



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

MICHIGAN BOARD OF PHARMACY APRIL 20, 2022 MEETING

APPROVED MINUTES

In accordance with the Open Meetings Act, 1976 PA 267, as amended, the Michigan Board of Pharmacy met on April 20, 2022, at 611 West Ottawa Street, Upper-Level Conference Room 3, Lansing, Michigan 48933.

CALL TO ORDER

Charles Mollien, PharmD, JD, Chairperson, called the meeting to order at 10:15 a.m.

ROLL CALL

Members Present: Charles Mollien, PharmD, JD, Chairperson
Maria Young, R.Ph., Vice Chairperson
Cynthia Boston, BHS, R.Ph.T.
Pierre Boutros, R.Ph.
Kelli Oldham, Public Member
Michael Sleiman, PharmD

Members Absent: Kathleen Burgess, Public Member
David Hills, Public Member
Kyle McCree, Public Member
Grace Sesi, PharmD
Sandra Taylor, R.Ph.

Staff Present: Brian DeBano, Director, Licensing Division
Andria Ditschman, Departmental Specialist,
Boards and Committees Section
Jacob Poynter, Manager, Licensing Division
Jennifer Shaltry, Senior Analyst, Enforcement Section
Michele Wagner-Gutkowski, Assistant Attorney General
Stephanie Wysack, Board Support Technician,
Boards and Committees Section

APPROVAL OF AGENDA

MOTION by Boutros, seconded by Sleiman, to approve the agenda, with addition of new item 6. NABP MPJE Examination Discussion.

A voice vote followed.

MOTION PREVAILED

APPROVAL OF MINUTES

MOTION by Oldham, seconded by Sleiman, to approve the February 16, 2022 meeting minutes as written.

A voice vote followed.

MOTION PREVAILED

CE Tracker Presentation

DeBano presented “CE Compliance Made Easy” (Attachment 1) outlining CE Broker and the benefits to both licensees and the Department.

NABP MPJE Examination Discussion

Neal Watson, Senior Manager, Member Relations and Government Affairs at National Association of Boards of Pharmacy (NABP) provided an overview of NABP’s roll in administering and updating the MPJE examination for Michigan.

Discussion was held

REGULATORY CONSIDERATIONS

Petition for Reinstatement

Allison Sue Thomas, MD

MOTION by Boutros, seconded by Sleiman, to grant the Petition for Reinstatement of the controlled substance license

Discussion was held.

A roll call vote was taken: Yeas: Boston, Boutros, Oldham, Sleiman, Young, Mollien
 Nays: None

MOTION PREVAILED

OLD BUSINESS

None

NEW BUSINESS

SpotRx Pilot Program Quarterly Update

Mollien directed the Board to the quarterly report provided by SpotRx Pharmacy.

Internship Hour Approval Requests

Swathi Gunturu

MOTION by Sleiman, seconded by Oldham, to discuss.

A voice vote followed.

MOTION PREVAILED

Discussion was held.

MOTION by Boston, seconded by Boutros, to accept the request for internship hour credit in the amount of 1400 hours.

A roll call vote was taken: Yeas: Boston, Boutros, Oldham, Sleiman, Young, Mollien
 Nays: None

MOTION PREVAILED

Fatma Alhatimi

MOTION by Oldham, seconded by Young, to discuss.

A voice vote followed.

MOTION PREVAILED

Discussion was held.

MOTION by Oldham, seconded by Boutros, to accept the request for internship hour credit in the amount of 1400 hours.

A roll call vote was taken: Yeas: Boston, Boutros, Oldham, Sleiman, Young, Mollien
 Nays: None

MOTION PREVAILED

Pharmacy Technician Training Program and Examination

Munson Healthcare System – 4 additional locations

MOTION by Oldham, seconded by Boutros, to approve the request for 4 additional locations.

A roll call vote was taken: Yeas: Boston, Boutros, Oldham, Sleiman, Young, Mollien
 Nays: None

MOTION PREVAILED

Continuing Education

Mollien directed the Board to the list of continuing education programs for consideration (Attachment 2).

MOTION by Boutros, seconded by Sleiman, to approve the continuing education list as presented.

A roll call vote was taken: Yeas: Boston, Boutros, Oldham, Sleiman, Young, Mollien
 Nays: None

MOTION PREVAILED

Rules Discussion – Central Fill Pharmacies

Ditschman stated that the next Rules Committee Work Group meeting is on May 4, 2022, and will cover the Pharmacy – General Rules, Pharmacy Technicians, and Controlled Substances draft rules.

Ditschman stated that the Pharmacist Continuing Education rules should go to public hearing sometime this summer or fall.

Ditschman directed the Board to the Central Fill Pharmacies draft rules (Attachment 3).

MOTION by Boston, seconded by Sleiman, to approve the Central Fill Pharmacies draft rules as presented.

A roll call vote was taken: Yeas: Boston, Boutros, Oldham, Sleiman, Young, Mollien
 Nays: None

MOTION PREVAILED

Chair Report

Mollien stated that he would like to create a MPJE Review Committee. Board members should email him, if interested. He will make assignments at the board meeting in June. Ditschman will represent the Department on the committee.

Mollien stated that NABP was offering scholarships to state board members in order to attend the APhA Institute on Substance Use Disorders conference from June 1 – 5, 2022, being held in Salt Lake City, Utah. Mollien stated that he will be attending.

Department Update

Ditschman stated that Amy Gumbrecht had been named Director of the Bureau of Professional Licensing.

Ditschman stated that the Bureau will hold the next Board Member Training on August 15, 2022, via Zoom. All Board members are welcome to attend.

Wysack reminded the Board members to continue to check their state email address regularly.

Wysack stated that Board members will need to sign the affidavit in their blue folders, in addition to their travel voucher, in order to receive reimbursement of the \$5.00 visitor lot fee.

PUBLIC COMMENT

None

ANNOUNCEMENTS

The next regularly scheduled meeting will be held June 15, 2022 at 10:00 a.m. at the Ottawa Building, 611 West Ottawa Street, Upper-Level Conference Center Room 3, Lansing, Michigan 48933.

ADJOURNMENT

MOTION by Boutros, seconded by Young, to adjourn the meeting at 11:26 a.m.

A voice vote followed.

MOTION PREVAILED

Minutes approved by the Board on June 15, 2022.

Prepared by:
Stephanie Wysack, Board Support Technician
Bureau of Professional Licensing

April 20, 2022



PROFESSIONAL LICENSING



cebroker

CE Compliance Made Easy

Michigan Bureau of Professional Licensing

The screenshot displays the 'evercheck' interface for a Registered Respiratory Therapist. It includes a transcript section, a progress bar labeled 'NOT COMPLETE', and a table of subject areas with columns for 'HOURS REQUIRED', 'HOURS POSTED', and 'HOURS NEEDED'. A summary row shows a total of 38 hours required, 23 hours posted, and 15 hours needed. A modal window shows the user's profile information, including their name (Jason Steiger), status (Expired), and expiration date (10/10/17).

Subject area	HOURS REQUIRED	HOURS POSTED	HOURS NEEDED
Medical Errors	8	3	5
Preventing Medical Errors	5	2	3
Defining Medical Errors	3	1	2
General	20	10	10
Treating Tobacco Use & Dependence	10	5	5
Pediatric Respiratory Infections	10	5	5
Laws and Rules of the Board	10	10	0
Florida Respiratory Care Law	10	10	0
<small>Limit on anytime courses</small>		(Anytime)	
Total	38	23	15

Registered Respiratory Therapist
 RT99999999 44 HOURS REQUIRED | 10 HOURS POSTED | 34 HOURS NEEDED

Expired
 Expired on 10/10/17

Registered Respiratory Therapist
 RT 334445566

Name: Jason Steiger
 Status: Expired
 State: National Board for Respiratory Care
 Expires: 10/10/17

[View license](#) [...](#)

What is CE Broker?

CE Broker is a Software as a Service (SaaS) platform that empowers regulatory profession boards, licensed professionals, and education providers with a comprehensive CE/CME compliance tracking system.

Since 2003, CE Broker has grown to serve over 160 Profession Boards and over 3 million license holders.



Profession Boards

can increase on-time education compliance, and streamline audits, and monitor progress.

+160

Regulating body
partnerships

+21

States across
the US



Education Providers

can manage board approvals and automate reporting directly to the board.

+9,000

Education
providers

+30,000

CE/CME offered in
the Course Search



Licensed Professionals

are given a comprehensive suite of tools to find, track, and report CE in one place.

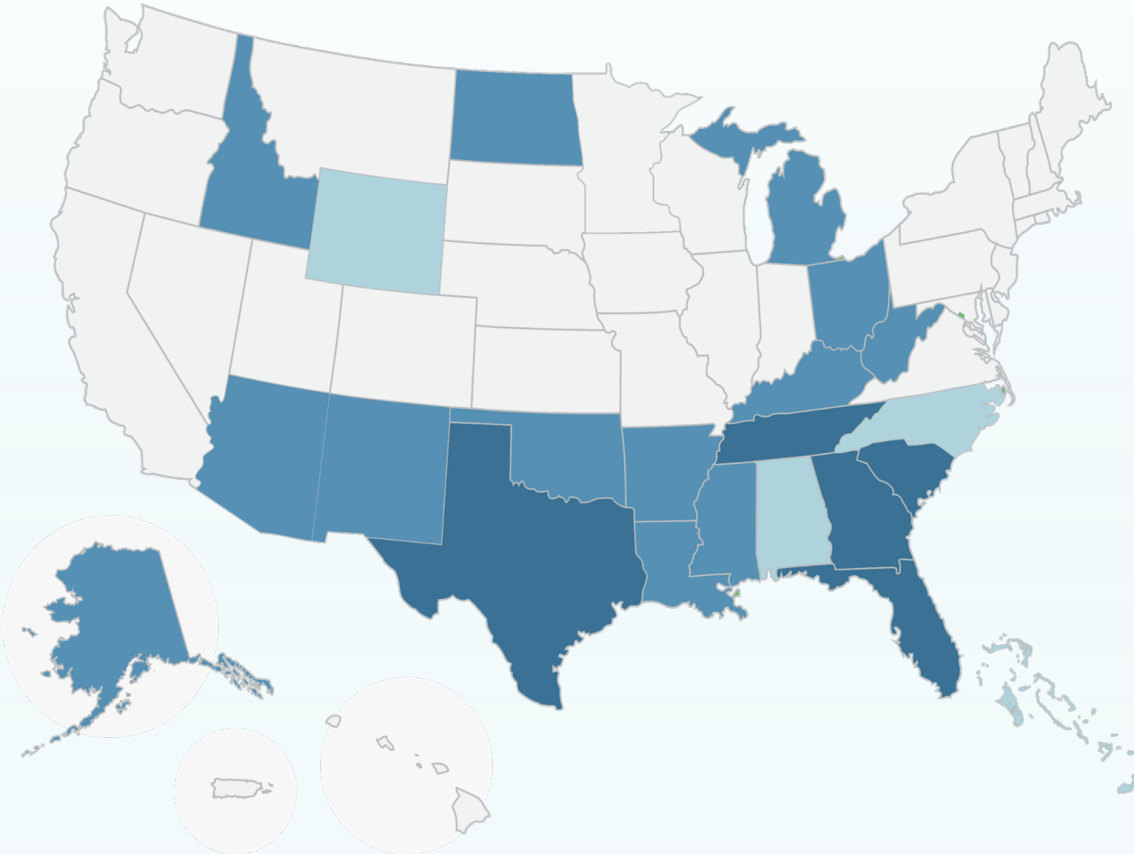
+3 Million

Licensees served
nationwide

+350

Professions using
CE Broker

CE Broker Board Partnerships



100 - 5,000



5,000 - 100,000



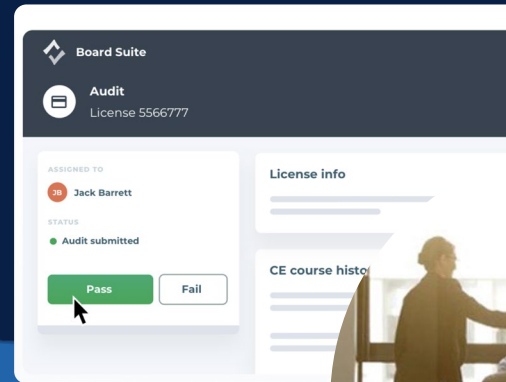
DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

100,000 - 1,000,000



The Administrator Experience

For Regulating Bodies

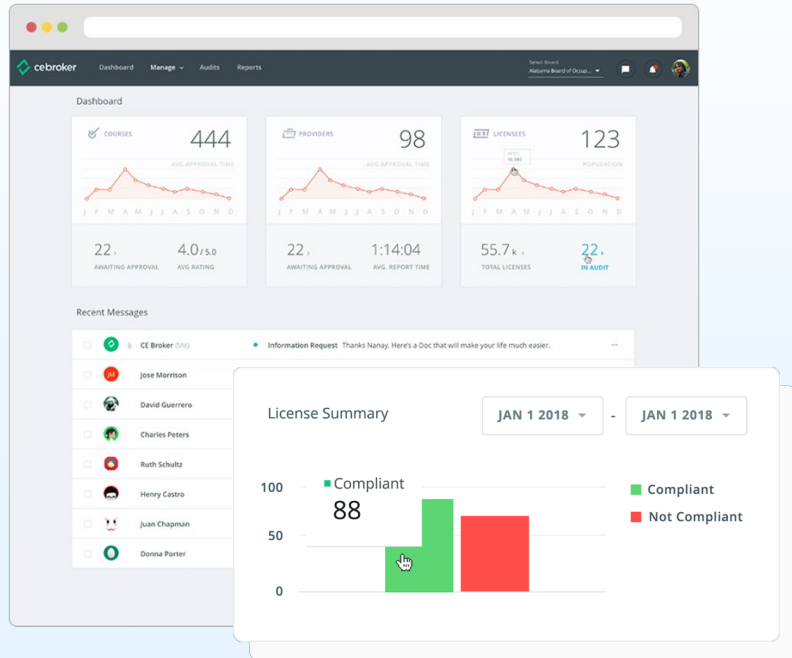


"CE Broker has allowed us to see our licensees' CE progress at any point in time without performing a time-consuming audit."

- TN Department of Health

The Board Suite

Michigan Licensing Bureau Staff users will have a secure account where they can perform CE audits, individual approvals, and access various CE management tools.



Tools available to Licensing Bureau Staff:

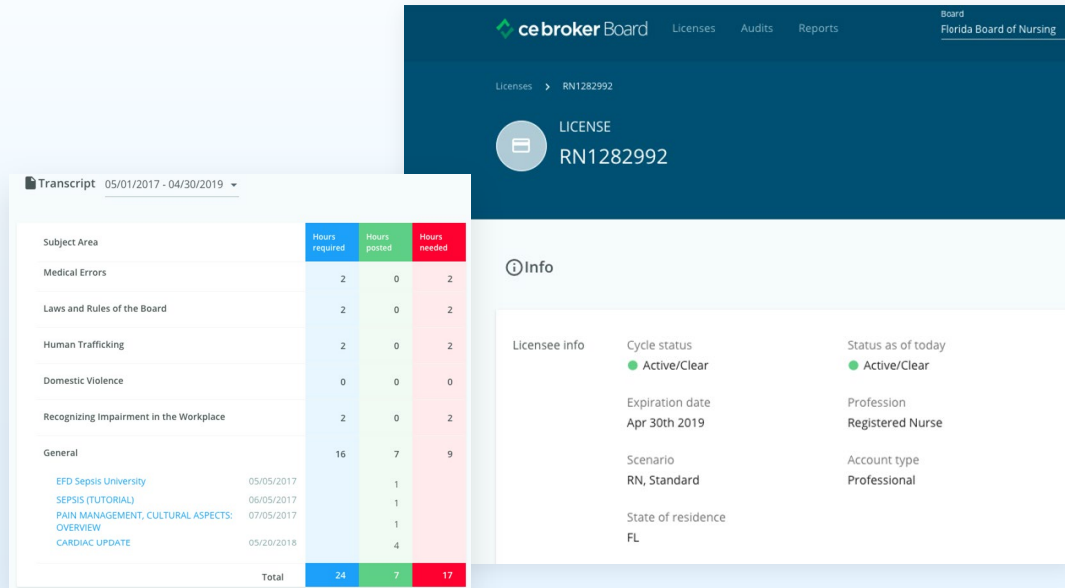
- Paperless communication between profession board staff and CE providers
- Approval queues with reminder messages to designated staff members
- Review flow where individual applications can be routed to other users
- Paperless history of provider requests, responses, approvals, course offerings, and CE data

Automate Your Audits

All data is electronically collected from educational providers and licensees, so audits are transformed from paperwork-ridden investigations into quick, accurate verifications. Whether the state audits licensees at the time of renewal, or as a random post-renewal audit, CE Broker enables licensing boards to efficiently audit up to 100% of the licensed population.

Access Licensee Status Information Anytime

View all licensee transcripts and uploaded documents and generate compliance reports so you always know where your licensee population stands at a glance.



The screenshot displays the CE Broker Board interface for the Florida Board of Nursing. It shows a transcript for licensee RN1282992 from 05/01/2017 to 04/30/2019. The transcript table includes columns for Subject Area, Hours required, Hours posted, and Hours needed. The licensee information panel shows the license is Active/Clear, expires on Apr 30th 2019, and the licensee is a Registered Nurse (RN, Standard) residing in FL.

Subject Area	Hours required	Hours posted	Hours needed
Medical Errors	2	0	2
Laws and Rules of the Board	2	0	2
Human Trafficking	2	0	2
Domestic Violence	0	0	0
Recognizing Impairment in the Workplace	2	0	2
General	16	7	9
EFD Sepsis University	05/05/2017	1	
SEPSIS (TUTORIAL)	06/05/2017	1	
PAIN MANAGEMENT, CULTURAL ASPECTS: OVERVIEW	07/05/2017	1	
CARDIAC UPDATE	05/20/2018	4	
Total	24	7	17

Licensee Info

Licensee info	Cycle status ● Active/Clear	Status as of today ● Active/Clear
	Expiration date Apr 30th 2019	Profession Registered Nurse
	Scenario RN, Standard	Account type Professional
	State of residence FL	

Implementation

Approximately 120 Days



CE Broker is conducting research for all Michigan boards ahead of meeting with Subject Matter Experts in March and April 2022. The Start Date kicks off all software configuration, development, and testing. Including training and the communication rollout in coordination with the board, implementation requires approximately 90-120 days.

The Licensee Experience

For Licensed Professionals

"CE Broker gives me confidence in the fact that my license renewal will progress smoothly."

Transcript

License 445566
Profession

Requirements

Laws and Rules of the Board
Complete ✓

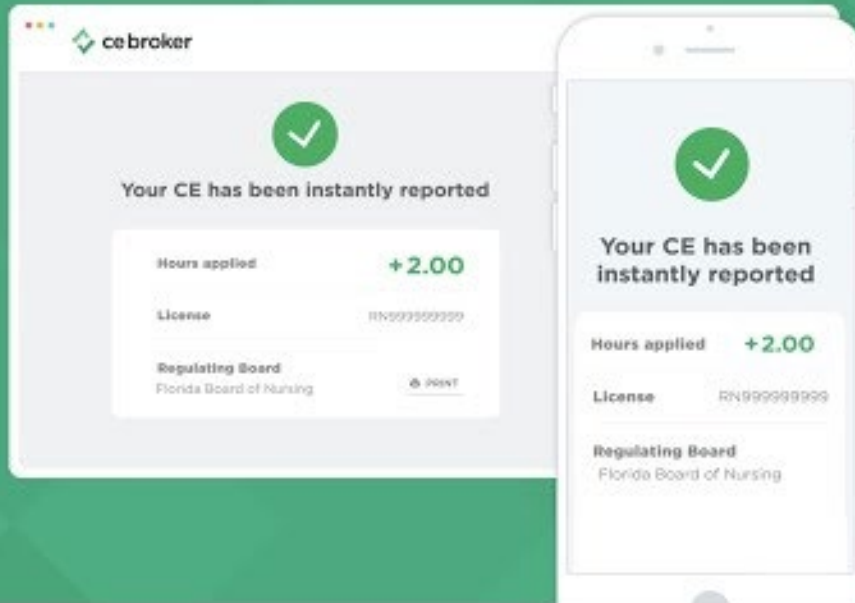
Medical Errors
Hours needed 2

68% Complete

44 Hrs Required	10 Hrs Applied	34 Hrs Needed
--------------------	-------------------	------------------

Designed for Licensees

The CE Broker platform provides Licensees with a comprehensive view of CE requirements and accredited courses to fulfill their requirements.



"My favorite part of CE Broker is my Compliance Transcript. It makes my renewal simple and straightforward."

Reporting Options

The CE Broker platform allows for CE to be reported by Course Providers or directly by Licensees.



Education Provider Reporting

To accommodate a large array of educational providers - our suite supports multiple reporting options.



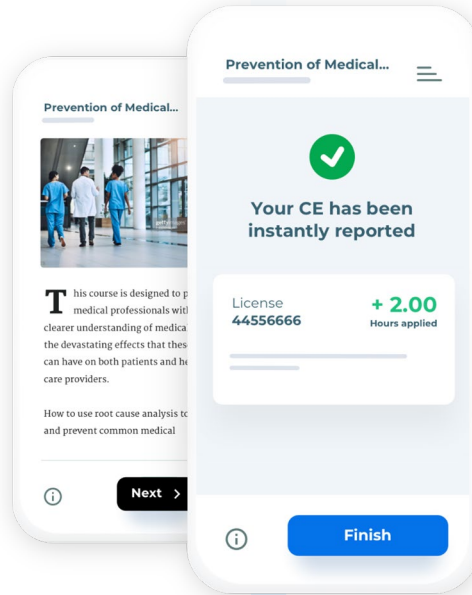
One-by-one submissions



Bulk record uploads



Complete integration



Licensee Self-Reporting

Licensees can easily report CE at any time from multiple devices. During submission, the licensee must answer state-determined questions, and attach corresponding documentation to complete the submission.

Account Options

	Basic Account \$0	Professional Account \$29/yr	Concierge Account \$99/yr
Manual Reporting	✓	✓	✓
CE Broker Course Search	✓	✓	✓
Renewal Notifications	✓	✓	✓
Access Detailed Course History	✓	✓	✓
Official Record Storage	✓	✓	✓
Multiple License Tracking	✓	✓	✓
Personalized Compliance Transcript	●	✓	✓
Dedicated Account Manager	●	●	✓

CE Experts & Quality Support

CE Broker provides a fully-managed, U.S. based support team for licensed professionals and board staff at no cost. A team of experts trained on each licensed profession's unique requirements are available to answer questions through phone, email, and chat.

In 2021, CE Broker's Support Center answered:



101,007

Live Chat conversations



97,177

Phone Calls



65,774

Email correspondences



4.51/5

Average CSAT Score



Thank You!

For questions about CE Broker services or questions regarding our implementation process, please contact us!



Jessica Jenks, *Sr. Program Manager*
jessicajenks@cebroker.com



Brian Keeley, *Implementation Specialist*
briank@cebroker.com



Marcia Mann, *Sr. Client Success Manager*
marcia@cebroker.com



Sarah Conine, *Implementation Specialist*
sarah@cebroker.com

PHARMACY CONTINUING EDUCATION REVIEW

April 20, 2022

RECOMMENDED APPROVAL(S)

Approval from April 20, 2022 to April 30, 2025.

* Each program listed under the sponsor name will be given a separate approval number.

Ascension Genesys Hospital

- Navigating Resistant Gram Negative Infections (pharmacists, pharmacy technicians) for 1 hour
- A Block in the Road: Implementing ISMP Best Practices to Ensure Safe Use of Neuromuscular Blocking Agents (pharmacists, pharmacy technicians) for 2 hours

Munson Medical Center Cancer Services – Cowell Infusion Pharmacy

- 2022 Oncology Pharmacy Lecture Series (pharmacists, pharmacy technicians) for 4 hours

Spectrum Health Hospitals – Department of Pharmacy Services

- Pharmacy Grand Rounds – Risk factors for Staphylococcus aureus infections in intensive care unit patients during the COVID-19 pandemic (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Okay with Vitamin K? – Predicting INR Response for Non-Anticoagulant-Related Elevations (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – QTc Best Practice Alert Evaluation – Impact of alerts on prescribing habits (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – IVIG for Management of Donor-Specific Antibodies after Lung Transplant (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Impact of pharmacist consult on preventing COPD re-admissions (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Real World Clinical and Economic Outcomes of Pegfilgrastim On-Body Injector vs Prefilled Syringe at an Integrated Health System (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Incidence of Fever Associated with Dexmedetomidine in Critically Ill Pediatric Patients (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Retail Pharmacy Clarifications of New Prescriptions – Identifying Patterns (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Impact of continuous infusion ketamine on bispectral index in sedated, paralyzed, critically ill adults (pharmacists, pharmacy technicians) for 0.5 hours
- Pharmacy Grand Rounds – Value-based evaluation of pharmacist intervention in post-discharge transitions of care: A quality improvement project (pharmacists, pharmacy technicians) for 0.5 hours

DEPARTMENT OF ~~COMMUNITY HEALTH~~**LICENSING AND REGULATORY**
AFFAIRS

DIRECTOR'S OFFICE

~~CENTRALIZED PRESCRIPTION PROCESSING~~ **CENTRAL FILL PHARMACIES**

Filed with the secretary of state on

These rules take effect immediately upon filing with the secretary of state unless adopted under section 33, 44, or 45a~~(6)~~**(9)** of the administrative procedures act of 1969, 1969 PA 306, MCL 24.233, 24.244, or 24.245a. Rules adopted under these sections become effective 7 days after filing with the secretary of state.

(By authority conferred on the director of the ~~department of community health~~ **department of licensing and regulatory affairs** by sections 16145, and ~~17701~~**17753**, and ~~17767~~ of the **public health code**, 1978 PA 368, MCL 333.16145, and ~~333.17701~~ **333.17753**, ~~et seq.~~ and **333.17767**, and Executive Reorganization Order Numbers Nos. ~~1996-1~~ **1991-9**, 1996-2, and 2003-1, and ~~2011-4~~, being MCL ~~330.3101~~ **338.3501**, 445.2001, and 445.2011 **and 445.2030**)

R 338.3051, R 338.3052, R 338.3053, R 338.3054, R 338.3055, and R 338.3056 of the Michigan administrative code are amended, as follows:

PART 1. GENERAL PROVISIONS

R 338.3051 Definitions.

Rule 1. (1) As used in ~~these rules parts 1 and 2 of the centralized prescription processing rules, R 338.3051 to R 338.3054:~~

(a) **"Board" means the Michigan board of pharmacy, created in section 17721 of the code, MCL 333.17721.**

(b) ~~(a) "Centralized prescription processing center" means a pharmacy operated under the direction of a pharmacist that processes information related to the practice of pharmacy and engages in centralized prescription processing at the request of an originating pharmacy.~~

~~(b)~~(c) "Centralized prescription processing" is the term defined in section 17753(3) of the code.

~~(c)~~(d) "Code" means **the public health code**, 1978 PA 368, MCL 333.1101 ~~et seq. to 333.25211.~~

(e) **"Department" means the department of licensing and regulatory affairs (LARA).**

~~(d)~~(f) "Deliver" as used in this part means **the actual, constructive, or attempted transfer of** ~~to~~ a prescription drug, including a controlled substance, directly to a patient or a patient's agent by the lawful order of a practitioner. A ~~centralized prescription processing center~~ **central fill processing center pharmacy** that provides a prescription product to another

pharmacy for subsequent issuance to a patient or a patient's agent has not met the definition of deliver as defined in this subrule.

~~(e)~~(g) "Delivering pharmacist" means a pharmacist who is responsible for delivering a prescription directly to a patient or a patient's agent.

~~(f)~~(h) "Delivering pharmacy" means the pharmacy that delivers the filled or refilled prescription to the patient or the patient's ~~authorized representative~~ agent. The delivering pharmacy shall be either the originating pharmacy or the ~~centralized prescription processing center~~ **central fill pharmacy**.

~~(g)~~ (i) "Originating pharmacy" means a pharmacy that initially receives a patient's or a prescribing practitioner's request to fill or refill a prescription.

(2) **Unless otherwise defined in these rules, the** ~~The~~ terms defined in the code have the same ~~meanings~~ **meaning** when used in these rules.

R 338.3052 ~~Centralized prescription processing~~ **Central fill pharmacies** rules; prevail over other pharmacy rules.

Rule 2. ~~⊖~~ **In addition to these rules, central fill pharmacies must follow all applicable board rules, however, to the extent that any rule in parts 1 and 2 of the centralized prescription processing these rules conflicts conflict** with other board of pharmacy rules, the provisions in parts 1 and 2 of the centralized prescription processing **these rules shall prevail.**

R 338.3053 ~~Centralized prescription processing~~; requirements.

Rule 3. (1) In addition to complying with the requirements of section 17753 of the code, **MCL 333.17753, a pharmacy shall meet all of the following requirements before it either performs may perform centralized prescription processing services or outsource outsources these services centralized prescription processing to another pharmacy:-** Pharmacies that perform or outsource prescription processing services shall meet all of the following requirements:

(a) ~~Be licensed by the Michigan board of pharmacy~~ **The pharmacies shall hold a pharmacy license in this state.**

(b) **The pharmacies shall share** ~~Share~~ sufficient patient and drug information to minimize the possibility of an adverse drug event.

(c) **The pharmacies shall** ~~Maintain~~ **maintain** prescription information or an equivalent record, as prescribed in section 17752(1) of the code, and the records required in R 338.3054 of this part, for 5 years **from the date of dispensing.** A ~~centralized prescription processing center~~ **central fill pharmacy** and an pharmacy shall ensure that the information is readily retrievable within 48 hours after the ~~board's agent~~ **department** makes a request for the information. If the records are maintained in a digital format, a printed copy shall be made available **to the department or other authorized individual** ~~immediately to the board's agent~~ upon request.

(d) **The originating pharmacy shall maintain the original prescription for a period of 5 years from the date the prescription was filled. After 2 years, the originating pharmacy may make an electronic duplicate of the original paper prescription, which will become the original prescription. A pharmacy shall present a printed copy of the electronic duplicate of the prescription to the department or other authorized individual upon request.**

(2) A pharmacy engaging in centralized prescription processing shall be responsible for each function of the prescription's processing performed by that pharmacy.

(3) A delivering pharmacist shall be responsible for complying with ~~R 338.490(4)~~ **R 338.589(4)** regarding patient counseling.

(4) The prescription label for a prescription that was filled by a ~~centralized prescription processing center~~ **central fill pharmacy** shall identify each pharmacy that was involved in ~~preparing~~**dispensing** and delivering a prescription. A ~~centralized prescription processing center~~ **central fill pharmacy** may be identified on a prescription label by use of a unique identifier that is recognized by the delivering pharmacist. As used in this subrule, "unique identifier" means a unique combination of letters, numbers, or symbols that allows the delivering pharmacy to identify the specific ~~centralized prescription processing center~~ **central fill pharmacy** involved in the processing of the prescription. A ~~centralized prescription processing center~~ **central fill pharmacy** shall create and maintain a unique identifier and shall communicate the unique identifier to all pharmacies that use its services.

(5) A prescription that was not delivered to a patient may be transferred back to the pharmacy that filled the prescription, provided that the transfer records are maintained. A ~~centralized prescription processing center~~ **central fill pharmacy** and an originating pharmacy shall establish procedures for the disposition of prescription medication that was not delivered to patients. This medication may be returned to stock and may be ~~re-delivered~~ **re-dispensed** without constituting a violation of R 338.472(1)-**338.503(1)**.

(6) A pharmacy that performs or contracts for centralized prescription **processing services** shall comply with the procedures described in its policies and procedures manual, as provided in section 17753(2) of the code, **MCL 333.17753**.

R 338.3054 Records maintenance; requirements for ~~centralized prescription processing~~ **central fill** pharmacies.

Rule 4. (1) An originating pharmacy shall maintain records that indicate all of the following:

- (a) The date the request for centralized prescription processing ~~services~~ was transmitted to a ~~centralized prescription processing center~~ **central fill pharmacy**.
- (b) The method of transmittal.
- (c) The identification of the pharmacist responsible for the transmission.
- (d) The name and address of the ~~centralized prescription processing center~~ **central fill pharmacy** ~~to which~~ **where** the request for centralized prescription processing ~~services~~ was transmitted.
- (e) The date the delivering pharmacy received the filled prescription from the ~~centralized prescription processing center~~ **central fill pharmacy**.
- (f) The name of the pharmacy employee who accepted the ~~delivery~~ **transfer** of a filled prescription from a ~~centralized prescription processing center~~ **central fill pharmacy**.
- (g) The identification of the pharmacist who was responsible for delivering the prescription to the patient or the patient's agent.

(2) A ~~centralized prescription processing center~~ **central fill pharmacy** that receives the transmitted prescription shall maintain records that indicate all of the following, as applicable to its function:

- (a) The date the request for centralized prescription processing ~~services~~ was received from the originating pharmacy.
 - (b) The name and address of the originating pharmacy from which the request for centralized prescription processing ~~services~~ was received.
 - (c) The date the prescription was processed, verified, or filled.
 - (d) The identification of any pharmacist who was responsible for processing the prescription and shipping a filled prescription to an originating pharmacy or delivering a filled prescription to a patient or a patient's agent.
 - (e) The date the filled prescription was shipped to the originating pharmacy or was shipped or delivered to the patient or the patient's agent.
 - (f) If shipped, the name and address of the patient to whom the filled prescription was shipped.
 - (g) The method of delivery, such as private, common, or contract carrier, if shipped.
- (3) If a prescription was not delivered to a patient and was transferred back to the pharmacy that filled the prescription, that pharmacy shall maintain the transfer records.

PART 2. CONTROLLED SUBSTANCES PRESCRIPTIONS

R 338.3055 Schedule 2, 3, 4, or 5 controlled substances prescriptions; requirements for ~~centralized prescription processing~~ **central fill** pharmacies.

Rule 5. (1) In addition to complying with the requirements of Part 1 of these rules, a pharmacy that performs or contracts for centralized prescription processing ~~services~~ shall comply with this rule when processing a prescription for a schedule 2, 3, 4, or 5 controlled substance.

(2) Prescriptions for controlled substances may be transmitted electronically, including by facsimile, from an originating pharmacy to a ~~centralized prescription processing center~~ **central fill pharmacy**.

(3) An originating pharmacy that transmits prescription information for a controlled substance to a ~~centralized prescription processing center~~ **central fill pharmacy** shall comply with all of the following:

(a) ~~The originating pharmacy shall ensure~~ **The originating pharmacy shall ensure** that the words "CENTRAL FILL" are on the face of the original prescription and record all of the following information:

(i) ~~the~~ **The** name, address, and the ~~federal drug enforcement administration (dea)~~ **Federal Drug Enforcement Administration (DEA)** registration number of the ~~centralized prescription processing center~~ **central fill pharmacy** ~~to which~~ **where** the prescription had been ~~was~~ transmitted; .

(ii) ~~the~~ **The** name of the pharmacist at the originating pharmacy who transmitted the prescription; .

(iii) ~~and, the~~ **The** date of transmittal.

(b) ~~The originating pharmacy shall ensure~~ **The originating pharmacy shall ensure** that all information that is required to be on a prescription pursuant to the provisions of 21 ~~CFR~~ **CFR**, ~~F.R.~~ **F.R.** ~~§section~~ **§section** 1306.05 and R 338.3161 is transmitted to the ~~centralized prescription processing center~~ **central fill pharmacy** either on the face of the original prescription or in the electronic transmission of ~~the prescription information~~.

(c) ~~The originating pharmacy shall indicate~~ **The originating pharmacy shall include** all of the following in the prescription ~~information that is transmitted,~~

(i) ~~the~~ **The number of refills already dispensed.**

(ii) ~~and the~~ **The number of refills remaining.**

(d) **The originating pharmacy shall maintain** ~~Maintain~~ the original prescription for a period of 5 years from the date the prescription was filled. **After 2 years, the originating pharmacy may make an electronic duplicate of the original printed prescription, which will become the original prescription. A pharmacy shall present a printed copy of the electronic duplicate of the prescription to the department or other authorized individual upon request.**

(4) In addition to complying with the requirements in R 338.3053~~338.3054~~(2)(a), (b), (c), (d), (e), (f) and (g), a ~~centralized prescription processing center~~**central fill pharmacy** that receives the transmitted prescription shall comply with both of the following:

(a) **The central fill pharmacy shall maintain** ~~Maintain~~ records for 5 years **from the date of transmittal.**

(b) Keep a copy of the prescription if it was sent via facsimile or an electronic record of all the information transmitted by the originating pharmacy, including the name, address, and ~~de~~ **DEA** registration number of the originating pharmacy that transmitted the prescription.

(c) **Keep a record of the date the filled prescription was dispensed and the method of dispensed.**

R 338.3056 Reporting to the electronic system for monitoring controlled substances.

Rule 6. As used in this part, the pharmacy that uses its stock to fill a prescription for a controlled substance shall be the pharmacy responsible to report to the department or the department's contractor the information required in R 338.3162b for each **controlled substance** ~~prescription of a controlled substance.~~