# ARKANSAS REGISTER



### **Transmittal Sheet**

Sharon Priest Secretary of State State Capitol Rm. 026 Little Rock, Arkansas 72201-1094

| or Office<br>Ise Only: Effective Date <u>3/23/65</u> Code Number <u>070.00.00 ーで</u>                  |
|---|
| lame of Agency ARKANSAS STATE BOARD OF PHARMACY   |
| Department  |
| Contact Person Charles S. Campbell, Pharm.D., or Sheila Castin, CPM                                   |
| Statutory Authority for Promulgating Rules17-92-205A  |
| Date  |
| Intended Effective Date  Emergency Legal Notice Published .1/6, 1/7, 1/8, 1/9, 1/10, 1/11 & 1/12/2000 |
| 10 Days After Filing Final Date for Public Comment2/8/2000  |
| Other Reviewed by Legislative Council 3/2/2000  |
| Adopted by State Agency   |
| CERTIFICATION OF AUTHORIZED OFFICER   |
| I Hereby Certify That The Attached Rules Were Adopted In Compliance with Act 434 of 1967 As Amended.  |
| Chas Compbell Range 3 5   |
| (501) 682-0190  Phone Number  |
| Executive Director  Executive Director  |
| Title 7   |
| 3/10/2000   |
| Date  |

#### ARKANSAS STATE BOARD OF PHARMACY

TOM WOOD, P.D., President Judsonia
GARRY ENDERLIN, P.D., Vice President Conway
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CHARLES S. CAMPBELL, PHARM.D. EXECUTIVE DIRECTOR

March 10, 2000

Ms. Sharon Priest Secretary of State State Capitol, Rm. 026 Little Rock, AR 72201

Dear Ms. Priest:

Enclosed is the transmittal sheet for a regulation promulgated by the Arkansas State Board of Pharmacy. This regulation has been promulgated and reviewed by Legislative Council. We are asking that the regulations go into effect 10 days after filing with your office.

We will also appreciate receiving a certified copy of the regulation that has been dated and stamped by your office. This will tell us that you have received the regulation. If our copies could show the effective date, it would be appreciated.

Thank you in advance for your cooperation.

Sincerely,

Sheila Castin

**Assistant Director/Fiscal Officer** 

SSC

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## 09-00-0002—PRESCRIPTION ORDERS TO ADMINISTER MEDICATION AND/OR IMMUNIZATIONS

- A. MEDICATIONS ADMINISTRATION ADVISORY COMMITTEE:
  - 1. The purpose of the Medication Administration Advisory Committee shall include functioning in an advisory capacity to assist the Board with implementation and oversight of the provisions regarding medication administration authority.
  - 2. The Medication Administration Advisory Committee shall be composed of five members, to be approved by the Governor, who have the following qualifications:
    - a. Two members shall be licensed physicians selected from a list of three names per position submitted jointly by the State Medical Board and the Arkansas Medical Society.
    - b. Two members shall be licensed pharmacists-- one pharmacist shall be recommended by the Arkansas Pharmacists Association and one pharmacist shall be a member of the Arkansas State Board of Pharmacy.
    - c. One member shall be an advanced practice nurse holding a certificate of prescriptive authority selected from a list of three names submitted jointly by the State Nursing Board and the Arkansas Nurses Association.
    - d. The Board may remove any advisory committee member, after notice and hearing for incapacity, incompetence, neglect of duty, or malfeasance in office.
    - e. The members shall serve without compensation, but may be reimbursed to the extent special moneys are appropriated therefor for actual and necessary expenses incurred in the performance of their duties.
  - 3. The five initial members appointed to the committee shall draw lots to determine staggered lengths of their initial terms.

    Successive members shall serve three (3) year terms.
- B: AUTHORITY FOR PHARMACIST TO ADMINISTER MEDICATIONS/IMMUNIZATIONS:
  - 1. Pharmacists may provide pharmaceutical care to patients over the age of eighteen (18) by administering medications or immunizations to an eligible patient upon a valid prescription order by a practitioner so authorized to prescribe such medications or immunizations. A prescription order for a medication or immunization shall constitute a unique class of prescriptions and shall apply to any person over the age of eighteen (18) desiring a medication or immunization. A prescription from a practitioner for administration, by a pharmacist, of an approved medication or immunization will be known as an "Authority to Administer."

- 2. An Authority to Administer, once granted, is valid for a time period not to exceed one (1) year--unless such an order is invalidated by the practitioner granting the authority.
- 3. An Authority to Administer is valid only for the pharmacist meeting the requirements set forth by the Arkansas State Board of Pharmacy and is not transferable.
- 4. Unless otherwise specifically authorized, by the Board, a person must possess the following qualifications to be qualified to accept an initial Authority to Administer order:
  - a. obtain and maintain a license to practice pharmacy issued by the Arkansas State Board of Pharmacy;
  - b. successfully complete a Board approved course of study, examination, and certification consisting of a training program that includes the current guidelines and recommendations of the Centers of Disease Control and Prevention. The Course of study should include, at a minimum:
    - (i) basic immunology, including the human immune response;
    - (ii) the mechanism of immunity, adverse effects, dose, and administration schedule of available vaccines and approved medication/immunization;
    - (iii) how to handle an emergency situation in the event one should arise as a result of the administration of the medication /immunization:
    - (iv) how to persuade patients to be immunized and options for record keeping for patients that do get immunized;
    - (v) how to administer subcutaneous, intradermal, and intramuscular injection; and
    - (vi) record keeping requirements for these medications as required by law or regulation.
  - obtain supervised instructions on the physical administration of vaccines during such course of study and certification;
  - d. obtain and maintain current certification in Cardiopulmonary Resuscitation (CPR) or Basic Cardiac Life Support (BCLS); and
  - e. successfully complete the above described course of study which shall be a minimum of 20 hours and shall qualify for continuing education credits. The provider of said course of study shall provide participants a certificate of completion which shall be displayed in the pharmacy at which the pharmacist is working. A copy of said certificate shall be mailed to the Board of

Pharmacy offices and placed in the pharmacist's permanent file.

- 5. Continuing competency for certification for Authority to Administer must be maintained. A minimum of one (1) hour of the fifteen (15) hour requirement for continuing education, every year, must be dedicated to this area of practice.
- 6. An Authority to Administer order shall meet the following r requirements:
  - a. must properly identify the practitioner issuing the order;
  - b. must identify the medication or vaccine covered in any such order
  - must properly identify the patient to receive any medication or immunization, by name, address, age, sex, and date of administration:
  - d. must identify the medication or vaccine administered, site of the administration, dose administered, identity of pharmacist administering the dose; and
  - e. must bear the date of the original order and the date of each administration.
- C. SEVEN CLASSIFICATIONS OF APPROVED MEDICATIONS FOR ADMINISTRATION
  - 1. Immunizations
  - 2. Vaccines
  - 3. Allergy Medications
  - 4. Vitamins
  - 5. Minerals
  - 6. Antihyperglycemics
  - 7. Anti-nausea Medications

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- 5. Continuing competency for certification for Authority to Administer must be maintained. A minimum of six one (61) hours of the thirty fifteen (3015) hour requirement for continuing education, every two years, must be dedicated to this area of practice.
- 6. An Authority to Administer order shall meet the following requirements:
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  - b. must identify the medication or vaccine covered in any such order
  - c. must properly identify the patient to receive any medication or immunization, by name, address, age, sex, and date of administration:
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