;

d. Pediatric Dosage Handbook; and

e. Evaluation of Drug Interactions.

3. Miscellaneous. Examples:

a. Handbook of Non-Prescription Drugs;

b. Modern Drug Encyclopedia;

c. Physician's Desk Reference;

d. Remington's Pharmaceutical Sciences; and

e. United States Pharmacopeia - National Formulary.

An equivalent reference approved by the board in writing may be utilized in an appropriate category.

B. Equipment. Each pharmacy must have the following minimum equipment, clean and in good working order:

1. One prescription balance, as specified in rules of the Department of Public Service, Weights and Measures Division;

2. One set of accurate metric weights from 50 mg. to 100g.;

3. Measuring devices capable of accurately measuring volumes from 1 ml. to at least 500 ml.;

4. Mortars, pestles, spatulas, funnels, stirring rods, and heating apparatus as necessary to meet the needs of that pharmacy;

5. Refrigerator with a thermometer suitable for drug storage;

6. Sink with hot and cold running water; and

7. Toilet with a handwashing lavatory and disposable towels in a location which is reasonably accessible.

7 MCAR S 8.013 Drug manufacturer or wholesaler license. Every person engaged in manufacturing or selling of drugs, medicines, chemicals, or poisons for medicinal purposes other than to the consuming public shall annually be licensed by the board. Upon the filing of an application therefor, and upon payment of a fee of $100, the board may issue a license in such form as it may prescribe to the manufacturer or wholesaler. The license shall be exposed in a conspicuous place in the manufacturer's or

wholesaler's place of business for which it is issued, shall expire on June 1 of each year, and shall be renewed annually upon the filing of an application therefor, on or before May 1 of each year together with a fee of $100. Renewal applications received after June 1 shall be subject to a late filing fee of $25 in addition to the renewal fee.

7 MCAR S 8.026 Licensure.

A. Applicants for licensure by examination shall submit a completed application for examination including affidavits of internship, a copy of applicant's birth certificate and a recent photograph. All applicants shall show evidence of graduation with a bachelor of science degree or doctor of pharmacy degree, as the first professional undergraduate degree in pharmacy, from a college of pharmacy or a department of pharmacy of a university approved by the board and meeting at least the minimum standards set by the American Council on Pharmaceutical Education in the current edition of its accreditation manual. Such evidence shall be shown by submitting a final transcript showing the date on which degree was conferred. The above listed documents together with a check for $75 must be submitted to the board at least 30 days prior to the examination.

B.-D. [Unchanged.]

7 MCAR S 8.027 Continuing education requirements.

A. [Unchanged.]

B. Minimum hours required and reporting. Commencing March 4, 1975, no annual license renewal shall be issued to a pharmacist pursuant to ' Minnesota Statutes, ' section 151.13 until such pharmacist shall have submitted to the board satisfactory evidence that he or she has completed at least 30 hours of approved continuing education during the previous two-year period. Thereafter, each pharmacist shall submit such evidence every two years. Beginning with the 1981-1983 reporting period, participation in continuing education shall be reported on October 1 of each even-numbered year. The 1981-1983 reporting requirement will be prorated from March 1, 1981 to

October 1, 1982 to require 24 hours of participation reportable October 1, 1982. The board may grant a pharmacist, upon application, an extension of time not to exceed one year to comply with the requirements of B. Such extension shall not relieve the pharmacist from complying with the continuing education requirements for any other two-year period.

C.-J. [Unchanged.]

7 MCAR S 8.032 Return of drugs and devices.

A. [Unchanged.]

B. Drugs from nursing homes may be returned to the dispensing pharmacy if:

1. The consultant pharmacist can assure proper storage conditions for the drugs in the facility as specified in the 'United States Pharmacopeia,' (Rockville, Maryland: United States Pharmacopeial Convention, Inc.);

2. The drugs are returned to the pharmacy which dispensed the drugs;

3. The drugs are received by the pharmacy in the original manufacturer's packaging or pharmacist packager's unit-dose, unit-of-use, or strip packaging with each tablet or capsule individually wrapped and labeled, or in blister-cards, which indicate the drug name and strength, the packager's name and the manufacturer's or packager's lot or batch number. Drugs packaged by a pharmacy may be returned only if the pharmacy can demonstrate to the board that its packaging material and procedures will provide a package that will meet or exceed the criteria for class B packaging established by the 'United States Pharmacopeia,' (Rockville, Maryland: United States Pharmacopeial Convention, Inc.), and that procedures have been developed and implemented to prevent the commingling of dosage units of different lot numbers; and

4. The integrity of such packaging remains intact. No reconstituted drugs, drugs requiring refrigeration, or controlled substances may be so returned.

C. [Unchanged.]

7 MCAR S 8.040 Prescription labeling. All drugs dispensed to or for a patient other than an in-patient of a hospital shall be labeled with the following information:

A. Name, address, and telephone number of pharmacy.

B.-I. [Unchanged.]

~~7 MCAR S 8.049 Transfer of prescriptions between pharmacies.~~

~~A. Authorization to dispense a transferred prescription. A prescription label, a written copy of the prescription, or a telephone report of a prescription shall be used for information purposes only and has no legal status as a valid prescription order. A pharmacist who receives a label, copy, or report of a prescription shall contact the prescribing practitioner for authorization to dispense the prescription.~~

~~B. Conditions of transfer. Pharmacies may transfer original prescription information for the purpose of refilling a prescription if the information is communicated directly by one licensed pharmacist to another.~~

~~C. Duties of transferring pharmacist. The transferring pharmacist shall:~~

~~1. Write the word "VOID" on the face of the original prescription to make the prescription invalid,~~

~~2. Record on the reverse side of the invalidated prescription the name and address of the receiving pharmacy, and~~

~~3. Record the date of the transfer.~~

~~For controlled substances in Schedules III-V, the transferring pharmacist shall also record on the reverse side of the invalidated prescription the Drug Enforcement Administration registration number of the receiving pharmacy and the names of the receiving and transferring pharmacists.~~

~~D. Duties of receiving pharmacist. The pharmacist receiving the transferred prescription information shall:~~

~~1. Write the word "transfer," "copy," or a word of similar import on the face of the transferred prescription, and~~

~~2. Provide all information required to be on a prescription pursuant to the law and include:~~

~~a. The date of issuance and of filling of the original~~

preseription;

b. The original number of refills authorized;

c. The number of valid refills remaining;

d. The date of last refill from original preseription;

e. The original preseription number from which the preseription information was transferred; and

f. The transferring pharmacy's name and address and, in the ease of controlled substances in Schedules III-V, the transferring pharmacy's Drug Enforcement Administration registration number and name of transferring pharmacist.

E. Retention of preseription. The transferring pharmacist shall keep the original preseription for at least two years from the date of last filling. The receiving pharmacist shall keep the transferred preseription for at least two years from the date of last filling.

F. Notice to patient of preseription invalidation. The transferring pharmacist shall inform the patient that the original preseription has been invalidated at the pharmacy from which it was obtained.

G. Computerized preseription record keeping systems. Computerized preseription record keeping systems must satisfy all the requirements of C.-E. including invalidation of the original preseription even when the preseription is transferred between pharmacies accessing the same preseription records or between pharmacies of the same ownership.

H. Transfer of preseription by presentation of container. When the transfer of original preseription information is initiated by the receipt of a preseription container previously filled at another pharmacy, the receiving pharmacist shall notify the transferring pharmacist that the preseription is being transferred. All information required by C.-E. shall be exchanged.

I. Unprofessional conduct. It is grounds for a charge of unprofessional conduct for a pharmacist to refuse to provide a transfer of original preseription information to another pharmacist who is acting on behalf of a patient and who is

~~making a legal request for such information under this rule.~~

~~J. Schedule II controlled substances. Nothing in this rule authorizes the transfer of prescriptions for Schedule II controlled substances. A new written prescription personally signed by the prescribing practitioner is required prior to dispensing a Schedule II controlled substance.~~

7 MCAR S 8.050 Drug identification.

A. Requirement. The finished dosage form of any legend drug in solid oral dosage form manufactured, packaged, or distributed for sale in this state after January 1, 1983 shall be clearly marked or imprinted with a symbol, number, name, word, letter, national drug code number, or other mark identifying the drug and the manufacturer or distributor of the drug.

B. Imprints; publication and notice to board. Each manufacturer and distributor shall publish and provide to the board printed material which will identify each imprint or mark currently used by the manufacturer or distributor. The board shall also be notified of any changes in the published list.

C. Exemptions. Drug manufacturers, packagers, or distributors seeking an exemption from the requirements of A. and B. shall submit to the board a documentation of facts related to the product which would make compliance with the imprinting required by ' Minnesota Statutes, ' section 151.361, subdivision 2 ~~impossible~~ impractical. The documentation must include specifics on the physical characteristics of the drug upon which the exemption request is based.

7 MCAR S 8.051 Controlled substances. The following substances are, because of their potential for abuse, defined and controlled in the following schedules and are, therefore, subject to the provisions of ' Minnesota Statutes, ' chapter 152.

A. The following items are listed in Schedule I:

1. Any of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted, whenever the existence of such isomers, esters, ethers and salts is possible within the

specific chemical designation: Acetylmethadol, Allylprodine, Alphacetylmethadol, Alphameprodine, Alphamethadol, Benzethidine, Betacetylmethadol, Betameprodine, Betamethadol, Betaprodine, Clonitazene, Dextromoramide, Diampromide, Diethyliambutene, Difenoxin, Dimenoxadol, Dimepheptanol, Dimethyliambutene, Dioxaphetyl butyrate, Dipipanone, Ethylmethylthiambutene, Etonitazene, Etoxeridine, Furethidine, Hydroxypethidine, Ketobemidone, Levomoramide, Levophenacylmorphan, Methyl substituted isomers of Fentanyl, Morpheridine, Noracetylmethadol, Norlevorphanol, Normethadone, Norpipanone, Phenadoxone, Phenampromide, Phenomorphan, Phenoperidine, Piritramide, Proheptazine, Properidine, Propiram, Racemoramide, Sufentanil, Tilidine, Trimeperidine.

For the purposes of this paragraph only, the term "isomer" includes the optical, positional, and geometric isomers.

2. [Unchanged.]

3. Any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, their salts, isomers, and salts of isomers, unless specifically excepted, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

| Statutory Name | Some examples of common names, trade names, or names of products which contain a controlled substance. |
|---|---|
| a. 3, 4-Methylenedioxy Amphetamine | MDA |
| b. 4-Bromo-2, 5-Dimethoxyamphetamine | |
| c. 2, 5-Dimethoxyamphetamine | |
| d. 4-Methoxyamphetamine | |
| e. 5-Methoxy-3, 4-Methylenedioxy Amphetamine | MMDA |
| f. Bufotenine | |
| g. Diethyltryptamine | DET |
| h. Dimethyltryptamine | DMT |

| | | |
|---|---|---|
| i. 3, 4, 5-Trimethoxy Amphetamine | | TMA |
| j. 4-Methyl-2, 5-Dimethoxyamphetamine | | DOM,STP |
| k. Ibogaine | | |
| l. Lysergic Acid Diethylamide | | LSD |
| m. Marijuana | | |
| n. Mescaline | | |
| o. N-ethylamphetamine | | |
| p. N-ethyl-1-phenyl-cyclohexylamine | | |
| q. N-ethyl-3-Piperidyl Benzilate | | JB-318 |
| r. N-methyl-3-Piperidyl Benzilate | | JB-336 |
| s. Psilocybin | | |
| t. Psilocyn | | |
| u. Tetrahydrocannabinols | | THC |
| v. 1-[1(2Thienyl) Cyclohexy] Piperidine | | |
| w. 1-(1-phenylcyclohexyl) pyrrolidine | | |

4.-5. [Unchanged.]

B. The following items are listed in Schedule II:

1. [Unchanged.]

2. Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, unless specifically excepted, or unless listed in another schedule, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

| Statutory Name | Some examples of common names, trade names, or names of products which contain a controlled substance. |
|---|---|
| a. Alphaprodine | Nisentil |
| b. Anileridine | Leritine |
| c. Bezitramide | |
| d. Bulk Dextropropoxyphene | |
| e. Dihydrocodeine | Paracodin |
| f. Dihydromorphinone | Dilaudid |
| g. Diphenoxylate | |

| | | |
|---|---|---|
| h. | Fentanyl | Sublimaze, Innovar |
| i. | Isomethadone | |
| j. | Levomethorphan | |
| k. | Levorphanol | Levo-Dromoran |
| l. | Metazocine | |
| m. | Methadone | Dolophine, Amidone, Adanon |
| n. | Methadone-Intermediate 4-cyano-2-dimethylamino-4, 4-diphenylbutane | |
| o. | Moramide-Intermediate 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid | |
| p. | Pethidine | Meperidine, Demerol, Isonipecaine, Mepadin, Mepergan |
| q. | Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine | |
| r. | Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate | |
| s. | Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid | |
| t. | Phenazocine | Prinadol |
| u. | Piminodine | Alvodine |
| v. | Racemethorphan | |
| w. | Racemorphan | Dromoran |

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

Some examples of common names, trade names, or names of products which contain a

| Statutory Name | | controlled substance. |
|---|---|---|
| a. Amphetamine, its salts, optical isomers, and salts of its optical isomers; | | Dexedrine, Dexamyl, Benzedrine Raphetamine, Biphetamine, |
| b. Methamphetamine, its salts, optical isomers, and salts of its optical isomers; | | Desoxyn, Methedrine, Drinalfa, Desoxyephedrine Hydrochloride, Syndrox, Efroxine, Norodin, Obedrin, Ambar |
| c. Phenmetrazine and its salts; | | Preludin |
| d. Methylphenidate. | | Ritalin, Plimasin, Ritonic |

4. [Unchanged.]

5. Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

a. Immediate precursor to amphetamine and methamphetamine:

| Statutory Name | Some trade or other names |
|---|---|
| (1) Phenylacetone | phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone |

b. Immediate precursor to phencyclidine (PCP):

(1) 1-phenylcyclohexylamine

(2) 1-piperidinocyclohexane carbonitrile (PCC)

C. The following items are listed in Schedule III:

1.-2. [Unchanged.]

3. Any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:

| | Some examples of common names, trade names, or names of products which contain a |
|---|---|

| Statutory Name | Some examples of common names, trade names, or names of products which contain a controlled substance. |
|---|---|
| a. Benzphetamine | Didrex |
| b. Chlorphentermine | Pre-Sate |
| c. Clortermine | Voranil |
| d. Phendimetrazine | Plegine, Stim-35, Melfiant, Bacarate |

4.-5. [Unchanged.]

D. The following items are listed in Schedule IV:

| Statutory Name | Some examples of common names, trade names, or names of products which contain a controlled substance. |
|---|---|
| 1. Alprazolam | Xanax |
| 2. Barbital | Barbitone |
| 3. Chloral betaine | Beta-Chlor |
| 4. Chloral hydrate | Noctec, Somnos |
| 5. Chlordiazepoxide | Librium, Libritabs |
| 6. Clonazepam | Clonopin |
| 7. Clorazepate | Tranxene |
| 8. Diazepam | Valium |
| 9. Diethylpropion | Tenuate, Tepanil |
| 10. Ethchlorvynol | Placidyl |
| 11. Ethinamate | Valmid |
| 12. Fenfluramine | Pondamin |
| 13. Flurazepam | Dalmane |
| 14. Halazepam | Paxipam |
| 15. Lorazepam | Ativan |
| 16. Mazindol | Sanorex |
| 17. Mebutamate | |
| 18. Meprobamate, except when in combination with the following drugs in the following or lower concentrations: | Equanil, Miltown, Equagesic, Equalysen |

conjugated estrogens 0.4 mg
tridihexethyl chloride 25 mg
pentaerythritol tetranitrate 20 mg

| | | |
|---|---|---|
| 19. | Methohexital | Brevital |
| 20. | Methylphenobarbital | Mebral, Mephobarbital |
| 21. | Oxazepam | Serax |
| 22. | Paraldehyde | Paral |
| 23. | Pemoline | Cylert |
| 24. | Pentazocine | Talwin |
| 25. | Petrichloral | Periclor |
| 26. | Phenobarbital | Luminal, Phenobarbitone, Eskabarb |
| 27. | Phentermine | Wilpo, Fastin, Ionamin |
| 28. | Pipradrol | |
| 29. | Prazepam | Centrax |
| 30. | Propoxyphene | Darvon |
| 31. | SPA (/1/-1-Dimethylamino-1, 2-diphenylethane) | |
| 32. | Temazepam | Restoril |

E.-F. [Unchanged.]

7 MCAR S 8.052 Partial ~~filling~~ dispensing of prescriptions for Schedule II controlled substances.

A. Authorization. Prescriptions for Schedule II controlled substances written for patients in long term care facilities may be ~~filled~~ dispensed in partial quantities, including individual dosage units.

B. Records. For each partial ~~filling~~ dispensing, the dispensing pharmacist shall record on the back of the prescription, or on another appropriate record uniformly maintained and readily retrievable, the date of the partial ~~filling~~ dispensing, the quantity dispensed, the remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist.

C. Quantity dispensed. The total quantity of Schedule II controlled substances dispensed in all partial ~~fillings~~

dispensings must not exceed the total quantity prescribed.

D. Validity of prescription. Schedule II prescriptions for patients in a long term care facility shall be valid for a period not to exceed 60 days from the issue date unless terminated sooner by the discontinuance of medication.

E. Computerization of information. Information pertaining to current Schedule II prescriptions for patients in a long term care facility may be maintained in a computerized record keeping system if the system has the capability to permit:

1. Output by display or printout of the original prescription number; date of issue; identification of prescribing individual practitioner; identification of patient; identification of long term care facility; identification of medication authorized, including dosage form, strength, and quantity; listing of partial ~~fillings~~ dispensings that have been dispensed under each prescription; and the information required in B.;

2. Immediate or real time updating of the prescription record each time a partial ~~filling~~ dispensing of the prescription is conducted; and

3. Retrieval of partially ~~filled~~ dispensed Schedule II prescription information, the same as required by federal law for Schedule III and IV prescription refill information.

7 MCAR S.8.053 Registration of controlled substance researchers.

A. Application; fee; ~~license~~ permit. Every person who engages in research, teaching, or educational projects involving the use, study, or testing of controlled substances shall annually, on or before June 1 of each year, apply for registration by the board. Upon the filing of an application therefore, and upon payment of the fee of $25, the board shall issue a ~~license~~ permit.

B. Exemption. Registration under A. shall not be required of any physician conducting research involving controlled substances who is otherwise licensed by the state and who has complied with federal laws covering research projects of controlled substances.

7 MCAR S 8.054 Controlled substance samples. A manufacturer, distributor, or agent of a manufacturer or distributor of a controlled substance as defined in ' Minnesota Statutes, ' section 152.01, subdivision 4 or 7 MCAR S 8.051, may not distribute controlled substance samples directly or by other means without charge or at a charge below fair market value unless a practitioner signs a written request for a designated quantity of the controlled substance. The request must also indicate that the controlled substance is to be distributed to the practitioner by the manufacturer, distributor, or agent or distributed to a pharmacist for dispensing to a patient.

7 MCAR S 8.061 Internship. The purpose of this rule is to define and regulate the internship experience of prospective pharmacists as required by ' Minnesota Statutes, ' sections 151.10 and 151.101. This rule shall take effect immediately but the provisions contained herein shall not nullify any period of internship service by any individual previous to its adoption provided such period of internship is filed in a proper manner with the secretary of the Board of Pharmacy.

A. [Unchanged.]

B. Registration and reporting.

1.-3. [Unchanged.]

4. The intern may be required to maintain additional records of his professional activities. The records, which shall be submitted after the completion of each quarter of internship, are to be prescribed by the board for the purpose of recording details of the scope of internship experience and may include examinations to test the competency of interns. The examinations shall be administered approximately quarterly at times and locations as the board may designate. These examinations shall be of a pre-test and post-test nature bracketing such segments of the intern's experience as the board deems appropriate. Interns will be required to attain a score of 75 percent on the post-test examination as verification of having met the minimum objectives of an internship before

qualifying to sit for the examination for licensure as a pharmacist.

5. No person who terminates his efforts toward the completion of the educational or other prerequisites of licensure is entitled to the continued privileges of internship registration.

6. [Unchanged.]

C. Training requirements. The intent of this rule is to provide a proper preceptor-intern (teacher-student) relationship within the context of the employer-employee relationship; provide a broad base of internship experience and to supplement didactic academic training in a manner which prepares the intern for all aspects of the practice of pharmacy.

1. Nothing in this rule shall imply that the standards described herein are acceptable to other states on a reciprocal basis.

2. When an intern desires to obtain credit for training received in a state other than Minnesota, he shall abide by all the provisions of the internship rules in that state, and shall provide evidence from the state's Board of Pharmacy that his internship training has been completed in compliance with the internship standards of the National Association of Boards of Pharmacy and with the standards herein provided. Where a possible conflict may exist between the provisions of this rule and the requirements of the state in which the intern is training the intern shall contact the secretary of the State Board of Pharmacy in his state and outline any possible problem.

3. No more than one intern shall be trained by a preceptor at one time.

4. Upon registration, interns and preceptors will be furnished guides and objectives for internship training. The guides are furnished to suggest appropriate types and order of training experience and shall be used to ensure that the intern's practical experiences are commensurate with his educational level, and broad in scope.

5. Applicants for licensure as pharmacists who are

examined and licensed after September 17, 1973, shall submit evidence that they have successfully completed not less than 1,500 hours of internship under the instruction and supervision of a preceptor. Credit for internship shall be granted only to registered interns who have completed the third year of the five-year pharmacy curriculum, provided, however, that:

a. 400 hours of internship credit may be acquired by any combination of the following: internship experience gained concurrent with attendance at a college of pharmacy during the fourth and fifth year, or participation in approved clinical pharmacy programs or approved internship demonstration projects.

b. Not more than 700 hours of internship credit may be given during any internship quarter.

D.-E. [Unchanged.]

7 MCAR S 8.071 Prescription order communication.

A. Notwithstanding any other provisions of 7 MCAR SS 8.001-8.117, a licensed pharmacist, registered nurse, or licensed practical nurse who is employed by a duly licensed skilled care, intermediate care, or other licensed health care facility, and who is authorized by the facility's administrator, may transmit to the pharmacy provider a prescription lawfully ordered by a practitioner authorized to prescribe drugs or devices pursuant to ' Minnesota Statutes, ' section 151.37. The pharmacy provider shall record on the prescription the name of the person who transmits the order in addition to the other required information. This paragraph shall not apply to orders for Schedule II controlled substances as defined by 7 MCAR S 8.051 B.

B.-C. [Unchanged.]

7 MCAR S 8.074 Drugs for use in emergency kits.

A. Authorization upon request. Pharmacists may provide, upon a written or oral request from a licensed practitioner, limited supplies of drugs for use in an emergency kit.

B. Emergency drug supplies. Only emergency drug supplies determined by the patient care policy committee or

pharmaceutical service committee to be necessary for patient care in life threatening emergencies may be made available. The drugs in the emergency kit are the responsibility of the pharmacist and, therefore, shall not be used or altered in any way except as outlined herein. The emergency drug supplies shall comply with the following:

1. The drugs shall be limited to the extent possible to a maximum of six single doses of any one emergency drug in either sealed ampuls, vials, or prefilled syringes. If an emergency drug is not available in parenteral form, a supply of the drug in inhalation or sublingual form may be obtained in the smallest sealed manufacturer's package. Inclusion of other oral legend drugs is discouraged. All drugs in this supply shall be properly labeled;

2. The emergency drug supply shall be stored in a portable container which is sealed with a tamper-proof seal that must be broken to gain access to the drugs, and shall be placed in a locked area;

3. The pharmacist shall be notified by the health care facility when drugs from the emergency kit have been used or when the seal has been broken;

4. Drugs used from the kit shall be replaced within 72 hours and the supply shall be resealed;

5. The pharmacist shall see that the contents of the kit are accurately listed on the container;

6. The supply shall be checked and inventoried monthly by the pharmacist who is responsible for control of the kit.

C. Controlled substances. Emergency kits may contain limited supplies of controlled substances only if:

1. The controlled substances are supplied by a licensed pharmacy duly registered with the Federal Drug Enforcement Administration;

2. The emergency kit is kept in a locked medicine room or medicine cabinet;

3. Access to the emergency kit is limited to the following individuals:

a. A licensed professional nurse who is employed by the facility and who has been directed by a physician to administer a drug from the kit, or

b. A consultant pharmacist or other licensed pharmacist designated by the facility's pharmaceutical services committee, or

c. A licensed medical practitioner;

4. The emergency kit does not contain more than six single doses of any controlled substance narcotic analgesic;

5. The dispensing pharmacy keeps a complete record of each controlled substance stored in the emergency kit, including the name of the drug, the strength of the drug, and the number of doses provided;

6. The facility keeps a complete record of the use of controlled substances from the kit, including the patient's name, the date of use, the name of the drug used, the strength of the drug, the number of doses used, and the signature of the person administering the dose;

7. The controlled substances stored in the emergency kit are used only in a situation deemed an emergency by a licensed practitioner in conformity with the following provisions:

a. Immediate administration of the controlled substance is necessary for the proper treatment of the intended ultimate user;

b. No appropriate alternative treatment is available, including administration of a drug which is not a controlled substance; and

c. It is not reasonably possible for the prescribing practitioner to provide prior to administration a written prescription order to be presented to a pharmacist for dispensing of the controlled substance.

D. Excluded controlled substances. Controlled substance sedatives and stimulants in oral dosage forms may not be included in emergency kits.

E. Penalty. If any of the provisions of this rule are violated, the board may suspend or revoke a facility's right to

maintain an emergency kit of drug supplies.

7 MCAR S 8.088 Labeling.

A.-C. [Unchanged.]

D. Whenever a drug is added to a parenteral solution a distinctive supplementary label shall be firmly affixed to the container. The label shall indicate the name and amount of drug added, the date and time of the addition, the date and time of the expiration of the admixture, and the identity of the person preparing or certifying the integrity of the admixture.

1. It is recommended that all intravenous admixtures be labeled with the following information:

a. Name of solution, lot number, and volume of solution;

b. Patient's name;

c. Bottle sequence number or other control number system;

d. Name and quantity of each additive;

e. Date of preparation;

f. Beyond-use time and date of intravenous admixture; and

g. Ancillary precaution labels.

2. The information in D.1., except for lot number, should be recorded on a supplemental label. If the large volume parenteral contains no additives, the same label may be used, omitting those items which do not apply. If, at some later time an additive might be added, ~~than~~ then a suitable space should be available for recording the additive.

3. The supplemental label should be placed so as to permit visual inspection of the infusion contents and to allow the name, type of solution, and lot number on the manufacturer's label to be read.

4. The hospital pharmacy service is responsible for labeling all medications.

Renumbering. Renumber 7 MCAR S 8.041 as 7 MCAR S 8.042.