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Rule ID(s): 6035
File Date: 9/15/15
Effective Date: 12/14/15

Rulemaking Hearing Rule(s) Filing Form

Rulemaking Hearing Rules are rules filed after and as a result of a rulemaking hearing (Tenn. Code Ann. § 4-5-205).

Pursuant to Tenn. Code Ann. § 4-5-229, any new fee or fee increase promulgated by state agency rule shall take effect on July 1, following the expiration of the ninety (90) day period as provided in § 4-5-207. This section shall not apply to rules that implement new fees or fee increases that are promulgated as emergency rules pursuant to § 4-5-208(a) and to subsequent rules that make permanent such emergency rules, as amended during the rulemaking process. In addition, this section shall not apply to state agencies that did not, during the preceding two (2) fiscal years, collect fees in an amount sufficient to pay the cost of operating the board, commission or entity in accordance with § 4-29-121(b).

Agency/Board/Commission:	Board of Pharmacy
Division:	
Contact Person:	Stefan Cange
Address:	665 Mainstream Drive, Nashville, Tennessee
Zip:	37243
Phone:	(615) 741-1611
Email:	Stefan.Cange@tn.gov

Revision Type (check all that apply):

- Amendment
 New
 Repeal

Rule(s) Revised (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only ONE Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1140-03	Standards of Practice
Rule Number	Rule Title
1140-03-.03	Medical and Prescription Orders

(Place substance of rules and other info here. Statutory authority must be given for each rule change. For information on formatting rules go to <http://state.tn.us/sos/rules/1360/1360.htm>)

Chapter
1140-03

Standards of Practice

Amendment

Rule 1140-03-.03 Medical and Prescription Orders is amended by deleting paragraph (8) in its entirety and substituting instead the following language, so that as amended, the new paragraph (8) shall read:

- (8) It is permissible for any pharmacy practice site, pharmacist, or pharmacy intern or pharmacy technician under the supervision of a pharmacist, or any other place of business engaged in compounding and dispensing prescription drugs and devices and related materials for human consumption to receive from any patient or other person the return of any portion of an order that has been taken from the premises of the pharmacy practice site or other place of business, only if authorized:
- (a) Pursuant to Tennessee Board of Pharmacy rule 1140-04-.10; or
 - (b) For the purpose of collection for disposal or destruction of any prescription drug; provided that participation in the program shall be voluntary, and such collection and destruction shall be conducted in accordance with the provisions of 21 CFR § 1317.

Authority: T.C.A. §§ 63-10-204 and 63-10-304, and 2015 Acts, Pub. Chap. 40.

* If a roll-call vote was necessary, the vote by the Agency on these rulemaking hearing rules was as follows:

Board Member	Aye	No	Abstain	Absent	Signature (if required)
Debra Wilson				X	
Jason Kizer, D.Ph	X				
Nina Smothers, D.Ph.	X				
Joyce McDaniel	X				
Will Bunch, D.Ph.	X				
Kevin K. Eidson, Pharm. D.	X				
R. Michael Dickenson, D.Ph.	X				

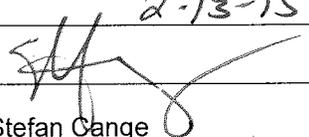
I certify that this is an accurate and complete copy of rulemaking hearing rules, lawfully promulgated and adopted by the Board of Pharmacy (board/commission/ other authority) on 01/27/2015 (mm/dd/yyyy), and is in compliance with the provisions of T.C.A. § 4-5-222.

I further certify the following:

Notice of Rulemaking Hearing filed with the Department of State on: 11/07/14 (mm/dd/yy)

Rulemaking Hearing(s) Conducted on: (add more dates). 01/27/15 (mm/dd/yy)

Date: 2-13-15

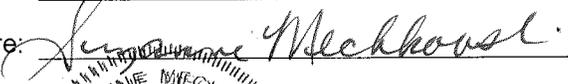
Signature: 

Name of Officer: Stefan Cange

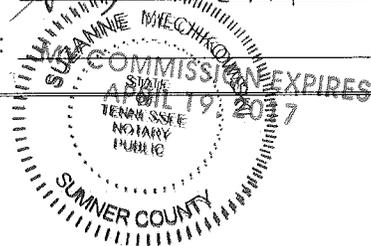
Assistant General Counsel

Title of Officer: Department of Health

Subscribed and sworn to before me on: 2-13-15

Notary Public Signature: 

My commission expires on: _____



All rulemaking hearing rules provided for herein have been examined by the Attorney General and Reporter of the State of Tennessee and are approved as to legality pursuant to the provisions of the Administrative Procedures Act, Tennessee Code Annotated, Title 4, Chapter 5.

Herbert H. Slatery III
Herbert H. Slatery III
Attorney General and Reporter

9/9/2015

Date

Department of State Use Only

Filed with the Department of State on:

9/15/15

Effective on:

12/14/15

Tre Hargett

Tre Hargett
Secretary of State

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PUBLICATIONS

Public Hearing Comments

One copy of a document containing responses to comments made at the public hearing must accompany the filing pursuant to T.C.A. § 4-5-222. Agencies shall include only their responses to public hearing comments, which can be summarized. No letters of inquiry from parties questioning the rule will be accepted. When no comments are received at the public hearing, the agency need only draft a memorandum stating such and include it with the Rulemaking Hearing Rule filing. Minutes of the meeting will not be accepted. Transcripts are not acceptable.

There was one comment received from the Tennessee Pharmacists Association via a letter addressed to the Board's attorney.

In the letter, the Association commended the Board in its efforts to amend the existing rule but expressed concerns that the language was unclear and limiting. It suggested that the Board restate the language in the affirmative so as to not limit pharmacists, pharmacy interns and pharmacy technicians from taking back only controlled substances as the public interest is better served by their ability to take back all prescription drugs.

Additionally, the Association urged the Board to omit the current reference to 21 CFR §1317.40 as to not limit pharmacists, pharmacy interns and pharmacy technicians to participate in a drug return program conducted within the pharmacy and, rather, use the broad federal citation, 21 CFR §1317, so that pharmacists, pharmacy interns and pharmacy technicians may also work with law enforcement officials in drug take back programs.

The Board amended the rule language accordingly.

Regulatory Flexibility Addendum

Pursuant to T.C.A. §§ 4-5-401 through 4-5-404, prior to initiating the rule making process as described in T.C.A. § 4-5-202(a)(3) and T.C.A. § 4-5-202(a), all agencies shall conduct a review of whether a proposed rule or rule affects small businesses.

- (1) The extent to which the rule or rule may overlap, duplicate, or conflict with other federal, state, and local governmental rules.**

These proposed rule amendments do not overlap, duplicate, or conflict with other federal, state, and local governmental rules. In fact, these proposed rule amendments eliminate a current conflict with federal rules.

- (2) Clarity, conciseness, and lack of ambiguity in the rule or rules.**

These proposed rule amendments exhibit clarity, conciseness, and lack of ambiguity.

- (3) The establishment of flexible compliance and/or reporting requirements for small businesses.**

These proposed rule amendments do not establish flexible compliance and/or reporting requirements for small businesses.

- (4) The establishment of friendly schedules or deadlines for compliance and/or reporting requirements for small businesses.**

The proposed rule amendments do not contain a schedule or deadline for compliance.

- (5) The consolidation or simplification of compliance or reporting requirements for small businesses.**

These proposed rule amendments do not consolidate or simplify compliance or reporting requirements for small businesses.

- (6) The establishment of performance standards for small businesses as opposed to design or operational standards required in the proposed rule.**

These proposed rule amendments do not establish performance standards for small business as opposed to design or operation standards required for the proposed rules.

- (7) The unnecessary creation of entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.**

These rule amendments do not create entry barriers or other effects that stifle entrepreneurial activity, curb innovation, or increase costs.

STATEMENT OF ECONOMIC IMPACT TO SMALL BUSINESSES

Name of Board, Committee or Council: Board of Pharmacy

Rulemaking hearing date: 01/27/2015

- 1. Type or types of small business and an identification and estimate of the number of small businesses subject to the proposed rule that would bear the cost of, and/or directly benefit from the proposed rule:**

Retail pharmacies and other entities licensed by the Board of Pharmacy that voluntarily choose to participate in the DEA-authorized collection program. Participating entities might bear some costs of complying with the DEA-imposed requirements to participate in the program, but Tennessee is not imposing any additional costs. The DEA, in its final rule, also speculates that pharmacies choosing to participate may derive tangible benefits such as increased retail traffic and public safety and good will.

- 2. Projected reporting, recordkeeping and other administrative costs required for compliance with the proposed rule, including the type of professional skills necessary for preparation of the report or record:**

The DEA rules authorizing collection programs do require some additional recordkeeping for entities that choose to participate; Tennessee's proposed rule amendments do not. Therefore, these rule amendments should not affect reporting, recordkeeping or other administrative costs.

- 3. Statement of the probable effect on impacted small businesses and consumers:**

The DEA rules may impact small businesses choosing to participate as collectors, but these rule amendments will have no additional impact. Enabling retail pharmacies to participate in collection programs may enhance public safety by disposing of controlled substances that could otherwise be the targets of theft or abuse, and consumers may experience some peace of mind by knowing that they are safely disposing of their medications.

- 4. Description of any less burdensome, less intrusive or less costly alternative methods of achieving the purpose and/or objectives of the proposed rule that may exist, and to what extent, such alternative means might be less burdensome to small business:**

There are no less burdensome, less intrusive or less costly alternative methods of achieving the purpose and/or objectives of the proposed rules.

- 5. Comparison of the proposed rule with any federal or state counterparts:**

Federal: 79 Fed. Reg. 53520-53570 (Sept. 9, 2014) (to be codified at 21 C.F.R. pts. 1300, 1301, 1304, 1305, 1307, and 1317) will allow authorized retail pharmacies to voluntarily administer mail-back programs and to maintain collection receptacles.

State: Other states have adopted similar medication disposal programs and have included pharmacies as collections sites.

- 6. Analysis of the effect of the possible exemption of small businesses from all or any part of the requirements contained in the proposed rule.**

These rule amendments do not provide for exemptions of small businesses from all or any part of the requirements contained in the proposed rule.

Impact on Local Governments

Pursuant to T.C.A. §§ 4-5-220 and 4-5-228 “any rule proposed to be promulgated shall state in a simple declarative sentence, without additional comments on the merits of the policy of the rules or regulation, whether the rule or regulation may have a projected impact on local governments.” (See Public Chapter Number 1070 (<http://state.tn.us/sos/acts/106/pub/pc1070.pdf>) of the 2010 Session of the General Assembly)

The proposed rule amendments should not have a financial impact on local governments.

Additional Information Required by Joint Government Operations Committee

All agencies, upon filing a rule, must also submit the following pursuant to T.C.A. § 4-5-226(i)(1).

- (A) A brief summary of the rule and a description of all relevant changes in previous regulations effectuated by such rule;

Rule 1140-03-.03(8) is being amended to provide an exception for institutional pharmacies falling under Rule 1140-04-.10; by adding an additional exception for pharmacies participating in collection or mail-back activities pursuant to the new DEA rule.

- (B) A citation to and brief description of any federal law or regulation or any state law or regulation mandating promulgation of such rule or establishing guidelines relevant thereto;

79 Fed. Reg. 53520-53570 (Sept. 9, 2014) (to be codified at 21 C.F.R. pts. 1300, 1301, 1304, 1305, 1307, and 1317)

- (C) Identification of persons, organizations, corporations or governmental entities most directly affected by this rule, and whether those persons, organizations, corporations or governmental entities urge adoption or rejection of this rule;

Retail pharmacies and other entities licensed by the Board of Pharmacy that voluntarily choose to participate in the DEA-authorized collection program.

- (D) Identification of any opinions of the attorney general and reporter or any judicial ruling that directly relates to the rule;

None.

- (E) An estimate of the probable increase or decrease in state and local government revenues and expenditures, if any, resulting from the promulgation of this rule, and assumptions and reasoning upon which the estimate is based. An agency shall not state that the fiscal impact is minimal if the fiscal impact is more than two percent (2%) of the agency's annual budget or five hundred thousand dollars (\$500,000), whichever is less;

These rule should not result in any increase or decrease in state and local government revenues or expenditures.

- (F) Identification of the appropriate agency representative or representatives, possessing substantial knowledge and understanding of the rule;

Stefan Cange, Assistant General Counsel, Department of Health.

- (G) Identification of the appropriate agency representative or representatives who will explain the rule at a scheduled meeting of the committees;

Stefan Cange, Assistant General Counsel, Department of Health.

- (H) Office address, telephone number, and email address of the agency representative or representatives who will explain the rule at a scheduled meeting of the committees; and

Department of Health, Office of General Counsel, 665 Mainstream Drive, Nashville, Tennessee 37243, (615) 741-1611, Stefan.Cange@tn.gov.

- (I) Any additional information relevant to the rule proposed for continuation that the committee requests.

None.

(Rule 1140-03-.01, continued)

7. clinical abuse/misuse.
 - (b) Upon recognizing any of the above, the pharmacist shall take appropriate steps to avoid or resolve the problem.
- (4) Implementation of Pharmaceutical Care.
 - (a) As a necessary health care provider, pharmacists shall carry out, in addition to the responsibilities in paragraphs (1) through (3) of this rule, those professional acts, professional decisions and professional services necessary to maintain a patient's pharmacy-related care and to implement and accomplish the medical and prescription orders of licensed practitioners, including but not limited to:
 1. Developing relationships with licensed practitioners to enable the pharmacist to accomplish comprehensive management of a patient's pharmacy related care and to enhance a patient's wellness, quality of life and optimize outcomes; and
 2. Communicating to the health care provider any knowledge of unexpected or adverse response to drug therapy, or resolving unexpected or adverse response; and
 3. Having a pharmacist accessible at all times to patients and healthcare providers to respond to their questions and needs.

Authority: T.C.A. §§63-10-404(19),(22),(23),(26), and (34), 63-10-504(b)(1) and (2), 63-10-504(j), and 63-10-504(c). **Administrative History:** Original rule filed February 7, 1983; effective March 9, 1983. Repeal and new rule filed May 11, 1998; effective July 25, 1998.

1140-03-.02 LOCATION OF PRACTICE.

A pharmacist may compound and dispense prescription drugs and devices and related materials only in a pharmacy practice site which is duly licensed by the board and which operates in compliance with Tennessee and federal laws and rules governing the practice of pharmacy. The practice of the knowledge skills of pharmacy is not pharmacy practice site dependent. However, any person practicing any aspect of the art and science of pharmacy must be licensed by the board.

Authority: T.C.A. §§63-10-404(4),(8),(11),(14),(26), and (28), 63-10-504(b)(1) and (2). **Administrative History:** Original rule filed February 7, 1983; effective March 9, 1983. Repeal and new rule filed May 11, 1998; effective July 25, 1998.

1140-03-.03 MEDICAL AND PRESCRIPTION ORDERS.

- (1) To the extent that a medical order contains an order for the compounding, dispensing or administration of a prescription drug or device or related material, the medical order shall be treated as a prescription order. Written medical and prescription orders must be signed by the prescriber. Verbal medical and prescription orders must be immediately reduced to writing (by hand or other means), dated, and initialed by the authorized individual accepting the medical and prescription orders.
- (2) Each medical and prescription order when dispensed shall be serially numbered, filed numerically and maintained so as to be readily retrievable at the pharmacy practice site for at least two (2) years from the date the medical and prescription order was last dispensed. Institutional pharmacies shall not be required to serially number medical and prescription orders dispensed for administration to inpatients of that institution.

(Rule 1140-03-.03, continued)

- (3) A pharmacist upon initial dispensing of a medical or prescription order shall record on that medical or prescription order: the date such medical or prescription order was dispensed, the pharmacist's initials, and the amount of any product dispensed. If the pharmacist merely initials and dates a medical or prescription order the pharmacist shall be deemed to have dispensed the full face amount of the medical or prescription order.
- (4) A pharmacist upon refilling a medical or prescription order shall enter on the back of that medical or prescription order: the date such medical or prescription order was refilled, the pharmacist's initials, and the amount of any product dispensed on such refill. If the pharmacist merely initials and dates the back of the medical or prescription order the pharmacist shall be deemed to have dispensed a refill for the full face amount of the medical or prescription order. As an alternative to recording refill information on the back of medical and prescription orders, an automated data processing system may be used for the storage and retrieval of refill information for medical and prescription orders, subject to the following conditions:
 - (a) Any such computerized system must provide on-line retrieval (via CRT display or hard-copy printout) of the original medical or prescription order information and the complete refill history of all medical and prescription orders which are currently authorized for refilling. This shall include all the information contained in and required to be entered on each such medical or prescription order. This data must include at least the medical or prescription order serial number; date of issuance of the medical or prescription order; patient's name (and address on controlled substance medical and prescription orders); prescriber's name (and address and DEA registration number on controlled substance medical and prescription orders); product name, strength, dosage form, and quantity prescribed; directions for use, and labeling instructions; refill instructions; and the date of dispensing, quantity dispensed, and identity (name, initials, or identification code) of the dispensing pharmacist for the original dispensing and each refill.
 - (b) Each individual pharmacist using a computerized system in the refilling of a medical or prescription order shall certify that the information entered into the computer for such a refill is correct by verifying, dating, and signing a hard-copy printout of each day's medical or prescription order refill data, or in lieu of such a printout, by signing a statement in a book or file each day attesting that the refill information entered that day has been reviewed by the pharmacist and is correct as shown. Such documentation shall be separately maintained at the pharmacy practice site for at least two (2) years from the date of the last dispensing.
 - (c) Any such computerized system shall have the capability of producing a hard-copy printout of any medical or prescription order refill data which the pharmacy practice site is responsible for maintaining under the laws and/or regulations of this state and/or the federal government. (This would, for example, furnish a medical or prescription order-by-medical or prescription order, refill-by-refill audit trail for any specified strength and dosage form of any prescription drug and device, by either brand or generic name or both.) Such a printout must include: the medical or prescription order serial number; patient's name (and address on controlled substance medical and prescription orders); name of prescriber; name, strength, and dosage form of the product; and the date of each refill, quantity dispensed on each refill, and the name or identification code of the dispensing pharmacist. Controlled substance data contained on such a printout must be separated, asterisked, or in some other manner visually identifiable apart from other items appearing on the printout. Any computerized system employed by a pharmacy practice site must, upon the request of an authorized representative of the board, send or provide such a printout to the pharmacy practice site within forty eight (48) hours excluding weekends (Saturdays and Sundays) and legal holidays.

(Rule 1140-03-.03, continued)

- (d) In the event that a pharmacy practice site which utilizes such a computerized system experiences system down-time, the pharmacy practice site must have a written or readily retrievable auxiliary policy and procedure which will be used for documentation of refills of all medical and prescription orders. This auxiliary procedure must ensure that each refill is authorized, and that all appropriate data is retained for on-line data entry as soon as the computer system is available for use again.
 - (e) Each pharmacy practice site and pharmacist using such a computerized system must comply with the provisions of paragraphs one (1) and two (2) of this rule. In addition, the requirements of paragraph three (3) of this rule shall apply, unless this initial dispensing data is included on the printout required by subparagraph four (4)(b) of this rule, and is identified as pertaining to the initial dispensing.
- (5) A pharmacist may dispense an appropriately authorized refill of a medical or prescription order by referral to a patient profile (medication record) instead of the original medical or prescription order on file at that pharmacy practice site, subject to the following conditions:
- (a) The patient profile must contain all the information contained in and required to be entered on the original medical or prescription order, including the complete refill history of that medical or prescription order. This data includes the medical or prescription order serial number; date of issuance of the medical or prescription order; name of patient; name of the prescriber; product name; strength; dosage form, and quantity prescribed; directions for use, and labeling instructions; refill instructions; and the date of dispensing, quantity dispensed, and initials of the dispensing pharmacist for the original dispensing and each refill. Dispensing data must be identified as to whether it pertains to the original dispensing or to a refill.
 - (b) Controlled substance data contained on the patient profile must be asterisked, redlined, or in some other manner visually identifiable apart from other items appearing on the profile.
 - (c) The patient profile system must contain a complete and accurate record of the refill history of all medical and prescription orders dispensed at the pharmacy practice site. (This record will constitute compliance with the provisions of paragraph four (4) of this rule.)
 - (d) Each such profile must be maintained so as to be readily retrievable at the pharmacy practice site for at least two (2) years from the date of the last dispensing recorded on the profile.
 - (e) A pharmacist dispensing a medical or prescription order by referral to a patient profile in so doing certifies as to the accuracy and validity of the information contained on the patient profile.
 - (f) Each pharmacy practice site and pharmacist using such a patient profile system must comply with the provisions of paragraphs one (1) and two (2) of this rule. In addition, the requirements of paragraph three (3) of this rule shall obtain, unless the patient profile system contains a record of this initial dispensing information for all medical and prescription orders dispensed at the pharmacy practice site.
- (6) No pharmacist, or pharmacy intern or pharmacy technician under the supervision of a pharmacist, shall compound or dispense any medical or prescription order except upon the following conditions:
- (a) All medical and prescription orders shall be compounded and dispensed in strict conformity with any directions of the prescriber. Nothing in this rule shall prohibit a

(Rule 1140-03-.03, continued)

- pharmacist from substituting a therapeutically equivalent prescription drug or device or related material containing the same active ingredient or ingredients, dosage form and strength;
- (b) No medical or prescription order shall be refilled if it contains a statement over the signature of the prescriber that it is not to be refilled, and a medical or prescription order shall not be refilled unless so authorized by the prescriber;
 - (c) If any medical or prescription order contains a statement that it may be refilled a specified number of times within or during any particular period, such order shall be refilled in strict conformity with such statement; and
 - (d) If a prescription contains a statement that during any particular time it may be refilled at will, the order shall be refilled in strict conformity to dosage directions, with the exception that it may not be refilled after the expiration of the time specified or one (1) year from the date the order was originally issued or dispensed, whichever comes first.
 - (e) At a rate, based on the actual number of medical and prescription orders compounded and dispensed per hour or per day, that does not pose a danger to the public health, safety or welfare.
- (7) Copies of Medical and Prescription Orders.
- (a) Copies of medical and prescription orders issued directly to the patient by the pharmacy practice site where the order was originally compounded and dispensed pursuant to the receipt of the order shall bear on the face thereof, in letters red in color and equal in size to those describing the prescription drug or device or related material, the statement: "Copy for Information Only." Presentation of an informational written copy or label of a dispensing container shall be for information purposes only and have no legal status as a valid medical or prescription order. The recipient pharmacist of such copy or label shall contact the prescriber or transferor pharmacy practice site and obtain all information required by this rule, which is the same as obtaining an original medical or prescription order;
 - (b) Medical and prescription orders shall be transferred between pharmacy practice sites for the purpose of compounding and dispensing provided that the transferee, upon receiving such order directly from the transferor, records the following:
 - 1. The name, address and original medical or prescription order serial number at the pharmacy practice site from which the order was transferred;
 - 2. The name of the transferor; and
 - 3. All information constituting a medical or prescription order including the following:
 - (i) Date of original dispensing;
 - (ii) Original number of refills authorized on the original order;
 - (iii) Date of last dispensing; and
 - (iv) Number of valid refills remaining.
 - (c) The transferee informs the patient that the original medical or prescription order has been canceled at the pharmacy practice site from which it was obtained.

(Rule 1140-03-.03, continued)

- (d) Computerized systems must satisfy all information requirements.
- (e) The transfer of schedule III, IV, V, controlled substances are subject to the conditions set forth in C.F.R. 1306.26.
- ~~(8) It is unlawful for any pharmacy practice site, pharmacist, or pharmacy intern or pharmacy technician under the supervision of a pharmacist, or any other place of business engaged in compounding and dispensing prescription drugs and devices and related materials for human consumption to receive from any patient or other person the return of any portion of an order that has been taken from the premises of the pharmacy practice site or other place of business, except pursuant to 1140-4-.10.~~
- (8) It is permissible for any pharmacy practice site, pharmacist, or pharmacy intern or pharmacy technician under the supervision of a pharmacist, or any other place of business engaged in compounding and dispensing prescription drugs and devices and related materials for human consumption to receive from any patient or other person the return of any portion of an order that has been taken from the premises of the pharmacy practice site or other place of business, only if authorized:
 - (a) Pursuant to Tennessee Board of Pharmacy rule 1140-04-.10; or
 - (b) For the purpose of collection for disposal or destruction of any prescription drug; provided that participation in the program shall be voluntary, and such collection and destruction shall be conducted in accordance with the provisions of 21 CFR § 1317.
- (9) Medical and prescription orders cannot be accepted, solicited, collected or advertised at a location other than a pharmacy practice site for which a license has been issued by the board, and such pharmacy practice site shall be actively engaged in compounding and dispensing medical and prescription orders.
- (10) Medical and prescription orders typed or printed must be signed by the prescriber. Oral medical and prescription orders shall be initialed by the authorized individual accepting the order.

Authority: T.C.A. §§63-10-404(4),(11),(14),(19),(26),(29),(30), and (34), 63-10-504(b)(1), 63-10-504(j), and 63-10-504(b)(1) and (2). **Administrative History:** Original rule filed February 7, 1983; effective March 9, 1983. Amendment filed November 16, 1992; effective January 8, 1993. Repeal and new rule filed May 11, 1998; effective July 25, 1998.

1140-03-.04 FACSIMILE AND ELECTRONIC MEDICAL AND PRESCRIPTION ORDERS.

- (1) Facsimile Orders
 - (a) The transmission of a facsimile medical or prescription order shall be to a pharmacy practice site of the patient's choice and shall occur only at the option of the patient.
 - (b) Medical and prescription orders may be transmitted to a pharmacy practice site by a facsimile device. Medical and prescription orders for controlled substances may be transmitted by facsimile devices in compliance with 21 C.F.R. 21306.11, 1306.21 and 1306.31.
 - (c) A pharmacist may dispense medical and prescription orders transmitted by facsimile devices only when transmitted by an authorized prescriber or the prescriber's designated agent.