



ARIZONA STATE BOARD OF PHARMACY

newsletter to promote pharmacy and drug law compliance

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Update Your Profile

In an effort to communicate more effectively with its licensees and permittees, the Arizona State Board of Pharmacy has noticed that contact information in its system is not always current and up to date. You are required to update your personal contact information and pharmacy employer within 10 days after a change, pursuant to Arizona Revised Statutes (A.R.S.) §32-1926. Please use your online profile to [update your contact information](#).

Be on Alert – Scam

There have been reports of individuals impersonating Board staff members requesting personal information from license and permit holders. Please know that the Board already has your information, which you are able to update using the Board website at any time. The Board does not collect payment over the phone. If you

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experience a similar situation in which you are contacted for personal or financial information, please contact the Board office at 602/771-2727.

Compliance Corner

Happy New Year 2024 – Ringing in the Latest Changes to Arizona Laws, Recent DEA Regulation Revisions, and CARA Updates

This installment of the “Compliance Corner” is focused on 2023 updates to statutes and rules that impact pharmacy practice in Arizona. This piece summarizes some of the new changes to Arizona laws, addresses a recent Drug Enforcement Administration (DEA) regulation revision, and provides Comprehensive Addiction and Recovery Act (CARA) updates.

Arizona Statutes and Rules

In 2023, the Arizona Legislature approved several new statutes and rules that are currently in effect. The guide below offers a brief description of the regulations and includes the citation for users to ultimately delve into the language for themselves. The law book is available on the Board [website](#), the Arizona Secretary of State [website](#), and <https://www.azleg.gov>.

A.R.S. 32-2201, 2240.02 (Senate Bill 1053) Adds a veterinarian-client-patient relationship through electronic means. Original prescription based only on electronic examination (controlled substances are prohibited) may be initially issued for up to 14 days and renewed one time for up to 14 days with an additional electronic examination. No additional renewal without an in-person examination. (Effective October 30, 2023)

A.R.S. 32-3248.03 (House Bill 2564) Adds a hospital or a health professional working in a hospital that is not within 50 miles of a 24-hour pharmacy who may, after regular pharmacy business hours, dispense a 12-hour supply of a Schedule II opioid when discharging a patient with an acute illness or injury. Health professional means an individual with a valid DEA registration who is licensed pursuant to Chapter 7 (Podiatrist), Chapter 13 (Doctor of Medicine), Chapter 15 (Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife), Chapter 17 (Osteopathic Physician), Chapter 25 (Physician Assistant). (Effective October 30, 2023)

R4-23-204 Amends the continuing education (CE) requirements for pharmacists: adds three hours of CE for pharmacists who dispense self-administered hormonal contraceptives under a standing order. (Effective July 5, 2023)

R4-23-407.2 Adds a new rule for the dispensing of a self-administered hormonal contraceptive under a standing order. (Effective July 5, 2023)

R4-23-1104 Adds administration of vaccines to the permissible activities of pharmacy technicians. Amends delegation language to add documentation of technician training by the permittee. (Effective September 6, 2023)

R4-23-1106 Amends the CE requirements for technicians: adds two hours of CE for technicians who administer vaccines. (Effective September 6, 2023)

DEA Regulation Revision

On September 1, 2023, DEA released an article titled “Revised Regulation Allows DEA-Registered Pharmacies to Transfer Electronic Prescriptions at a Patient’s Request.” This article cites a final rule effective August 28, 2023. The content of the final rule describes conditions and allowances for electronic prescriptions for controlled substances (EPCS) transferring Schedule II-V electronic prescriptions that have never been filled. Under the final rule, a prescription can only be transferred once between pharmacies and only if allowed under existing state or other applicable law; there have been no changes to Arizona’s R4-23-407. The prescription must remain in its electronic form, may not be altered in any way, and the transfer must be communicated directly between two licensed pharmacists. It is important to note, any authorized refills transfer with the original prescription, which means that the entire prescription will be filled at the same pharmacy.

Refer to your legal counsel to determine if your EPCS meets all federal and state electronic transfer requirements.

[Link to final DEA rule](#)

[Link to the complete, revised regulation](#)

CARA Updates

On October 13, 2023, Food and Drug Administration released an update to Title 21 Code of Federal Regulations (CFR) 1306.13, clarifying the requirements for partial filling of Schedule II prescriptions. In addition to the below requirements, partially filling Schedule II prescriptions must follow all applicable state and federal laws. Title 21 CFR 1306.13 does also address long-term care facilities and terminally ill patient dispensing. However, this article will focus on the community pharmacy aspects of the update. For community pharmacies there are three scenarios that allow for partial fills of a Schedule II prescription. Refer to the parameters set forth in 1306.13 and 1306.22(c) for the complete documentation requirements.

- If the pharmacy is unable to provide the full quantity, it may be partially filled, and the remaining portion of the prescription may be filled within 72 hours. No further quantity may be supplied beyond 72 hours without a new prescription. If the remaining portion cannot be provided, the pharmacist shall notify the prescribing practitioner.
- The prescribing practitioner may request a partial dispensing – either requested at the time the prescription is written or after a consultation with the pharmacist. The quantity dispensed must be recorded on the prescription for each dispensing and the prescription must be filled no later than 30 days from when the prescription was originally written. If the partial fill is after a consultation with the practitioner, the note “Authorized by Practitioner

to Partial Fill” along with the name of the practitioner, the date and time of the consultation, and the pharmacist’s initials must be recorded on the prescription.

- A patient or authorized agent of the patient acting on the patient’s behalf may request a partial filling – either done in person, in writing (if signed by the patient/agent), or by a phone call to the pharmacist. Here the pharmacist must make a notation on the face of the prescription or electronic record including (I) “The [patient, parent or legal guardian of a minor patient, or caregiver of an adult patient named in a medical power of attorney] requested partial fill on [date such request was made]” and (II) the quantity dispensed.

[Link to 21 CFR 1306.13](#)

Disciplinary Actions and Updates – Health Boards

Disciplinary actions for the Arizona State Board of Pharmacy can be found [here](#).

Disciplinary actions for the Arizona Medical Board can be found [here](#).

Disciplinary actions for the Arizona Osteopathic Board can be found [here](#).

Disciplinary actions for the Arizona State Board of Dental Examiners can be found [here](#).

The Arizona State Board of Pharmacy News is published by the Arizona State Board of Pharmacy and the National Association of Boards of Pharmacy Foundation® (NABPF®) to promote compliance of pharmacy and drug law. The opinions and views expressed in this publication do not necessarily reflect the official views, opinions, or policies of NABPF or the Board unless expressly so stated.

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