

Pharmacy Board Report  
July 2016

8/8/2016

	2014	2015	2016	Jul-16
Administrative Filings	52	33	13	1
Criminal Filing/Felony	0	3	0	0
Letter of Concern	146	98	69	9
Referred to Diversion	2	0	1	0
PR/Outreach	4	1	2	0
Cases Received	567	666	322	25
Case Assigned	555	659	320	25
Closed Cases	595	624	363	46
Citations Issued	60	64	22	2
Pharmacy Inspections	335	316	188	24
Pharmacy Alerts	261	220	165	10
Dr. Shopper Letters	571	1251	2150	195

**NOTES: Pharmacy Group**

Administrative

Pharmacy Technician, while working at a hospital, fraudulently signed the initials of a pharmacist on an epinephrine label that was placed on an IV bag intended for immediate administration to a patient. Technician was fined \$2,000, \$1,000 was suspended, and signed a Stipulation and Order with the Division.

Citation

During a Random Inspection violations were found, 69 items needed to be removed from the inventory, most of the items were return to stock items that had incorrect beyond use dating on them caused by the software they were using. The Pharmacy was issued a Citation with a \$1,050 fine.

Citation

During a Random Inspection violations were found, 36 expired bottles of medication were found in the pharmacy's normal stock. One bottle of prenatal vitamins had an expiration date of 09/2015. The Pharmacy was issued a Citation with a \$1,050 fine.

1                   **OPIATE OVERDOSE RESPONSE ACT -- STANDING**

2                   **ORDERS AND OTHER AMENDMENTS**

3                                   2016 GENERAL SESSION

4                                   STATE OF UTAH

5                                   **Chief Sponsor: Steve Eliason**

6                                   Senate Sponsor: Evan J. Vickers

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8                   **LONG TITLE**

9                   **General Description:**

10                   This bill renames the Emergency Administration of Opiate Antagonist Act as the  
11                   Opiate Overdose Response Act, amends the act, and makes related amendments.

12                   **Highlighted Provisions:**

13                   This bill:

- 14                   ▶ renames the Emergency Administration of Opiate Antagonist Act as the Opiate  
15                   Overdose Response Act;
- 16                   ▶ amends definitions;
- 17                   ▶ authorizes the use of a standing prescription drug order issued by a physician to  
18                   dispense an opioid antagonist; and
- 19                   ▶ makes technical and clarifying changes.

20                   **Money Appropriated in this Bill:**

21                   None

22                   **Other Special Clauses:**

23                   None

24                   **Utah Code Sections Affected:**

25                   AMENDS:

26                   26-55-101, as enacted by Laws of Utah 2014, Chapter 130

27                   26-55-102, as enacted by Laws of Utah 2014, Chapter 130

28                   26-55-104, as enacted by Laws of Utah 2014, Chapter 130

29                   58-17b-507, as enacted by Laws of Utah 2014, Chapter 130

30 58-31b-703, as enacted by Laws of Utah 2014, Chapter 130

31 58-67-702, as enacted by Laws of Utah 2014, Chapter 130

32 58-68-702, as enacted by Laws of Utah 2014, Chapter 130

33 58-70a-505, as enacted by Laws of Utah 2014, Chapter 130

34 ENACTS:

35 26-55-105, Utah Code Annotated 1953



37 *Be it enacted by the Legislature of the state of Utah:*

38 Section 1. Section 26-55-101 is amended to read:

39 **CHAPTER 55. OPIATE OVERDOSE RESPONSE ACT**

40 **26-55-101. Title.**

41 This chapter is known as the "[~~Emergency Administration of~~] Opiate [~~Antagonist~~]  
42 Overdose Response Act."

43 Section 2. Section 26-55-102 is amended to read:

44 **26-55-102. Definitions.**

45 As used in this chapter:

46 (1) "Controlled substance" means the same as that term is defined in Title 58, Chapter  
47 37, Utah Controlled Substances Act.

48 (2) "Dispense" means the same as that term is defined in Section 58-17b-102.

49 [(1)] (3) "Health care facility" means a hospital, a hospice inpatient residence, a  
50 nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides  
51 home- and community-based services, a hospice or home health care agency, or another facility  
52 that provides or contracts to provide health care services, which facility is licensed under  
53 Chapter 21, Health Care Facility Licensing and Inspection Act.

54 [(2)] (4) "Health care provider" means:

55 (a) a physician, as defined in Section 58-67-102;

56 (b) an advanced practice registered nurse, as defined in Subsection 58-31b-102(13); or

57 (c) a physician assistant, as defined in Section 58-70a-102.

58           (5) "Increased risk" means risk exceeding the risk typically experienced by an  
59 individual who is not using, and is not likely to use, an opiate.

60           ~~[(3)]~~ (6) "Opiate" ~~[is]~~ means the same as that term is defined in Section 58-37-2.

61           ~~[(4)]~~ (7) "Opiate antagonist" means naloxone hydrochloride or any similarly acting  
62 drug that is not a controlled substance and that is approved by the federal Food and Drug  
63 Administration for the diagnosis or treatment of [a] an opiate-related drug overdose.

64           ~~[(5)]~~ (8) "Opiate-related drug overdose event" means an acute condition, including a  
65 decreased level of consciousness or respiratory depression resulting from the consumption or  
66 use of a controlled substance, or another substance with which a controlled substance was  
67 combined, and that a person would reasonably believe to require medical assistance.

68           (9) "Prescribe" means the same as that term is defined in Section 58-17b-102.

69           Section 3. Section **26-55-104** is amended to read:

70           **26-55-104. Prescribing, dispensing, and administering an opiate antagonist --**  
71 **Immunity from liability.**

72           (1) (a) Except as provided in Subsection (1)(b), a person other than a health care  
73 facility or health care provider ~~[who]~~ that acts in good faith to administer an opiate antagonist  
74 to ~~[another person]~~ an individual whom the person believes to be ~~[suffering]~~ experiencing an  
75 opiate-related drug overdose event is not liable for any civil damages ~~[or]~~ for acts or omissions  
76 made as a result of administering the opiate antagonist.

77           (b) A health care provider:

78           (i) does not have immunity from liability under Subsection (1)(a) when the health care  
79 provider is acting within the scope of the health care provider's responsibilities or duty of care;  
80 and

81           (ii) does have immunity from liability under Subsection (1)(a) if the health care  
82 provider is under no legal duty to respond and otherwise complies with Subsection (1)(a).

83           (2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care  
84 provider who is licensed to prescribe ~~[or dispense]~~ an opiate antagonist may~~[-, without a~~  
85 prescriber-patient relationship,] prescribe, including by a standing prescription drug order

86 issued in accordance with Subsection 26-55-105(2), or dispense an opiate antagonist [without  
87 liability for any civil damages or acts or omissions made as a result of prescribing or dispensing  
88 an opiate antagonist in good faith, to]:

89 (a) (i) to an individual who is at increased risk of experiencing [or who is likely to  
90 experience] an opiate-related drug overdose event; or

91 [(b)] (ii) to a family member of, friend of, or other [person] individual who [may be] is  
92 in a position to assist an individual who [may be] is at increased risk of experiencing [or who is  
93 likely to experience] an opiate-related drug overdose event[-];

94 (b) without a prescriber-patient relationship; and

95 (c) without liability for any civil damages for acts or omissions made as a result of  
96 prescribing or dispensing the opiate antagonist in good faith.

97 (3) A [person] health care provider who [prescribes or] dispenses an opiate antagonist  
98 to an individual under Subsection (2)(a) shall provide education to the individual [described in  
99 Subsection (2)(a) or (b)] that includes [instructions to take the person who received]  
100 instruction:

101 (a) on the proper administration of the opiate antagonist; and

102 (b) that the individual to whom the opiate antagonist is dispensed should ensure that  
103 the individual to whom the opiate antagonist is administered is taken to an emergency care  
104 facility for a medical evaluation immediately following administration of the opiate antagonist.

105 Section 4. Section **26-55-105** is enacted to read:

106 **26-55-105. Standing prescription drug orders for an opiate antagonist.**

107 (1) Notwithstanding Title 58, Chapter 17b, Pharmacy Practice Act, a person licensed  
108 under Title 58, Chapter 17b, Pharmacy Practice Act, to dispense an opiate antagonist may  
109 dispense the opiate antagonist:

110 (a) pursuant to a standing prescription drug order made in accordance with Subsection  
111 (2); and

112 (b) without any other prescription drug order from a person licensed to prescribe an  
113 opiate antagonist.

114           (2) A physician who is licensed to prescribe an opiate antagonist, including a physician  
115 acting in the physician's capacity as an employee of the department, or a medical director of a  
116 local health department, as defined in Section 26A-1-102, may issue a standing prescription  
117 drug order authorizing the dispensing of the opiate antagonist under Subsection (1) in  
118 accordance with a protocol that:

119           (a) limits dispensing of the opiate antagonist to:

120           (i) an individual who is at increased risk of experiencing an opiate-related drug  
121 overdose event; or

122           (ii) a family member of, friend of, or other individual who is in a position to assist an  
123 individual who is at increased risk of experiencing an opiate-related drug overdose event;

124           (b) requires the physician to specify the persons, by professional license number,  
125 authorized to dispense the opiate antagonist;

126           (c) requires the physician to review at least annually the dispensing practices of those  
127 authorized by the physician to dispense the opiate antagonist;

128           (d) requires those authorized by the physician to dispense the opiate antagonist to make  
129 and retain a record of each individual to whom the opiate antagonist is dispensed, which shall  
130 include:

131           (i) the name of the individual;

132           (ii) the drug dispensed; and

133           (iii) other relevant information; and

134           (e) is approved by the Division of Occupational and Professional Licensing within the  
135 Department of Commerce by administrative rule made in accordance with Title 63G, Chapter  
136 3, Utah Administrative Rulemaking Act.

137           Section 5. Section **58-17b-507** is amended to read:

138           **58-17b-507. Opiate antagonist -- Immunity from liability -- Exclusion from**  
139 **unlawful or unprofessional conduct.**

140           (1) As used in this section:

141           (a) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

142 (b) "Opiate-related drug overdose event" means the same as that term is defined in  
143 Section 26-55-102.

144 (2) A person licensed under this chapter ~~[who]~~ that dispenses an opiate antagonist ~~[as~~  
145 ~~defined in Section 26-55-102]~~ to an individual with a prescription for an opiate antagonist, or  
146 pursuant to a standing prescription drug order issued in accordance with Subsection  
147 26-55-105(2), is not liable for any civil damages resulting from the outcomes that result from  
148 the eventual administration of the opiate antagonist to ~~[a person]~~ an individual who another  
149 ~~[person]~~ individual believes is ~~[suffering]~~ experiencing an opiate-related drug overdose ~~[as~~  
150 ~~defined in Section 26-55-102]~~ event.

151 ~~[(2)]~~ (3) The provisions of this section and Title 26, Chapter 55, Opiate Overdose  
152 Response Act, do not establish a duty or standard of care in the prescribing, dispensing, or  
153 administration of an opiate antagonist.

154 ~~[(3)]~~ (4) It is not unprofessional conduct or unlawful conduct for a licensee under this  
155 chapter to dispense an opiate antagonist to ~~[a person]~~ an individual on behalf of another  
156 ~~[person]~~ individual if the ~~[person]~~ individual obtaining the opiate antagonist has a prescription  
157 for the opiate antagonist from a licensed prescriber or the opiate antagonist is dispensed  
158 pursuant to a standing prescription drug order issued in accordance with Subsection  
159 26-55-105(2).

160 Section 6. Section **58-31b-703** is amended to read:

161 **58-31b-703. Opiate antagonist -- Exclusion from unprofessional or unlawful**  
162 **conduct.**

163 ~~[(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
164 ~~to a licensee under this chapter.]~~

165 (1) As used in this section:

166 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

167 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

168 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

169 (d) "Opiate-related drug overdose event" means the same as that term is defined in

170 Section 26-55-102.

171 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

172 (2) The prescribing or dispensing of an opiate antagonist [~~as defined in Section~~  
173 ~~26-55-102~~] by a licensee under this chapter is not unprofessional or unlawful conduct if the  
174 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

175 (a) [~~a person~~] an individual who is at increased risk of experiencing [~~or who is likely to~~  
176 ~~experience~~] an opiate-related drug overdose event [~~as defined in Section 26-55-102~~]; or

177 (b) a family member of, friend of, or other [~~person~~] individual who is in a position to  
178 assist [~~a person~~] an individual who [~~may be~~] is at increased risk of experiencing [~~or who is~~  
179 ~~likely to experience~~] an opiate-related drug overdose event.

180 (3) The provisions of this section and Title 26, Chapter 55, [~~Emergency Administration~~  
181 ~~of~~] Opiate [~~Antagonist~~] Overdose Response Act, do not establish a duty or standard of care in  
182 the prescribing, dispensing, or administration of an opiate antagonist.

183 Section 7. Section **58-67-702** is amended to read:

184 **58-67-702. Opiate antagonist -- Exclusion from unlawful or unprofessional**  
185 **conduct.**

186 [~~(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
187 ~~to a licensee under this chapter.~~]

188 (1) As used in this section:

189 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

190 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

191 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

192 (d) "Opiate-related drug overdose event" means the same as that term is defined in  
193 Section 26-55-102.

194 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

195 (2) The prescribing or dispensing of an opiate antagonist [~~as defined in Section~~  
196 ~~26-55-102~~] by a licensee under this chapter is not unprofessional or unlawful conduct if the  
197 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

198 (a) ~~[a person]~~ an individual who is at increased risk of experiencing ~~[or who is likely to~~  
199 ~~experience]~~ an opiate-related drug overdose event ~~[as defined in Section 26-55-102];~~ or

200 (b) a family member of, friend of, or other ~~[person]~~ individual who is in a position to  
201 assist ~~[a person]~~ an individual who ~~[may be]~~ is at increased risk of experiencing ~~[or who is~~  
202 ~~likely to experience]~~ an opiate-related drug overdose event.

203 (3) The provisions of this section and Title 26, Chapter 55, ~~[Emergency Administration~~  
204 ~~of]~~ Opiate ~~[Antagonist]~~ Overdose Response Act, do not establish a duty or standard of care in  
205 the prescribing, dispensing, or administration of an opiate antagonist.

206 Section 8. Section **58-68-702** is amended to read:

207 **58-68-702. Opiate antagonist -- Exclusion from unlawful or unprofessional**  
208 **conduct.**

209 ~~[(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
210 ~~to a licensee under this chapter.]~~

211 (1) As used in this section:

212 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

213 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

214 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

215 (d) "Opiate-related drug overdose event" means the same as that term is defined in  
216 Section 26-55-102.

217 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

218 (2) The prescribing or dispensing of an opiate antagonist ~~[as defined in Section~~  
219 ~~26-55-102]~~ by a licensee under this chapter is not unprofessional or unlawful conduct if the  
220 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

221 (a) ~~[a person]~~ an individual who is at increased risk of experiencing ~~[or who is likely to~~  
222 ~~experience]~~ an opiate-related drug overdose event ~~[as defined in Section 26-55-102];~~ or

223 (b) a family member of, friend of, or other ~~[person]~~ individual who is in a position to  
224 assist ~~[a person]~~ an individual who ~~[may be]~~ is at increased risk of experiencing ~~[or who is~~  
225 ~~likely to experience]~~ an opiate-related drug overdose event.

226 (3) The provisions of this section and Title 26, Chapter 55, [~~Emergency Administration~~  
 227 ~~of~~] Opiate [~~Antagonist~~] Overdose Response Act, do not establish a duty or standard of care in  
 228 the prescribing, dispensing, or administration of an opiate antagonist.

229 Section 9. Section **58-70a-505** is amended to read:

230 **58-70a-505. Opiate antagonist -- Exclusion from unlawful or unprofessional**  
 231 **conduct.**

232 [~~(1) Title 26, Chapter 55, Emergency Administration of Opiate Antagonist Act, applies~~  
 233 ~~to a licensee under this chapter.~~]

234 (1) As used in this section:

235 (a) "Dispensing" means the same as that term is defined in Section 58-17b-102.

236 (b) "Increased risk" means the same as that term is defined in Section 26-55-102.

237 (c) "Opiate antagonist" means the same as that term is defined in Section 26-55-102.

238 (d) "Opiate-related drug overdose event" means the same as that term is defined in  
 239 Section 26-55-102.

240 (e) "Prescribing" means the same as that term is defined in Section 58-17b-102.

241 (2) The prescribing or dispensing of an opiate antagonist [~~as defined in Section~~  
 242 ~~26-55-102~~] by a licensee under this chapter is not unprofessional or unlawful conduct if the  
 243 licensee prescribed or dispensed the opiate antagonist in a good faith effort to assist:

244 (a) [~~a person~~] an individual who is at increased risk of experiencing [~~or who is likely to~~  
 245 ~~experience~~] an opiate-related drug overdose event [~~as defined in Section 26-55-102~~]; or

246 (b) a family member of, friend of, or other [~~person~~] individual who is in a position to  
 247 assist [~~a person~~] an individual who [~~may be~~] is at increased risk of experiencing [~~or who is~~  
 248 ~~likely to experience~~] an opiate-related drug overdose event.

249 (3) The provisions of this section and Title 26, Chapter 55, [~~Emergency Administration~~  
 250 ~~of~~] Opiate [~~Antagonist~~] Overdose Response Act, do not establish a duty or standard of care in  
 251 the prescribing, dispensing, or administration of an opiate antagonist.

**R156-17b-625 - Standards- Reporting of the Dispensing of an Opiate Antagonist.**

(1) In accordance with Utah Code Ann. § 26-55-105(2)(d), a person who dispenses an opiate antagonist pursuant to a valid standing prescription drug order issued by a physician, shall submit a written report at least quarterly to the division, which includes the following information:

(a) the first, middle, and last name of the individual to whom the opiate antagonist is dispensed;

(b) the relationship of the person to whom the opiate antagonist is dispensed to the individual who is at increased risk of experiencing an opiate-related drug overdose event;

(c) the name of the opiate antagonist dispensed;

(d) the quantity of the opiate antagonist dispensed;

(e) the strength of the opiate antagonist dispensed;

(f) the dosage quantity of the opiate antagonist dispensed;

(g) the full name and license number of the person who dispensed the opiate antagonist;

(h) the full name of the drug outlet which dispensed the opiate antagonist;

(i) the date the opiate antagonist was dispensed;

(j) the name of physician issuing the standing order to dispense the opiate antagonist: and

(k) the date of the standing order to dispense the opiate antagonist.

(2) Null reporting is not required. If a person does not dispense an opiate antagonist during any quarter, that person is not required to make a report to the division.

(3) The quarterly report described above is due to the division no later than 10 days following the quarter ending March 31, June 30, September 30, and December 31 of each calendar year.

(4) A physician issuing a standing prescription drug order authorizing the dispensing of an opiate antagonist, as described in Utah Code Ann. § 26-55-105, shall limit dispensing of an opiate antagonist to a single dose formulation. The standing order may allow dispensing of one or more single formulations of an opiate antagonist at a time. The standing prescription drug order shall not allow dispensing of multiple dose vials.

(5) The division approves the protocol for the issuance of a standing prescription drug order for opiate antagonists, which is set forth in Utah Code Ann. § 26-55-105(2)(a) through (d) along with the reporting requirements set forth in the foregoing provisions, and the reporting requirements set forth in Utah Admin. Code R156-67-604 and R156-68-604.

**R156-17b-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

(25) failing to make a timely report regarding dispensing of an opiate antagonist to the division as required in Utah Admin. Code R156-17b-625.

**R156-67-604 - Required Reporting of Annual Review by Physicians of Dispensing Practices of those Authorized to Dispense an Opiate Antagonist.**

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c), a physician who issues a standing prescription drug order authorizing the dispensing of an opiate antagonist shall annually submit a written report to the division indicating that he or she has reviewed at least annually the dispensing practices of those authorized by the physician to dispense the opiate antagonist.

(2) The report described above shall be submitted no later than 10 days following the yearly anniversary of the date the standing order was issued, and shall continue as long as the standing order remains in effect.

(3) A physician shall be considered to have satisfactorily reviewed the dispensing practices of those authorized by the physician to dispense the opiate antagonist by reviewing the report of the person dispensing the opiate antagonist specified in Utah Admin. Code R156-17b-625(1).

**R156-67-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

(16) failing to timely submit an annual written report to the division indicating that the physician has reviewed at least annually the dispensing practices of those authorized by the physician to dispense an opiate antagonist, pursuant to Utah Admin Code R156-67-604.

**R156-68-604 - Required Reporting of Annual Review by Osteopathic Physicians of Dispensing Practices of those Authorized to Dispense an Opiate Antagonist.**

(1) In accordance with Utah Code Ann. § 26-55-105(2)(c), an osteopathic physician who issues a standing prescription drug order authorizing the dispensing of an opiate antagonist shall annually submit a written report to the division indicating that he or she has reviewed at least annually the dispensing practices of those authorized by the osteopathic physician to dispense the opiate antagonist.

(2) The report described above shall be submitted no later than 10 days following the yearly anniversary of the date the standing order was issued, and shall continue as long as the standing order remains in effect.

(3) An osteopathic physician shall be considered to have satisfactorily reviewed the dispensing practices of those authorized by the osteopathic physician to dispense the opiate antagonist by reviewing the report of the person dispensing the opiate antagonist specified in Utah Admin. Code R156-17b-625(1).

**R156-68-502. Unprofessional Conduct.**

"Unprofessional conduct" includes:

(15) failing to timely submit an annual written report to the division indicating that the osteopathic physician has reviewed at least annually the dispensing practices of those authorized by the osteopathic physician to dispense an opiate antagonist, pursuant to Utah Admin Code R156-67-604.

**R156-17b-102. Definitions.**

In addition to the definitions in Title 58, Chapters 1 and 17b, as used in Title 58, Chapters 1 and 17b or this rule:

- (1) "Accredited by ASHP" means a program that:
  - (a) was accredited by the ASHP on the day the applicant for licensure completed the program; or
  - (b) was in ASHP candidate status on the day the applicant for licensure completed the program.
- (2) "ACPE" means the American Council on Pharmaceutical Education or Accreditation Council for Pharmacy Education.
- (3) "Analytical laboratory":
  - (a) means a facility in possession of prescription drugs for the purpose of analysis; and
  - (b) does not include a laboratory possessing prescription drugs used as standards and controls in performing drug monitoring or drug screening analysis if the prescription drugs are pre-diluted in a human or animal body fluid, human or animal body fluid components, organic solvents, or inorganic buffers at a concentration not exceeding one milligram per milliliter when labeled or otherwise designated as being for in-vitro diagnostic use.
- (4) "ASHP" means the American Society of Health System Pharmacists.
- (5) "Authorized distributor of record" means a pharmaceutical wholesaler with whom a manufacturer has established an ongoing relationship to distribute the manufacturer's prescription drugs. An ongoing relationship is deemed to exist between such pharmaceutical wholesaler and a manufacturer, as defined in Section 1504 of the Internal Revenue Code, when the pharmaceutical wholesaler has a written agreement currently in effect with the manufacturer evidencing such ongoing relationship, and the pharmaceutical wholesaler is listed on the manufacturer's current list of authorized distributors of record.
- (6) "Authorized personnel" means any person who is a part of the pharmacy staff who participates in the operational processes of the pharmacy and contributes to the natural flow of pharmaceutical care.
- ~~(7) "Centralized Prescription Filling" means the filling by a pharmacy of a request from another pharmacy to fill or refill a prescription drug order.~~
- ~~(8) "Centralized Prescription Processing" means the processing by a pharmacy of a request from another pharmacy to fill or refill a prescription drug order or to perform processing functions such as dispensing, drug utilization review (DUR), claims adjudication, refill authorizations, and therapeutic interventions.]~~
- ~~(9) "Chain pharmacy warehouse" means a physical location for prescription drugs that acts as a central warehouse and performs intracompany sales or transfers of the prescription drugs to a group of chain pharmacies that have the same common ownership and control.~~
- ~~(10) "Co-licensed partner" means a person that has the right to engage in the manufacturing or marketing of a co-licensed product.~~
- ~~(11) "Co-licensed product" means a device or prescription drug for which two or more persons have the right to engage in the manufacturing, marketing, or both consistent with FDA's implementation of the Prescription Drug Marketing Act as applicable.~~
- ~~(12) "Cooperative pharmacy warehouse" means a physical location for drugs that acts as a central warehouse and is owned, operated or affiliated with a group purchasing organization (GPO) or pharmacy buying cooperative and distributes those drugs exclusively to its members.~~
- ~~(13) "Counterfeit prescription drug" has the meaning given that term in 21 USC 321(g)(2), including any amendments thereto.~~
- ~~(14) "Counterfeiting" means engaging in activities that create a counterfeit prescription drug.~~
- ~~(15) "Dispense", as defined in Subsection 58-17b-102(22), does not include transferring medications for a patient from a legally dispensed prescription for that particular patient into a daily or weekly drug container to facilitate the patient taking the correct medication.~~
- ~~(16) "Device" means an instrument, apparatus, implement, machine, contrivance, implant, or other similar or related article, including any component part or accessory, which is required under Federal law to bear the label, "Caution: Federal or State law requires dispensing by or on the order of a physician."~~
- ~~(17) "DMP" means a dispensing medical practitioner licensed under Section 58-17b, Part 8.~~
- ~~(18) "DMP designee" means an individual, acting under the direction of a DMP, who:
  - (a) (i) holds an active health care professional license under one of the following chapters:
    - (A) Chapter 67, Utah Medical Practice Act;
    - (B) Chapter 68, Utah Osteopathic Medical Practice Act;
    - (C) Chapter 70a, Physician Assistant Act;
    - (D) Chapter 31b, Nurse Practice Act;
    - (E) Chapter 16a, Utah Optometry Practice Act;~~

(F) Chapter 44a, Nurse Midwife Practice Act; or  
(G) Chapter 17b, Pharmacy Practice Act; or  
(ii) is a medical assistant as defined in Subsection 58-67-102 (9);  
(b) meets requirements established in Subsection 58-17b-803 (4)(c); and  
(c) can document successful completion of a formal or on-the-job dispensing training program that meets standards established in Section R156-17b-622.

(~~19~~17) "DMPIC" means a dispensing medical practitioner licensed under Section 58-17b, Part 8 who is designated by a dispensing medical practitioner clinic pharmacy to be responsible for activities of the pharmacy.

(~~20~~18) "Drop shipment" means the sale of a prescription drug to a pharmaceutical wholesaler by the manufacturer of the drug; by the manufacturer's co-licensed product partner, third party logistics provider, or exclusive distributor; or by an authorized distributor of record that purchased the product directly from the manufacturer or from one of these entities; whereby:

(a) the pharmaceutical wholesale distributor takes title to but not physical possession of such prescription drug;

(b) the pharmaceutical wholesale distributor invoices the pharmacy, pharmacy warehouse, or other person authorized by law to dispense to administer such drug; and

(c) the pharmacy, pharmacy warehouse, or other person authorized by law to dispense or administer such drug receives delivery of the prescription drug directly from the manufacturer; from the co-licensed product partner, third party logistics provider, or exclusive distributor; or from an authorized distributor of record that purchases the product directly from the manufacturer or from one of these entities.

(~~21~~19) "Drug therapy management" means the review of a drug therapy regimen of a patient by one or more pharmacists for the purpose of evaluating and rendering advice to one or more practitioners regarding adjustment of the regimen.

(~~22~~20) "Drugs", as used in this rule, means drugs or devices.

(~~23~~21) "Durable medical equipment" or "DME" means equipment that:

(a) can withstand repeated use;

(b) is primarily and customarily used to serve a medical purpose;

(c) generally is not useful to a person in the absence of an illness or injury;

(d) is suitable for use in a health care facility or in the home; and

(e) may include devices and medical supplies.

(~~24~~22) "Entities under common administrative control" means an entity holds the power, actual as well as legal to influence the management, direction, or functioning of a business or organization.

(~~25~~23) "Entities under common ownership" means entity assets are held indivisibly rather than in the names of individual members.

(~~26~~24) "ExCPT", as used in this rule, means the Exam for the Certification of Pharmacy Technicians.

(~~27~~25) "FDA" means the United States Food and Drug Administration and any successor agency.

(~~28~~26) "FDA-approved" means the federal Food, Drug, and Cosmetic Act, 21 U.S.C.A. Section 301 et seq. and regulations promulgated thereunder permit the subject drug or device to be lawfully manufactured, marketed, distributed, and sold.

(~~29~~27) "High-risk, medium-risk, and low-risk drugs" refers to the risk to a patient's health from compounding sterile preparations, as referred to in USP-NF Chapter 797, for details of determining risk level.

(~~30~~28) "Hospice facility pharmacy" means a pharmacy that supplies drugs to patients in a licensed healthcare facility for terminal patients.

(~~31~~29) "Hospital clinic pharmacy" means a pharmacy that is located in an outpatient treatment area where a pharmacist or pharmacy intern is compounding, admixing, or dispensing prescription drugs, and where:

(a) prescription drugs or devices are under the control of the pharmacist, or the facility for administration to patients of that facility;

(b) prescription drugs or devices are dispensed by the pharmacist or pharmacy intern; or

(c) prescription drugs are administered in accordance with the order of a practitioner by an employee or agent of the facility.

(~~32~~30) "Legend drug" or "prescription drug" means any drug or device that has been determined to be unsafe for self-medication or any drug or device that bears or is required to bear the legend:

(a) "Caution: federal law prohibits dispensing without prescription";

(b) "Caution: federal law restricts this drug to use by or on the order of a licensed veterinarian"; or

(c) "Rx only".

(~~33~~31) "Maintenance medications" means medications the patient takes on an ongoing basis.

([34]32) "Manufacturer's exclusive distributor" means an entity that contracts with a manufacturer to provide or coordinate warehousing, distribution, or other services on behalf of a manufacturer and who takes title to that manufacturer's prescription drug, but who does not have general responsibility to direct the drug's sale or disposition. Such manufacturer's exclusive distributor shall be licensed as a pharmaceutical wholesaler under this chapter and be an "authorized distributor of record" to be considered part of the "normal distribution channel".

([35]33) "Medical supplies" means items for medical use that are suitable for use in a health care facility or in the home and that are disposable or semi-disposable and are non-reusable.

([36]34) "MPJE" means the Multistate Jurisprudence Examination.

([37]35) "NABP" means the National Association of Boards of Pharmacy.

([38]36) "NAPLEX" means North American Pharmacy Licensing Examination.

(37) "Non-drug or device handling central prescription processing pharmacy" means a central prescription processing pharmacy that does not engage in compounding, packaging, labeling, dispensing, or administering of drugs or devices.

([39]38) "Normal distribution channel" means a chain of custody for a prescription drug that goes directly, by drop shipment as defined in Subsection (19), or via intracompany transfer from a manufacturer; or from the manufacturer's co-licensed partner, third-party logistics provider, or the exclusive distributor to:

(a) a pharmacy or other designated persons authorized under this chapter to dispense or administer prescription drugs to a patient;

(b) a chain pharmacy warehouse that performs intracompany sales or transfers of such drugs to a group of pharmacies under common ownership and control;

(c) a cooperative pharmacy warehouse to a pharmacy that is a member of the pharmacy buying cooperative or GPO to a patient;

(d) an authorized distributor of record, and then to either a pharmacy or other designated persons authorized under this chapter to dispense or administer such drug for use by a patient;

(e) an authorized distributor of record, and then to a chain pharmacy warehouse that performs intracompany sales or transfers of such drugs to a group of pharmacies under common ownership and control; or

(f) an authorized distributor of record to another authorized distributor of record to a licensed pharmaceutical facility or a licensed healthcare practitioner authorized under this chapter to dispense or administer such drug for use by a patient.

([40]39) "Other health care facilities" means any entity as defined in Utah Code Subsection 26-21-2(13)(a) or Utah Administrative Code R432-1-3(55).

([41]40) "Parenteral" means a method of drug delivery injected into body tissues but not via the gastrointestinal tract.

([42]41) "Patient's agent" means a:

(a) relative, friend or other authorized designee of the patient involved in the patient's care; or

(b) if requested by the patient or the individual under Subsection (40)(a), one of the following facilities:

(i) an office of a licensed prescribing practitioner in Utah;

(ii) a long-term care facility where the patient resides; or

(iii) a hospital, office, clinic or other medical facility that provides health care services.

([43]42) "Pedigree" means a document or electronic file containing information that records each distribution of any given prescription drug.

([44]43) "PIC", as used in this rule, means the pharmacist-in-charge.

([45]44) "Prepackaged" or "Prepackaging" means the act of transferring a drug, manually or by use of an automated pharmacy system, from a manufacturer's or distributor's original container to another container in advance of receiving a prescription drug order or for a patient's immediate need for dispensing by a pharmacy or practitioner authorized to dispense in the establishment where the prepackaging occurred.

([46]45) "Prescription files" means all hard-copy and electronic prescriptions that includes pharmacist notes or technician notes, clarifications or information written or attached that is pertinent to the prescription.

([47]46) "PTCB" means the Pharmacy Technician Certification Board.

([48]47) "Qualified continuing education", as used in this rule, means continuing education that meets the standards set forth in Section R156-17b-309.

([49]48) "Refill" means to fill again.

([50]49) "Repackage" means repackaging or otherwise changing the container, wrapper, or labeling to further the distribution of a prescription drug, excluding that completed by the pharmacist or DMP responsible for dispensing the product to a patient.

([51]50) "Research facility" means a facility where research takes place that has policies and procedures

describing such research.

([52]51) "Reverse distributor" means a person or company that retrieves unusable or outdated drugs from a pharmacy for the purpose of removing those drugs from stock and destroying them.

([53]52) "Sterile products preparation facility" means any facility, or portion of the facility, that compounds sterile products using aseptic technique.

([54]53) "Supervisor" means a licensed pharmacist or DMP in good standing with the Division.

([55]54) "Third party logistics provider" means anyone who contracts with a prescription drug manufacturer to provide or coordinate warehousing, distribution, or other similar services on behalf of a manufacturer, but does not take title to the prescription drug or have any authoritative control over the prescription drug's sale. Such third party logistics provider shall be licensed as a class E pharmacy [~~pharmaceutical wholesaler~~] under this chapter and be an "authorized distributor of record" to be considered part of the "normal distribution channel".

([56]55) "Unauthorized personnel" means any person who is not participating in the operational processes of the pharmacy who in some way would interrupt the natural flow of pharmaceutical care.

([57]56) "Unit dose" means the ordered amount of a drug in a dosage form prepared for a one-time administration to an individual and indicates the name, strength, lot number and beyond use date for the drug.

([58]57) "Unprofessional conduct", as defined in Title 58, Chapters 1 and 17b, is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-17b-502.

([59]58) "USP-NF" means the United States Pharmacopeia-National Formulary (USP 39-NF 34), 2016 edition, which is official from May 1, 2016 through Supplement 2, dated December 1, 2015, which is hereby adopted and incorporated by reference.

([60]59) "Wholesaler" means a wholesale distributor who supplies or distributes drugs or medical devices that are restricted by federal law to sales based on the order of a physician to a person other than the consumer or patient.

([61]60) "Wholesale distribution" means the distribution of drugs to persons other than consumers or patients, but does not include:

- (a) intracompany sales or transfers;
- (b) the sale, purchase, distribution, trade, or other transfer of a prescription drug for emergency medical reasons, as defined under 21 CFR 203.3(m), including any amendments thereto;
- (c) the sale, purchase, or trade of a drug pursuant to a prescription;
- (d) the distribution of drug samples;
- (e) the return or transfer of prescription drugs to the original manufacturer, original wholesale distributor, reverse distributor, or a third party returns processor;
- (f) the sale, purchase, distribution, trade, or transfer of a prescription drug from one authorized distributor of record to one additional authorized distributor of record during a time period for which there is documentation from the manufacturer that the manufacturer is able to supply a prescription drug and the supplying authorized distributor of record states in writing that the prescription drug being supplied had until that time been exclusively in the normal distribution channel;
- (g) the sale, purchase or exchange of blood or blood components for transfusions;
- (h) the sale, transfer, merger or consolidation of all or part of the business of a pharmacy;
- (i) delivery of a prescription drug by a common carrier; or
- (j) other transactions excluded from the definition of "wholesale distribution" under 21 CFR 203.3 (cc), including any amendments thereto.

### **R156-17b-302. Pharmacy Licensure Classifications - Pharmacist-in-Charge or Dispensing Medical Practitioner-In-Charge Requirements.**

In accordance with Subsection 58-17b-302(4), the classification of pharmacies holding licenses are clarified as:

- (1) A Class A pharmacy includes all retail operations located in Utah and requires a PIC.
- (2) A Class B pharmacy includes an institutional pharmacy that provides services to a target population unique to the needs of the healthcare services required by the patient. All Class B pharmacies require a PIC or DMPIC except for pharmaceutical administration facilities and [~~methadone clinics~~] narcotic treatment programs.

Examples of Class B pharmacies include:

- (a) closed door pharmacies;
- (b) hospital clinic pharmacies;
- (c) [~~methadone clinic pharmacies~~] narcotic treatment program;

- (d) nuclear pharmacies;
- (e) branch pharmacies;
- (f) hospice facility pharmacies;
- ~~[(g) veterinarian pharmaceutical facility pharmacies;]~~
- ~~[(h)g] pharmaceutical administration facility pharmacies;~~
- ~~[(i)h] sterile product preparation facility pharmacies; and~~
- ~~[(j)i] dispensing medical practitioner clinic pharmacies.~~
- (3) A Class C pharmacy includes a pharmacy that is involved in:
  - (a) manufacturing;
  - (b) producing;
  - (c) wholesaling;
  - (d) distributing; or
  - (e) reverse distributing.
- (4) A Class D pharmacy requires a PIC licensed in the state where the pharmacy is located and includes an out-of-state mail order pharmacy. Facilities with multiple locations shall have licenses for each facility and each component part of a facility.
- (5) A Class E pharmacy does not require a PIC and includes:
  - (a) analytical laboratory pharmacies;
  - (b) animal control pharmacies;
  - (c) durable medical equipment provider pharmacies;
  - (d) human clinical investigational drug research facility pharmacies;
  - (e) medical gas provider pharmacies; ~~and~~
  - (f) animal narcotic detection training facility pharmacies[-];
  - (g) third party logistics providers;
  - (h) non-drug or device handling central prescription processing pharmacies; and
  - (i) veterinarian pharmaceutical facility pharmacies.
- (6) All pharmacy licenses shall be converted to the appropriate classification by the Division as identified in Section 58-17b-302.
- (7) Each Class A and each Class B pharmacy required to have a PIC or DMPIC shall have one PIC or DMPIC who is employed on a full-time basis as defined by the employer, who acts as a PIC or DMPIC for one pharmacy. However, the PIC or DMPIC may be the PIC or DMPIC of more than one Class A or Class B pharmacy, if the additional Class A or Class B pharmacies are not open to provide pharmacy services simultaneously.
- (8) A PIC or DMPIC shall comply with the provisions of Section R156-17b-603.

**R156-17b-304. Temporary Licensure.**

- (1) In accordance with Subsection 58-1-303(1), the Division may issue a temporary pharmacist license to a person who meets all qualifications for licensure as a pharmacist in Utah except for the passing of the required examination, if the applicant:
  - (a) is a graduate of an ACPE accredited pharmacy school within two months immediately preceding application for licensure, ~~or~~ enrolled in a pharmacy graduate residency or fellowship program, ~~;~~ or licensed, in good standing, to practice pharmacy in another state or territory of the United States.
  - (b) submit a complete application for licensure as a pharmacist except the passing of the NAPLEX and MJPE examinations;
  - (c) submits evidence of having secured employment conditioned upon issuance of the temporary license, and the employment is under the direct, on-site supervision of a pharmacist with an active, non-temporary license that may or may not include a controlled substance license; and
  - (d) has registered to take the required licensure examinations.
- (2) A temporary pharmacist license issued under Subsection (1) expires the earlier of:
  - (a) six months from the date of issuance;
  - (b) the date upon which the Division receives notice from the examination agency that the individual has failed either examination twice; or
  - (c) the date upon which the Division issues the individual full licensure.
- (3) An individual who has failed either examination twice shall meet with the Board to request an additional authorization to test. The Division, in collaboration with the Board, may require additional training as a condition for approval of an authorization to retest.
- (4) A pharmacist temporary license issued in accordance with this section cannot be renewed or extended.

**R156-17b-604. Operating Standards - Closing a Pharmacy.**

At least 14 days prior to the closing of a pharmacy, the PIC or DMPIC shall comply with the following:

(1) If the pharmacy is registered to possess controlled substances, send a written notification to the appropriate regional office of the Drug Enforcement Administration (DEA) containing the following information:

- (a) the name, address and DEA registration number of the pharmacy;
- (b) the anticipated date of closing;
- (c) the name, address and DEA registration number of the pharmacy acquiring the controlled substances;

and

(d) the date the transfer of controlled substances will occur.

(2) If the pharmacy dispenses prescription drug orders, post a closing notice sign in a conspicuous place in the front of the prescription department and at all public entrance doors to the pharmacy. Such closing notice shall contain the following information:

- (a) the date of closing; and
- (b) the name, address and telephone number of the pharmacy acquiring the prescription drug orders, including refill information and patient medication records of the pharmacy.

(3) On the date of closing, the PIC or DMPIC shall remove all prescription drugs from the pharmacy by one or a combination of the following methods:

- (a) return prescription drugs to manufacturer or supplier for credit or disposal; or
- (b) transfer, sell or give away prescription drugs to a person who is legally entitled to possess drugs, such as a hospital or another pharmacy.

(4) If the pharmacy dispenses prescription drug orders:

(a) transfer the prescription drug order files, including refill information and patient medication records, to a licensed pharmacy within a reasonable distance of the closing pharmacy; and

(b) move all signs or notify the landlord or owner of the property that it is unlawful to use the word "pharmacy", or any other word or combination of words of the same or similar meaning, or any graphic representation that would mislead or tend to mislead the public that a pharmacy is located at this address.

(5) Within 10 days of the closing of the pharmacy, the PIC or DMPIC shall forward to the Division a written notice of the closing that includes the following information:

- (a) the actual date of closing;
- (b) a surrender of the license issued to the pharmacy;
- (c) a statement attesting:
  - (i) that an inventory as specified in Subsection R156-17b-605(4) has been conducted; and
  - (ii) the manner in which the legend drugs and controlled substances possessed by the pharmacy were transferred or disposed;

(d) if the pharmacy dispenses prescription drug orders, the name and address of the pharmacy to which the prescription drug orders, including refill information and patient medication records, were transferred.

(6) If the pharmacy is registered to possess controlled substances, a letter shall be sent to the appropriate DEA regional office explaining that the pharmacy has closed. The letter shall include the following items:

- (a) DEA registration certificate;
- (b) all unused DEA order forms (Form 222) with the word "VOID" written on the face of each order form;

and

(c) copy #2 of any DEA order forms (Form 222) used to transfer Schedule II controlled substances from the closed pharmacy.

(7) If the pharmacy is closed suddenly due to fire, destruction, natural disaster, death, property seizure, eviction, bankruptcy or other emergency circumstances and the PIC or DMPIC cannot provide notification 14 days prior to the closing, the PIC or DMPIC shall comply with the provisions of Subsection (1) as far in advance of the closing as allowed by the circumstances.

(8) If the PIC or DMPIC is not available to comply with the requirements of this section, the owner or legal representative shall be responsible for compliance with the provisions of this section.

(9) Notwithstanding the requirements of this section, a DMP clinic pharmacy that closes but employs licensed practitioners who desire to continue providing services other than dispensing may continue to use prescription drugs in their practice as authorized under their respective licensing act.

**R156-17b-614f. Operating Standards – [Class A, B, D, and E] Central Prescription Processing and Filling.**

In accordance with Subsection 58-17b-601(1), the following operating standards apply to [~~Class A, Class B, Class D and Class E~~]pharmacies that engage in central prescription processing as defined in Subsection 58-17b-

102 (9) ~~or central prescription filling. The operating standards include:~~

(1) ~~[A pharmacy may perform] [c]~~Centralized prescription processing ~~or centralized prescription filling services may be performed [for a dispensing pharmacy]~~ if the parties:

- (a) have common ownership or common administrative control; or
- (b) have a written contract outlining the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of said contract ~~[in compliance with federal and state laws and regulations]~~; and
- (c) share a common electronic file or have appropriate technology to allow access to sufficient information necessary or required to fill or refill a prescription drug order.

(2) The parties performing or contracting for centralized prescription processing ~~[or filling]~~ services shall maintain a policy and procedures manual, and documentation of implementation, which shall be made available to the Division upon inspection and which includes the following:

- (a) a description of how the parties will comply with federal and state laws and regulations;
- (b) appropriate records to identify the responsible pharmacists and the dispensing and counseling process;
- (c) a mechanism for tracking the prescription drug order during each step in the dispensing process;
- (d) a description of adequate security to protect the integrity and prevent the illegal use or disclosure of protected health information; and
- (e) a continuous quality improvement program for pharmacy services designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.

(3) “Non-drug or device handling central prescription processing pharmacies”, as defined in Subsection R156-17b-102 (37) shall be licensed as a Class E pharmacy. All other central prescription processing pharmacies shall be licensed in the appropriate pharmacy license classification.

**R156-17b-617a. Class E Pharmacy Operating Standards - General Provisions.**

(1) In accordance with Section 58-17b-302 and Subsection 58-17b-601(1), Class E pharmacies shall have a written pharmacy care protocol that includes:

- (a) the identity of the supervisor or director;
- (b) a detailed plan of care;
- (c) the identity of the drugs to be purchased, stored, used and accounted for; and
- (d) the identity of any licensed healthcare provider associated with the operation.

~~[(2) A Class E pharmacy preparing sterile compounds shall follow the USP-NF Chapter 797 Compounding for sterile preparations]~~

(2) Class E pharmacies shall comply with all applicable federal and state laws.



nabp

## National Association of Boards of Pharmacy

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TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Carmen A. Catizone, Executive Director/Secretary  
DATE: July 26, 2016  
RE: NAPLEX Waiting Period Policy

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You may receive or have already received requests from students who failed the NAPLEX and are appealing to the board of pharmacy for waivers from the current 91-day waiting period.

In response to an inquiry from one of the national pharmacy associations concerning options available to a student who failed the NAPLEX who would lose their residency if unable to retest before 91 days, NABP responded with customary information regarding the waiting period. The information shared recognized the ultimate authority of the boards of pharmacy in all decisions regarding eligibility to test and indicated that candidates have the ability to request reconsideration of the waiting period policy provided that the security and integrity of the NAPLEX was not in question and there was such a consideration in place in the individual state. Should the board determine that the 91-day waiting period be waived, NABP will comply with the board's request. Under no circumstances will a candidate test before 45-days.

We appreciate your support of the waiting period which is in place to allow NABP the time needed to analyze results and detect if anyone is trying to compromise the NAPLEX by harvesting or remembering items. It is also one of the tools used by NABP to ensure that the items in the pool are not overexposed by repeated retakes. For candidates who failed the NAPLEX, it also provides adequate time to prepare for a subsequent attempt.

A new platform for assembling the NAPLEX is affording us the ability to manage retakes and reduce the waiting period so the candidates can re-take the NAPLEX and secure licensure in a timely manner. Effective November 1, 2016, NABP will be able to decrease the waiting period for the NAPLEX to 45-days with a limit of three attempts in a 12 month period. NABP will have more information on this change to the waiting period policy and will work with you to implement, as appropriate in the individual jurisdictions, the change in waiting period. Once states have implemented the new waiting period, any waivers or exemptions to the reduced time would pose a threat to the integrity of the NAPLEX. In this regard, we will be asking that no waivers or exceptions to the waiting period occur once the change is in place.

At this time, there is no change in the 91-day waiting period. If you have any questions, please feel free to contact me. NABP apologizes for any inconvenience this situation may have caused you or your staff.

cc: NABP Executive Committee