

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 01  
Little Rock, Arkansas 72201-1094

For Office

Use Only: Effective Date 12/1/97 Code Number 070.00.97-011

Name of Agency Arkansas State Board of Pharmacy

Department \_\_\_\_\_

Contact Person John T. Douglas, P.D. Phone (501) 682-0190

Statutory Authority for Promulgating Rules 17-92-105 (A)

### REGULATION 64

Date

Intended Effective Date

Legal Notice Published 9/11, 9/12, 9/13, 9/14, 9/15  
9/16, and 9/17/97

December 1, 1997

☐ Emergency

Final Date for Public Comment 10/14/97

☐ 10 Days After Filing

Filed With Legislative Council October, 1997

☐ Other

Reviewed by Legislative Council November 6, 1997

December 1, 1997

Adopted by State Agency 10/14/97

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

John T Douglas P.D.  
Signature

(501) 682-0190

Phone Number

Executive Director

Title

November 6, 1997

Date

FILED  
97 NOV -7 AM 9:37  
SHARON PRIEST  
SECRETARY OF STATE  
STATE OF ARKANSAS

**PROPOSED REGULATION 64--PRESCRIPTION TRANSFERS:**

- A. The transfer of original prescription information for a legend drug or a controlled substance listed in Schedules III, IV, or V for the purpose of refill dispensing is permissible between pharmacies on a one-time basis only. However, pharmacies electronically sharing a real-time, on-line database may transfer up to the maximum refills permitted by law and the prescriber's authorization. Transfers are subject to the following requirements:
- (1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:
    - (a) Write the word "Void" on the face of the invalidated prescription.
    - (b) Record on the reverse of the invalidated prescription the name, address, and DEA registration number of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.
    - (c) Record the date of the transfer and the name of the pharmacist transferring the information.
- B. The pharmacist receiving the transferred prescription information shall reduce to writing the following:
- (1) Write the word "transfer" on the face of the transferred prescription.
  - (2) Provide all information required to be on a prescription pursuant to 21 CFR 1306.05 and include:
    - (a) date of issuance of original prescription;
    - (b) original number of refills authorized on original prescription;
    - (c) date of original dispensing;
    - (d) number of valid refills remaining and date(s) and locations of previous refill(s);
    - (e) pharmacy's name, address, DEA registration number and prescription number from which the prescription information was transferred;
    - (f) name of pharmacist who transferred the prescription.
  - (3) The original and transferred prescription(s) must be maintained for a period of two years from the date of last refill.
- (C) Pharmacies electronically accessing the same prescription record must satisfy all information requirements of a manual mode for prescription transfer.

**FILED**  
97 NOV -7 AM 9:37  
SHARON FINEST  
SECRETARY OF STATE  
STATE OF ARKANSAS  
BY \_\_\_\_\_