

Chapter Phar 7

PHARMACY PRACTICE

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Note: Chapter Phar 7 as it existed on December 31, 2020, was repealed and a new chapter Phar 7 was created, effective January 1, 2021.

Subchapter I — General

Phar 7.01 Definitions. In this chapter:

(1) “Control number” means a unique number used to identify a repackaged drug or drug product in reference to a record that contains NDC, expiration date, and lot number.

(2) “Managing pharmacist” means a pharmacist who accepts responsibility for the operation of a pharmacy in conformance with all laws and rules pertinent to the practice of pharmacy, and who is personally in full and actual charge of the pharmacy and personnel.

(3) “NDC” means national drug code.

(4) “Repackaging for stock” means transferring a non-sterile drug product from the stock container in which it was distributed by the original manufacturer and placing it into a different stock container as a source for subsequent prescription dispensing without further manipulation of the drug.

(5) “Standing order” means an order transmitted electronically or in writing by a practitioner for a drug or device that does not identify a particular patient at the time it is issued for the purpose of drug or device dispensing or administration to individuals that meet criteria of the order.

History: CR 19–145; cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.02 Prescription. (1) REQUIREMENTS. A prescription drug order shall include all of the following:

- Date of issue.
- First and last name and address of the practitioner.
- Prescriptions ordered by a delegate of the practitioner shall include the first and last name of the delegate and the first and last name and address of the practitioner.
- Name, strength, and quantity of the drug product or device.
- Directions for use of the drug product or device.
- Refills, if any.
- Symptom or purpose for which the drug is being prescribed if the patient indicates in writing to the practitioner that the patient wants the symptom or purpose for the prescription to be disclosed on the label.

(h) Name and address of the patient except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1., 448.035 (2) and 448.037 (2) (a) 1., Stats.

(i) If prescription is issued under s. 118.2925 (3), Stats., the name and address of the school.

(j) If prescription is issued under s. 255.07 (2), Stats., the name and address of the authorized entity or individual.

(k) Practitioner’s written signature, or electronic or digital signature.

(2) STANDING ORDER. (a) A prescription pursuant to a standing order shall include all of the following:

- Date of issue.
- First and last name and address of the practitioner.
- Prescriptions ordered by a delegate of the practitioner shall include the first and last name of the delegate and the first and last name and address of the practitioner.
- Name, strength, and quantity of the drug product or device.
- Directions for use of the drug product or device.
- Refills, if any.
- Name and address of the patient except as provided in ss. 118.2925 (3), 255.07 (2), 441.18 (2) (a) 1., 448.035 (2) and 448.037 (2) (a) 1., Stats.
- If prescription is issued under s. 118.2925 (3), Stats., the name and address of the school.
- If prescription is issued under s. 255.07 (2), Stats., the name and address of the authorized entity or individual.
- An indication that the prescription is pursuant to a standing order.

(b) A copy of the standing order shall be retained under s. Phar 7.11 (1).

(3) ELECTRONIC PRESCRIPTION. (a) Except as provided in s. 89.068 (1) (c) 4., Stats., and as otherwise prohibited by law, a practitioner may transmit a prescription order electronically only if the patient approves the transmission and the prescription order is transmitted to a pharmacy designated by the patient. Prescription orders transmitted by facsimile machine are not considered electronic prescription orders; but rather, written prescription orders.

(b) The prescribing practitioner’s electronic signature, or other secure method of validation shall be provided electronically with a prescription order.

(4) **VERBAL PRESCRIPTION.** Verbal prescription orders may be received at a pharmacy via a direct conversation, telephone answering device or voice mail. The verbal prescription shall be reduced to writing or entered into a computer system under s. Phar 7.11 (2) and the prescription record shall indicate the pharmacist responsible for the accuracy of the prescription information.

(5) **ALTERATIONS.** Any alterations that modify the original intent of a prescription shall be documented including the identification of the pharmacist responsible for the alteration and the practitioner or practitioner's delegate who authorized the alteration.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (1) (j), (2) (a) 9., 10. made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.03 Drug utilization review. (1) A pharmacist shall complete a drug utilization review by reviewing the patient record prior to dispensing each prescription drug order for all of the following:

- (a) Known allergies.
- (b) Rational therapy.
- (c) Contraindications.
- (d) Reasonable dose, duration of use, and route of administration, considering the age and other patient factors.
- (e) Reasonable directions for use.
- (f) Potential or actual adverse drug reactions.
- (g) Drug interactions with food, beverages, other drugs or medical conditions.
- (h) Therapeutic duplication.
- (i) Reasonable utilization and optimum therapeutic outcomes.
- (j) Potential abuse or misuse.

(2) Upon recognizing a concern with any of the items in sub. (1) (a) to (j), the pharmacist shall take steps to mitigate or resolve the problem.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (1) (d) made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.04 Transferring prescription order information. (1) **GENERAL REQUIREMENTS.** (a) A transfer of prescription order information between pharmacies licensed in this state or another state, for the purpose of original or refill dispensing of non–controlled substances and refills of controlled substances, may occur if all of the following conditions are satisfied:

1. The transfer of prescription order information is communicated in one of the following ways:
 - a. Verbal communication between two pharmacists.
 - b. Electronically or by facsimile machine between the two pharmacies.

2. A transfer of prescription information verbally shall be reduced to writing or entered into a computer system under s. Phar 7.11 (2) and the prescription record shall indicate the pharmacist responsible for the accuracy of the prescription information.

(b) A pharmacist shall transfer a prescription upon patient request pursuant to this section.

(2) **NON–CONTROLLED SUBSTANCES.** The transfer of prescription order information for non–controlled substances for the purposes of original or refill dispensing is permissible pursuant to the following requirements:

(a) The prescription record of the transferred prescription shall include the following information:

1. The word “VOID” is written on the face of the invalidated prescription order or recorded in a similar manner to “VOID” on a prescription order in a computer system meeting the requirements of s. Phar 7.11 (2) (a).

2. The name and address of the pharmacy to which it was transferred, the date and the first and last name of the pharmacist transferring the information are recorded on the invalidated pre-

scription order or in a computer system meeting the requirements s. Phar 7.11 (2) (a).

(b) Unless a computer system meeting the requirements in sub. (4) is used, the transferred prescription order information shall include the following:

1. The word “TRANSFER” on the face of the transferred prescription order or recorded in a similar manner in a computer system.
2. The first and last name and address of the patient, the first and last name and address of the prescribing practitioner.
3. Name, strength, form and quantity of the drug product or device prescribed and the directions for use.
4. The date of issuance of the original prescription order, the original prescription order number, the original number of refills authorized on the original prescription order and the date of original dispensing if the prescription order has previously been dispensed.
5. The number of valid refills or total quantity remaining and the date of the last refill.
6. The pharmacy's name and address from which the prescription order information was transferred.
7. The first and last name of the pharmacist transferring and receiving the prescription order information.

(3) **CONTROLLED SUBSTANCES.** The transfer of original prescription information for a controlled substance listed in Schedule III – V shall meet the following requirements:

(a) The transfer of prescription order information is permissible only on a one–time basis. Pharmacies electronically sharing a computer system meeting the requirements of sub. (4) may transfer up to the maximum refills permitted by law and the prescriber's authorization.

(b) Notwithstanding sub. (1) (a), the transfer shall be communicated directly between 2 licensed pharmacists.

(c) The transferring pharmacist shall do all of the following:

1. Write the word “VOID” on the face of the invalidated prescription. For electronic prescriptions, information that the prescription has been transferred shall be added to the prescription record.
2. Record on the reverse of the invalidated prescription or in the electronic prescription record all of the following:
 - a. Name, address and DEA registration number of the pharmacy to which it was transferred.
 - b. The first and last name of the pharmacist receiving the prescription order.
 3. Record the date of the transfer.
 4. Record the first and last name of the pharmacist transferring the information.

(d) For paper prescriptions and prescriptions received verbally and reduced to writing by the pharmacist, the pharmacist receiving the transferred prescription information shall write the word “TRANSFER” on the face of the transferred prescription and reduce to writing all information required to be on the prescription, including all of the following:

1. Date of issuance of the original prescription order.
2. Original number of refills authorized on the original prescription order.
3. Date of original dispensing.
4. Number of valid refills remaining and the dates and locations of previous refills.
5. Pharmacy's name, address, DEA registration number, and prescription number from which the prescription information was transferred.
6. First and last name of the pharmacist making the transfer.

7. Pharmacy's name, address, DEA registration number, and prescription number from which the prescription was originally filled.

(e) For electronic prescriptions being transferred electronically, the transferring pharmacist shall provide the receiving pharmacist with the original electronic prescription data and all of the following:

1. The date of the original dispensing.
2. The number of refills remaining and the dates and locations of previous refills.
3. The transferring pharmacy's name, address, DEA registration number, and prescription number for each dispensing.
4. The first and last name of the pharmacist transferring the prescription.
5. The name, address, DEA registration number, and prescription number from the pharmacy that originally filled the prescription, if different.

(4) USE OF SHARED COMPUTER SYSTEM. A shared computer system used for transferring prescription order information shall, in addition to meeting the requirements of s. Phar 7.11 (2) (a), contain a shared real time electronic file database with a complete record of all prescriptions filled and dispensed.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (3) (d) (intro.) made under s. 35.17, Stats., Register December 2020 No. 780; CR 21–074: am. (3) (intro.) Register June 2023 No. 810, eff. 7–1–23.

Phar 7.05 Label requirements. (1) This section does not apply to institutional pharmacies as defined in s. Phar 7.50 (3).

(2) All prescribed drugs or devices shall have a label attached to the container disclosing all of the following:

- (a) Identification of the patient by one of the following:
 1. Except as provided in subsds. 2. to 5., the first and last name of the patient.
 2. For an antimicrobial drug dispensed under s. 450.11 (1g), Stats., the first and last name of the patient, if known, or the words, "expedited partner therapy" or the letters "EPT".
 3. For an opioid antagonist when delivered under s. 450.11 (1i), Stats., the first and last name of the person to whom the opioid antagonist is delivered.
 4. For an epinephrine auto-injector prescribed under s. 118.2925 (3) or 255.07 (2), Stats., the name of the school, authorized entity, or other person specified under s. 255.07 (3), Stats.
 5. If the patient is an animal, the last name of the owner, name of the animal and animal species.
- (b) Symptom or purpose for which the drug is being prescribed if the prescription order specifies the symptom or purpose.
- (c) Name and strength of the prescribed drug product or device dispensed, unless the prescribing practitioner requests omission of the name and strength of the drug product or device.
- (d) The date for which the medication shall not be used after.
- (e) Pharmacy name, address and telephone number.
- (f) Prescriber name.
- (g) Date the prescription was filled.
- (h) Prescription order number.
- (i) Quantity.
- (j) Number of refills or quantity remaining.
- (k) Directions for use of the prescribed drug or device as contained in the prescription order.

(3) A label for prescribed drugs or devices may include the following:

- (a) Symptom or purpose for which the drug is being prescribed if requested by the patient.
- (b) Both the generic name of the drug product equivalent and the brand name specified in the prescription order may be listed on the label if the brand name is listed on the prescription and the

drug product equivalent is dispensed, unless the prescribing practitioner requests that the brand name be omitted from the label.

(c) Written or graphic product descriptions.

(d) Any cautions or other provisions.

(4) Subsection (2) does not apply to complimentary samples of drug products or devices dispensed in original packaging by a practitioner to his or her patients.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.06 Repackaging for stock. A pharmacy repackaging for stock any non-sterile drugs shall do all of the following:

(1) The repackaging for stock process is conducted under conditions that ensure the integrity of the drug.

(2) Products repackaged for stock shall include a beyond use date that ensures the integrity of the drug.

(3) The repackaged container shall be selected to mitigate adulteration from light, temperature and humidity.

(4) The repackaged for stock drugs are labeled physically or electronically with all the following components:

- (a) Drug name, strength, form and beyond use date.
- (b) One of the following identifiers:
 1. Pharmacy control number.
 2. NDC number and manufacturer lot number.
 3. Name of manufacturer or distributor of the drug product, and the manufacturer lot number.

(5) Records of all repackaging for stock operations are maintained and include all the following:

- (a) Name, strength, form, quantity per container, and quantity of containers.
- (b) NDC number or the name of the manufacturer or distributor of the drug product.
- (c) Manufacturer lot number.
- (d) Original container's expiration date and the beyond-use date for the new containers.
- (e) First and last name of the pharmacist or delegate that repackaged the drug and the first and last name of the pharmacist that verified the accuracy of the repackaging.
- (f) Date of repackaging.
- (g) Any pharmacy control numbers.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.07 Final check. (1) A final check of accuracy and correctness is required for any prescription drug product or device dispensed and shall include all of the following:

- (a) Verifying label is correct and meets labeling requirements.
- (b) Verifying the drug product or device is correct.
- (c) Completion of the drug utilization review.

(2) For all prescription drug product or device dispensing, the prescription record shall identify the pharmacist responsible for each part of the final check. If sub. (1) (a) or (b) is completed by delegate check delegate under s. Phar 7.14 or automated technology under s. Phar 7.55, the prescription record shall identify the delegate performing the check.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.08 Patient consultation. (1) A pharmacist shall provide the patient or patient's agent consultation to optimize proper use of a prescription drug or device, that meets any of the following:

- (a) Has not been dispensed previously to the patient.
- (b) Is a change in therapy.
- (c) Upon request of a patient or patient's agent.
- (d) Whenever deemed necessary based upon the professional judgement of the dispensing pharmacist.

(2) Notwithstanding sub. (1), consultation is not required when one of the following occurs:

(a) A drug or device will be administered, by ingestion, inhalation, injection, or any other route, by or in the presence of one of the following:

1. An individual with a scope of practice that includes the administration of a drug or device.

2. A delegate of an individual with authority to delegate the administration of a drug or device.

(b) A patient or patient's agent refuses consultation.

(3) Consultation shall contain any of the following information that, in the pharmacist's professional judgment, serves the best interest of the patient:

(a) Name and description of the drug.

(b) Form, dose, route of administration and duration for drug therapy.

(c) Intended use of the drug and expected action.

(d) Directions and precautions for the preparation, administration, and use.

(e) Common severe side or adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance, and the action required if they occur.

(f) Techniques for self-monitoring drug therapy.

(g) Action to be taken in the event of a missed dose.

(h) Proper storage and appropriate disposal method of unwanted or unused medication.

(4) The consultation required in this section shall be communicated verbally when in the pharmacist's professional judgment it is in the best interest of the patient.

(5) A pharmacist shall provide the patient or patient's agent, for all consultations required under sub. (1), a written patient drug education monograph.

(6) The consultation required in this section may occur before or after delivery of the prescription to the patient or patient's agent.

(7) Every licensed pharmacy dispensing directly to a patient or patient's agent inside the pharmacy shall conspicuously post a board approved sign stating a patient's rights to pharmacist consultation and information on how to file a complaint to the board.

(8) A prescription drug or device delivered by common carrier, mail, or delivery service or picked up at a drive through window shall include a copy of information which is board-approved stating a patient's rights to pharmacist consultation and information on how to file a complaint to the board.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (3) (d) made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.085 Delivery by common carrier or delivery services. Utilization of common carrier or delivery services to deliver a prescription to a location of the patient's choice from the pharmacy which fills the prescription to the patient or patient's agent shall ensure all of the following:

(1) The delivery method is appropriate to prevent drug adulteration.

(2) The patient or patient's agent is provided a method by which the patient or patient's agent can notify the pharmacy as to any irregularity in the delivery of the prescription drug product or device, including all of the following:

(a) Timeliness of delivery.

(b) Condition of the prescription drug upon delivery.

(c) Failure to receive the proper prescription drug product or device.

(3) Any prescription drug product or device which is compromised or lost shall be replaced by the pharmacy at no additional cost to the patient. If the timeliness of the replacement will lead to an interruption in therapy, a pharmacist at the dispensing pharmacy shall take steps to mitigate patient harm.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.09 Procurement, recall and out-of-date drugs and devices. (1) A pharmacy shall have a system for identifying a drug or device subjected to a product recall and for taking appropriate actions as required by the recall notice.

(2) A drug or device may not be dispensed after the drug's or device's expiration date or beyond use date. Outdated drugs or devices shall be removed from dispensing stock and shall be quarantined until such drugs or devices are properly disposed.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.10 Return or exchange of health items. (1) In this section:

(a) "Health item" means drugs, devices, hypodermic syringes, needles or other objects for injecting a drug product, or items of personal hygiene.

(b) "Original container" means the container in which a health item was sold, distributed, or dispensed.

(c) "Tamper-evident package" means a package that has one or more indicators or barriers to entry which, if breached or missing, can reasonably be expected to provide visible evidence that tampering has occurred.

(2) No health item after taken from a pharmacy where sold, distributed or dispensed, may be returned to that pharmacy, except for any of the following:

(a) Where the health item was dispensed in error, was defective, adulterated, or misbranded.

(b) When in the professional judgment of the pharmacist substantial harm could result to the public or patient if it were to remain in the possession of the patient, patient's family or agent, or other person.

(c) A health item that is prepackaged for consumer use without a prescription when returned in compliance with all applicable state and federal laws.

Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.

(3) A health item returned to a pharmacy pursuant to sub. (2) (a) and (b), may not be sold, resold, or repackaged and sold or resold, given away, or otherwise distributed or dispensed. A returned health item shall either be destroyed at the pharmacy or delivered for destruction or other disposal by an authorized person or entity.

(4) It is not a return of a health care item if a patient or agent of a patient delivers a previously dispensed drug or device to a pharmacy for the purpose of repackaging and relabeling of that previously dispensed drug or device, and subsequent return of the drug or device is for the same patient's use.

Note: The DEA does not permit the return of controlled substances to a pharmacy from a non-DEA registrant under any circumstances.

(5) It is not a return of a health care item if a patient or agent of a patient delivers a previously dispensed drug or device to a pharmacy for the purpose of destruction at the pharmacy or other disposal by an authorized person or entity.

(6) This section does not prohibit participation in a drug repository program in accordance with ch. DHS 148.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.11 Pharmacy records. (1) GENERAL. Pharmacy records shall be maintained for a minimum period of 5 years unless otherwise specified in state or federal law.

(2) PRESCRIPTION RECORDS. (a) A computerized system may be used for maintaining a record, as required under this section, of prescription dispensing and transfers of prescription order information for the purposes of original or refill dispensing if the system is:

1. Capable of producing a printout of any prescription data which the user pharmacy is responsible for maintaining.

2. Equipped with an auxiliary procedure which, during periods of down-time, shall be used for documentation of prescription dispensing. The auxiliary procedure shall ensure that prescription

refills are authorized by the original prescription order, that the maximum number of prescription refills has not been exceeded and that all of the appropriate data are retained for on–line entry as soon as the computer system is again available for use.

(b) A record of all prescriptions dispensed shall be maintained for a minimum period of 5 years after the date of the last refill.

(c) All systems used for maintaining a record of any prescription dispensing shall contain all items required in the medical profile record system.

(d) A paper prescription for non–controlled substances may be scanned and stored electronically in the computer system under par. (a). For purposes of this chapter, the prescription becomes an electronic prescription.

(3) MEDICATION PROFILE RECORD SYSTEM. (a) An individual medication profile record system shall be maintained in all pharmacies for humans and non–humans for whom prescriptions, original or refill, are dispensed. The system shall be capable of permitting the retrieval of information.

(b) The following minimum information shall be retrievable:

1. Patient’s first and last name, or if not human, name of pet, species and last name of owner.
2. Address of the patient.
3. Birth date of the patient or, if not human, birth date of the owner.
4. Name of the drug product or device dispensed.
5. Strength of the drug product or device dispensed.
6. Form of the drug product or device dispensed.
7. Quantity of the drug product or device prescribed, dispensed and remaining.
8. Number of refills prescribed.
9. Directions for use.
10. Prescription order number.
11. Original date of issue.
12. Dates of dispensing.
13. Prescriber’s first and last name.

(c) The pharmacist shall be responsible for attempting to ascertain and record any patient allergies, adverse drug reactions, drug idiosyncrasies, and any chronic conditions which may affect drug therapy as communicated by the patient or agent of the patient. If none, this should be indicated.

(d) Medication profile records shall be maintained for a minimum period of 5 years following the date of the last dispensing.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (1), (3) (b) 3. made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.12 Delegation by a physician. The pharmacist shall document the delegation by a physician under s. 450.033, Stats. The delegated act may not be started prior to the documentation. The documentation shall be maintained for a minimum of 5 years after the last delegated act under that delegation.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.13 Administration of drug products and devices other than vaccines. (1) In this section, “course of study” means one or more classes, workshops, seminars, or continuing education programs.

(2) A pharmacist may administer a drug product, as defined in s. 450.01 (11), Stats., or device, as defined in s. 450.01 (6), Stats. After the pharmacist administers a prescribed drug product or device, the pharmacist, a person engaged in the practice of pharmacy under s. 450.03 (1) (f) or (g), Stats., or the pharmacist’s agent shall notify the prescribing practitioner or enter the information in a patient record system shared by the prescribing practitioner.

(3) A pharmacist may not administer by injection a prescribed drug product or device unless the pharmacist has successfully

completed a course of study and training in administration technique conducted by a course provider approved by the Accreditation Council for Pharmacy Education or the board.

(4) A person engaged in the practice of pharmacy under s. 450.03 (1) (f) or (g), Stats., may not administer a prescribed drug product or device unless the person satisfies all of the following:

(a) Successfully completes a course of study and training in administration technique conducted by a course provider approved by the Accreditation Council for Pharmacy Education or the board.

(b) Administers the prescribed drug product or device only under the direct supervision of a pharmacist who has successfully completed a course of study and training in administration technique conducted by a course provider approved by the Accreditation Council of Pharmacy Education or the board.

(c) After administering the prescribed drug product or device, notifies the prescribing practitioner or enters the information in a patient record system shared by the prescribing practitioner.

(5) The board may approve courses of study which meet criteria substantially equivalent to criteria used by the Accreditation Council for Pharmacy Education.

(6) A course of study and training in administration technique shall include all of the following topics:

- (a) Safe injection practices to prevent infections.
- (b) Anatomy.
- (c) Proper injection techniques.
- (d) The 5 rights of administration including right patient, right drug, right dose, right route, and right time.
- (e) Patient reassessment after administration including signs and symptoms of adverse drug reactions.

(f) Best practices in documentation of the medication administration.

(7) This section does not apply to the administration of vaccines.

Note: To administer a vaccine a pharmacist must meet the requirements in s. 450.035, Stats.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (6) (d) made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.14 Delegate–check–delegate. (1) **DEFINITIONS.** In this section:

(a) “Delegate” means a person to whom the pharmacist has delegated the task of product verification.

(b) “Delegate–check–delegate” means the process in which one delegate conducts the task of product verification of technical dispensing functions completed by an unlicensed individual. A delegate may not conduct product verification as part of the final check of their own product preparation.

(c) “Product verification” means doing a check of the accuracy and correctness of a product, including drug, strength, formulation, as part of the final check and ensure the product has not reached its expiration or beyond use date.

(d) “Supervising pharmacist” means the pharmacist licensed in this state, who is responsible for the operations and outcomes of product verification done by a delegate and ensuring for direct supervision of the delegate.

(2) **DELEGATE QUALIFICATIONS.** A pharmacist may delegate the product verification of a prescription or chart order to a delegate who meets all of the following:

- (a) Is at least 18 years old.
- (b) Completed an accredited technician training program or has a minimum of 500 hours of experience in product selection, labeling and packaging.
- (c) Completed a didactic and practical training curriculum approved by the supervising and managing pharmacist that includes training in all of the following:

1. Elements of correct product including all of the following:

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- a. Drug name.
- b. Strength.
- c. Formulation.
- d. Expiration date.
- e. Beyond use date.
2. Common dispensing medication errors and concepts including all of the following:
 - a. Wrong medication.
 - b. Wrong strength.
 - c. Wrong formulation.
 - d. Extra or insufficient quantity.
 - e. Omitted medications if utilizing unit dose or compliance packaging.
 - f. Expired medication.
 - g. Look–alike or sound–alike errors.
 - h. High–alert medications.
3. Eligible medications for delegate–check–delegate.
4. Organizational policies and procedures on reporting of medication errors.
5. Overview of the medication use process including all of the following:
 - a. Procurement.
 - b. Ordering.
 - c. Dispensing.
 - d. Administration.
 - e. Monitoring.
6. A practical training designed to assess the competency of the delegate prior to starting the validation process. The practical training shall include simulation of at least 2 occurrences of each of the following:
 - a. Wrong drug.
 - b. Wrong strength.
 - c. Wrong formulation.
 - d. Omitted medication, if utilizing unit dose or compliance packaging.
- (d) Completed the following validation process:
 1. The delegate being validated shall make a product verification on the work of a pharmacist or unlicensed person for accuracy and correctness of a minimum of 500 product verifications over a minimum of 5 separate days and achieve an accuracy rate of at least 99.8%.
 2. A pharmacist shall audit 100% of the product verifications made by the delegate during the validation process.
- (e) Notwithstanding pars. (a) to (d), a delegate who completed the board’s pilot program validation process between October 1, 2016 and September 30, 2019, meets the delegation qualifications unless the delegate fails to meet the quality assurance standards under sub. (4).
- (3) ELIGIBLE PRODUCT.** (a) *Institutional pharmacies.* The delegate may do the product verification in an institutional pharmacy if all of the following requirements are met:
 1. The source drug product or device is in an original package from a manufacturer or a licensed pharmacist has ensured that the source package is labeled with the correct name, strength, form, control or lot number, and beyond use or expiration date.
 2. A drug utilization review performed by a pharmacist prior to dispensing.
 3. The drug product will be administered by an individual authorized to administer medications at the institution where the medication is administered.
- (b) *Community pharmacies.* The delegate may do the product verification in a community pharmacy if all of the following requirements are met:

1. The source drug product or device is in an original package from a manufacturer or a licensed pharmacist has ensured that the source package is labeled with the correct name, strength, form, control or lot number, and beyond use or expiration date.
 2. A drug utilization review performed by a pharmacist prior to dispensing.
 3. A non–pharmacist shall be able to check the accuracy of the medication by one of the following:
 - a. The drug product or device is in the original packaging from a manufacturer.
 - b. The drug product or device includes a description of the drug product or device on the prescription label.
 - c. The pharmacist shows the patient or patient’s agent the drug product or device and provides a monograph that includes a description of the drug product or device.
 - (4) QUALITY ASSURANCE.** (a) A minimum of 5% of each delegate’s product verifications shall be audited by a licensed pharmacist. The accuracy of each delegate shall be tracked individually.
 - (b) A record of each delegate–check–delegate audit shall include all of the following:
 1. Name of the product verification delegate.
 2. Total number of product verifications performed.
 3. Number of product verifications audited by the pharmacist.
 4. Percentage of product verifications audited by pharmacist.
 5. Percentage of accuracy.
 6. Number of product verification errors identified.
 7. Type of error under sub. (2) (c) 2. a. to c. and e.
 - (c) On a quarterly basis, the supervising pharmacist shall perform an assessment of each delegate’s previous 12 months accuracy and correctness of delegate–check–delegate product verifications including a review of the quality assurance log.
 - (d) A delegate shall be revalidated if the delegate fails to maintain a product verification accuracy rate of 99.8% based on the quarterly assessment of the previous 12 months or has not performed delegate–check–delegate product verifications within the last 6 months.
 - (5) POLICIES AND PROCEDURES.** Each pharmacy shall maintain policies, procedures, and training materials for the delegate–check–delegate which shall be made available to the board upon request.
 - (6) RECORDS.** (a) Each pharmacy shall maintain for 5 years the following records:
 1. All validation records of each delegate that include the dates that the validation occurred, the number of product verifications performed, the number of product verification errors, and overall accuracy rate.
 2. Documentation indicating accepting responsibility for compliance with this section, signed and dated by both the managing pharmacist and supervising delegate–check–delegate pharmacist, indicating the name of the supervising delegate–check–delegate pharmacist, and the dates the supervision responsibilities begin and end.
 3. Quality assurance audits and quarterly assessments.
 - (b) Records shall be made available to the board upon request.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; corrections in (2) (e) made under ss. 13.92 (4) (b) 12. and 35.17, Stats., and correction in (2) (c) 6. (intro.), (4) (b) 7. made under s. 35.17, Stats., Register December 2020 No. 780.
- Phar 7.15 Consumer disclosures.** (1) Each pharmacy shall post in a prominent place and maintain the consumer disclosures required in ss. 450.13 (5m) and 450.135 (8m), Stats.
- (2) A link to the 100 most commonly prescribed generic drug product equivalents as determined by the board, shall be maintained on the department’s website as required in s. 450.13 (5m) (b), Stats.

Note: Copies of the required consumer disclosures are located on the Department of Safety and Professional Service's website: <https://dsps.wi.gov>.

(3) Pursuant to s. 450.13 (5m) (c), Stats., each pharmacy shall maintain and make available to the public a list of the drugs from the list in sub. (2) that are available for purchase at that pharmacy. The list shall be updated monthly, with all of the following information included:

- (a) Brand name.
- (b) Generic equivalent drugs and biological products.
- (c) Interchangeable biological products.
- (d) Retail price.

(4) The list required under sub. (3) may differ depending on whether the drugs on the list from sub. (2) are available for purchase at a specific pharmacy.

History: CR 23–015: cr. Register April 2024 No. 820, eff. 5–1–24; correction in (2) made under s. 35.17, Stats., Register April 2024 No. 820.

Subchapter II — Central Shared Services

Phar 7.30 Definitions. In this subchapter:

(1) “Central shared services pharmacy” means a pharmacy licensed in this state acting as an agent of an originating pharmacy.

(2) “Labeling pharmacy” means the central shared services pharmacy or originating pharmacy which is responsible for product verification under s. Phar 7.07 (1) (a) and (b).

(3) “Originating pharmacy” means a pharmacy licensed in this state that uses a central shared services pharmacy.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.31 Requirements. An originating pharmacy may use a central shared services pharmacy only pursuant to the following requirements:

(1) The central shared services pharmacy either has the same owner as the originating pharmacy or has a written contract with the originating pharmacy outlining the services to be provided and the responsibilities of each pharmacy in fulfilling the terms of the contract.

(2) The central shared services pharmacy shall maintain a record of all originating pharmacies, including name, address and DEA number that it provides services to.

(3) The central shared services pharmacy and originating pharmacy maintain a written protocol delineating each pharmacy's assumption of responsibility for compliance with state and federal law.

(4) Unless the central shared services pharmacy shares a computer system with the originating pharmacy meeting the requirements of s. Phar 7.04 (4) and contains the medication profile record under s. Phar 7.11 (3), it may not perform drug utilization review under s. Phar 7.03 to satisfy the final check requirement under s. Phar 7.07 (1) (c).

(5) The prescription label attached to the container shall contain the name and address of the labeling or originating pharmacy. The date on which the prescription was dispensed for purposes of s. 450.11 (4) (a) 2., Stats., shall be the date on which the labeling pharmacy filled the prescription order.

(6) The originating pharmacy or central shared services pharmacy shall maintain the original of all prescription orders received for purposes of filing and recordkeeping as required by state and federal law.

(7) In addition to meeting the other recordkeeping requirements required by state and federal law, the central shared services pharmacy and originating pharmacy shall each maintain records to identify each of its pharmacists responsible for the final check under s. Phar 7.07 (1).

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Subchapter III — Delivery Systems and Remote Dispensing

Phar 7.40 Definitions. In this subchapter:

(1) “Delivery system” means a structure, controlled by a pharmacy licensed in this state, that a prescription is placed in for patient pick-up.

(2) “Supervising pharmacy” means a licensed pharmacy that oversees the operations and administration of remote dispensing.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (title) made under s. 13.92 (4) (b) 2., Stats., Register December 2020 No. 780.

Phar 7.41 Delivery system. (1) A prescription shall be stored in a secure delivery system immediately upon delivery to the location of the delivery system. Only the patient or patient's agent shall be able to open the door or locker containing only the patient's prescription.

(2) The delivery system shall be designed in a manner which does not disclose protected health information.

(3) The delivery system shall maintain appropriate environmental controls, including temperature and humidity, to prevent drug adulteration.

(4) The use of a delivery system does not create an exemption to s. 450.11 (1b), Stats.

(5) A log shall be maintained by the dispensing pharmacy of all prescriptions delivered to the delivery system.

(6) The delivery system shall be inventoried at least weekly and a list of unclaimed prescriptions shall be reviewed by a pharmacist.

(7) The managing pharmacist shall establish written policies and procedures for all of the following:

- (a) Stocking of the delivery system.
- (b) Determining access to the delivery system.
- (c) Detection and mitigation of diversion and theft.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (1) made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.42 Automated direct-to-patient dispensing system. (1) In this section “supervising practitioner” means the practitioner who is responsible for the operation of the automated direct-to-patient dispensing system and requirements of this section.

(2) An automated direct-to-patient dispensing system in a secure and professionally appropriate environment in any of the locations under s. 450.062 (1) to (4), Stats., may operate for purposes of practitioner dispensing. The supervising practitioner will ensure all of the following requirements are met:

(a) Individuals with access to the automated direct-to-patient dispensing system for the purpose of stocking, inventory, and monitoring shall be limited to the supervising practitioner or a delegate.

(b) The automated direct-to-patient dispensing system shall label the prescription in compliance with s. Phar 7.05.

(c) The automated direct-to-patient dispensing system shall maintain records of all prescription fills and dispenses in compliance with s. Phar 7.11 (1).

(d) The reporting of all monitored prescription drugs dispensed from the automated direct-to-patient dispensing system to the prescription drug monitoring program.

(3) The supervising practitioner or delegate shall establish written policies and procedures for automated direct-to-patient dispensing system for all of the following:

- (a) Stocking.
- (b) Determining access.

(c) Detection and mitigation of diversion and theft.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (2) (intro.) made under s. 35.17, Stats., and correction in numbering of (3) (a) to (c) made under s. 13.92 (4) (b) 7., Stats., Register December 2020 No. 780.

Phar 7.43 Remote dispensing. (1) In this section, “supervising pharmacist” means a Wisconsin licensed pharmacist, appointed by the managing pharmacist, who is responsible for the remote dispensing and compliance with this section.

(2) LOCATION. A pharmacist or a person engaged in the practice of pharmacy under s. 450.03 (1) (f), (g), or (i), Stats., may dispense at any of the locations under s. 450.062 (1) to (4), Stats.

(3) TITLE. No person may use or display the title “pharmacy”, “drugstore,” “apothecary,” or any other title, symbol or insignia having the same or similar meanings in connection with remote dispensing.

(4) REQUIREMENTS. (a) A remote dispensing location shall display a sign, easily viewable by customers, that states all of the following:

1. Prescriptions may be filled at this location.
2. This remote dispensing location is being supervised by a pharmacist located at all of the following:
 - a. Name of pharmacy.
 - b. Address of pharmacy.
 - c. Telephone of pharmacy.
3. Patient has a right to pharmacist consultation and information on how to file a complaint to the board.

(b) Remote dispensing may not occur if the supervising pharmacy is closed.

(c) A prescribed drug or device may not be dispensed in the absence of the ability of a patient and pharmacist’s delegate to communicate with a pharmacist.

(d) Remote dispensing locations shall have a centrally monitored alarm. For all after hour entries, the personnel entering the location shall record their name, and the date, time and purpose for entering the site in a log. All logs shall be retained for a minimum of 5 years.

(5) DISPENSING REQUIREMENTS. Remote dispensing shall comply with all of the following:

- (a) Visually inspecting all prescription orders, labels and dispensed product.
- (b) Labeling requirements under s. Phar 7.05. The prescription label shall contain the name and address of the supervising pharmacy as the licensed facility from which the prescribed drug or device was dispensed.
- (c) Final check under s. Phar 7.07.
- (d) Federal law if dispensing controlled substances.

(6) RESPONSIBILITIES OF MANAGING PHARMACIST OR SUPERVISING PHARMACIST. (a) The managing pharmacist of the supervising pharmacy or the supervising pharmacist shall do all of the following:

1. Have written policies and procedures for system operation, safety, security, accuracy and access.
2. Implement an on–going quality assurance program that monitors performance that includes the number of prescriptions dispensed per month, number of medication errors documented, loss or diversion, and documentation of remedial training to prevent future errors.
3. Visit the remote dispensing location at least monthly to confirm delivery status of all drugs, to ensure written policies and procedures are being followed, and to ensure that remote dispensing personnel comply with all federal and state laws regulating the practice of pharmacy.
4. Retain documentation of the visits at the remote dispensing location for a minimum of 5 years.
5. Documentation indicating accepting responsibility for compliance with this section, signed and dated by both the manag-

ing pharmacist and supervising pharmacist, indicating the name of the supervising pharmacist, and the dates the supervision responsibilities begin and end.

(b) The managing pharmacist at the supervising pharmacy or supervising pharmacist is responsible for all remote dispensing connected to the supervising pharmacy.

(7) DELEGATE REQUIREMENTS. A person engaged in the practice of pharmacy under s. 450.03 (1) (f), (g), or (i), Stats., shall meet the following requirements to remote dispense:

- (a) Be 18 years of age or older.
- (b) Be a high school graduate or have equivalent education.
- (c) Have completed 1500 hours of work as a pharmacist delegate within the 3 years prior to engaging in remote dispensing or completed an accredited pharmacy technician training program.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (2), (4) (a) 1. made under s. 35.17, Stats., Register December 2020 No. 780.

Subchapter IV — Institutional Pharmacies

Phar 7.50 Definitions. In this subchapter:

(1) “Chart order” means an order entered on the chart or a medical record of an inpatient or resident of an institutional facility by a practitioner or practitioner’s delegate for a drug product or device.

(2) “Institutional facility” means a facility, as defined in s. 647.01 (4), Stats.; any hospital, nursing home, community–based residential facility, county home, county infirmary, county hospital, county mental health complex, or other place licensed or approved by the department of health services under s. 49.70, 49.71, 49.72, 50.03, 50.032, 50.033, 50.034, 50.35, 51.08, or 51.09, Stats.; a facility under s. 45.50, 51.05, 51.06, 146.903 (1) (b), 233.40, 233.41, 233.42, or 252.10, Stats.; a hospice facility under s. 50.90 (1) (c), Stats.; a county jail; and a correctional facility operated under the authority of the department of corrections.

(3) “Institutional pharmacy” means a pharmacy that provides pharmacy services to an institutional facility. This definition is not for purposes under s. 450.09 (1) (a), Stats.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.51 Chart orders. A chart order shall contain all of the following:

- (1)** First and last name of the patient.
- (2)** Patient’s medical record number or date of birth.
- (3)** Date of issuance.
- (4)** Name, strength, and form of the drug product or device prescribed.
- (5)** Directions for use.
- (6)** The signature by one of the following methods:
 - (a) If handwritten, the practitioner’s or delegate’s signature.
 - (b) Electronic signature of the practitioner or delegate.
- (7)** Chart orders prepared by a delegate of the practitioner shall include the first and last name of the delegate and the first and last name of the practitioner.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.52 Labels. All prescribed drug products and devices dispensed for administration by a health care provider at the institutional facility shall have a label attached to the container disclosing all of the following:

- (1)** Drug name, strength and form.
- (2)** Beyond use date or expiration date.
- (3)** Special storage conditions, if required.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.53 Security and access. (1) Arrangements shall be made in advance by the managing pharmacist for access of drugs by the health care staff of the institutional facility when dispensing by a pharmacist is not available.

(2) In the absence of a pharmacist, drugs shall be stored in a manner in which only authorized personnel may obtain access and is sufficiently secure to deny access to unauthorized persons.

(3) The managing pharmacist shall develop policies and procedures in place to mitigate and prevent theft and diversion.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.54 Return or exchange of health items. (1) In this section:

(a) “Health item” means drugs, devices, hypodermic syringes, needles or other objects for injecting a drug product, or items of personal hygiene.

(b) “Original container” means the container in which a health item was sold, distributed, or dispensed.

(c) “Tamper–evident package” means a package that has one or more indicators or barriers to entry which, if breached or missing, can reasonably be expected to provide visible evidence that tampering has occurred.

(2) A health item which has been sold, distributed or dispensed, may be returned to the institutional pharmacy under s. Phar 7.10 (2) or if the health item has not left the control of the health care facility staff authorized to have access to prescription drug products.

(3) A health item returned to an institutional pharmacy may be sold, distributed, or dispensed to the institutional facility if all of the following apply:

(a) The health item was never in the possession and control of the patient.

(b) The health item was sold, distributed or dispensed in a tamper–evident package and, for a drug product, includes the beyond use date or expiration date and manufacturer’s lot number.

(c) The health item is in its original container and the pharmacist determines the contents are not adulterated or misbranded.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction in (2), (3) (intro.) made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.55 Automated technology product verification. (1) DEFINITIONS. In this section:

(a) “Product verification” means doing a check of the accuracy and correctness of a product, including drug, strength, formulation, and expiration or beyond use date, as part of the final check.

(b) “Supervising pharmacist” means the pharmacist licensed in this state who is responsible for the operations and outcomes of the product verification done by an automated technology.

(2) AUTOMATED TECHNOLOGY PRODUCT VERIFICATION QUALIFICATIONS. Product verification may be done only by an automated technology which meets all of the following:

(a) Located within a licensed pharmacy.

(b) Utilizing barcodes or another machine–readable technology to complete the product verification.

(c) Validated by the following process:

1. The automated technology shall make a product verification for accuracy and correctness of a minimum of 2500 product verifications and achieve an accuracy rate of at least 99.8%.

2. A pharmacist shall audit 100% of the product verifications made by the automated technology during the validation process.

(d) Revalidated if the software is upgraded or any component of the automated technology responsible for the accuracy and correctness of the product verification is replaced or serviced outside of the manufacturer’s standard maintenance recommendations.

(3) ELIGIBLE PRODUCT. The automated technology may do the product verification if the product meets all of the following:

(a) Is dispensed in the original package from a manufacturer or if a licensed pharmacist has ensured that any repackaging results in a package that is labeled with the correct drug name, strength, formulation, control or lot number, and expiration or beyond use date.

(b) Has a drug utilization review performed by a pharmacist prior to delivery.

(c) Will be administered by an individual authorized to administer medications at the institution where the medication is administered.

(4) POLICIES AND PROCEDURES. Each pharmacy shall maintain policies, procedures, and training materials for the automated technology product verification which shall be made available to the board upon request.

(5) RECORDS. (a) Each pharmacy shall maintain for 5 years the following records:

1. All validation records of each automated technology that include the dates that the validation occurred, the number of product verifications performed, the number of product verification errors, and overall accuracy rate.

2. Documentation indicating acceptance of responsibility for compliance with this section, signed and dated by both the managing pharmacist and supervising pharmacist, indicating the name of the supervising pharmacist and start and end dates of supervision.

3. Documentation of the completion of the manufacturer’s recommended maintenance and quality assurance measures.

4. Documentation of the dates of all software upgrades.

5. Documentation of all service performed outside of the manufacturer’s standard maintenance recommendations.

(b) Records shall be made available to the board upon request.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Subchapter V — Unlicensed Persons

Phar 7.60 Definitions. (1) “Direct supervision” means immediate availability to continually coordinate, direct and inspect in real time the practice of another.

(2) “General supervision” means to continually coordinate, direct and inspect the practice of another.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21.

Phar 7.61 Persons who have completed their second year of pharmacy school or pharmacists from another state applying for licensure. A person practicing pharmacy under s. 450.03 (1) (f) or (g), Stats., is limited to performing duties under the direct supervision of a person licensed as a pharmacist by the board.

History: CR 19–145: cr. Register December 2020 No. 780, eff. 1–1–21; correction made under s. 35.17, Stats., Register December 2020 No. 780.

Phar 7.62 Unlicensed persons. (1) This section does not apply to a person practicing pharmacy under s. 450.03 (1) (f) or (g), Stats.

(2) A pharmacist shall provide general supervision of unlicensed personnel. A pharmacist shall be available to the unlicensed person for consultation either in person or contact by telecommunication means.

(3) An unlicensed person may not do any of the following:

(a) Provide the final check on the accuracy and correctness of drug product or device dispensing under s. Phar 7.07 (1) (a) or (b), unless the person is validated for delegate–check–delegate under s. Phar 7.14.

(b) Complete the drug utilization review under s. Phar 7.03.

(c) Administer any prescribed drug products, devices or vaccines under s. 450.035, Stats.

(d) Provide patient specific counseling or consultation.

(4) The prohibitions in sub. (3), do not apply to a person completing an internship for purposes of meeting the internship requirement under s. 450.03 (2) (b), Stats.

(5) A managing pharmacist shall provide training to or verify competency of an unlicensed person prior to the unlicensed person performing a delegated act.

(6) The managing pharmacist shall determine which acts may be delegated in a pharmacy. The managing pharmacist has a duty to notify all pharmacists practicing in that pharmacy which acts may be delegated to specific unlicensed persons. This record shall be provided to the board upon request.

(7) A pharmacist may delegate to an unlicensed person any delegated act approved by the managing pharmacist.

History: CR 19-145: cr, Register December 2020 No. 780, eff. 1-1-21; correction in (3) (b), (4), (5) made under s. 35.17, Stats., Register December 2020 No. 780.