Indiana Pharmacy Laws and Regulations

A Compilation of Indiana Code and Indiana Administrative Code

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For questions about federal law and regulations pertaining to drugs and the practice of pharmacy, contact the nearest office of the U.S. Food and Drug Administration (FDA) or the U.S. Drug Enforcement Administration (DEA).

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IC 25-26-13 Regulation of Pharmacists and Pharmacies

Creation of Board

IC 25-26-13-1 Public Interest

Sec. 1. The practice of pharmacy is declared to be a professional occupation in the state of Indiana, affecting the public health, safety, and welfare and must be subject to regulation and control in the public interest by the board of pharmacy. It is further declared to be a matter of public interest and concern that the practice of pharmacy merit and receive the confidence of the public and that only qualified persons be permitted to practice pharmacy in the state of Indiana.
As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-1.5 Continuation of accrued rights or benefits

Sec. 1.5. A right or benefit accrued under IC 25-26-1 through IC 25-26-12 before July 1, 1977, is continued under this chapter.
As added by P.L.1-1989, SEC.52.

IC 25-26-13-2 Definitions

Sec. 2. As used in this chapter:
"Administering" means the direct application of a drug to the body of a person by injection, inhalation, ingestion, or any other means.
"Board" means the Indiana board of pharmacy.
"Controlled drugs" are those drugs on schedules I through V of the Federal Controlled Substances Act or on schedules I through V of IC 35-48-2.
"Counseling" means effective communication between a pharmacist and a patient concerning the contents, drug to drug interactions, route, dosage, form, directions for use, precautions, and effective use of a drug or device to improve the therapeutic outcome of the patient through the effective use of the drug or device.
"Dispensing" means issuing one (1) or more doses of a drug in a suitable container with appropriate labeling for subsequent administration to or use by a patient.
"Drug" means:
(1) articles or substances recognized in the official United States Pharmacopoeia, official National Formulary, official Homeopathic Pharmacopoeia of the United States, or any supplement to any of them;
(2) articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or animals;
(3) articles other than food intended to affect the structure or any function of the body of man or animals; or
(4) articles intended for use as a component of any article specified in subdivisions (1) through (3) and devices.
"Drug order" means a written order in a hospital or other health care institution for an ultimate user for any drug or device, issued and signed by a practitioner, or an order transmitted by other means of communication from a practitioner, which is immediately reduced to writing by the pharmacist, registered nurse, or other licensed health care practitioner authorized by the hospital or institution. The order shall contain the name and bed number of the patient; the name and strength or size of the drug or device; unless specified by individual institution policy or guideline, the amount to be dispensed either in quantity or days; adequate directions for the proper use of the drug or device when it is administered to the patient; and the name of the prescriber.
"Drug regimen review" means the retrospective, concurrent, and prospective review by a pharmacist of a patient's drug related history that includes the following areas:
(1) Evaluation of prescriptions or drug orders and patient records for drug allergies, rational therapy contradictions, appropriate dose and route of administration, appropriate directions for use, or duplicative therapies.
(2) Evaluation of prescriptions or drug orders and patient records for drug-drug, drug-food, drug-disease, and drug-clinical laboratory interactions.
(3) Evaluation of prescriptions or drug orders and patient records for adverse drug reactions.
(4) Evaluation of prescriptions or drug orders and patient records for proper utilization and optimal therapeutic outcomes.
"Drug utilization review" means a program designed to measure and assess on a retrospective and prospective basis the proper use of drugs.
"Device" means an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article including any component part or accessory, which is:
(1) recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to them;
(2) intended for use in the diagnosis of disease or other conditions or the cure, mitigation, treatment, or prevention of disease in man or other animals; or
(3) intended to affect the structure or any function of the body of man or other animals and which does not achieve any of its principal intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its principal intended purposes.
"Electronic data intermediary" means an entity that provides the infrastructure that connects a computer system or another electronic device used by a prescribing practitioner with a computer system or another electronic device used by a pharmacy to facilitate the secure transmission of:
(1) an electronic prescription order;
(2) a refill authorization request;
(3) a communication; and

(4) other patient care information;
between a practitioner and a pharmacy.

"Electronic signature" means an electronic sound, symbol, or process:

(1) attached to or logically associated with a record; and

(2) executed or adopted by a person;
with the intent to sign the record.

"Electronically transmitted" or "electronic transmission" means the transmission of a prescription in electronic form. The term does not include the transmission of a prescription by facsimile.

"Investigational or new drug" means any drug which is limited by state or federal law to use under professional supervision of a practitioner authorized by law to prescribe or administer such drug.

"Legend drug" has the meaning set forth in IC 16-18-2-199.

"License" and "permit" are interchangeable and mean a written certificate from the Indiana board of pharmacy for the practice of pharmacy or the operation of a pharmacy.

"Nonprescription drug" means a drug that may be sold without a prescription and that is labeled for use by a patient in accordance with state and federal laws.

"Person" means any individual, partnership, copartnership, firm, company, corporation, association, joint stock company, trust, estate, or municipality, or a legal representative or agent, unless this chapter expressly provides otherwise.

"Practitioner" has the meaning set forth in IC 16-42-19-5.

"Pharmacist" means a person licensed under this chapter.

"Pharmacist intern" means a person who is:

(1) permitted by the board to engage in the practice of pharmacy while under the personal supervision of a pharmacist and who is satisfactorily progressing toward meeting the requirements for licensure as a pharmacist;

(2) a graduate of an approved college of pharmacy or a graduate who has established educational equivalency by obtaining a Foreign Pharmacy Graduate Examination Committee Certificate and who is permitted by the board to obtain practical experience as a requirement for licensure as a pharmacist;

(3) a qualified applicant awaiting examination for licensure; or

(4) an individual participating in a residency or fellowship program.

"Pharmacy" means any facility, department, or other place where prescriptions are filled or compounded and are sold, dispensed, offered, or displayed for sale and which has as its principal purpose the dispensing of drug and health supplies intended for the general health, welfare, and safety of the public, without placing any other activity on a more important level than the practice of pharmacy.

"The practice of pharmacy" or "the practice of the profession of pharmacy" means a patient oriented health care profession in which pharmacists interact with and counsel patients and with other health care professionals concerning drugs and devices used to enhance patients' wellness, prevent illness, and optimize the outcome of a drug or device, by accepting responsibility for performing or supervising a pharmacist intern or an unlicensed person under section 18(a)(4) of this chapter to do the following acts, services, and operations:

(1) The offering of or performing of those acts, service operations, or transactions incidental to the interpretation, evaluation, and implementation of prescriptions or drug orders.

(2) The compounding, labeling, administering, dispensing, or selling of drugs and devices, including radioactive substances, whether dispensed under a practitioner's prescription or drug order or sold or given directly to the ultimate consumer.

(3) The proper and safe storage and distribution of drugs and devices.

(4) The maintenance of proper records of the receipt, storage, sale, and dispensing of drugs and devices.

(5) Counseling, advising, and educating patients, patients' caregivers, and health care providers and professionals, as necessary, as to the contents, therapeutic values, uses, significant problems, risks, and appropriate manner of use of drugs and devices.

(6) Assessing, recording, and reporting events related to the use of drugs or devices.

(7) Provision of the professional acts, professional decisions, and professional services necessary to maintain all areas of a patient's pharmacy related care as specifically authorized to a pharmacist under this article.

"Prescription" means a written order or an order transmitted by other means of communication from a practitioner to or for an ultimate user for any drug or device containing:

(1) the name and address of the patient;

(2) the date of issue;

(3) the name and strength or size (if applicable) of the drug or device;

(4) the amount to be dispensed (unless indicated by directions and duration of therapy);

(5) adequate directions for the proper use of the drug or device by the patient;

(6) the name of the practitioner; and

(7) if the prescription:

(A) is in written form, the signature of the practitioner; or

(B) is in electronic form, the electronic signature of the practitioner.

"Qualifying pharmacist" means the pharmacist who will qualify the pharmacy by being responsible to the board for the legal operations of the pharmacy under the permit.

"Record" means all papers, letters, memoranda, notes, prescriptions, drug orders, invoices, statements, patient medication charts or files, computerized records, or other written indicia, documents, or objects which are used in any way in connection with the purchase, sale, or handling of any drug or device.

"Sale" means every sale and includes:

(1) manufacturing, processing, transporting, handling, packaging, or any other production, preparation, or repackaging;
(2) exposure, offer, or any other proffer;
(3) holding, storing, or any other possession;
(4) dispensing, giving, delivering, or any other supplying; and
(5) applying, administering, or any other using.

As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.149-1987, SEC.72; P.L.2-1993, SEC.144; P.L.187-1999, SEC.1; P.L.270-2001, SEC.2; P.L.288-2001, SEC.1; P.L.1-2002, SEC.97; P.L.204-2005, SEC.14. P.L.98-2006, SEC.2; P.L.94-2007, SEC.1.

IC 25-26-13-3 Board of pharmacy; creation; oath; meetings; compensation; majority approval of actions

Sec. 3. (a) The Indiana board of pharmacy is created. It shall consist of seven (7) members not more than four (4) of whom may be from the same political party, appointed by the governor for terms of four (4) years. One (1) member of the board, to represent the general public, must be a resident of this state who has never been associated with pharmacy in any way other than as a consumer. Except for the member representing the general public, the members must be pharmacists in good standing of recognized experience and ability from varied practice settings who hold a current license to practice pharmacy in Indiana. One (1) member of the board must be a practicing hospital pharmacist. A person employed as a full-time staff member or as a professor at a school of pharmacy may not serve on the board. If a member leaves the board for any reason before the end of the member's term, the member's successor shall serve for the unexpired portion of the term.

(b) Not later than ten (10) days after a member's appointment, the member must subscribe by oath or affirmation to faithfully uphold the duties of the member's office. If a member fails to qualify as provided, a new member shall be appointed in the member's place.

(c) At the first meeting of each year the board shall elect from among its members a president and vice president who shall perform duties and have powers as the board prescribes.

(d) The board shall meet at least eight (8) times per year at such times and places as the board selects. At each meeting the board shall continue in session from day to day, for not more than five (5) days, until the business of the meeting is complete. Four (4) members of the board shall constitute a quorum.

(e) Each member of the board is entitled to compensation as determined by the rules of the budget agency for each day the member is actually engaged in business of the board, together with necessary travel and other expenses incurred in the performance of the member's duties.

(f) Approval by a majority of the quorum is required for any action to be taken by the board.

As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.185; P.L.157-1986, SEC.1; P.L.48-1991, SEC.45; P.L.187-1999, SEC.2.

IC 25-26-13-4 Powers and duties of board; **prescription drug form program**

Sec. 4. (a) The board may:
(1) promulgate rules and regulations under IC 4-22-2 for implementing and enforcing this chapter;
(2) establish requirements and tests to determine the moral, physical, intellectual, educational, scientific, technical, and professional qualifications for applicants for pharmacists' licenses;
(3) refuse to issue, deny, suspend, or revoke a license or permit or place on probation or fine any licensee or permittee under this chapter;
(4) regulate the sale of drugs and devices in the state of Indiana;
(5) impound, embargo, confiscate, or otherwise prevent from disposition any drugs, medicines, chemicals, poisons, or devices which by inspection are deemed unfit for use or would be dangerous to the health and welfare of the citizens of the state of Indiana; the board shall follow those embargo procedures found in IC 16-42-1-18 through IC 16-42-1-31, and persons may not refuse to permit or otherwise prevent members of the board or their representatives from entering such places and making such inspections;
(6) prescribe minimum standards with respect to physical characteristics of pharmacies, as may be necessary to the maintenance of professional surroundings and to the protection of the safety and welfare of the public;
(7) subject to IC 25-1-7, investigate complaints, subpoena witnesses, schedule and conduct hearings on behalf of the public interest on any matter under the jurisdiction of the board;
(8) prescribe the time, place, method, manner, scope, and subjects of licensing examinations which shall be given at least twice annually; and
(9) perform such other duties and functions and exercise such other powers as may be necessary to implement and enforce this chapter.

(b) The board shall adopt rules under IC 4-22-2 for the following:
(1) Establishing standards for the competent practice of pharmacy.
(2) Establishing the standards for a pharmacist to counsel individuals regarding the proper use of drugs.
(3) Establishing standards and procedures before January 1, 2006, to ensure that a pharmacist:
(A) has entered into a contract that accepts the return of expired drugs with; or
(B) is subject to a policy that accepts the return of expired drugs of;

a wholesaler, manufacturer, or agent of a wholesaler or manufacturer concerning the return by the pharmacist to the wholesaler, the manufacturer, or the agent of expired legend drugs or controlled drugs. In determining the standards and procedures, the board may not interfere with negotiated terms related to cost, expenses, or reimbursement charges contained in contracts between parties, but may consider what is a reasonable quantity of a drug to be purchased by a pharmacy. The standards and procedures do not apply to vaccines that prevent influenza, medicine used for the treatment of malignant hyperthermia, and other drugs determined by the board to not be subject to a return policy. An agent of a wholesaler or manufacturer must be appointed in writing and have policies, personnel, and facilities to handle properly returns of expired legend drugs and controlled substances.

(c) The board may grant or deny a temporary variance to a rule it has adopted if:
(1) the board has adopted rules which set forth the procedures and standards governing the grant or denial of a temporary variance; and

(2) the board sets forth in writing the reasons for a grant or denial of a temporary variance.
(d) The board shall adopt rules and procedures, in consultation with the medical licensing board, concerning the electronic transmission of prescriptions. The rules adopted under this subsection must address the following:
(1) Privacy protection for the practitioner and the practitioner's patient.
(2) Security of the electronic transmission.
(3) A process for approving electronic data intermediaries for the electronic transmission of prescriptions.
(4) Use of a practitioner's United States Drug Enforcement Agency registration number.
(5) Protection of the practitioner from identity theft or fraudulent use of the practitioner's prescribing authority.
(e) The governor may direct the board to develop:
(1) a prescription drug program that includes the establishment of criteria to eliminate or significantly reduce prescription fraud; and
(2) a standard format for an official tamper resistant prescription drug form for prescriptions (as defined in IC 16-42-19-7(1)).
The board may adopt rules under IC 4-22-2 necessary to implement this subsection.
(f) The standard format for a prescription drug form described in subsection (e)(2) must include the following:
(1) A counterfeit protection bar code with human readable representation of the data in the bar code.
(2) A thermochromic mark on the front and the back of the prescription that:
(A) is at least one-fourth (1/4) of one (1) inch in height and width; and
(B) changes from blue to clear when exposed to heat.
(g) The board may contract with a supplier to implement and manage the prescription drug program described in subsection (e). The supplier must:
(1) have been audited by a third party auditor using the SAS 70 audit or an equivalent audit for at least the three (3) previous years; and
(2) be audited by a third party auditor using the SAS 70 audit or an equivalent audit throughout the duration of the contract;
in order to be considered to implement and manage the program.
As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.186; P.L.75-1992, SEC.20; P.L.2-1993, SEC.145; P.L.177-1997, SEC.5; P.L.212-2005, SEC.22; P.L.204-2005, SEC.15; P.L.182-2009(ss), SEC.371.

IC 25-26-13-4.3 Adopted rules

Sec. 4.3. (a) Any rules adopted by the controlled substances advisory committee (IC 35-48-2-1 (before its abolishment)) before July 1, 2010, shall be treated as rules of the Indiana board of pharmacy (IC 25-26).
(b) This section expires July 1, 2015.
As added by P.L.84-2010, SEC.70.

IC 25-26-13-4.5 Rehabilitation of impaired pharmacists; confidentiality of information; duties of board designated rehabilitation program

Sec. 4.5. (a) As used in this section, "impaired pharmacist" means a licensed pharmacist who has been affected by the use or abuse of alcohol or other drugs.
(b) The board shall assist in the rehabilitation of an impaired or a licensed pharmacist. The board may:
(1) enter into agreements, provide grants, and make other arrangements with statewide nonprofit professional associations or foundations, or entities specifically devoted to the rehabilitation of impaired health care professionals to identify and assist impaired pharmacists or licensed pharmacists; and
(2) accept and designate grants, public and private financial assistance, and licensure fees to fund programs under subdivision (1).
(c) Except as provided in subsection (e), all:
(1) information furnished to a nonprofit professional organization or foundation, including interviews, reports, statements, and memoranda; and
(2) findings, conclusions, or recommendations that result from a proceeding of a professional organization or foundation;
are privileged and confidential.
(d) The records of a proceeding under subsection (c) may be used only in the exercise of the proper functions of the board and may not become public records or be subject to a subpoena or discovery proceeding.
(e) Information received by the board from the board designated rehabilitation program for noncompliance by the licensed pharmacist may be used by the board in any disciplinary or criminal proceedings instituted against the impaired licensed pharmacist.
(f) The board designated rehabilitation program shall:
(1) immediately report to the board the name and results of any contact or investigation concerning an impaired licensed pharmacist that the program believes constitutes an imminent danger to either the public or the impaired licensed pharmacist; and
(2) in a timely fashion report to the board an impaired licensed pharmacist:
(A) who refuses to cooperate with the program;
(B) who refuses to submit to treatment; or
(C) whose impairment is not substantially alleviated through treatment.
As added by P.L.188-1995, SEC.4. Amended by P.L.182-2003, SEC.1.

IC 25-26-13-5 Executive director; record of proceedings; inspector-investigators

Sec. 5. (a) The executive director shall keep a record of the proceedings of the board. The record shall contain the names and addresses of all persons who apply to the board for a license or permit and the action taken on each.

(b) The board shall hire and supervise a sufficient number of inspector-investigators to enforce the controlled substances law (IC 35-48). Inspector-investigators hired by the board are employees of the Indiana professional licensing agency.
As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.187; Acts 1982, P.L.113, SEC.64; P.L.169-1985, SEC.87; P.L.1-2006, SEC.461.

IC 25-26-13-6 Funds from sources other than state

Sec. 6. The board may accept and expend funds from sources other than the state of Indiana, provided that:
(1) such funds are awarded for the pursuit of a specific objective which the board is authorized to accomplish by this chapter, or which the board is qualified to accomplish by reason of its jurisdiction or professional expertise;
(2) such funds are expended for the pursuit of the objective for which they are awarded;
(3) activities connected with or occasioned by the expenditures of such funds do not interfere with or impair the performance of the board's duties and responsibilities and do not conflict with the exercise of the board's powers as specified by this chapter;
(4) such funds are kept in a separate, special account in the state treasury; and
(5) periodic reports are made to the governor concerning the board's receipt and expenditure of such funds.
As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-7 Enforcement of law

Sec. 7. With respect to pharmacists, pharmacies, drugs, controlled drugs, legend drugs, and devices and the enforcement of this chapter, the board shall have the same powers, duties, and functions as specified in IC 16-42-20-2.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.2-1993, SEC.146.

IC 25-26-13-8 Renewal of licenses; application forms; bill for fees

(*Repealed by P.L.105-2008, SEC.67.)*

IC 25-26-13-9 Pharmacist intern programs; continuing education

Sec. 9. (a) The board shall establish standards for pharmacist intern programs. Such standards shall include, but not be limited to, the number of hours students must spend in a program, the number of hours a student must spend in a pharmacy each week, and the types of duties the student may perform.
(b) The board shall, by regulation, establish standards and requirements for continuing education and shall endorse those continuing education programs which meet the standards and requirements.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.98-2006, SEC.3.

IC 25-26-13-10 Pharmacist intern registration

Sec. 10. (a) An applicant for registration as a pharmacist intern must furnish proof satisfactory to the board that the applicant:
(1) is actively enrolled in a school of pharmacy accredited by the American Council of Pharmaceutical Education;
(2) has obtained the Foreign Pharmacy Graduate Examination Committee Certificate; or
(3) is a qualified applicant awaiting the examination for licensure as a pharmacist.
(b) A registration issued under subsection (a) is valid for one (1) year and may be renewed by the board for an additional year until the expiration date established by the Indiana professional licensing agency under IC 25-1-5-4.
(c) An application for registration or renewal must be accompanied by the appropriate fee and one (1) of the following:
(1) Proof of having obtained the Foreign Pharmacy Graduate Examination Committee Certificate.
(2) Proof of active enrollment in a school of pharmacy accredited by the American Council of Pharmaceutical Education.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.187-1999, SEC.3; P.L.182-2003, SEC.2; P.L.98-2006, SEC.4; P.L.1-2006, SEC.462; P.L.1-2007, SEC.179.

IC 25-26-13-10.5 Pharmacist intern practice; supervision
Sec. 10.5. (a) A pharmacy intern may engage in the practice of pharmacy if the activities are under the direct supervision of a pharmacist. The pharmacist in charge is responsible for the activities relating to the practice of pharmacy performed by the pharmacy intern.
(b) A pharmacist shall review in person the prescription drug order and the dispensed product prepared by a pharmacy intern before the product is dispensed to the patient or the patient's agent.
As added by P.L.98-2006, SEC.5.

IC 25-26-13-11 Pharmacists; licenses; eligibility; examination
Sec. 11. (a) To be eligible for licensure as a pharmacist, an individual must file such evidence as is required by the board that:
(1) the individual is at least eighteen (18) years of age;
(2) the individual does not have a conviction for a crime that has a direct bearing on the individual's ability to practice competently;
(3) the individual:

(A) has graduated with a professional degree from a school of pharmacy accredited by the American Council of Pharmaceutical Education or the Canadian Council on Pharmacy Accreditation and approved by the board; or

(B) has:

(i) graduated with a professional degree from a school of pharmacy located outside the United States and Canada; and

(ii) met the requirements under subsection (c); and

(4) the individual has satisfactorily completed a pharmacist intern program approved by the board.

(b) An applicant who has graduated with a professional degree from a school of pharmacy accredited by the Canadian Council on Pharmacy Accreditation and approved by the board must obtain the Foreign Pharmacy Graduate Examination Committee Certificate administered by the National Association of Boards of Pharmacy before taking the examination required under subsection (d).

(c) An applicant who has graduated with a professional degree from a school of pharmacy located outside the United States and Canada must do the following:

(1) Provide the board with verification of the applicant's academic record and graduation.

(2) Obtain the Foreign Pharmacy Graduate Examination Committee Certificate administered by the National Association of Boards of Pharmacy.

(d) After filing an application on a form provided by the board, submitting the information required in subsection (a), and successfully completing the examination administered by the board, the applicant may be licensed as a pharmacist.

As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.189; Acts 1982, P.L.113, SEC.65; P.L.169-1985, SEC.88; P.L.149-1987, SEC.73; P.L.152-1988, SEC.21; P.L.48-1991, SEC.46; P.L.33-1993, SEC.44; P.L.242-1995, SEC.2; P.L.98-2006, SEC.6.

IC 25-26-13-12 Persons licensed in another state

Sec. 12. (a) An individual who is licensed as a pharmacist in another state where the requirements for licensure were not less than those required in this state at the time of original licensure may be issued a license in this state if:

(1) the individual has registered with and been approved by the National Association of Boards of Pharmacy;

(2) the individual has graduated with a professional degree in pharmacy from a school of pharmacy accredited by the American Council of Pharmaceutical Education or the Canadian Council on Pharmacy Accreditation and approved by the board; and

(3) the individual has successfully completed an examination administered by the board concerning the federal statutes and regulations and the Indiana statutes and rules governing the practice of pharmacy.

(b) An individual who has a professional pharmacy degree from a school of pharmacy located outside the United States and Canada and who is licensed in another state where the requirements for licensure are substantially the same as those in this state may be issued a license under this chapter if:

(1) the individual has registered with and been approved by the National Association of Boards of Pharmacy;

(2) the individual has provided the board with proof of the applicant's:

(A) academic record and graduation with a professional degree from a school of pharmacy; and

(B) completion of the Foreign Pharmacy Graduate Examination Committee Certificate administered by the National Association of Boards of Pharmacy; and

(3) the individual has successfully completed an examination administered by the board concerning the federal statutes and regulations and the Indiana statutes and rules governing the practice of pharmacy.

As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.169-1985, SEC.89; P.L.156-1986, SEC.2; P.L.149-1987, SEC.74; P.L.33-1993, SEC.45; P.L.242-1995, SEC.3; P.L.288-2001, SEC.2; P.L.98-2006, SEC.7.

IC 25-26-13-12.5 Repealed

(*Repealed by P.L.98-2006, SEC.29.)*

IC 25-26-13-13 Active and inactive pharmacists

Sec. 13. (a) A person holding a pharmacist license shall be considered an active pharmacist if his fees are current and he has complied with all continuing education requirements.

(b) Any active pharmacist either by his own choice or by action of the board after hearing, may be classified as an inactive pharmacist. An inactive pharmacist may maintain his license by paying his license fees. An inactive pharmacist is exempt from the continuing education requirements. A person may not actively engage in the practice of pharmacy while classified as an inactive pharmacist.

(c) A person classified as an inactive pharmacist may reactivate his license by meeting current continuing education requirements and successfully demonstrating to the board's satisfaction his ability to actively practice as a pharmacist.

As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-14 Expiration, renewal, surrender, and reinstatement of pharmacist's license

Sec. 14. (a) A pharmacist's license expires biennially on the date established by the licensing agency under IC 25-1-5-4, unless renewed before that date.

(b) If an application for renewal is not filed and the required fee paid before the established biennial renewal date, the license expires and becomes invalid without any action taken by the board.

(c) Subject to IC 25-1-4-3, a statement attesting that the pharmacist has met the continuing education requirements shall be submitted with the application for license renewal.

(d) If a pharmacist surrenders the pharmacist's license to practice pharmacy in Indiana, the board may subsequently consider reinstatement of the pharmacist's license upon written request of the pharmacist. The board may impose any conditions it considers appropriate to the surrender or to the reinstatement of a surrendered license. The practitioner may not voluntarily surrender the practitioner's license to the board without the written consent of the board if any disciplinary proceedings are pending against the practitioner under this chapter or IC 25-1-9.

(e) If a license has been expired for not more than three (3) years, the board may reinstate the license only if the person meets the requirements under IC 25-1-8-6(c).

(f) If a license has been expired for more than three (3) years, the license may be reinstated by the board if the holder of the license meets the requirements for reinstatement under IC 25-1-8-6(d).

(g) The board may require a person who applies for a license under subsection (e) to appear before the board and explain the reason the person failed to renew the person's license.

As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.190; P.L.169-1985, SEC.90; P.L.149-1987, SEC.75; P.L.48-1991, SEC.47; P.L.269-2001, SEC.25 ; P.L.98-2006, SEC.8; P.L.105-2008, SEC.46.

IC 25-26-13-15 Confidentiality of prescriptions, records, and patient information; disclosure; immunity

Sec. 15. (a) A pharmacist shall hold in strictest confidence all prescriptions, drug orders, records, and patient information. He may divulge such information only when it is in the best interest of the patient or when requested by the board or its representatives or by a law enforcement officer charged with the enforcement of laws pertaining to drugs or devices or the practice of pharmacy.

(b) A person who has knowledge by virtue of his office of any prescription drug order, record, or patient information may not divulge such information except in connection with a criminal prosecution or proceeding or a proceeding before the board, to which the person to whom the information relates is a party.

(c) A pharmacist or pharmacy is immune from civil liability for any action based on its good faith release of information under this section.

As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-16 Pharmacist's professional judgment; honoring and refusal to honor prescriptions; immunity

Sec. 16. (a) A pharmacist shall exercise his professional judgment in the best interest of the patient's health when engaging in the practice of pharmacy.

(b) A pharmacist has a duty to honor all prescriptions from a practitioner or from a physician, podiatrist, dentist, or veterinarian licensed under the laws of another state. Before honoring a prescription, the pharmacist shall take reasonable steps to determine whether the prescription has been issued in compliance with the laws of the state where it originated. The pharmacist is immune from criminal prosecution or civil liability if he, in good faith, refuses to honor a prescription because, in his professional judgment, the honoring of the prescription would:

(1) be contrary to law;
(2) be against the best interest of the patient;
(3) aid or abet an addiction or habit; or
(4) be contrary to the health and safety of the patient.

As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.156-1986, SEC.3.

IC 25-26-13-16.5 Optometrists who may have prescriptions filled

Sec. 16.5. Pharmacists licensed by Indiana may fill prescriptions of optometrists who are:

(1) licensed by Indiana; and
(2) certified under IC 25-24-3;

for a drug that is included in the formulary adopted under IC 25-24-3-10.

As added by P.L.147-1991, SEC.3. Amended by P.L.157-2006, SEC.66.

IC 25-26-13-17 Classes of pharmacy permits

Sec. 17. (a) The board shall establish classes of pharmacy permits as follows:

Type I. A retail permit for a pharmacy that provides pharmaceutical care to the general public by the dispensing of a drug or device.

Type II. An institutional permit for hospitals, clinics, health care facilities, sanitariums, nursing homes, or dispensaries that offer pharmaceutical care by dispensing a drug product to an inpatient under a drug order or to an outpatient of the institution under a prescription.

Type III. A permit for a pharmacy that is not:

(A) open to the general public; or
(B) located in an institution listed under a Type II permit;

and provides pharmaceutical care to a patient who is located in an institution or in the patient's home.

Type IV. A permit for a pharmacy not open to the general public that provides pharmaceutical care by dispensing drugs and devices to patients exclusively through the United States Postal Services or other parcel delivery service.

Type V. A permit for a pharmacy that engages exclusively in the preparation and dispensing of diagnostic or therapeutic radioactive drugs.

Type VI. A permit for a pharmacy open to the general public that provides pharmaceutical care by engaging in an activity under a Type I or Type III permit. A pharmacy that obtains a Type VI permit may provide services to:

(A) a home health care patient;

(B) a long term care facility; or
(C) a member of the general public.
(b) Hospitals holding a Type II permit may offer drugs or devices to an employee, student, or medical staff member or their dependents for their own use.
(c) Nothing in this section prohibits a pharmacy holding a permit other than a Type IV permit from delivering drugs or devices through mail, parcel delivery, or hand delivery.
(d) Hospitals holding a Type II permit may operate remote locations within a reasonable distance of the licensed area, as determined by the board, after:
(1) filing an application on a form prepared by the board;
(2) having each location inspected by the board; and
(3) obtaining approval from the board.
(e) Any applicable rule governing the practice of pharmacy in Indiana shall apply to all permits under this section.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.149-1987, SEC.76; P.L.147-1991, SEC.4; P.L.98-2006, SEC.9.

IC 25-26-13-18 Eligibility for pharmacy permits; inspections; value of drug inventory

Sec. 18. (a) To be eligible for issuance of a pharmacy permit, an applicant must show to the satisfaction of the board that:
(1) Persons at the location will engage in the bona fide practice of pharmacy. The application must show the number of hours each week, if any, that the pharmacy will be open to the general public.
(2) The pharmacy will maintain a sufficient stock of emergency and frequently prescribed drugs and devices as to adequately serve and protect the public health.
(3) Except as provided in section 19 of this chapter, a registered pharmacist will be in personal attendance and on duty in the licensed premises at all times when the practice of pharmacy is being conducted and that the pharmacist will be responsible for the lawful conduct of the pharmacy.
(4) One (1) pharmacist will have not more than four (4) certified pharmacy technicians or pharmacy technicians in training certified under IC 25-26-19 under the pharmacist's immediate and personal supervision at any time. As used in this clause, "immediate and personal supervision" means within reasonable visual and vocal distance of the licensed person.
(5) The pharmacy will be located separate and apart from any area containing merchandise not offered for sale under the pharmacy permit. The pharmacy will:
(A) be stationary;
(B) be sufficiently secure, either through electronic or physical means, or a combination of both, to protect the products contained in the pharmacy and to detect and deter entry during those times when the pharmacy is closed;
(C) be well lighted and ventilated with clean and sanitary surroundings;
(D) be equipped with a sink with hot and cold running water or some means for heating water, a proper sewage outlet, and refrigeration;
(E) have a prescription filling area of sufficient size to permit the practice of pharmacy as practiced at that particular pharmacy; and
(F) have such additional fixtures, facilities, and equipment as the board requires to enable it to operate properly as a pharmacy in compliance with federal and state laws and regulations governing pharmacies.
(b) Prior to opening a pharmacy after receipt of a pharmacy permit, the permit holder shall submit the premises to a qualifying inspection by a representative of the board and shall present a physical inventory of the drug and all other items in the inventory on the premises.
(c) At all times, the wholesale value of the drug inventory on the licensed items must be at least ten percent (10%) of the wholesale value of the items in the licensed area.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.3-1990, SEC.90; P.L.27-1998, SEC.1; P.L.187-1999, SEC.4; P.L.251-2003, SEC.; P.L.1-2009, SEC.142.

IC 25-26-13-19 Retail pharmacies; absence of pharmacist; revocation of privilege

Sec. 19. (a) A pharmacy holding a Type I or Type VI permit may be open to the general public without a pharmacist on duty if the following conditions are met:
(1) Approval is obtained from the board.
(2) All legend drugs and other merchandise that can only be dispensed by a pharmacist are securely locked or secured by an alternative system approved by the board when the pharmacist is absent.
(3) During the pharmacist's absence, a sign at least twenty (20) inches by thirty (30) inches is prominently displayed in the prescription department stating: "Prescription Department Closed, No Pharmacist on Duty".
(4) Only a pharmacist has access to the secured area.
(b) The board may revoke or limit a pharmacy's privilege under this section after a hearing under IC 4-21.5-3.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.7-1987, SEC.125; P.L.147-1991, SEC.5; P.L.288-2001, SEC.3.

IC 25-26-13-20 Applications for pharmacy permits

Sec. 20. (a) A person desiring to open, establish, operate, or maintain a pharmacy shall apply to the board for a pharmacy permit on a form provided by the board. The applicant shall set forth:
(1) the name and occupation of the persons desiring the permit;
(2) the location, including street address and city, of the pharmacy;
(3) the name of the pharmacist who will qualify the pharmacy by being responsible to the board for the legal operation of the pharmacy under the

permit; and

(4) such other information as the board may require.

(b) If the applicant desires to open, establish, operate, or maintain more than one (1) pharmacy, he must file a separate application for each. Each pharmacy must be qualified by a different pharmacist.

(c) The board shall permit a pharmacist to serve as a qualifying pharmacist for more than one (1) pharmacy holding a type II pharmacy permit upon the holder of the type II permit showing circumstances establishing that:

(1) the permit holder has made a reasonable effort, without success, to obtain a qualifying pharmacist who is not serving as a qualifying pharmacist at another type II pharmacy; and

(2) the single pharmacist could effectively fulfill all duties and responsibilities of the qualifying pharmacist at both locations.

(d) The board shall grant or deny an application for a permit not later than one hundred twenty (120) days after the application and any additional information required by the board are submitted.

(e) The board may not issue a pharmacy permit to a person who desires to operate the pharmacy out of a residence.

As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.169-1985, SEC.91; P.L.270-2001, SEC.3; P.L.98-2006, SEC.10.

IC 25-26-13-21 Transfer of ownership or location of pharmacies

Sec. 21. (a) A pharmacy permit is not transferable as to location or ownership.

(b) Not later than ten (10) days after the change of ownership of a pharmacy, an application shall be submitted for transfer of ownership accompanied by a signed and dated certificate of sale. The original permit remains valid until a new permit is issued or the application is rejected by the board. Not later than ten (10) days after notice of the board's action, the old permit is void and must be returned immediately by the new owner.

(c) If the holder of a pharmacy permit desires to change the location of the pharmacy, he shall file an application on a form provided by the board for a permit for the new location.

(d) All applications for transfers of ownership or location of a pharmacy must be accompanied by the appropriate fee.

As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.191.

IC 25-26-13-22 Expiration and renewal of pharmacy permits

Sec. 22. (a) A pharmacy permit shall expire biennially on a date established by the agency under IC 25-1-5-4.

(b) If a pharmacy permit lapses for not more than three (3) years, it may be reinstated by the board if the holder of the permit meets the requirements established under IC 25-1-8-6(c).

(c) If a pharmacy permit has been expired for more than three (3) years, the permit may be reinstated by the board if the holder of the permit meets the requirements for reinstatement under IC 25-1-8-6(d).

(d) No pharmacy may be open for business after the established biennial renewal date until the permit is reinstated.

As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.192; P.L.169-1985, SEC.92; P.L.105-2008, SEC.47.

IC 25-26-13-23 Fees; fines; license renewal

Sec. 23. (a) The board shall establish appropriate fees to carry out this chapter.

(b) All fees are nonrefundable. A receipt shall be issued for all fees and fines submitted.

(c) All fees collected under this section shall be transferred to the treasurer of state and deposited in the general fund of the state.

(d) The board shall adopt rules to establish fines for violation of an article listed in IC 25-26 or a rule adopted under IC 25-26-13-4, IC 25-26-14-13 or IC 35-48-3-1.

(e) A fine collected by the board shall be transferred to the treasurer of state and deposited in the state general fund.

(f) No fine established under subsection (d) shall be less than twenty-five dollars ($25).

(g) At the time of license renewal, each licensed pharmacist shall pay a renewal fee, a part of which shall be used for the rehabilitation of impaired pharmacists. Notwithstanding subsection (c), the lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired pharmacists account of the state general fund established by section 30 of this chapter:

(1) Sixteen percent (16%) of the license renewal fee for each license renewed under this section.

(2) The amount per license needed to operate the impaired pharmacists program, as determined by the Indiana professional licensing agency.

As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.193; P.L.169-1985, SEC.93; P.L.152-1988, SEC.22; P.L.188-1995, SEC.5; P.L.1-2003, SEC.76; P.L.182-2003, SEC.3; P.L.1-2006, SEC.463.

IC 25-26-13-24 Display of permits and licenses

Sec. 24. The pharmacy permit and the licenses of the pharmacists primarily employed in the pharmacy shall be prominently displayed in an area where customers at the prescription counter can readily see them.

As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-25 Prescriptions; numbering, filing, and inspection; refills; duration of validity; demise of practitioner or patient; resale or redistribution of returned medication

Sec. 25. (a) All original prescriptions, whether in written or electronic format, shall be numbered and maintained in numerical and chronological order, or in a manner approved by the board and accessible for at least two (2) years in the pharmacy. A prescription transmitted from a practitioner by means of communication other than writing must immediately be reduced to writing or recorded in an electronic format by the pharmacist. The files shall be open for inspection to any member of the board or its duly authorized agent or representative.

(b) A prescription may be electronically transmitted from the practitioner by computer or another electronic device to a pharmacy that is licensed under this article or any other state or territory. An electronic data intermediary that is approved by the board:

(1) may transmit the prescription information between the prescribing practitioner and the pharmacy;

(2) may archive copies of the electronic information related to the transmissions as necessary for auditing and security purposes; and

(3) must maintain patient privacy and confidentiality of all archived information as required by applicable state and federal laws.

(c) Except as provided in subsection (d), a prescription for any drug, the label of which bears either the legend, "Caution: Federal law prohibits dispensing without prescription" or "Rx Only", may not be refilled without written, electronically transmitted, or oral authorization of a licensed practitioner.

(d) A prescription for any drug, the label of which bears either the legend, "Caution: Federal law prohibits dispensing without prescription" or "Rx Only", may be refilled by a pharmacist one (1) time without the written, electronically transmitted, or oral authorization of a licensed practitioner if all of the following conditions are met:

(1) The pharmacist has made every reasonable effort to contact the original prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.

(2) The pharmacist believes that, under the circumstances, failure to provide a refill would be seriously detrimental to the patient's health.

(3) The original prescription authorized a refill but a refill would otherwise be invalid for either of the following reasons:

(A) All of the authorized refills have been dispensed.

(B) The prescription has expired under subsection (g).

(4) The prescription for which the patient requests the refill was:

(A) originally filled at the pharmacy where the request for a refill is received and the prescription has not been transferred for refills to another pharmacy at any time; or

(B) filled at or transferred to another location of the same pharmacy or its affiliate owned by the same parent corporation if the pharmacy filling the prescription has full access to prescription and patient profile information that is simultaneously and continuously updated on the parent corporation's information system.

(5) The drug is prescribed for continuous and uninterrupted use and the pharmacist determines that the drug is being taken properly in accordance with IC 25-26-16.

(6) The pharmacist shall document the following information regarding the refill:

(A) The information required for any refill dispensed under subsection (e).

(B) The dates and times that the pharmacist attempted to contact the prescribing practitioner or the practitioner's designee for consultation and authorization of the prescription refill.

(C) The fact that the pharmacist dispensed the refill without the authorization of a licensed practitioner.

(7) The pharmacist notifies the original prescribing practitioner of the refill and the reason for the refill by the practitioner's next business day after the refill has been made by the pharmacist.

(8) Any pharmacist initiated refill under this subsection may not be for more than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day. However, a pharmacist may dispense a drug in an amount greater than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day if:

(A) the drug is packaged in a form that requires the pharmacist to dispense the drug in a quantity greater than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day; or

(B) the pharmacist documents in the patient's record the amount of the drug dispensed and a compelling reason for dispensing the drug in a quantity greater than the minimum amount necessary to supply the patient through the prescribing practitioner's next business day.

(9) Not more than one (1) pharmacist initiated refill is dispensed under this subsection for a single prescription.

(10) The drug prescribed is not a controlled substance.

A pharmacist may not refill a prescription under this subsection if the practitioner has designated on the prescription form the words "No Emergency Refill".

(e) When refilling a prescription, the refill record shall include:

(1) the date of the refill;

(2) the quantity dispensed if other than the original quantity;

and

(3) the dispenser's identity on:

(A) the original prescription form; or

(B) another board approved, uniformly maintained, readily retrievable record.

(f) The original prescription form or the other board approved record described in subsection (e) must indicate by the number of the original prescription the following information:

(1) The name and dosage form of the drug.

(2) The date of each refill.

(3) The quantity dispensed.

(4) The identity of the pharmacist who dispensed the refill.

(5) The total number of refills for that prescription.

(g) A prescription is valid for not more than one (1) year after the original date of issue.

(h) A pharmacist may not knowingly dispense a prescription after the demise of the practitioner, unless in the pharmacist's professional judgment it is in

the best interest of the patient's health.
(i) A pharmacist may not knowingly dispense a prescription after the demise of the patient.
(j) A pharmacist or a pharmacy shall not resell, reuse, or redistribute a medication that is returned to the pharmacy after being dispensed unless the medication:
(1) was dispensed to a patient:
(A) residing in an institutional facility (as defined in 856 IAC 1-28.1-1(6)); or
(B) in a hospice program under IC 16-25;
(2) was properly stored and securely maintained according to sound pharmacy practices;
(3) is returned unopened and:
(A) was dispensed in the manufacturer's original:
(i) bulk, multiple dose container with an unbroken tamper resistant seal; or
(ii) unit dose package; or
(B) was packaged by the dispensing pharmacy in a:
(i) multiple dose blister container; or
(ii) unit dose package;
(4) was dispensed by the same pharmacy as the pharmacy accepting the return;
(5) is not expired; and
(6) is not a controlled substance (as defined in IC 35-48-1-9), unless the pharmacy holds a Type II permit (as described in section 17 of this chapter).
(k) A pharmacist may use the pharmacist's professional judgment as to whether to accept medication for return under this section.
(l) A pharmacist who violates subsection (d) commits a Class A infraction.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.239-1989, SEC.1; P.L.33-1993, SEC.46; P.L.188-1995, SEC.6; P.L.187-1999, SEC.5; P.L.270-2001, SEC.4; P.L.288-2001, SEC.4; P.L.1-2002, SEC.98; P.L.182-2003, SEC.4; P.L.97-2004, SEC.95; P.L.75-2004, SEC.2; P.L.204-2005, SEC.16.

IC 25-26-13-25.5 Approved electronic data intermediary

Sec. 25.5. A prescription may be transmitted electronically from a practitioner to a pharmacy only through the use of an electronic data intermediary approved by the board.
As added by P.L. 204-2005, SEC.17.

IC 25-26-13-26 Repealed

(*Repealed by Acts 1981, P.L.222, SEC.296.)*

IC 25-26-13-26.1 Repealed

(*Repealed by P.L.152-1988, SEC.30.)*

IC 25-26-13-27 Closing of pharmacies

Sec. 27. (a) If a pharmacy will be closed for five (5) consecutive days or more, the permit holder shall notify the board and take such steps to secure the drugs in the pharmacy as the board may direct.
(b) If a pharmacy is to be permanently closed for any reason, the owner or qualifying pharmacist shall:
(1) notify the board not less than twenty (20) days before the transfer of any controlled substances and submit a copy of the inventory form required by the federal drug enforcement administration together with the name, address, and registration number of the person to whom the drugs will be transferred;
(2) remove all legend drugs from stock by:
(A) returning them to the wholesaler or manufacturer if he consents;
(B) transferring them to another pharmacy; or
(C) destroying them in the presence of a representative appointed by the board;
(3) before disposing of any other merchandise in the pharmacy, dispose of all controlled drugs and legend drugs as provided in clauses (1) and (2) and submit the licensed premises to an inspection by a representative of the board to certify that all legend and controlled drugs have been removed;
(4) remove from inside and outside the licensed area all symbols and signs using the words "drugs", "drugstore", "prescriptions", "pharmacy", "pharmacy department", "apothecary", or "apothecary shop", or any combination of such titles; and
(5) return the pharmacy permit for cancellation by the board within ten (10) days after all legend drugs, controlled drugs, drugs and devices are removed from the premises.
As added by Acts 1977, P.L.276, SEC.1. Amended by P.L.147-1991, SEC.6.

IC 25-26-13-28 Injunction of violations

Sec. 28. At the request of the board, the attorney general in the name of the state shall apply for an injunction in the circuit court of the county wherein a violation of this chapter is occurring.
As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-29 Unlawful acts; violations; application of chapter

Sec. 29. (a) It is unlawful:
(1) For any person to display or permit to be displayed, a pharmacy permit in any facility or place of business other than that for which it was issued.
(2) For any person to accept a prescription for filling or compounding at any place or facility for which there is not a valid pharmacy permit.
(3) For any person to operate a pharmacy or to take, assume, exhibit, display, or advertise by any medium, the title "drugs", "prescriptions", "medicine", "drug store", "pharmacy", or "apothecary shop", or any combination of such titles or any other title, symbol, term, or description of like import intended to cause the public to believe that it is a pharmacy unless he holds a valid pharmacy permit.
(4) For any person to engage or offer to engage in the practice of pharmacy or to hold himself out as a pharmacist without a valid pharmacist's license that is classified as active by the board.
(b) A person who violates a provision of subsection (a) of this section commits a Class D felony.
(c) Nothing in this chapter shall apply to, nor in any manner interfere with the business of a general merchant in selling and distributing nonnarcotic, nonprescription medicines or drugs which are prepackaged, fully prepared by the manufacturer for use by the consumer, and labeled in accordance with the requirements of the state and federal food and drug acts.
As added by Acts 1977, P.L.276, SEC.1.

IC 25-26-13-30 Impaired pharmacists account

Sec. 30. (a) The impaired pharmacists account is established within the state general fund to provide money for the rehabilitation of impaired pharmacists under this article. The account shall be administered by the Indiana professional licensing agency.
(b) Expenses of administering the account shall be paid from money in the account. The account consists of money collected under section 4.5(b) of this chapter.
(c) The treasurer of state shall invest the money in the account not currently needed to meet the obligations of the account in the same manner as other public money may be invested. Money remaining in the account at the end of a state fiscal year does not revert to the state general fund.
(d) There is appropriated to the board from the account an amount sufficient to carry out the purpose described in subsection (a).
As added by P.L.188-1995, SEC.7. Amended by P.L.1-2006, SEC.464.

IC 25-26-13-31 Powers and duties of pharmacists

Sec. 31. (a) A pharmacist may do the following:
(1) Obtain and maintain patient drug histories and other pharmacy records that are related to drug or device therapies.
(2) Perform drug evaluation, drug utilization review, and drug regimen review.
(3) Participate in the selection, storage, and distribution of drugs, dietary supplements, and devices. However, drug selection must comply with IC 16-42-19 and IC 16-42-22.
(4) Participate in drug or drug related research.
(b) A pharmacist who participates in an activity allowed under subsection (a) is required to follow the standards for the competent practice of pharmacy adopted by the board.
As added by P.L.187-1999, SEC.6.

IC 25-26-13-31.2 Administration of immunizations; emergency immunizations
Sec. 31.2. (a) A pharmacist may administer an immunization to an individual under a drug order or prescription.
(b) A pharmacist may administer an immunization for influenza to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician if the following requirements are met:
(1) The physician specifies in the drug order, prescription, or protocol the group of individuals to whom the immunization may be administered.
(2) The physician who writes the drug order, prescription, or protocol is licensed in Indiana and not employed by a pharmacy.
(3) The pharmacist who administers the immunization is responsible for notifying, not later than fourteen (14) days after the pharmacist administers the immunization, the physician who authorized the immunization and the individual's primary care physician that the individual received the immunization.
(4) If the physician uses a protocol, the protocol may apply only to an individual or group of individuals who are at least:
(A) fourteen (14) years of age but less than eighteen (18) years of age, if the pharmacist receives the consent of a parent or legal guardian, and the parent or legal guardian is present at the time of immunization; or
(B) eighteen (18) years of age.
(c) If the state department of health or the department of homeland security determines that an emergency exists, a pharmacist may administer any immunization in accordance with:
(1) the requirements of subsection (b)(1) through (b)(3); and
(2) any instructions in the emergency determination.
As added by P.L.94-2007, SEC.2.

IC 25-26-13-32 State of emergency; suspension of statutes

Sec. 32. If a state of emergency is declared by:
(1) the governor under IC 10-14-3-12; or

(2) the President of the United States;

the board may, for the duration of the state of emergency, suspend the provisions of a statute or rule under this article that would prevent, hinder, or delay the appropriate delivery of pharmaceutical care.

As added by P.L.98-2006, SEC.11.

TITLE 856 INDIANA BOARD OF PHARMACY

ARTICLE 1. PHARMACIES AND PHARMACISTS

Rule 1. Application Requirements *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 1.1. Definitions

856 IAC 1-1.1-1 Adoption of definitions
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2; IC 35-48-1-1

Sec. 1. All terms which are defined in IC 25-26-13-2 shall have the same meanings as they are so defined when used in the rules and regulations of the Indiana board of pharmacy found in Article 1 of Title 856 of the Indiana Administrative Code. (Indiana Board of Pharmacy; 856 IAC 1-1.1-1; filed Dec 3, 1985, 3:02 pm: 9 IR 767; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; errata filed Jan 9, 2002, 4:20 p.m.: 25 IR 1645; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-1.1-2 "Pharmacy Practice Act" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 2. The term "Pharmacy Practice Act" when used in these regulations is in reference to Acts 1977, Public Law codified at IC 25-26-13 as amended from time to time. *(Indiana Board of Pharmacy; 856 IAC 1-1.1-2; filed Dec 3, 1985, 3:02 pm: 9 IR 767; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; errata filed Jan 9, 2002, 4:20 p.m.: 25 IR 1645; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-1.1-3 "In personal attendance" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 3. The term "in personal attendance" as the same is in IC 25-26-13-18(a) of the Pharmacy Practice Act means being physically present in the area specified as the dimensions of the pharmacy in the relevant pharmacy permit application. *(Indiana Board of Pharmacy; 856 IAC 1-1.1-3; filed Dec 3, 1985, 3:02 pm: 9 IR 767; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; errata filed Jan 9, 2002, 4:20 p.m.: 25 IR 1645; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

Rule 2. Pharmacists' Certificate

856 IAC 1-2-1 Display of certificate
Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 1. Certificates of licensure shall be conspicuously displayed in the drugstore, pharmacy, hospital, dispensary or other place where drugs are sold or dispensed and where the owner or holder thereof is in employment. Failure to comply with this rule shall be deemed sufficient cause for suspension or revocation of the license. *(Indiana Board of Pharmacy; Reg 2,Sec 1; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 119; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1331; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)*

856 IAC 1-2-2 Illegal display of certificate; prohibition
Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 2. The display of a certificate of licensure as a pharmacist in a drugstore, pharmacy, hospital, dispensary, or other place where drugs are sold or dispensed, and in which place the owner and holder of such license is not in bona fide employment, shall be deemed an illegal use of such license, and upon satisfactory proof of such illegal use, such license may be revoked. *(Indiana Board of Pharmacy; Reg 2,Sec 2; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 119; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1331; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)*

856 IAC 1-2-3 Notification of address change
Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 3. All holders of a license as a pharmacist shall notify the Indiana board of pharmacy of any change of address. *(Indiana Board of Pharmacy; Reg 2,Sec 3; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 119; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1331; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)*

856 IAC 1-2-4 Service by mail sufficient notice
Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 4. The Board has no way of knowing whether or not a notice reaches its destination and, therefore, when a notice has been mailed to the person concerned, the duty of the Board has been performed. *(Indiana Board of Pharmacy; Reg 2,Sec 4; filed Jun 18, 1962, 10:00 am: Rules and Regs. 1963, p. 119; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-2-5 Duplicate certificate or drugstore permit; fees *(Repealed)*

(Repealed by Indiana Board of Pharmacy; filed Aug 12, 1987, 9:45 am: 11 IR 94)

Rule 3. Experience *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 3.1. Examination and Experience Requirements

856 IAC 1-3.1-1 Licensure by examination
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. All pharmacist applicants for licensure by examination qualified by law and as provided in rules of the board shall take the complete examination consisting of North American Pharmacist Licensure Examination (NAPLEX™) and the Multistate Pharmacy Jurisprudence Examination (MPJE™). All exams shall be given in the English language only. *(Indiana Board of Pharmacy; 856 IAC 1-3.1-1; filed Dec 3, 1985, 3:02 p.m.: 9 IR 767; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2876; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-3.1-2 Information for licensure
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 2. (a) Persons seeking licensure by examination shall file an application on a form supplied by the board.
(b) Persons seeking licensure by examination shall provide the following information on, or submit such information with, the application for licensure:
(1) Complete name, address, and telephone number.
(2) Date and place of birth.
(3) Certification of complete history and structure of hours of pharmacy experience prior to and after graduation.
(4) Intern/extern certificate number, including date and state from which certificate was issued.
(5) Two (2) recent passport-type (2″× 2″) photographs of the applicant, taken within eight (8) weeks prior to filing the application.
(6) The fee as required by 856 IAC 1-27-1.
(7) Either:
(A) certification of graduation from a program approved by the board pursuant to 856 IAC 1-5-1; or
(B) in the case of an applicant applying in the last half-year of the curriculum, certification from the dean of an approved pharmacy program that the applicant is expected to successfully complete the curriculum; however, the applicant shall not be allowed to sit for the examination until the board has received certification of graduation.
(Indiana Board of Pharmacy; 856 IAC 1-3.1-2; filed Dec 3, 1985, 3:02 p.m.: 9 IR 767; filed Aug 12, 1987, 9:45 a.m.: 11 IR 94; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2876; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-3.1-3 Passing scores
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 3. To successfully pass an examination, the applicant must attain a general average of not less than seventy-five (75) on the examination taken after the effective date of this rule. *(Indiana Board of Pharmacy; 856 IAC 1-3.1-3; filed Dec 3, 1985, 3:02 p.m.: 9 IR 767; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1331; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-3.1-4 Reexamination
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 4. If an applicant fails an examination or any portion of an examination and wishes to retake the failed portions, the applicant shall file a new complete application, except that the applicant may include affidavits or data concerning his or her experience in a pharmacy and attendance at a college or school of pharmacy by referring to the original application. An applicant who fails to pass a portion of the examination after two (2) sittings shall be permitted to take subsequent examinations, providing the candidate first both appears before the board for consultation, and receives the express written permission of the board. *(Indiana Board of Pharmacy; 856 IAC 1-3.1-4; filed Dec 3, 1985, 3:02 p.m.: 9 IR 767; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1331; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-3.1-5 Pharmacist intern/extern; experience requirement

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 5. The period of practical experience required by law for an applicant for a pharmacist license shall be computed and credited from the date of registration as a pharmacist intern/extern, with no credit given for any experience in pharmacy prior to registration or during a period when the registration has lapsed or is suspended or revoked by the board. *(Indiana Board of Pharmacy; 856 IAC 1-3.1-5; filed Dec 3, 1985, 3:02 p.m.: 9 IR 768; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2876; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-3.1-6 Board approval required for practical experience programs for pharmacist intern/extern registration; pharmacy permit required, exceptions; prior approval of nonpharmacy experience site; minimum-maximum hours of practical experience

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 6. (a) The Indiana board of pharmacy (board) shall approve all practical experience programs wherever served. Persons responsible for the integrity and content of practical experience programs shall furnish information regarding material changes to the board, prior to implementation, for approval of the program. Approval may be withheld for cause, which may include, but is not limited to, unapproved material change in the program or change in program administration.

(b) All persons wishing to satisfy their practical experience requirements in Indiana shall possess a valid registration as a pharmacist intern or extern in Indiana while the practical experience hours are being served.

(c) If the experience is in a pharmacy that is required by law to have a pharmacy permit, that pharmacy must have a valid pharmacy permit. A pharmacy permit is not required if:

(1) the practical experience is being obtained at a site other than a pharmacy, for example, sites primarily engaged in:
(A) manufacturing;
(B) research;
(C) consulting;
(D) drug information;
(E) drug utilization review; or
(F) other pharmacy-related activity; or
(2) the experience is in a pharmacy that is not required to have a permit, for example, federally owned facilities.

(d) Prior approval is required for experience in a site other than a pharmacy. A written request must be submitted to the board prior to beginning the experience period if:

(1) an individual intern or preceptor is seeking board approval, the request for approval shall include:
(A) a detailed description of the proposed practical experience program with respect to time, place, duties, responsibilities, and supervision; and
(B) the name of the person responsible for supervising the experience; or
(2) an approved college or school of pharmacy is seeking board approval for experiential courses, the request for approval shall include:
(A) a detailed description of the proposed practical experience course with respect to duties, responsibilities, and supervision; and
(B) the name of the course coordinator responsible for site selection and maintenance of the integrity of the program.

(e) Acceptable practical experience time per week shall consist of not less than four (4) and not more than sixty (60) hours of time per week served under the supervision of a pharmacist or another board approved practical experience supervisor. *(Indiana Board of Pharmacy; 856 IAC 1-3.1-6; filed Dec 3, 1985, 3:02 p.m.: 9 IR 768; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2876; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1331; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-3.1-7 Pharmacist intern/extern; program requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 7. (a) Practical experience requirements for pharmacist interns/externs in Indiana may be satisfied by complying with either of the following:

(1) Completion of the practical experience requirements of the college or school of pharmacy from which the intern/extern has graduated, if the curriculum of the college or school has been accredited by:
(A) the American Council on Pharmaceutical Education (ACPE);
(B) the Canadian Council on Pharmacy Accreditation (CCPA); or
(C) another board-approved practical experience program.

(2) In the event the intern/extern has graduated from a nonaccredited program as outlined in subdivision (1) or has no practical experience as a part of that individual's educational curriculum, the intern/extern must complete a minimum of one thousand five hundred (1,500) hours of practical experience under the supervision of a pharmacist and provide the board, prior to or concurrent with application for licensure, a written description of the objectives and duties of that experience.

(b) If a candidate for licensure as a pharmacist in Indiana has been licensed as a pharmacist in another state or jurisdiction and has been engaged in the practice of pharmacy as defined in IC 25-26-13-2 for a period of not less than one (1) year, the practical experience requirement is waived.

(Indiana Board of Pharmacy; 856 IAC 1-3.1-7; filed Dec 3, 1985, 3:02 p.m.: 9 IR 768; filed Jan 3, 2000, 10:03 a.m.: 23 IR 1107; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1332; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-3.1-8 Pharmacist intern/extern; minimum/maximum hours of supervision *(Repealed)*

Sec. 8. *(Repealed by Indiana Board of Pharmacy; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2878)*

856 IAC 1-3.1-9 Pharmacist intern/extern; practical experience affidavits

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 9. The acceptable pharmacist intern or pharmacist extern practical experience time must be verified by practical experience affidavits signed at the termination of each period of practical experience. All such affidavits must list all practical experience time on a calendar week basis showing actual time served each week.

(Indiana Board of Pharmacy; 856 IAC 1-3.1-9; filed Dec 3, 1985, 3:02 p.m.: 9 IR 768; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2877; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-3.1-10 Pharmacist intern/extern; unacceptable experience time *(Repealed)*

Sec. 10. *(Repealed by Indiana Board of Pharmacy; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1340)*

856 IAC 1-3.1-11 Out-of-state externship and other practical experience programs; postgraduate requirements; taking the licensure examination before completion of practical experience

Authority: IC 25-26-13-4
Affected: IC 25-26-13-11

Sec. 11. (a) Time accepted for experience gained in approved school supervised practical experience programs in other states successfully completed while enrolled in a professional degree program recognized under IC 25-26-13-11(a)(3) will be credited toward fulfillment of experience hours required under section 7 of this rule. Time accepted for practical experience obtained while not enrolled in a professional degree program and approved under section 6 of this rule may be credited to experience requirements at the board's discretion, whether or not served in Indiana.

(b) A description of the out-of-state practical experience program with the number of hours it contains shall be submitted with the certification for evaluation by the board subject to the following:

(1) Students supplying detailed information on their program at least eight (8) weeks in advance of the board examination date will have their hours evaluated to determine the number that will be accepted toward the prelicensure five hundred twenty (520) hour requirement.

(2) Students not supplying sufficient detailed information on their program or failing to submit the same within eight (8) weeks before the board examination to allow evaluation may take the exam prior to the evaluation of their program. After evaluation, they will be notified of the hours that may be accepted. If sufficient hours are not accepted, licensure will not be granted.

(c) A candidate for licensure who has graduated from an approved school of pharmacy may take the examination before completing the required practical experience hours. However, the candidate will not be licensed as a pharmacist until affidavits are received for the entire practical experience requirement.

(Indiana Board of Pharmacy; 856 IAC 1-3.1-11; filed Dec 3, 1985, 3:02 p.m.: 9 IR 768; errata, 9 IR 1101; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2877; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-3.1-12 Out-of-state practical experience; reciprocity

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 12. Practical experience time served in another state will be accepted and will permit the applicant to take the NAPLEX examination subject to section 11 of this rule if the following requirements are met:

(1) The practical experience time served in such other state meets all requirements of Indiana law and is experience time of the type that is acceptable to the Indiana board of pharmacy (board).

(2) The applicant has a valid intern or apprentice license from the state where the experience is served. Or, if that other state does not require an intern or apprentice license, the applicant must submit certification or an affidavit from the secretary of the board that state showing that no intern or apprentice license is required.

(Indiana Board of Pharmacy; 856 IAC 1-3.1-12; filed Dec 3, 1985, 3:02 p.m.: 9 IR 769; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2878; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1332; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070)

856 IAC 1-3.1-13 Fraud or misrepresentation in applying for or taking examination

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 13. Any misrepresentation made or any fraud perpetrated in an application for examination, or in the examination, shall be deemed sufficient cause for the refusal of such application, or to complete such examination, and if such misrepresentation or fraud is not discovered until later than at the time of the submission of such application, or until the completion of such examination, it shall be deemed sufficient cause for the dismissal from the examination, or the refusal to grant a certificate, or the revocation of the certificate if already issued, and the fee paid with such application for such examination shall be forfeited; provided, however, that the action of the board shall be subject to the law in force with respect to the denial of a license or permit on application.
(Indiana Board of Pharmacy; 856 IAC 1-3.1-13; filed Dec 3, 1985, 3:02 pm: 9 IR 769; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 4. Reciprocity

856 IAC 1-4-1 License transfer

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. All applicants for license transfer registration must submit their application, with a certified photograph of the applicant and if necessary a copy of their birth certificate attached thereto, and may be requested to appear in person before the Indiana board of pharmacy (board) for a personal interview during a board meeting. An Indiana law examination must be passed before any certificate of licensure will be issued. A practical examination will be administered to the applicant if the board determines that the applicant has not been actively practicing pharmacy in the twelve (12) months preceding the application. Applications for license transfer must be reviewed and approved at a board meeting prior to examination and prior to the applicant's board requested personal appearance.
(Indiana Board of Pharmacy; Reg 4, Sec 1; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 119; filed Dec 3, 1985, 3:02 p.m.: 9 IR 769; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2878; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1333; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-4-2 Application forms

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 2. All applicants applying for license transfer in Indiana are required to make application on the official application blanks issued by the National Association of Boards of Pharmacy.
(Indiana Board of Pharmacy; Reg 4,Sec 2; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 119; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1333; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-4-3 Restoration of Indiana certification by reciprocity *(Repealed)*

Sec. 3. *(Repealed by Indiana Board of Pharmacy; filed Apr 23, 1999, 2:06 p.m.: 22 IR 2878)*

856 IAC 1-4-4 Qualifications of applicants for license transfer

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 4. Applicants for license transfer will be admitted to Indiana only if their qualifications for licensure, possessed at the time of their original registration in the state from which they came, were equal to the requirements of Indiana at that time.
(Indiana Board of Pharmacy; Reg 4,Sec 4; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 120; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1333; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 5. Recognition of Accredited Schools

856 IAC 1-5-1 Recognition of accredited schools or colleges *(Repealed)*

Sec. 1. *(Repealed by Indiana Board of Pharmacy; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1340)*

Rule 6. Drugstores, Pharmacies, Apothecary Shops *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Jun 20, 2001, 3:59 p.m.: 24 IR 3651)

Rule 6.1. Drugstores, Pharmacies, Apothecary Shops

856 IAC 1-6.1-1 Pharmacy equipment; lack of access between adjacent pharmacies

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 1. (a) In addition to the requirements of IC 25-26-13-18, the qualifying pharmacist for each pharmacy issued a permit by the board shall be responsible for all decisions concerning the additional fixtures, facilities, and equipment needed by the pharmacy to operate properly in compliance with the law regulating pharmacies. In making those decisions, the qualifying pharmacist shall consider minimum health, safety, and security measures as well as the type and scope of practice, the patient's needs, and the laws and rules that apply.

(b) If requested by a representative of the Indiana board of pharmacy (board), the qualifying pharmacist shall justify, in writing, all decisions made under this rule.

(c) The board shall determine whether minimum health, safety, and security measures have been satisfactorily met by an applicant for a pharmacy permit before the permit is issued or at any time the permit is in effect.

(d) If the board determines that a pharmacy does not meet the requirements of IC 25-26-13-18 and this rule, it will identify and notify the qualifying pharmacist of the deficiencies. The qualifying pharmacist shall correct or cause to be corrected the deficiencies identified within thirty (30) days of notification by the board of the noncompliance.

(e) Failure to timely correct the deficiencies identified is grounds for denial or revocation of a permit.

(f) To assure that no pharmacy is left unattended by a pharmacist while that pharmacy is in operation, no means of access may be constructed or maintained between adjacent pharmacies.

(Indiana Board of Pharmacy; 856 IAC 1-6.1-1; filed Jun 20, 2001, 3:59 p.m.: 24 IR 3651; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 7. Pharmacy Permits

856 IAC 1-7-1 Change of pharmacy ownership

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 1. In case of change of ownership of a pharmacy the original permit becomes void and must be returned, by the new owner, with application to the Board of Pharmacy for a new permit.

(Indiana Board of Pharmacy; Reg 7,Sec 1; filed Jun 18, 1962, 10:00 am: Rules and Regs. 1963, p. 121; readopted filed Sep 14, 2001, 3:04 p.m.: 25 IR 532; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-7-2 Application for permit to conduct pharmacy

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 2. All applications for a permit to conduct a pharmacy will require the action of at least a quorum of the Board.

(Indiana Board of Pharmacy; Reg 7,Sec 2; filed Jun 18, 1962, 10:00 am: Rules and Regs. 1963, p. 121; readopted filed Sep 14, 2001, 3:04 p.m.: 25 IR 532; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-7-3 Relocation of pharmacy

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11; IC 25-26-13-18

Sec. 3. To be eligible for relocation of a pharmacy an applicant must show to the satisfaction of the board that the requirements for the eligibility for a pharmacy permit as set out in IC 25-26-13-18 will be met. Prior to relocating a pharmacy the proprietor shall file an application, on a form prescribed and furnished by the board, setting out all information so requested on such form. Prior to moving a pharmacy, after receipt of board approval, the permit holder shall submit the premises to a qualifying inspection by a representative of the board.

(Indiana Board of Pharmacy; Reg 7, Sec 3; filed Jun 18, 1962, 10:00 am: Rules and Regs. 1963, p. 121; filed Dec 3, 1985, 3:02 pm: 9 IR 770; readopted filed Sep 14, 2001, 3:04 p.m.: 25 IR 532; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-7-4 Licensed pharmacist required for each pharmacy

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-11

Sec. 4. Every application for a permit to operate a pharmacy must set forth the name of the pharmacist, licensed by the Indiana board of pharmacy, who will be in full responsible charge for the legal operation of the pharmacy under said permit. Any person, firm, corporation, co-partnership or association owning or operating more than one pharmacy must secure a permit for each such pharmacy and no single registered pharmacist shall be permitted to qualify for more than one store. Provided, however, nothing in this regulation shall be construed to apply to the ownership of such pharmacy but shall apply only to the issuance of permits for the operation of such pharmacy.

(Indiana Board of Pharmacy; Reg 7, Sec 4; filed Jun 18, 1962, 10:00 am: Rules and Regs. 1963, p. 122; filed Dec 3, 1985, 3:02 pm: 9 IR 770; readopted filed Sep 14, 2001, 3:04 p.m.: 25 IR 532; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-7-5 Pharmaceutical consultation service for extended care facilities; notice to board *(Expired)*

Sec. 5. *(Expired under IC 4-22-2.5, effective January 1, 2003.)*

856 IAC 1-7-6 Consulting pharmacist and dispensing pharmacist; definitions *(Expired)*

Sec. 6. *(Expired under IC 4-22-2.5, effective January 1, 2003.)*

856 IAC 1-7-7 Duties of consulting pharmacist *(Expired)*

Sec. 7. *(Expired under IC 4-22-2.5, effective January 1, 2003.)*

Rule 8. Known Pharmaceutical Manufacturer and Manufacturer—Definition

856 IAC 1-8-1 Known pharmaceutical manufacturer; definition *(Repealed)*

Sec. 1. *(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)*

856 IAC 1-8-2 "Manufacturer" defined *(Repealed)*

Sec. 2. *(Repealed by Indiana Board of Pharmacy; filed Feb 11, 1981, 9:05 am: 4 IR 379)*

Rule 9. Application for Prohibited Drugs *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Feb 11, 1981, 9:05 am: 4 IR 379)

Rule 10. Non-Drug Products *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 11. Toxic Preparations *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 12. Poisons *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1340)

Rule 13. General Definitions

856 IAC 1-13-1 Calendar week *(Repealed)*

Sec. 1. *(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)*

856 IAC 1-13-2 "Be in personal attendance" defined *(Repealed)*

Sec. 2. *(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)*

856 IAC 1-13-3 "Prescription department closed" closing hours; electronic monitoring; applicability
Authority: IC 25-26-13-4
Affected: IC 25-26-13-10; IC 25-26-13-19

Sec. 3. (a) This section and section 4 of this rule implement IC 25-26-13-19 concerning board approval for Type I and Type VI pharmacies to be opened to the general public without a pharmacist on duty. This section and section 4 of this rule apply only in situations where the entire area of the business is licensed as a pharmacy. This section, section 4 of this rule, and IC 25-26-13-19 do not apply where the only area of a business licensed as a pharmacy is the prescription department.

(b) The following definitions apply throughout this section:

(1) "Absence of pharmacist" means those periods when the prescription department is closed and secured and the pharmacist is not present in the pharmacy.

(2) "Electronic monitoring system" means a system having the ability by light beam, heat, motion, or other electronically activated method to detect the presence of unauthorized persons or instrumentalities in a given area, and relay or report that detection as described in this section.

(3) “Prescription department” means that area of the pharmacy where the legend drugs, devices, and other merchandise or items which can only be dispensed or delivered by a pharmacist are located and which must be secured in the absence of the pharmacist.

(4) “Reasonable barrier” means an obstruction or barricade that blocks or impedes the entry into the area by an ordinary person, and includes, but is not limited to, a latched or locked gate of sufficient height and construction that an ordinary person cannot breach the barrier and/or violate the space being monitored without detection.

(5) “Secured” means either of the following:

(A) An area is completely enclosed as to its perimeter, from floor to ceiling, and locked.

(B) Through installation of reasonable barriers, an area not readily accessible which is monitored by a board approved electronic monitoring system covering all portions of the secured areas.

(c) Before a pharmacy may be open to the general public without a pharmacist on duty, the pharmacy must file an application with the board and have it approved by the board under IC 25-26-13-19. The pharmacy must abide by the closing hours designated in the application. Any change from the hours as stated in the application must be submitted in writing to the board.

(d) Under IC 25-26-13-19, a prescription department may be locked or secured while the remainder of the pharmacy remains open to the public if the following criteria are met:

(1) The prescription department is constructed in such a manner or located in such an area that reasonable barriers are in place which prevent the easy and/or quick access to legend drugs and other articles which are in the prescription department. These barriers may be doors or other obstacles as the occasion requires.

(2) The prescription department, if not secured and locked as described in subsection (b)(5)(A), must be secured and monitored by a board approved electronic monitoring device that provides the following:

(A) On-site audible alarm that is clearly and continuously audible at all points within the pharmacy.

(B) Off-site audible or visual alarm that is continuously monitored at all times that the pharmacy remains open while the prescription department is closed and secured.

(3) Any violation or breach of the secured area shall be duly recorded by the qualifying pharmacist of the pharmacy and by the off-site security monitoring agency and reported to the board within seventy-two (72) hours of the violation or breach. This report shall include the nature of the violation or breach.

(4) Facilities monitored electronically must provide for backup power for the eventuality that there is an electronic power failure for any reason. Such backup power shall be capable of continuing the monitoring for a period of no less than thirty-six (36) hours.

(5) The electronic monitoring system shall be activated and inactivated only by key or combination. Alarms which have been triggered shall only be reset and/or reactivated by a pharmacist. The key or combination shall only be in the possession or knowledge of a pharmacist. Reasonable exceptions shall be made to this for security system operators. However, in no case shall a security system operator have access to the secured area without the presence of a pharmacist. Such exceptions shall be listed in the application under this section and shall be subject to approval by the board.

(e) Under IC 25-26-13-10(b), the board may revoke or limit the privilege to be open to the general public without a pharmacist on duty if the pharmacy violates this section or section 4 of this rule.

(Indiana Board of Pharmacy; Reg 13, Sec 3; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 124; filed May 15, 1992, 5:00 p.m.: 15 IR 2246; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-13-4 Record of hours open without a pharmacist on duty

Authority: IC 25-26-13-4; IC 25-26-13-19
Affected: IC 25-26-13-4; IC 25-26-13-19

Sec. 4. The pharmacist shall maintain a record stating any hours that the pharmacy has been open for business without having a pharmacist on duty if those hours vary from the hours listed in the application under section 3(c) of this rule. Entries in this written record shall be made in ink of the time the pharmacist is absent. The written record shall be maintained in the pharmacy and shall be available for examination by members of the board or their inspectors for a period of not less than two (2) years from the date of the last entry in the record. *(Indiana Board of Pharmacy; Reg 13, Sec 4; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 125; filed May 15, 1992, 5:00 p.m.: 15 IR 2247; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-13-5 Legend drugs *(Repealed)*

Sec. 5. *(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)*

Rule 14. Physical Inventory of Merchandise *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 15. Pharmacists' Notification of Termination

856 IAC 1-15-1 Pharmacist leaving employ of pharmacy; notice to board; application to qualify permit

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4; IC 25-26-13-18

Sec. 1. If a qualified pharmacist, who, having upon the basis of his or her qualifications caused a pharmacy permit to be granted to any person, firm, corporation or copartnership desiring to operate, maintain, open or establish a pharmacy should leave the employ of such pharmacy, he or she shall immediately notify the Indiana board of pharmacy (board) and the owner shall file an application with the board to qualify the permit with another pharmacist. *(Indiana Board of Pharmacy; Reg 15, Sec 1; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 125; filed Dec 3, 1985, 3:02 p.m.: 9 IR 771; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1333)*

Rule 16. New Pharmacist *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 17. Practice of Pharmacy *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 18. Narcotic License *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Feb 11, 1981, 9:05 am: 4 IR 379)

Rule 19. Adoption by Reference of U.S. Federal Rules Pertaining to Narcotics *(Repealed)*
(Repealed by Indiana Board of Pharmacy; filed Feb 11, 1981, 9:05 am: 4 IR 379)

Rule 20. Violations and Penalties

856 IAC 1-20-1 Prohibitions
Authority: IC 25-26-13-4
Affected: IC 25-26; IC 35-48

Sec. 1. A pharmacist licensed to practice pharmacy under IC 25-26-13-1 through 25-26-13-29, or a pharmacist extern or a pharmacist intern licensed under IC 25-26-13-10, as a part of the responsibility, to not knowingly violate the Indiana board of pharmacy's (board's) standards for the competent practice of pharmacy shall not do the following:

(1) Violate the Uniform Indiana Controlled Substances Act found at IC 35-48-1-1 through 35-48-4-14, as amended up to and including January 1, 1983, or any of the rules promulgated by the board under the authority of the Uniform Indiana Controlled Substances Act, which were effective by January 1, 1983, insofar as such violation would pertain to the sale of drugs and devices in Indiana as defined by IC 25-26-13-2.

(2) Violate the Indiana Legend Drug Act found at IC 16-6-8-1 through 16-6-8-9 *[IC 16-6 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.]*, as amended up to and including January 1, 1983, insofar as such violation would pertain to the sale of drugs and devices in Indiana as defined by IC 25-26-13-2.

(3) Violate IC 16-1-30-1 through IC 16-1-30-19 *[IC 16-1 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.]*, as amended to and including January 1, 1983, which deal with adulterated and misbranded drugs or devices, or any rules promulgated by the board under the authority of IC 16-1-30-1 through IC 16-1-30-19 *[IC 16-1 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.]*, which were effective as of January 1, 1983, insofar as such violation would pertain to the sale of drugs and devices in Indiana as defined by IC 25-26-13-2.

(4) Violate 21 U.S.C. 801 through 21 U.S.C. 1191, as amended, up to January 1, 1983, which deal with drug abuse and any of the rules and regulations promulgated under the authority of said Title and Sections as of January 1, 1983, insofar as such violations would pertain to the sale of drugs and devices in Indiana as defined by IC 25-26-13-2.

(5) Violate the Federal Food, Drug, and Cosmetic Act, which is found at 21 U.S.C. 301 through 21 U.S.C. 392, as amended, up to January 1, 1983, or any rules or regulations promulgated under the authority of the said act as of January 1, 1983, insofar as such violation would pertain to the sale of drugs or devices in Indiana as defined by IC 25-26-13-2.

(6) Violate Executive Proclamations of the President of the United States, which were effective by January 1, 1983, which pertain to the sale of drugs or devices in Indiana as defined by IC 25-26-13-2.

(7) Sell, as defined in IC 25-26-13-2, controlled substances or legend drugs with or without prescription, where such sale or distribution is not in good faith and enables the person to whom the sale is made to supply or divert the controlled substances or legend drugs in an unlawful manner. The sale or distribution of controlled substances or legend drugs in unusually large amounts and within an unusually short period of time to the same individual is considered to be against the public welfare, health and safety and may be determined to be a sale or distribution not in good faith.

(8) Sell, as defined in IC 25-26-13-2, to the public any drugs, biologicals, medicinal substances, or devices when such pharmacist knows such drugs, biologicals, medicinal substances, or devices to be forgeries or a counterfeit product or beyond the manufacturer's expiration date.

(9) Aid or abet in the practice of a pharmacy a person not having a license to practice as a pharmacist in Indiana.

(10) Practice pharmacy in such a manner as to amount to incompetency or negligence in the sale or dispensation of legend drugs as defined in the Indiana Legend Drug Act under IC 16-6-8-2 *[IC 16-6 was repealed by P.L.2-1993, SECTION 209, effective July 1, 1993.]* or controlled substance as defined in the Uniform Controlled Substances Act of 1973, under IC 35-48-1-1.

(11) Violate the act regulating the practice of pharmacy in Indiana, which is codified at IC 25-26-13-1 through IC 25-26-13-29 as amended up to and including January 1, 1983, or any of the rules promulgated by the board under the authority of the said act, which were effective by January 1, 1983.
(Indiana Board of Pharmacy; Reg 20; filed Nov 17, 1978, 2:06 p.m.: 2 IR 63; filed Jul 28, 1983, 9:01 a.m.: 6 IR 1745; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1333; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 21. Resale of Returned Substances

856 IAC 1-21-1 Resale of returned substances

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 1. (a) This section implements and interprets IC 25-26-13-25(h) concerning the resale or redistribution of medications.

(b) For a medication to have been properly stored and securely maintained according to sound pharmacy practices, the storage and administration of medications in the institutional facility must be under the immediate control of licensed nursing personnel.

(c) If the medication was originally packaged by the dispensing pharmacy, it cannot be resold or redistributed unless:

(1) the medication has been repackaged into unit-dose packaging using packaging materials that meets Class A or Class B standards, found in the United States Pharmacopeia (U.S.P.), page 1574, published by the United States Pharmacopeia, 22nd Revision, January 1, 1990, United States Pharmacopeia Convention, Inc., 12601 Twinbrook Parkway, Rockville, Maryland 20852, which standards are incorporated herein by reference; and

(2) the repackaging process complies with the standards as found in the "Proper Treatment of Products Subjected to Additional Manipulations, Section 1191" of the United States Pharmacopeia, page 1705, 22nd Revision, 1990, which section is incorporated herein by reference.

(d) A medication repackaged under the provisions of subsection (c) shall be labeled with an expiration date of not greater than one (1) year until the manufacturer's expiration date, whichever is earlier.

(Indiana Board of Pharmacy; Reg 21, Sec 1; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 128; filed Mar 31, 1992, 5:00 p.m.: 15 IR 1391; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1334; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 22. Narcotics—Defined *(Repealed)*

(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 23. Dispensing of Dangerous Drugs

856 IAC 1-23-1 Dispensing of dangerous drugs

Authority: IC 25-26-13-4
Affected: IC 16-42-22; IC 25-26-13-4; IC 25-26-13-11

Sec. 1. In the sale or dispensing of any prescription drug or narcotic, the pharmacist shall be required to affix to the immediate container in which such prescription drug or narcotic is delivered a label bearing the following information:

(1) The name, address, and telephone number of the establishment from which such drug was sold.
(2) The date on which the prescription for such drug was filled.
(3) The number of such prescription as filed in the prescription files of the pharmacy where the prescription was filled.
(4) The name of the practitioner who prescribed such drug.
(5) The name of the patient, and if such drug was prescribed for an animal, a statement of the species of the animal and the owner's name.
(6) The directions for use of the drug as contained in the prescription.
(7) The name of the drug (trade or generic, or both) in compliance with the Generic Drug Law found in IC 16-42-22.

(Indiana Board of Pharmacy; Reg 23,Sec 1; filed Jun 18, 1962, 10:00 a.m.: Rules and Regs. 1963, p. 129; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1335; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 24. Hospital Pharmacies *(Repealed)*

(Repealed by Indiana Board of Pharmacy; filed Jun 8, 1982, 10:04 am: 5 IR 1420)

Rule 25. Internship for Apprentice Pharmacists *(Repealed)*

(Repealed by Indiana Board of Pharmacy; filed Dec 3, 1985, 3:02 pm: 9 IR 771)

Rule 26. Continuing Professional Education

856 IAC 1-26-1 Continuing professional education; general requirements; definitions

Authority: IC 25-26-13-4
Affected: IC 25-1-9-3; IC 25-26-13-14

Sec. 1. (a) The following definitions apply throughout this rule:

(1) "Continuing professional education" or "continuing education" means accredited postlicensure professional educational experience derived from participation in postgraduate studies, institutes, seminars, lectures, conferences, workshops, and such other forms of educational experiences so as to maintain the professional competency of the practice of pharmacy, improve pharmacy professional skills, and preserve pharmaceutical standards for the purpose of the protection of the health and welfare of the citizens of Indiana.

(2) "Hours" means measurement of value applied to a particular accredited continuing pharmacy educational activity as assigned by the Indiana board of pharmacy (board) relative to maintaining the competency of a pharmacist.

(3) "Contact hour" means not less than fifty (50) nor more than sixty (60) minutes of clock time participating in a continuing education program.

(4) "Continuing education unit" or "CEU" means ten (10) contact hours of continuing education credit.

(5) "Approved by ACPE" means pharmacy continuing education providers that meet the requirements of "The ACPE Continuing Education Provider Approval Program Criteria for Quality and Interpretive Guidelines" as published by the American Council on Pharmaceutical Education, Inc., Chicago, Illinois on July 1991.

(b) In order to qualify for licensure renewal, a pharmacist must meet the continuing professional education requirements as follows:

(1) Thirty (30) hours (three (3) CEUs) of continuing education as required by this rule shall be required each biennium.

(2) No hours may be carried forward from one (1) biennium to another. However, if a pharmacist fails to meet the requirements of this rule during the biennial period, the pharmacist may earn and report sufficient hours during a succeeding biennium and apply the continuing education hours retroactively to the previous biennium as if they had been earned in that previous biennium in order to qualify for renewal of the pharmacist's license. In the event a pharmacist applies credits to a previous biennium for the reasons stated in this section, those credits may not be used for any other biennium.

(3) All continuing education program hours from sponsors not approved by ACPE must be evaluated and accepted by the board.

(4) Continuing education biennium shall be that time period consisting of January 1 of all even-numbered years through December 31 of the following odd-numbered year.

(c) Accredited continuing education hours may be compiled in the following ways if the sponsor grants the participant a certificate of completion:

(1) Cassette and audio-visual presentation.

(2) In-company professional seminars.

(3) Accredited school of pharmacy continuing education programs.

(4) Postgraduate courses in pharmaceutical sciences.

(5) Correspondence courses.

(6) Programs granted continuing education credit by other states.

(7) Continuing education television series.

(8) Programs sponsored by professional groups in public health provider services.

(9) Professional society and association sponsored program.

(10) Approved business, management, and computer courses.

(11) Programs of sponsors approved by ACPE.

(d) Accredited continuing education hours may be compiled from other programs and experiences if they are evaluated and accepted by the board as meeting the definition of continuing professional education as found in subsection (a)(1).

(e) As provided in subsection (b)(3), continuing education sponsors (hereinafter referred to as sponsors) are responsible for submitting continuing education programs to the board for approval in addition to the following:

(1) A sponsor shall be any person, school, association, or corporation who develops a continuing education program.

(2) The continuing education program must receive approval of the board for final acceptance.

(3) If a sponsor wishes to notify prospective participants in advance of the value (in hours or in CEUs) of a program, the content of the program shall be submitted to the board for evaluation. If the sponsor does not submit the content for evaluation, the sponsor shall note in all material relevant to the program that it has not been evaluated and the hours of credit listed are subject to review by the board.

(4) Sponsors shall receive written notice from the board for approval or disapproval from the board. Approved programs shall be given an identification number stating the year and hourly value.

(5) Program changes must be made to and accepted by the board or the evaluation and acceptance of the program becomes null and void.

(6) Continuing education credit may be granted only once for each program to any individual participant.

(7) Any member of the board shall have the right to attend and participate in any continuing education program.

(8) Programs may be evaluated after presentation or participation if a written request is made to the board within ninety (90) days of the date of presentation.

(9) Sponsors shall retain a file of participants' program completion for four (4) years.

(10) When applying to the board for credit, sponsors shall supply the following information on the application for continuing education course approval, supplied by the board:

(A) Name and address of applicant.

(B) Program title.

(C) Location, date, and time of program.

(D) Sponsoring organization.

(E) Type of program.

(F) Name and qualification of each speaker.

(G) Three (3) learning objectives for the program.

(H) Contact hours of the course.

(I) Method for evaluating the program.

(f) Pharmacists licensed with the board (hereinafter called participants) have the following responsibilities:

(1) Obtain a minimum of thirty (30) hours of continuing education per biennium unless first licensed during the biennium which would make those newly licensed individuals subject to subdivision (5):

(A) a maximum of one-fifth ($^1/_5$) of the total hours may be business, management, or computer courses;

(B) at least four-fifths ($^4/_5$) of the total hours must be pharmacy practice related; and

(C) at least one-half (½) of the total hours must be provided by sponsors approved by ACPE.

(2) Report program name, identification number, and approved hours of continuing education to the board at the time of license renewal.

(3) Retain a file of certificates of completion for four (4) years from the end of the biennium for which the continuing education applied in order to provide copies of certificates upon request for the board's periodic audit of continuing education compliance.

(4) Earn one and one-fourth (1.25) hours of continuing education credit for each month or part of a month from date of licensure until the end of the biennium in which licensure originates if the pharmacist becomes licensed during the biennium. However, a pharmacist who becomes newly licensed for the first time in any state in the last six (6) months of the biennium shall not be required to complete any continuing education for the biennium.

(5) Continuing education hours may be transferred from another state to Indiana if the transfer state recognizes Indiana continuing education hours.

(g) Failure to comply with any one (1) or all of the provisions of this rule while continuing to hold a license as a pharmacist in Indiana shall constitute professional incompetence by failing to keep abreast of current professional theory or practice under IC 25-1-9-3(a)(4)(B) and the pharmacist is subject to discipline under IC 25-1-9.

(Indiana Board of Pharmacy; Reg 29; filed Mar 1, 1974, 3:05 p.m.: Rules and Regs. 1975, p. 516; filed Oct 26, 1984, 3:26 p.m.: 8 IR 212; filed Jan 21, 1994, 3:00 p.m.: 17 IR 1096, eff Jan 1, 1994 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #93-152 was filed Jan 21, 1994.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1335; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 27. Fee Structure

856 IAC 1-27-1 Fees

Authority: IC 25-1-8-2; IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. (a) The following fees apply to an applicant for licensure to practice as a pharmacist:

(1) Application for examination for a pharmacist's license	$100
(2) Reexamination of the jurisprudence examination	$25
(3) Reexamination of the practical examination	$25
(4) Licensure by reciprocity (license transfer)	$100
(5) Application for the renewal of a biennial license	$160
(6) Certification of qualifications, grades, or registration to another state	$10
(7) Wall certificate	$10
(8) Duplicate pharmacist pocket license	No Fee
(9) Compilation of pharmacy laws	$10

(b) The following fees apply to an applicant for permission to operate, maintain, open, or establish a pharmacy:

(1) Initial application	$100
(2) Application for renewal of biennial license	$200
(3) Application for change of ownership	$50
(4) Application for change of location	$50
(5) Application for remodel	$50
(6) Duplicate pharmacy permit	No Fee
(7) Nonresident pharmacy initial application	$100
(8) Application for renewal of nonresident pharmacy biennial license	$200

(c) The following fees apply to applicants for permits or certifications authorized by the board:

(1) Intern/extern initial application	$10
(2) Intern/extern annual renewal	$10
(3) Pharmacy technician initial application	$25
(4) Pharmacy technician biennial renewal	$25

(Indiana Board of Pharmacy; Reg 29; filed Aug 30, 1977, 8:25 a.m.: Rules and Regs. 1978, p. 660; filed Mar 5, 1985, 2:42 p.m.: 8 IR 802; filed Nov 13, 1985, 3:08 p.m.: 9 IR 772; filed Apr 30, 1986, 9:43 a.m.: 9 IR 2204; filed Sep 8, 1987, 2:30 p.m.: 11 IR 95; filed Jul 24, 1991, 2:45 p.m.: 14 IR 2238; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3106; filed May 29, 1998, 11:56 a.m.: 21 IR 3931; filed Aug 5, 1998, 3:48 p.m.: 21 IR 4535; filed Apr 16, 2002, 9:03 a.m.: 25 IR 2739; filed Dec 12, 2003, 10:45 a.m.: 27 IR 1574) NOTE: Renumbered Reg 30 by 1978 Amendment.

Rule 28. Institutional Pharmacies *(Repealed)*

(Repealed by Indiana Board of Pharmacy; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1643)

Rule 28.1. Institutional Pharmacies and Pharmacy Services

856 IAC 1-28.1-1 Definitions

Authority: IC 25-26-13-4
Affected: IC 16-42-19-5; IC 25-6-3-7; IC 25-26-13

Sec. 1. In addition to the definitions in IC 25-26-13-2 and for purposes of this rule, the following definitions apply throughout this rule:

(1) "Cabinet" includes a mechanical storage device for dispensing drugs. The term means a locked or secured enclosure located outside the pharmacy licensed area:

(A) to which only specifically authorized personnel may obtain access by key or combination available only to those authorized persons by:

(i) security code;

(ii) password; or
(iii) other method of positively identifying an individual; and
(B) that is sufficiently secure to deny access to unauthorized persons.

(2) "Cognitive services" means those acts and operations related to a patient's drug therapy that are judgmental in nature, based on knowledge, and derived from empirical factual information.

(3) "Consultant pharmacist" means a pharmacist licensed pursuant to IC 25-26-13-11 and who engages in the practice of pharmacy in or for long term care facility or other residential patients, other than as a supplying pharmacist.

(4) "Consulting" means the provision of nonsupply related cognitive services that include, but are not necessarily limited to, the following:
(A) Drug regimen review as defined in IC 25-26-13-2.
(B) Provision of advice and counsel on drugs, the selection and use thereof to the facility, the patients therein, the health care providers of the facility regarding the appropriateness, use, storage, handling, administration, and disposal of drugs within the facility.
(C) Participation in the development of policies and procedures for drug therapy within the institution, including storage, handling, administration, and disposing of drugs and devices.
(D) Assuring the compliance with all applicable laws, rules, and regulations.
(E) Provision of educational and drug information sources for the education and training of the facility health care professionals.
(F) Accepting responsibility for the implementation and performance of review of quality-related or sentinel events as defined in this rule.

(5) "Emergency drugs" means those drugs that:
(A) may be required to meet the immediate therapeutic needs of patients; and
(B) are not available from any other authorized source in sufficient time to prevent risk of harm to patients by delay resulting from obtaining such drugs from other sources.

(6) "Institutional facility" means any health care facility whose primary purpose is to provide a physical environment for patients to obtain health care services, except those places where practitioners, as defined by IC 16-42-19-5, who are duly licensed, engage in private practice and pharmacies licensed under IC 25-26-13-17.

(7) "Institutional pharmacy" means that portion of an institutional facility where pharmacy is practiced and is:
(A) the location of the selection, compounding, production, sale, storage, and distribution of drugs, devices, and investigational or new drugs used in the diagnosis and treatment of injury, illness, and disease pursuant to drug orders and prescriptions by practitioners; and
(B) licensed with the board under IC 25-6-3-7.

(8) "Performance improvement program" means a continuous, systematic review of key medication use processes to identify, evaluate, and improve medication use and patient care.

(9) "Pharmacist in charge" (by whatever title, for example, "pharmacy manager", "pharmacy director", or "director of pharmacy") means the pharmacist who directs the activities of the institutional pharmacy and who is, as such, responsible for:
(A) all activities of the institutional pharmacy; and
(B) meeting the requirements of:
(i) IC 25-26-13;
(ii) the rules of the board; and
(iii) any federal requirements pertaining to institutional pharmacies.

The qualifying pharmacist may, depending on the circumstances, also be the pharmacist in charge, though the pharmacist in charge is not required to be the qualifying pharmacist.

(10) "Policy and procedure manual" means a written document containing the agreed-to institutional rules of operation and methodology for the effective delivery of pharmacy services.

(11) "Qualifying pharmacist" means the pharmacist who accepts responsibility for the operation of a pharmacy as defined in IC 25-26-13-2 and whose name is listed on the pharmacy permit granted under IC 25-26-13-17.

(12) "Quality-related event" means the inappropriate provision of pharmaceutical services whether or not resulting in an adverse health incident, including the following:
(A) A variation from the practitioner's order, including, but not limited to, the following:
(i) Dispensing an incorrect drug.
(ii) Dispensing an incorrect drug strength.
(iii) Dispensing an incorrect dosage form.
(iv) Dispensing a drug to a wrong patient.
(v) Providing inadequate or incorrect packaging, labeling, or directions.
(vi) Failing to provide an ordered drug.
(B) A failure to identify and manage:
(i) overutilization or underutilization;
(ii) therapeutic duplication;
(iii) drug-disease contraindications;
(iv) drug-drug interactions;
(v) incorrect drug dosage or duration of therapy;
(vi) drug-allergy interactions; or
(vii) clinical abuse and/or misuse.

(13) "Reversible condition" means a condition that requires intervention to resolve in a reasonable time.

(14) “Sentinel event” means an unexpected occurrence involving serious adverse effect, such as disability, life threatening condition, prolonged hospitalization, or death in a patient resulting from medication use.

(15) “Supplying pharmacist” means that pharmacist licensed in the state where the pharmacist is practicing and who is practicing in a supplying pharmacy (as defined in this rule) and who accepts responsibility for all aspects the drugs and devices sold (as defined in IC 25-26-13-2) or dispensed to a facility.

(16) “Supplying pharmacy” means a pharmacy licensed in the state where the pharmacy is located and which provides drugs and devices to patients in long term care or other facilities where patients reside.

(17) “Temporary condition” means a condition that resolves in a reasonable time without intervention.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-1; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1636; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-2 Purpose

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 2. The purpose of this rule is to set forth the responsibilities of pharmacists and pharmacies serving institutional and home health care patients.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-2; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1637; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-3 Applicability

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 3. This rule is applicable to pharmacies located:

(1) within institutional facilities as defined in section 1 of this rule and classified as Type II pharmacies in IC 25-26-13-17; and

(2) outside institutional facilities that serve institutionalized patients who are classified as Type III and Type VI pharmacies as in IC 25-26-13-17.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-3; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1637; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-4 Pharmacist in charge; responsibilities

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 4. The pharmacist in charge or an appropriate designee shall:

(1) be responsible for establishing and carrying out a performance improvement program as defined in section 1 of this rule; and

(2) develop or be responsible for development of a policies and procedures manual that shall be of sufficient scope and detail that pharmacists practicing in the institutional pharmacy will be able to practice effectively and safely.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-4; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1637; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RF)

856 IAC 1-28.1-5 Policies and procedures manual

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 5. (a) The pharmacist in charge shall develop or be responsible for the development of a policies and procedures manual that shall be of sufficient scope and detail that pharmacists practicing in the institutional pharmacy will be able to practice effectively and safely.

(b) The manual required in this section shall be available for inspection by a member of the board or its representative.

(c) The policies and procedures manual shall contain, at a minimum, the following:

(1) Provisions for a continuous quality improvement committee that shall be comprised of staff members of the pharmacy, including, but not necessarily limited to, the following:

(A) Pharmacists.
(B) Pharmacist interns or externs.
(C) Pharmacy technicians.
(D) Clerical or support staff.
(E) Other persons deemed necessary by the qualifying pharmacist.

(2) Provisions for the pharmacist in charge or designee to ensure that the committee conducts a review of quality related events at least every three (3) months.

(3) A process to record, measure, assess, and improve quality of patient care.

(4) The procedure for reviewing quality related or sentinel events.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-5; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1637; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RF)

856 IAC 1-28.1-6 Personnel

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 6. The qualifying pharmacist and/or the pharmacist in charge shall develop and implement, or cause to be developed and implemented, policies and procedures that specify duties to be performed by pharmacy technicians and other ancillary personnel. *(Indiana Board of Pharmacy; 856 IAC 1-28.1-6; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1638; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)*

856 IAC 1-28.1-7 Pharmacist's duties

Authority: IC 25-26-13-4
Affected: IC 16-42-19-3; IC 25-26-13-2; IC 25-26-13-31; IC 25-26-16

Sec. 7. (a) Pursuant to authority granted in IC 25-26-13-2 and IC 25-26-13-31, the duties of the pharmacists practicing in the institutional pharmacy include, but are not limited to, the requirements in this section.

(b) The pharmacist practicing in an institutional pharmacy shall, at a minimum, do the following:

(1) Obtain and maintain patient drug histories and drug profiles.

(2) Perform drug evaluations, drug utilization review, drug regimen review, and drug therapy management under protocol approved by the medical staff of the institution and authorized by IC 25-26-16.

(3) Interpret the drug order written by a practitioner in or transmitted to an institutional facility and either received in or subsequently transmitted to the pharmacy.

(4) Be responsible for checking all drug orders within a maximum of twenty-four (24) hours, including those written during periods when the pharmacy is closed and orders are filled from sources, including emergency kits, drug cabinets, or the pharmacy as authorized under section 8(c) of this rule.

(5) Be responsible for drug product selection of the item that will be used to fill the drug order that may be established either by policy or formulary pursuant to the institution's pharmacy and therapeutics committee or related committee.

(6) Be responsible for determining the legality, completeness, and appropriateness of the drug order and product pursuant to IC 16-42-19-3.

(7) Participate in drug or drug-related research.

(8) Provide counseling, advising, and education of patients, patients' care givers, and health care providers and professionals on issues regarding drugs or drug therapy.

(9) Compound, label, administer, and dispense drugs or devices.

(10) Assess, record, and report quality related events as defined in this rule.

(11) Be responsible for storage and distribution of drugs and devices.

(12) Provide documentation in the medical record of the recommendations made related to the patient's therapeutic response to medication.

(13) Any other duties that shall from time to time be necessary for the proper operation of the institutional pharmacy.

(c) The consultant pharmacist shall, in addition to the duties in subsection (b), provide cognitive services as defined in this rule, including, at a minimum, the following:

(1) Drug regimen reviews as defined in IC 25-26-13-2.

(2) Offer advice and counsel to other health care providers as deemed appropriate regarding the pharmaceutical care of the patient.

(3) Develop or assist in the development of policies and procedures for the legal, safe, and effective means of handling, storing, and disposing of drugs and devices.

(4) Be responsible for assuring the safe and appropriate receipt, labeling, storage, and disposal of all drugs placed outside the pharmacy licensed area in emergency drug kits or other storage devices as authorized by law or rule.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-7; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1638; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-8 Absence of pharmacist

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 8. (a) During such times as an institutional pharmacy is closed and unattended by a pharmacist, the drugs may be obtained for patient use as outlined in this section.

(b) Cabinets, including mechanical storage devices for dispensing drugs, are locked or secured enclosures located outside the pharmacy licensed area, to which only specifically authorized personnel may obtain access by key, combination, or security code, password, or other method of positively identifying an individual, and are sufficiently secure to deny access to unauthorized persons. The qualifying pharmacist and/or pharmacist in charge shall, in conjunction with the appropriate committee of the institutional facility, develop inventory listings of the drugs to be included in such cabinets and shall ensure the following:

(1) Such listed drugs, properly labeled, are available therein.

(2) Only prepackaged drugs (meaning that no repackaging is required at the time of removal for an individual patient's use) are available therein, in amounts sufficient for immediate therapeutic requirements for a period not to exceed twenty-four (24) hours.

(3) When drugs are used, a record is made to include a written physician's order or accountability record.

(4) All drugs therein are reviewed by a pharmacist upon return to duty, not to exceed twenty-four (24) hours.

(5) There are written policies, procedures, and forms established to implement the requirements of this subsection.

(c) Whenever any drug is not available from floor supplies or cabinets, as defined in this section, and such drug is required to treat the immediate needs of a patient, such drug may be obtained from the pharmacy in accordance with the requirements of this subsection. One (1) supervisory licensed nurse in any given shift may have access to the pharmacy and may remove drugs there from. The qualifying pharmacist shall require that the removal of any drug from the pharmacy by an authorized nurse be recorded on a suitable form, which includes the name of the drug, strength, amount, date, time, and signature of nurse, and that a copy of the order shall be left with the form.

(d) Requirements for hospital emergency drug boxes, drug carts, emergency kits, emergency drug kits, crash carts, drug kits, or other storage method for emergency drugs are as follows:

(1) Pharmacy policy and procedures shall assure the:

(A) availability;

(B) control; and

(C) security;

of emergency drug carts, drug kits, or drug boxes in the pharmacy and patient care areas.

(2) Procedures shall include the following:

(A) Determination of drugs and quantities of drugs to be included.

(B) Labeling for expiration date.

(C) Process for restocking the cart, kit, or box.

(D) Security measures to prevent unauthorized access.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-8; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1638; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-9 Emergency drug kits from Type III and Type VI pharmacies

Authority: IC 25-26-13-4

Affected: IC 25-26-13-17; IC 35-38

Sec. 9. (a) Emergency drug kits supplied by pharmacies with a Type III or Type VI permit shall be in compliance with this section.

(b) All drugs in the emergency kit shall be provided and owned by a single supplying pharmacy.

(c) All drugs in the emergency drug kit shall be selected and approved by a committee whose membership includes, at a minimum, the following:

(1) The facility's consultant pharmacist.

(2) A licensed nurse.

(3) A physician (medical doctor or doctor of osteopathy).

(4) The facility administrator.

(d) The selection process must identify drugs and quantities thereof in the emergency drug kit.

(e) The lists of drugs and quantities included in the emergency drug kit shall be reviewed as required periodically, but no less often than yearly.

(f) Labeling as follows:

(1) The exterior labeling of the emergency drug kit as described in this subsection shall contain, at a minimum, the following:

(A) Drug name (trade name, generic name, or active ingredients).

(B) Drug strength or size, if any.

(C) Quantity included therein.

(D) Expiration date of the kit as defined in this section.

(2) All drugs contained in the emergency drug kit as described in this section shall be labeled, at a minimum, with the following:

(A) Drug name (trade name, generic name, or active ingredients).

(B) Drug strength or size, if applicable.

(C) Name of the manufacturer, packer, or distributor.

(D) Lot number.

(E) Expiration date.

(g) The expiration date of the emergency drug kit, as required in subsection (f)(1)(D) shall be the earliest date of expiration of any of the drugs included in the kit at any time.

(h) All emergency kits subject to this subsection:

(1) shall be stored in a secure area, suitable for the prevention of unauthorized access to or diversion of the drugs therein;

(2) if controlled substances, as defined in IC 35-38, are stored in such a manner as to facilitate periodic reconciliation by the facility nursing staff, that reconciliation shall be recorded in an appropriate manner as determined by the committee described under this section; and

(3) all controlled substances contained in emergency drug kits shall remain the property of the supplying pharmacy and as such shall be included in the pharmacy's biennial inventory as required by 21 CFR 1303.04 and 21 CFR 1301.11.

(i) The nurse responsible for removing drugs from an emergency drug kit shall record or cause to be recorded, in a manner designated under subsection (h)(2), the following minimum information:

(1) Name of the patient.

(2) Name of the drug.

(3) Strength of the drug.

(4) Quantity removed.

(5) Date of removal.

(6) Time of removal.

(j) Removal of a controlled substance in Schedule II pursuant to an oral authorization from a practitioner shall be documented, and the nurse accepting such authorization is responsible for compliance with 856 IAC 2-6-7 regarding prescription requirements for controlled substances in Schedule II.

(k) Removal of a controlled substance in Schedule III, IV, or V, pursuant to an oral authorization from a practitioner, shall be documented, and the nurse accepting such authorization is responsible for compliance with 856 IAC 2-6-12.

(l) Whenever an emergency kit is opened, for any reason, the supplying pharmacy shall be notified in a timely manner, and the pharmacy shall restock, if necessary, and reseal the kit promptly so as to prevent risk of harm to patients of the facility.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-9; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1639; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-10 Security

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 10. The pharmacy shall be capable of being secured against entry by key, combination, code, password, or other method developed that can positively identify an individual so as to prevent access by unauthorized personnel.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-10; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1640; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-11 Performance improvement events, sentinel events, corrective and avoidance measures, review, records, and documentation

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 11. (a) The pharmacist in charge shall, as a part of the pharmacy's performance improvement program, assure or be responsible for assuring that data are collected to:

(1) monitor the stability of existing medication use processes;
(2) identify opportunities for improvement; and
(3) identify changes that will lead to and sustain improvement.

(b) Identification of quality related or sentinel event as defined in section 1 of this rule shall be cause for:

(1) an intensive analysis of causal factors involved in the event; and
(2) plans for corrective actions.

(c) Records of all processes, analysis, and corrective measures instituted involving such pharmacy quality related or sentinel event shall be maintained for a period of not less than two (2) years.

(d) The committee created under section 5(c)(1) of this rule shall, at a minimum, consider the effects on quality of the pharmacy system due to the following:

(1) Staffing levels of both professional and technical personnel.
(2) Workflow.
(3) Use of technology.

(e) Requirements for documentation of performance improvement monitoring of medication use processes, confidentiality of records, summarization, and examination by the board shall be as follows:

(1) Each quality related or sentinel event that occurs, or is alleged to have occurred, as the result of activities involving pharmacy operations, shall be documented in a written or electronic storage record created solely for that purpose.
(2) The quality related or sentinel event shall be:
(A) initially documented by the pharmacist to whom it is first described; and
(B) recorded on the same day of its having been so described to the pharmacist.
(3) Documentation shall include a description of the event that is of sufficient detail to permit analysis of the event.
(4) The pharmacist in charge shall summarize, or cause to be summarized, efforts to improve the medication use process on a semiannual basis.
(5) No patient names or employee names shall be included in this summary report.
(6) This report shall be maintained for a period of not less than two (2) years.
(7) The records created and maintained as a component of a pharmacy performance improvement program are confidential to the extent law permits. However, to assure compliance, the board or its representative may review the policies and procedures manual and a summarization of events described in subsection (b).

(Indiana Board of Pharmacy; 856 IAC 1-28.1-11; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1640; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-12 Drug distribution, storage, and accountability

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 12. (a) All drugs and devices in pharmacies located within institutions shall be obtained and used in accordance with written policies and procedures that have been prepared or approved by the qualifying pharmacist or pharmacist in charge and the medical staff who explain the:

(1) selection;
(2) distribution;
(3) storage; and
(4) safe and effective use of:
(A) drugs;
(B) new drugs;
(C) investigational new drugs; and
(D) devices;
in the facility.

(b) The pharmacist in charge of the pharmacy located within an institution shall be responsible for the following:
(1) The safe and efficient:
(A) distribution;
(B) control;
(C) storage; and
(D) accountability;
for all drugs and devices.
(2) The compliance with all applicable Indiana and federal laws and rules.

(c) Labeling requirements are as follows:
(1) All drugs, other than unit-of-use packages, dispensed by an institutional pharmacy, intended for use within the facility, shall be distributed in appropriate containers and adequately labeled so as to identify, at a minimum, the following:
(A) Patient identification.
(B) Brand name or generic name, or both.
(C) Strength, if applicable.
(D) Route of administration.
(E) Quantity.
(F) Pharmacist's initials.
(G) Location of the patient within the institution.
(2) Unit-of-use packages shall contain information to adequately label them, at a minimum, as follows:
(A) Drug name (brand or generic, or both).
(B) Strength, if applicable.
(C) Control number and/or expiration date.
(3) All drugs dispensed by an institutional pharmacy to patients about to be discharged, or temporarily discharged, from institutions with Type III or Type IV permits, shall be labeled with the following minimum information:
(A) Name, address, and telephone number of the institutional pharmacy.
(B) Date and identifying serial number.
(C) Name of patient.
(D) Name of drug and strength, if applicable.
(E) Directions for use by the patient and route of administration.
(F) Name of prescribing practitioner.
(G) Precautionary information if any contained in the prescription.

(d) Requirements for the disposition of discontinued or recalled drugs are as follows:
(1) The qualifying pharmacist or pharmacist in charge shall be responsible for the development and implementation of policies and procedures for the return to the pharmacy of drugs and containers that are:
(A) discontinued, outdated, or recalled; or
(B) in containers with worn, illegible, or missing labels;
for proper disposition.
(2) The qualifying pharmacist or pharmacist in charge or his or her designee shall make proper disposition of such drugs at the storage site.

(e) The qualifying pharmacist or pharmacist in charge shall ensure that drugs are dispensed from the institutional pharmacy only upon authorized practitioner's:
(1) written orders;
(2) direct copies;
(3) facsimiles thereof; or
(4) electronically transmitted by other means and printed or displayed appropriately.

(f) Accountability requirements are as follows:
(1) The qualifying pharmacist or pharmacist in charge of an institutional pharmacy shall ensure that policies and procedures documenting the trail of:
(A) controlled substances; and
(B) such other drugs as may be specified by the appropriate committee of the institutional facility, from ordering and receiving by the pharmacy through administration or wastage of drug at the patient level.
(2) The qualifying pharmacist or pharmacist in charge shall be responsible for review of this process on a continual basis by review of:
(A) proofs-of-use documentation; or
(B) other electronic documentation methodology.

(3) At a minimum, the documentation process shall be able to identify the following:
(A) The name of the drug.
(B) The dose.
(C) The patient's name.
(D) The date and time of administration to the patient.
(E) The identification of the individual administering.
(F) The record of aliquot portion destroyed, if any, and identification of witness.

(g) All records and reports that are required for pharmacy functions shall be maintained according to policies and procedures developed within the institution with the approval of the pharmacist in charge for a period of not less than two (2) years.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-12; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1641; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-13 Drug self-administration

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 13. Self-administration of drugs by patients of an institutional facility shall be permitted only if such use is specifically authorized by the treating or ordering physician and:

(1) the patient's knowledge of self-administration has been evaluated; or
(2) the patient has received training in the proper manner of self-administration:
(A) by a pharmacist; or
(B) according to hospital policy; and

there is no risk of harm to the patient.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-13; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1642; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RF)

856 IAC 1-28.1-14 Patient's own medication

Authority: IC 25-26-13-4
Affected: IC 25-26-13-17

Sec. 14. (a) An institutional pharmacy is prohibited from accepting and dispensing drugs that are brought into the institution by the patient, even if intended for use by that same patient. However, use of the patient's own medication may be permitted if:

(1) the patient or the patient's representative may maintain the patient's own medication:
(A) at the bedside; or
(B) for drugs with special storage requirements, including, but not limited to, refrigeration in an appropriate storage area in the patient care area under control of nursing personnel for appropriate administration to that patient only; and
(2) the nurses in charge of that patient's care shall witness the administration and maintain records of such use.

(b) If the patient or the patient's representative brings in medication part or all of which is still present at such time a patient expires, those drugs shall be delivered to the institutional pharmacy for appropriate destruction. Such drugs may not be turned over to the patient's representatives. This rule shall be made clear to the parties involved prior to the permission to use such medication. Patients who are discharged shall take with them their own medications brought to the institution under the terms of this section.

(c) In the event the patient is discharged and leaves drugs brought in under this section, either deliberately or inadvertently, such drugs shall be documented and stored at the appropriate nursing location for a maximum of seven (7) calendar days. If not claimed by the patient or the patient's agent within those seven (7) calendar days, the drugs so stored shall be destroyed as described in subsection (b).

(Indiana Board of Pharmacy; 856 IAC 1-28.1-14; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1642; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-28.1-15 Inspections

Authority: IC 25-26-13-4
Affected: IC 16-42-3-3; IC 25-26-13-17

Sec. 15. The qualifying pharmacist or pharmacist in charge shall be responsible for the timely inspection of all areas where drugs are stored, used, or administered. The inspection can be carried out by qualified designee and appropriate records kept. The inspection shall verify, at a minimum, the following:

(1) Disinfectants and drugs solely for nontherapeutic external use are stored separately and apart from drugs for internal use or injection.
(2) Drugs requiring special storage conditions are appropriately stored to assure the drugs are not adulterated as described in IC 16-42-3-3.
(3) Drugs subject to deterioration are removed from any accessible location prior to the expiration date (manufacturer's or other such as required under 856 IAC 1-21) and disposed of appropriately.
(4) Emergency drugs designated by the institution are in adequate supply and are properly stored in the institution.
(5) All necessary and required security and storage standards are met.
(6) All pharmacy-related policies and procedures of the institution are complied with.

(Indiana Board of Pharmacy; 856 IAC 1-28.1-15; filed Dec 26, 2001, 2:44 p.m.: 25 IR 1642; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 29. Electronic Data Processing of Prescriptions

856 IAC 1-29-1 Approval of electronic data processing system

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 1. (a) No electronic data processing system may be used by a pharmacist pursuant to a Type I, Type III, and Type VI pharmacy permit as an alternative to his or her recordation of prescription information unless that system has been approved by the Indiana board of pharmacy (board).

(b) No electronic data processing system may be used by a pharmacist as an alternative to his recordation of information directly on the original prescription pursuant to IC 25-26-13-25(c), without the approval of the board, and such an electronic data processing system does not qualify for approval unless it satisfies at a minimum the requirements found in this rule. Any such system must be approved by the board before initial installation in Indiana. Any pharmacy installing such a system must make a written request to the board for approval. Approval is subject to withdrawal for cause so that the pharmacist must in such a case discontinue use of the system as an alternative.

(Indiana Board of Pharmacy; 856 IAC 1-29-1; filed Aug 16, 1984, 3:55 p.m.: 7 IR 2543; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1337; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-29-2 On-line retrieval and printout capabilities; data requirements; discontinuance of system

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 2. (a) Any such proposed computerized system must provide on-line retrieval (via visual display device or hard-copy printout) of original prescription order information for those prescription orders which are currently authorized for refilling. This shall include:

(1) prescription number;
(2) date of issuance of the original prescription order by the prescriber;
(3) full name and address of the patient;
(4) name and address of prescriber;
(5) DEA number of prescriber when drug prescribed is controlled substance;
(6) the name, strength (if applicable), dosage form, and quantity of medication originally dispensed;
(7) total number of refills authorized by prescriber.

(b) In addition to the information contained in subsection (a) above, the following information shall be maintained for each filling:

(1) date dispensed;
(2) quantity dispensed, if different from the quantity prescribed;
(3) identification of dispensing pharmacist;
(4) adequate information to determine the number of authorized refills remaining.

(c) The system shall be able to produce a complete printout of current prescription status that would provide all necessary refill information for use in the event that the pharmacy wishes to discontinue use of the computer system. The report shall list all currently refillable prescriptions in sequence by prescription number. The following information shall be included:

(1) prescription number;
(2) date dispensed, quantity, and pharmacist's identification;
(3) the number of refills presently remaining and the amount owed, if any, from any partial refills.

(Indiana Board of Pharmacy; 856 IAC 1-29-2; filed Aug 16, 1984, 3:55 pm: 7 IR 2544; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-29-3 Hard-copy of daily dispensing; verification and retention; back-up capability

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 3. (a) A pharmacy using an electronic data processing system must provide a separate hard-copy printout of prescription order and refill data for each day's dispensing or other board approved uniformly maintained readily retrievable system. This hard-copy printout or other board approved system shall include the following:

(1) prescription number;
(2) date of dispensing;
(3) patient name;
(4) drug and strength (if applicable);
(5) quantity dispensed;
(6) prescriber identification;
(7) pharmacist identification;
(8) refill status;

(9) controlled drug schedule identification.

(b) The dispensing pharmacist must verify that the data is correct to the best of his knowledge and date and sign the document or log book in the same manner as he would sign a check or legal document.

(c) This documentation shall be maintained for a period of five (5) years from the dispensing date. The daily hard-copy printout may be replaced with a monthly printout or other permanent documentation containing the same information.

(d) Each system must have the capability of informational back-up and such documentation must be stored in a secure location.

(Indiana Board of Pharmacy; 856 IAC 1-29-3; filed Aug 16, 1984, 3:55 pm: 7 IR 2544; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-29-4 Auxiliary system

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 4. In the event that a pharmacy which employs such an electronic data processing system experiences system down time, the pharmacy must have an auxiliary procedure which will be used for documentation of refills of prescription orders. This auxiliary procedure must insure that refills are authorized by the original prescription order, that the maximum number of refills has not been exceeded, and that all of the appropriate data is retained for on-line service. However, nothing in this section shall preclude a pharmacist from using his professional judgment to benefit the health of the patient.

(Indiana Board of Pharmacy; 856 IAC 1-29-4; filed Aug 16, 1984, 3:55 pm: 7 IR 2544; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-29-5 Safeguards

Authority: IC 25-26-13-4
Affected: IC 25-26-13-15; IC 25-26-13-25

Sec. 5. When utilizing electronic data processing systems, pharmacists shall comply with IC 25-26-13-15.

(Indiana Board of Pharmacy; 856 IAC 1-29-5; filed Aug 16, 1984, 3:55 pm: 7 IR 2545; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-29-6 Data entry; supervision

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 6. When electronic data processing equipment is utilized in any pharmacy, input of drug information shall be performed by a pharmacist or under the immediate and personal supervision of a pharmacist. The pharmacist must certify the accuracy of the information entered and verify the prescription order.

(Indiana Board of Pharmacy; 856 IAC 1-29-6; filed Aug 16, 1984, 3:55 pm: 7 IR 2545; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-29-7 Existing systems; compliance date *(Repealed)*

Sec. 7. *(Repealed by Indiana Board of Pharmacy; filed Dec 2, 2001, 12:35 p.m.: 25 IR 1340)*

856 IAC 1-29-8 Transfer of prescriptions between pharmacies *(Repealed)*

Sec. 8. *(Repealed by Indiana Board of Pharmacy; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2249)*

856 IAC 1-29-9 Applicability of rule

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 9. This rule applies to pharmacies with Type I, Type III, Type IV, and Type VI permits.

(Indiana Board of Pharmacy; 856 IAC 1-29-9; filed Aug 16, 1984, 3:55 p.m.: 7 IR 2545; filed Mar 8, 1989, 10:00 a.m.: 12 IR 1634; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2248; filed Sep 21, 1992, 9:00 a.m.: 16 IR 724; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 30. Sterile Pharmaceuticals; Preparation and Dispensing

856 IAC 1-30-1 Purpose

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 1. The purpose of this rule is to provide standards for the preparation, labeling, and distribution of sterile pharmaceutical products by licensed pharmacists, pursuant to a drug order or prescription.
(Indiana Board of Pharmacy; 856 IAC 1-30-1; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-2 "Biological safety cabinet" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 2. As used in this rule, "biological safety cabinet" means a containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment, according to National Sanitation Foundation (NSF) Standard 49.
(Indiana Board of Pharmacy; 856 IAC 1-30-2; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2385; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-3 "Class 100 environment" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 3. As used in this rule, "Class 100 environment" means an ISO class 5 atmospheric environment, which contains less than one hundred (100) particles five-tenths (0.5) microns in diameter per cubic foot of air, according to the ISO for clean rooms and associated controlled environments.
(Indiana Board of Pharmacy; 856 IAC 1-30-3; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2385; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-4 "Cytotoxic" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4. As used in this rule, "cytotoxic" means a pharmaceutical that has the capability of killing living human cells. *(Indiana Board of Pharmacy; 856 IAC 1-30-4; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-30-4.1 "Hazardous" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.1. As used in this rule, "hazardous" means any drug or waste that may:
(1) be:
(A) cytotoxic;
(B) genotoxic;
(C) oncogenic;
(D) mutagenic;
(E) teratogenic; or
(2) otherwise pose a potential health hazard.
(Indiana Board of Pharmacy; 856 IAC 1-30-4.1; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2385; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-4.2 "ISO" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.2. (a) "ISO" means the International Organization for Standardization.
(b) That certain document being titled International Organization for Standardization, as published by the International Organization for Standardization 1, rue de Varembé, Case postale 56 CH-1211 Geneva 20, Switzerland is hereby incorporated by reference as if fully set out in this rule.
(Indiana Board of Pharmacy; 856 IAC 1-30-4.2; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-4.3 "NSF" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.3. (a) "NSF" means the National Sanitation Foundation.

(b) That certain document being titled The Standard for Performance (copyright 2004), as published by the National Sanitation Foundation, P.O. Box 130140, 789 North Dixboro Road, Ann Arbor, Michigan 48113-0140 is hereby incorporated by reference as if fully set out in this rule.

(Indiana Board of Pharmacy; 856 IAC 1-30-4.3; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-4.4 "Parenteral" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.4. As used in this rule, "parenteral" means a sterile preparation of drugs for injection through one (1) or more layers of the skin.

(Indiana Board of Pharmacy; 856 IAC 1-30-4.4; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-4.5 "Positive patient outcome" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.5. As used in this rule, "positive patient outcome" means the:

(1) cure or prevention of disease;
(2) elimination or reduction of symptoms; or
(3) arresting or slowing of disease process;

so as to improve the patient's quality of life.

(Indiana Board of Pharmacy; 856 IAC 1-30-4.5; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-4.6 "Product quality and characteristics" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4.6. As used in this rule "product quality and characteristics" means the following:

(1) Sterility.
(2) Potency associated with environmental quality.
(3) Preparation activities.
(4) Checks and tests.

(Indiana Board of Pharmacy; 856 IAC 1-30-4.6; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-5 "Qualified pharmacist" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 5. As used in this rule, "qualifying pharmacist" means a licensed pharmacist, identified in the policy and procedure manual, required by section 7 of this rule, as responsible for the preparation of the sterile pharmaceuticals, in compliance with the policy and procedure manual and the applicable laws governing the practice of pharmacy in Indiana.

(Indiana Board of Pharmacy; 856 IAC 1-30-5; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1337; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-6 "Sterile pharmaceutical" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 6. As used in this rule, "sterile pharmaceutical" means ~~a~~ any dosage form of a drug, including, but not limited to, parenteral, injectable, and ophthalmic dosage forms, which dose form is free from living microbes, and free from chemical or physical contamination. *(Indiana Board of Pharmacy; 856 IAC 1-30-6; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1017, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-30-7 Policy and procedure manual

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 7. Each pharmacy preparing and dispensing, or holding itself out to prepare or dispense, sterile pharmaceuticals shall maintain a policy and procedure manual relating to the compounding, dispensing, delivery, administration, storage, and use of sterile pharmaceutical products, pursuant to prescriptions or drug orders, or both, as part of the pharmacy policy and procedure manual or as a separate policy and procedure manual. This manual shall be available at the pharmacy for inspection by the board or its designated inspector. The manual shall be reviewed annually by the pharmacist-in-charge or the qualifying pharmacist and revised if needed. The manual shall include the name of the pharmacist-in-charge of the preparation of sterile pharmaceuticals and policies and procedures for the following:

(1) Clinical services provided.
(2) The handling, storage, disposal, and cleanup of accidental spills of hazardous drugs, if they are prepared.
(3) Disposal of unused supplies and drugs.
(4) Drug destruction and returns.
(5) Drug dispensing.
(6) Drug labeling and relabeling.
(7) Drug storage.
(8) Duties and qualifications for professional and nonprofessional staff.
(9) Equipment.
(10) Handling of infectious wastes, if drug products or administration devices are returned to the pharmacy after administration in the case of home administration.
(11) Infusion devices and drug delivery systems, if utilized.
(12) Investigational drugs, if dispensed.
(13) Quality assurance procedures to include the following:
(A) Recall procedures.
(B) Storage and expiration dating.
(C) Educational procedures for professional staff, nonprofessional staff, and the patient, if needed, in the case of home administration.
(D) Sterile procedures to include monitoring the temperature of the refrigerator, routine maintenance, and report of hood certification.
(E) Sterility testing or monitoring, if employed, in the case of routine bulk compounding from nonsterile chemicals.
(14) Reference manuals.
(15) Sterile product preparation procedures.

(Indiana Board of Pharmacy; 856 IAC 1-30-7; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1018, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2386; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-8 Physical requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 8. (a) A licensed pharmacy preparing sterile pharmaceuticals shall have a designated area for preparing compounded, sterile pharmaceuticals. The designated area shall be restricted to only those personnel authorized for the preparation of sterile pharmaceuticals. This area may be in a separate room or in a portion of a larger room. The area cannot be a warehouse or stockroom setting and must be free of dust and dirt.

(b) The designated preparation area shall be used only for the preparation of sterile pharmaceutical products and related functions.

(c) The licensed pharmacy preparing sterile pharmaceutical products shall have the following equipment:

(1) An environmental control device capable of maintaining at least an ISO Class 5 (Class 100) environment in the work space where critical objects are exposed and critical activities are performed. This device must be capable of maintaining ISO Class 5 (Class 100) conditions during normal activity. Examples of appropriate devices include the following
(A) Laminar airflow hood.
(B) Zonal laminar flow of high efficiency particulate air (HEPA) filtered air.
(C) Barrier isolators.
(2) A sink with hot and cold running water that is convenient to the compounding area but outside the buffer area for the purpose of hand scrubs before compounding.
(3) Disposal containers for used needles, syringes, gowns, gloves, etc., and, if applicable, for hazardous waste from the preparation of chemotherapy agents and infectious wastes from patients.
(4) Environmental controls including biohazard cabinetry when hazardous drug products are prepared.
(5) A refrigerator with a thermometer.
(6) Infusion devices, if appropriate.
(7) Documentation to demonstrate adequate cleaning and sanitizing of the environment along with records of all necessary air sampling for particulates and microorganisms.
(8) Environmental control to maintain an ISO Class 8 (Class 100,000) conditions in the buffer area.

(d) The pharmacy shall maintain supplies adequate to maintain an environment suitable for the aseptic preparation of sterile products. All expired, recalled, or adulterated and misbranded drug substances must be removed from the restricted area. The licensed pharmacy preparing sterile pharmaceuticals shall include the following supplies:

(1) Disposable needles, syringes, and other supplies needed for aseptic admixture.
(2) Disinfectant cleaning tools and solutions.
(3) A hand washing agent with antibacterial action.
(4) Disposable towels or wipes.
(5) Filters and filtration equipment, if utilized.
(6) A hazardous drug spill kit shall be available in the facility if hazardous drugs are prepared.
(7) Disposable gowns and gloves.

(e) No one may have access to the pharmacy in the absence of the pharmacist, except as stated in 856 IAC 1-28.1-8.

(f) The pharmacy shall have sufficient current reference materials related to sterile products to meet the needs of pharmacy. A pharmacy preparing or proposing to prepare sterile pharmaceuticals shall have in its reference library:

(1) the Handbook on Injectable Drugs, published by the American Society of Hospital Pharmacists (ASHP), 4630 Montgomery Avenue, Bethesda, Maryland 20814;
(2) the King's Guide to Parenteral Admixtures, published by Pacemarq Inc., 11701 Borman Drive, St. Louis, Missouri 63146; or
(3) another board-approved, printed or electronic database sufficient for determining mixing and administration guidelines and drug incompatibilities such as would be contained in the references listed in subdivision (1) or (2).

(g) If the pharmacy is handling or preparing hazardous drugs, the pharmacy shall have a current copy of Occupational Safety and Health Administration requirements for handling hazardous drugs as published ~~in~~ by the Occupational Safety and Health Administration, Office of Occupational Medicine, Directorate of Technical Support, Occupational Safety and Health Administration, U.S. Department of Labor.

(Indiana Board of Pharmacy; 856 IAC 1-30-8; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1018, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; errata filed Mar 17, 1992, 10:20 a.m.: 15 IR 1394; readopted filed Nov13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2387; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-9 Personnel

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 9. (a) Each pharmacist, pharmacist intern, pharmacist extern, and pharmacy technician engaged in preparing sterile pharmaceuticals must be trained in the specialized functions of preparing and dispensing compounded, sterile pharmaceuticals, including the principles of aseptic technique and quality assurance. Documentation of such training or experience shall be made available for inspection by the board or its representatives.

(b) The qualifying pharmacist shall be responsible for the following:

(1) Purchasing, storage, compounding, repackaging, dispensing, and distribution of all sterile pharmaceuticals.
(2) Development and continuing review of all:
  (A) policies and procedures;
  (B) training manuals; and
  (C) quality assurance programs.

(c) The qualifying pharmacist shall:

(1) assure the environmental control of all products shipped, as controllable by the pharmacist to the extent such aspect of shipping is controllable by the pharmacist; and
(2) be responsible for adherence to all current USP Standards related to sterile compounding, personnel cleansing and gowning; or
(3) reject or cause to be rejected any such shipment or drugs as prepared in violation of applicable USP Standards.

(Indiana Board of Pharmacy; 856 IAC 1-30-9; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1019, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1337; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2388; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-10 Support personnel

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 10. (a) The pharmacist may be assisted by support personnel in compliance with IC 25-26-13-18(a)(4). Such personnel shall have specialized training in the preparation of sterile pharmaceuticals and shall work under the supervision of a licensed pharmacist. The training provided to these personnel shall be described in writing. The duties and responsibilities of supportive personnel must be consistent with their training and experience.

(b) This section is not to preclude other licensed health care professionals, as allowed by law, may also prepare sterile pharmaceuticals when there is an immediate need, or when the preparation in a pharmacy is not practical.

(Indiana Board of Pharmacy; 856 IAC 1-30-10; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1019, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-11 Staffing

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 11. A pharmacist shall be accessible at all times to respond to patients' and other health professionals' questions and needs.

(Indiana Board of Pharmacy; 856 IAC 1-30-11; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1019, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-12 Profile or medication record system

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 12. A pharmacy-generated profile or medication record system for sterile pharmaceuticals administered to patients, except for those inpatients in an institutional facility, as defined in 856 IAC 1-28-1(a), holding a Type II pharmacy permit, shall be maintained separately from the prescription file. The patient profile or medication record system shall contain at a minimum the following:

(1) Patient's name, date of birth or age, weight, and sex.
(2) Sterile pharmaceutical products dispensed.
(3) Drug content and quantity.
(4) Directions for the patient, if administered outside the facility.
(5) Identification of the dispensing pharmacist and other authorized personnel responsible for preparing the sterile pharmaceutical.
(6) Other drug therapy information, if applicable.
(7) Known or suspected drug sensitivities and allergies of the patient to drugs and foods, if applicable.
(8) Primary diagnosis and chronic conditions if the sterile pharmaceutical is administered outside the facility.

(Indiana Board of Pharmacy; 856 IAC 1-30-12; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1019, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-13 Labeling

Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 13. (a) Each sterile pharmaceutical product dispensed to a patient shall be labeled with the following:

(1) Date of preparation by the pharmacy.
(2) Patient name and bed number, if an institutionalized patient.
(3) Name of each drug in the preparation, strength, and amount.
(4) Expiration date of the preparation, including time, if applicable.
(5) Identity of the pharmacist compounding and dispensing the sterile pharmaceutical, and identity of other authorized personnel preparing the product, if applicable.
(6) Other information required by the dispensing pharmacy regarding storage requirements or special warnings.

(b) In addition, if the patient residing at home or outside the facility where the sterile pharmaceutical is prepared, the following labeling requirements apply:

(1) Identifying prescription number.
(2) Prescriber's full name.
(3) Name, address, and telephone number of the licensed pharmacy.
(4) Directions for use shall be provided, either on the label or by other written instructions, including infusion rate and date and time of administration.

(Indiana Board of Pharmacy; 856 IAC 1-30-13; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; errata filed Mar 17, 1992, 10:20 a.m.: 15 IR 1394; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1337; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-14 Records and reports

Authority: IC 25-26-13-4
Affected: IC 25-26-13-15; IC 25-26-13-18

Sec. 14. (a) The qualifying pharmacist shall be responsible for such records and reports as required to ensure the patient's health, safety, and welfare. Such records shall be readily available and maintained for two (2) years from the date of issuance of the prescription or drug order and be subject to inspection by the Indiana board of pharmacy or its designated inspector. These records shall include the following:

(1) Patient profile or medication record system.
(2) Policy and procedure manual.
(3) Training manuals.
(4) Policies and procedures for disposal of hazardous waste, when applicable.

(b) Information regarding individual patients shall be maintained in a manner to assure confidentiality of the patient's record. Release of this information shall be in accordance with IC 25-26-13-15.
(c) If appropriate, the qualifying pharmacist must document the patient's training and competency in managing this type of therapy provided by the pharmacist to the patient in the home environment. A pharmacist must be involved in the patient training process in any area that related to drug:
(1) compounding;
(2) labeling;
(3) administration;
(4) storage;
(5) stability;
(6) compatibility; or
(7) disposal.
The pharmacist shall be responsible for seeing that the patient's competency in the areas in subdivisions (1) through (7) is reassessed at appropriate intervals.
(Indiana Board of Pharmacy; 856 IAC 1-30-14; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1338; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2388; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-15 Disposal of infectious waste
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 15. The qualifying pharmacist is responsible for assuring that there is a system for the disposal of infectious waste returned from outside the facility in a manner consistent with the protection of the public's health and safety and in compliance with applicable state and federal law.
(Indiana Board of Pharmacy; 856 IAC 1-30-15; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1338; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-16 Emergency kit
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 16. When sterile pharmaceuticals are provided to home care patients, the dispensing pharmacy may supply the nurse with emergency drugs, if the treating physician has authorized the use of such drugs by a protocol, for use in an emergency situation, e.g., anaphylactic shock.
(Indiana Board of Pharmacy; 856 IAC 1-30-16; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA))

856 IAC 1-30-17 Hazardous drugs
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 17. In addition to the minimum requirements for a pharmacy established by rules of the board, the following requirements are necessary to ensure the protection of the personnel involved in those licensed pharmacies that prepare hazardous drugs:
(1) All hazardous drugs shall be compounded in a Class II, biological safety cabinet. If this cabinet is not dedicated solely to the compounding of hazardous drugs, policies and procedures must be in place for the cleaning and decontaminating this biological safety cabinet.
(2) Protective apparel shall be worn by personnel compounding hazardous drugs. This shall include disposable gloves and gowns with tight cuffs.
(3) Appropriate safety and containment techniques for compounding hazardous drugs shall be used in conjunction with the aseptic techniques required for preparing sterile products.
(4) Procedures for disposal of hazardous waste shall be specified within the policy and procedure manual as required by section 7 of this rule and comply with all applicable local, state, and federal requirements.
(5) Written procedures for handling both major and minor spills of hazardous agents must be developed and included in the policy and procedure manual.
(6) Prepared doses of hazardous drugs shall be dispensed and labeled with proper precautions inside and outside and shipped in a manner designed to minimize the risk of accidental rupture of the primary container.
(Indiana Board of Pharmacy; 856 IAC 1-30-17; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1020, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2389; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-30-18 Quality assurance
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 18. (a) The designated qualifying pharmacist shall conduct a documented, ongoing quality assurance program that monitors personnel performance, equipment, and facilities. Samples of finished products shall be examined, or other continuous monitoring methods shall be used to assure that the pharmacy is capable of consistently preparing sterile pharmaceuticals meeting specifications in accordance with good compounding practices and the current USP/NF Chapter on sterile preparation. Quality assurance procedures shall include the following:

(1) Recall procedures for compounded sterile pharmaceuticals.

(2) Storage and dating for compounded sterile pharmaceuticals.

(3) Sterile procedures, including the following:

(A) Monitoring the temperature of the refrigerator.

(B) Routine maintenance.

(C) Report of laminar flow hood certification.

(4) Written documentation of periodic hood cleaning.

(b) All biological safety cabinets and Class 100 environments shall be certified by an independent contractor or facility specialist as meeting Federal Standard 209B or National Sanitation Foundation Standard 49, as referenced in section 2 of this rule, for operational efficiency. Such certification shall be performed every six (6) months. Records documenting certification, which at a minimum includes laminar air flow velocity and particle count, shall be maintained for a period of not less than two (2) years.

(c) Prefilters for the clean air source shall be replaced or cleaned as applicable on a regular basis and the replacement or cleaning date documented.

(d) A vertical flow Class II biological safety cabinet may be used to compound any sterile pharmaceutical product; however, ~~it~~ the cabinet must be thoroughly cleaned between each use for hazardous and nonhazardous drug compounding.

(e) If manufacturing of parenteral solutions is performed utilizing nonsterile chemicals, extensive end product testing, as referenced in Remington's Pharmaceutical Sciences, published by Mack Publishing Company, Easton, Pennsylvania 18042, or other

Federal Drug Administration approved testing methods, must be documented prior to the release of the product from quarantine. This process must include appropriate tests for particulate matter, microbial contamination, and testing for pyrogens. This does not preclude the extemporaneous compounding of certain sterile pharmaceuticals.

(f) There shall be

(1) written justification of the chosen expiration dates for compounded parenteral products documented in the policy and procedure manual; and

(2) documentation of quality assurance audits at planned intervals, including infection control and sterile technique audits.

(Indiana Board of Pharmacy; 856 IAC 1-30-18; filed Jan 28, 1992, 5:00 p.m.: 15 IR 1021, eff Jan 1, 1992 [IC 4-22-2-36 suspends the effectiveness of a rule document for thirty (30) days after filing with the secretary of state. LSA Document #91-6 was filed Jan 28, 1992.]; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1338; filed Apr 6, 2005, 4:00 p.m.: 28 IR 2389; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 31. Facsimile Machines

856 IAC 1-31-1 "Facsimile machine" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 1. As used in this rule, "facsimile machine" means a machine that electronically transmits exact images through connection with a telephone network.

(Indiana Board of Pharmacy; 856 IAC 1-31-1; filed Mar 31, 1992, 5:00 p.m.: 15 IR 1390; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-31-2 Use of a facsimile machine to electronically transmit a prescription or drug order

Authority: IC 25-26-13-4
Affected: IC 25-1-9; IC 25-26-13

Sec. 2. Prescription or drug orders for legend drugs may be transmitted by facsimile machine from an authorized prescribing practitioner to a pharmacy under the following restrictions:

(1) The original prescription or order transmitted by facsimile machine contains:

(A) all information required under IC 25-26-13-2;

(B) the name and address of the pharmacy to which the prescription or drug order is being transmitted; and

(C) the name of the person transmitting the prescription or drug order.

(2) A statement that the prescription is valid only if transmitted by facsimile machine is included on the face of the original prescription or drug order.

(3) Actual transmission is done by or under the direct supervision of the authorized prescribing practitioner or by an authorized agent.

(4) A prescription for a Schedule II controlled substance may be transmitted by the practitioner or the practitioner's authorized agent to a pharmacy via facsimile equipment, provided the original written, signed prescription is presented to the pharmacist for review prior to the actual dispensing of the controlled substance, except as noted in subdivision (5) or (6).

(5) A prescription prepared in accordance with 856 IAC 2-6-4 written for a Schedule II narcotic substance to be compounded for the direct administration to a patient in a private residence, long term care facility, or hospice setting by means of parenteral, intravenous, intramuscular, subcutaneous, or intraspinal infusion may be transmitted by the practitioner or the practitioner's agent by facsimile. The facsimile serves as the original written prescription, and it shall be maintained in accordance with IC 25-26-13-25.

(6) A prescription prepared in accordance with 856 IAC 2-6-4 written for a Schedule II substance for a resident of a long term care facility licensed under 410 IAC 16.2-3.1 may be transmitted by the practitioner or the practitioner's authorized agent to the dispensing pharmacy by facsimile. The facsimile serves as the original written prescription for the purpose of this subdivision, and it shall be maintained in accordance with IC 25-26-13-25.

(7) A prescription prepared in accordance with 856 IAC 2-6-4 written for a Schedule II narcotic substance for a patient enrolled in a hospice program, inpatient or outpatient, certified by Medicare under Title XVIII or licensed by Indiana may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile. The practitioner or the practitioner's agent will note on the prescription that the patient is a hospice patient. The facsimile serves as the original written prescription for purposes of this subdivision and maintained in accordance with IC 25-26-13-25.

(8) A controlled substance prescription or drug order for a Schedule III, IV, or V controlled substance may be sent by facsimile machine and must be sent by the prescribing practitioner or an authorized agent.

(9) A facsimile machine transmitted copy of a prescription or drug order must produce a nonfading copy or be reduced to writing, either manually or via other processes, for example, photocopying, that produces a nonfading document. Proper notation on the file copy shall indicate that the prescription order was initially received via facsimile machine transmission.

(10) The receiving facsimile machine must be located in the prescription department of the pharmacy or in another nonpublic area of the pharmacy to protect patient/pharmacist/authorizing prescribing practitioner confidentiality and security as required by IC 25-26-13-15.

(11) Using facsimile equipment to circumvent documentation, authenticity, verification, or other standards of the profession of pharmacy will be considered professional incompetence under IC 25-1-9.

(Indiana Board of Pharmacy; 856 IAC 1-31-2; filed Mar 31, 1992, 5:00 p.m.: 15 IR 1390; filed Aug 17, 1995, 8:30 a.m.: 19 IR 39; filed May 26, 2000, 8:52 a.m.: 23 IR 2502; filed May 10, 2001, 9:22 a.m.: 24 IR 3067; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 32. Transfer of Prescriptions Between Pharmacies

856 IAC 1-32-1 Applicability of rule

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 1. This rule governs the transfer of prescription information, either originally filled or previously refilled, by one (1) pharmacy to another pharmacy for refills.

(Indiana Board of Pharmacy; 856 IAC 1-32-1; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2248; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1339; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-32-2 Noncontrolled and controlled substance prescription transfers

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 2. (a) Prescription information for legend drugs that are not controlled substances may be transferred at any time during the lifetime of the prescription up to one (1) year after the date of the original filling, or when the original number of authorized refills expires, whichever comes first.

(b) Except as limited by the requirement of subsection (a), prescriptions for legend drugs that are not controlled substances may be transferred any number of times.

(c) If any authorized refills remain, prescriptions for Schedule III, Schedule IV, and Schedule V controlled substances may be transferred only once within six (6) months from the date the prescription was issued. 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.

(d) Prescriptions for Schedule II controlled substances may not be transferred.

(Indiana Board of Pharmacy; 856 IAC 1-32-2; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2248; filed May 26, 2000, 8:52 a.m.: 23 IR 2503; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1339; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-32-3 Patient's right to transfer prescriptions

Authority: IC 25-26-13-4
Affected: IC 25-26-13-16; IC 25-26-13-25

Sec. 3. A pharmacist may not legally refuse to transfer a patient's prescription or prescription information except when to do so would be against the professional judgment of the pharmacist in the manner provided for under IC 25-26-13-16.

(Indiana Board of Pharmacy; 856 IAC 1-32-3; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2248; errata filed Jul 10, 1992, 9:00 a.m.: 15 IR 2465; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1339; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

856 IAC 1-32-4 Pharmacists' responsibilities

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 4. Transfer of prescription information under this rule must meet the following requirements:

(1) The transfer is communicated directly between two (2) licensed pharmacists or by suitable electronic device approved by the Indiana board of pharmacy, 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 Drug Enforcement Administration registration number of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription.

(C) Record the date of the transfer and the name of the pharmacist transferring the information.

(2) The pharmacist receiving the transferred prescription shall reduce to writing the following:

(A) Write the word "TRANSFER" on the face of the transferred prescription.

(B) Provide all information required to be on a prescription and include the following:

(i) Date of issuance of original prescription.

(ii) Original number of refills authorized on original prescriptions.

(iii) Date of original dispensing.

(iv) Number of valid refills remaining and date of last refill, and, in the event the transfer is for the second or subsequent transfer of a substance that is a Schedule III, Schedule IV, or Schedule V controlled substance, the date and location of the previous refill.

(v) Pharmacy's name, address, Drug Enforcement Administration registration number, and original prescription number from which the prescription information was transferred.

(vi) Name of the transferor pharmacist.

(C) Both the original and transferred prescription must be maintained as required under IC 25-26-13-25.

(3) Pharmacies electronically accessing the same prescription record must satisfy all information requirements of a manual mode for prescription transferral.

(Indiana Board of Pharmacy; 856 IAC 1-32-4; filed Jun 8, 1992, 5:00 p.m.: 15 IR 2248; errata filed Jul 10, 1992, 9:00 a.m.: 15 IR 2465; filed May 26, 2000, 8:52 a.m.: 23 IR 2503; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1339; readopted filed Sep 26, 2008, 10:55 a.m.: 20081015-IR-856080346RFA)

Rule 33. Counseling

856 IAC 1-33-1 Definitions

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4

Sec. 1. The following definitions apply throughout this rule:

(1) "Counseling" means appropriate communication, by a pharmacist, to a patient, as defined in subdivision (3), of information for the purpose of improving therapeutic outcomes by maximizing the proper use of drugs and devices dispensed pursuant to prescriptions.

(2) "Offer" means a statement that is verbal or, only if necessary for an individual patient, nonverbal, for example, printed or written, that clearly informs the patient that a pharmacist is available, at the time the offer is made, to counsel the patient, including, but not limited to, giving information to or answering questions, or both, from the patient.

(3) "Patient" means the following:

(A) The individual for whom a prescription was issued.

(B) The caregiver of the individual for whom a prescription was issued.

(C) The agent of the individual for whom a prescription was issued.

(Indiana Board of Pharmacy; 856 IAC 1-33-1; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001,3:55 p.m.: 25 IR 1330; filed Jun 7, 2004, 4:45 p.m.: 27 IR 3073)

856 IAC 1-33-1.5 Offer requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-10

Sec. 1.5. (a) The following can satisfy an offer:

(1) A pharmacist counseling the patient.

(2) A pharmacist intern/extern registered under IC 25-26-13-10 if:

(A) permitted by the pharmacist; and

(B) the counseling by the pharmacist intern/extern is followed by a bona fide offer for the pharmacist to counsel the patient and if the patient or patient's representative desires such counseling.

(3) A written notice containing the pharmacy's phone number and a bona fide offer when:

(A) a patient is not present and has not authorized the giving of information to another; or

(B) the drug or device is delivered by the United States Postal Service, parcel delivery, or hand delivery.

(4) Any personnel in the prescription department, as defined in 856 IAC 1-13-3(b)(3), making an offer to counsel, as defined in section 1(2) of this rule.

(b) The following cannot satisfy an offer:

(1) Making an offer for the patient to ask questions.

(2) Any other method that serves to shift the responsibility from the pharmacists to the patient for initiating the counseling or for selecting the informational content of the counseling.

(3) Relaying information through an intermediary, unless needed for translations, hearing impaired, or other situation beyond the control of the pharmacist.

(4) Using signs or other types of written notices or written information given to the patient with each drug dispensed.

(Indiana Board of Pharmacy; 856 IAC 1-33-1.5; filed Jun 7, 2004, 4:45 p.m.: 27 IR 3073)

856 IAC 1-33-2 Patient counseling requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-16

Sec. 2. (a) Upon the receipt of a prescription or upon the subsequent refilling of a prescription, and following a review of the patient's prescription medication profile, the pharmacist shall be responsible for the initiation of an offer, as set forth in section 1.5(a) of this rule, to counsel the patient on matters that, in the pharmacist's professional judgment, are significant to optimizing drug therapy. Depending upon the situation, these matters may include, but are not necessarily limited to, the following:

(1) The name and description of the medicine.

(2) The route, dosage form, dosage, route of administration, and duration of drug therapy.

(3) Special directions and precautions.

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

(5) Techniques for self-monitoring drug therapy.

(6) Proper storage.

(7) Prescription refill information.

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

(b) Counseling shall be in person, whenever practicable, or through access to a telephone service that is toll-free for long distance calls and be held with the patient, the patient's caregiver, or the patient's representative.

(c) Alternative forms of patient information may be used to supplement verbal counseling when appropriate. Examples include written information leaflets, pictogram labels, and video programs. Nothing in this subsection shall be construed to mean that supplements may be a substitute for verbal counseling when verbal counseling is practicable.

(d) Nothing in this rule shall be construed as requiring a pharmacist to provide counseling when a patient knowingly declines (waives) the offer to counsel.

(e) Requesting or accepting, or both, a waiver for counseling for all prescriptions both present and future is not permitted. An offer must be made with each prescription-dispensing visit.

(f) The patient's declining of counseling must be documented in either written or electronic format. The required documentation may be on the same form as or with another pharmacy-related authorization, only if it is clear to the patient that the documentation form also contains the patient's intent to decline (waive) counseling. The documentation subject to this section shall be retained in the pharmacy licensed area or in a secure area under the pharmacy's control, which is readily available for inspection, for a period of not less than two (2) years.

(Indiana Board of Pharmacy; 856 IAC 1-33-2; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Jun 7, 2004, 4:45 p.m.: 27 IR 3073)

856 IAC 1-33-3 Patient profile requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-25

Sec. 3. The pharmacist shall assure that prescription medication profiles are maintained for all patients receiving pharmaceutical care at that pharmacy. Within limits of reasonably available information, the pharmacy medication profile shall include the following:

(1) Name, address, telephone number, age or date of birth, and gender.

(2) Known drug allergies and adverse reactions.

(3) A list of current medications and relevant devices, either of which may relate to the patient's drug therapy.

(4) Known disease states.

(5) Any other information that, in the pharmacist's professional judgment, the pharmacist deems appropriate.

(6) Pharmacist's comments relevant to the individual's drug therapy.

(Indiana Board of Pharmacy; 856 IAC 1-33-3; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-33-4 Institutional patient exception

Authority: IC 25-26-13-4
Affected: IC 25-1-9

Sec. 4. The requirements for patient counseling, as described in this rule, shall not apply to patients residing in institutional facilities in Indiana as defined under 856 IAC 1-28.1-1(6).

(Indiana Board of Pharmacy; 856 IAC 1-33-4; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1177; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Jun 7, 2004, 4:45 p.m.: 27 IR 3074)

856 IAC 1-33-5 Patient counseling violations

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4

Sec. 5. Violation of this rule shall be grounds for discipline by the board under either IC 25-1-9 or 856 IAC 1-20.
(Indiana Board of Pharmacy; 856 IAC 1-33-5; filed Jun 7, 2004, 4:45 p.m.: 27 IR 3074)

Rule 34. Security Features for Prescriptions

856 IAC 1-34-1 Applicability

Authority: IC 35-48-7-8
Affected: IC 16-42-19-5

Sec. 1. This rule establishes minimum standards for security features for prescriptions issued by practitioners as described in IC 16-42-19-5. Practitioners licensed in Indiana must comply with this rule in order for their prescriptions to be accepted for filling in licensed Indiana pharmacies.
(Indiana Board of Pharmacy; 856 IAC 1-34-1; filed Jul 5, 1995, 9:45 a.m.: 18 IR 2782, eff Jan 1, 1996; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-34-2 Security feature requirements

Authority: IC 35-48-7-8
Affected: IC 16-42-19-5

Sec. 2. (a) All controlled substance prescriptions written by licensed Indiana practitioners, as defined by IC 16-42-19-5, must contain the following security features:

(1) A latent, repetitive "void" pattern screened at five percent (5%) in reflex blue must appear across the entire face of the document when the prescription is photocopied.

(2) There shall be a custom artificial watermark printed on the back side of the base paper so that it may only be seen at a forty-five (45) degree angle. The watermark shall consist of the words "Indiana Security Prescription", appearing horizontally in a step-and-repeated format in five (5) lines on the back of the document using 12-point Helvetica bold type style.

(3) An opaque RX symbol must appear in the upper right-hand corner, one-eighth (_) of an inch from the top of the pad and five-sixteenths ($^5/_{16}$) of an inch from the right side of the pad. The symbol must be three-fourths (¾) inch in size and must disappear if the prescription copy is lightened.

(4) Six (6) quantity check-off boxes must be printed on the form and the following quantities must appear and the appropriate box be checked off for the prescription to be valid:

(A) 1–24
(B) 25–49
(C) 50–74
(D) 75–100
(E) 101–150
(F) 151 and over.

(5) No advertisements may appear on the front or back of the prescription blank.

(6) Logos, defined as a symbol utilized by an individual, professional practice, professional association, or hospital, may appear on the prescription blank. The upper left one (1) inch square of the prescription blank is reserved for the purpose of logos. Only logos, as defined by this subdivision, may appear on the prescription blank.

(7) Only one (1) prescription may be written per prescription blank. The following statement must be printed on the bottom of the pad: "Prescription is void if more than one (1) prescription is written per blank.".

(8) Refill options that can be circled by the prescriber must appear below any logos and above the signature lines on the left side of the prescription blank in the following order:

Refill NR 1 2 3 4 5 Void after_____.

(9) Practitioner name and state issued professional license number must be preprinted, stamped, or manually printed on the prescription.

(10) All prescription blanks printed under this rule shall be four and one-fourth (4¼) inches high and five and one-half (5½) inches wide.

(b) Nothing in this rule shall prevent licensed Indiana practitioners from utilizing security paper prescriptions for the prescribing of any legend drug. *(Indiana Board of Pharmacy; 856 IAC 1-34-2; filed Jul 5, 1995, 9:45 a.m.: 18 IR 2782, eff Jan 1, 1996; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1340; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 1-34-3 Preprinted controlled substance prohibition

Authority: IC 35-48-7-8
Affected: IC 35-48-2; IC 35-48-7

Sec. 3. The name of any controlled substance, as defined by IC 35-48-2, may not be preprinted on any prescription forms at any time before the prescription is being prepared and executed for presentation to the patient or the patient's agent. That includes, but is not limited to, such activities as typing

prescriptions in anticipation of their need, and using a rubber stamp or other similar means which would accomplish the same end. Commercially printed forms containing names of controlled substances are also prohibited.
(Indiana Board of Pharmacy; 856 IAC 1-34-3; filed Jul 5, 1995, 9:45 a.m.: 18 IR 2783, eff Jan 1, 1996; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-34-4 Exemption
Authority: IC 35-48-7-8
Affected: IC 35-48-7

Sec. 4. Prescriptions utilized by pharmacists to record call-in prescriptions, transferred prescriptions, or facsimile prescriptions do not need to comply with this rule.
(Indiana Board of Pharmacy; 856 IAC 1-34-4; filed Jul 5, 1995, 9:45 a.m.: 18 IR 2783, eff Jan 1, 1996; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-34-5 Approval
Authority: IC 35-48-7-8
Affected: IC 35-48-7

Sec. 5. Printers wishing to supply prescription blanks to authorized recipients must obtain a template design from the board to use as a layout guide. Printers must also submit a preprint proof to the board for approval prior to any production of prescription blanks governed by this rule.
(Indiana Board of Pharmacy; 856 IAC 1-34-5; filed Jul 5, 1995, 9:45 a.m.: 18 IR 2783, eff Jan 1, 1996; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 35. Pharmacy Technicians

856 IAC 1-35-1 Purpose and scope
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. (a) The board is responsible for establishing standards for the competent practice of pharmacy.
(b) The use of pharmacy technicians to assist the pharmacist with nondiscretionary functions associated with the practice of pharmacy enables the pharmacist to provide pharmaceutical care to the patient.
(c) Evolved pharmacy practice demands additional time for pharmacists to counsel individual patients regarding the proper use of drugs.
(d) Only pharmacists (licensed under IC 25-26-13-11), pharmacy interns and externs (as defined in IC 25-26-13-2 and registered under IC 25-26-13-10), and pharmacy technicians as described in this section shall be permitted to participate in the activities associated with a drug order or prescription preparation.
(e) A pharmacist shall not permit a pharmacy technician to participate in the activities associated with a drug order or prescription preparation unless the pharmacy technician meets the qualifications of this section.
(f) The pharmacist is responsible for the work performed by the pharmacy technician under the pharmacist's supervision.
(Indiana Board of Pharmacy; 856 IAC 1-35-1; filed Aug 17, 1995, 8:30 a.m.: 19 IR 39; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Dec 20, 2002, 12:17 p.m.: 26 IR 1561; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-35-2 "Unlicensed person" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 2. (a) As used in this rule, "unlicensed person" means a pharmacy technician who, under the immediate and direct supervision of the pharmacist, assists the pharmacist in the technical and nonjudgmental functions related to the practice of pharmacy in the processing of prescriptions and drug orders.
(b) As used in subsection (a), "pharmacy technician" shall not include pharmacy intern/externs or other ancillary persons which include, but are not limited to:
(1) clerks;
(2) secretaries;
(3) cashiers; or
(4) delivery persons;
who may be present in the pharmacy.
(Indiana Board of Pharmacy; 856 IAC 1-35-2; filed Aug 17, 1995, 8:30 a.m.: 19 IR 40; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-35-3 "Pharmaceutical care" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 3. As used in this rule, "pharmaceutical care" means the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve a patient's quality of life.
(Indiana Board of Pharmacy; 856 IAC 1-35-3; filed Aug 17, 1995, 8:30 a.m.: 19 IR 40; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-35-4 Qualifications
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 4. To be eligible to perform the functions and duties of a pharmacy technician, an individual must possess the following qualifications, which shall be ascertained and documented in a reasonably retrievable manner by the pharmacist that qualifies the pharmacy permit:

(1) The individual has not been convicted of a crime that has a direct bearing on the individual's ability to work with legend drugs or controlled substances.

(2) The individual must be a high school graduate or have successfully completed a General Education Development program or have been judged to be competent by the qualifying pharmacist.

(3) The individual must have successfully completed or be enrolled in and successfully complete within twelve (12) months of being hired as a technician one (1) of the following board-approved programs:

(A) A comprehensive curricular-based education and training program conducted by a pharmacy or educational organization.

(B) A technician training program utilized by the employer that includes specific training in the duties required to assist the pharmacist in the technical functions associated with the practice of pharmacy. The contents of the training program shall include, at a minimum, the following:

(i) Understanding of the duties and responsibilities of the technician and the pharmacist, including the standards of patient confidentiality and ethics governing pharmacy practice.

(ii) Tasks and technical skills, policies, and procedures related to the technician's position.

(iii) Working knowledge of pharmaceutical-medical terminology, abbreviations, and symbols commonly used in prescriptions and drug orders.

(iv) Working knowledge of the general storage, packaging, and labeling requirements of drugs, prescriptions, or drug orders.

(v) Ability to perform the arithmetic calculations required for the usual dosage determinations.

(vi) Working knowledge and understanding of the essential functions related to drug purchasing and inventory control.

(vii) The record keeping functions associated with prescriptions or drug orders.

(4) In lieu of the requirements in subdivision (3), the successful completion of a board-approved certification examination may satisfy the requirements of this section.

(5) A record of the pharmacy technician training and education must be maintained in the pharmacy where the technician is employed and shall include the following:

(A) The name of the pharmacy technician.

(B) The starting date of employment as a pharmacy technician.

(C) The starting date of the technician training program.

(D) The date of completion of the training program or proof of passing the board-approved examination if subdivision (4) applies.

(E) A copy of the training manual, if on-the-job training is used by the employer, or certificate of successful completion of another approved program, or other training program completed prior to employment.
(Indiana Board of Pharmacy; 856 IAC 1-35-4; filed Aug 17, 1995, 8:30 a.m.: 19 IR 40; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; filed Dec 20, 2002, 12:17 p.m.: 26 IR 1562; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-35-5 Duties that a pharmacy technician may not perform
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 5. A pharmacy technician may perform many technical functions associated with the practice of pharmacy. However, even under the immediate and direct supervision of a pharmacist, the pharmacy technician is prohibited from performing the following functions:

(1) Any duty required by law, regulation, or rule to be performed by a pharmacist.

(2) The provision of advice or consultation with the prescriber or other licensed health care provider regarding the patient or the interpretation and application of information contained in the prescription or drug order, medical record, or patient profile.

(3) The provision of advice or consultation with the patient regarding the interpretation of the prescription or the application of information contained in the patient profile or medical record.

(4) Dispensing of prescription drug information to the patient as required in IC 25-26-13-4.

(5) Receipt of a verbal prescription, other than a refill approval or denial, from a prescriber.

(6) Final check on all aspects of the completed prescription and assumption of the responsibility for the filled prescription, including, but not limited to, accuracy of the:

(A) drug;

(B) strength; and

(C) labeling.
(Indiana Board of Pharmacy; 856 IAC 1-35-5; filed Aug 17, 1995, 8:30 a.m.: 19 IR 41; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-35-6 Provision of quality assurance; duties *(Repealed)*

Sec. 6. *(Repealed by Indiana Board of Pharmacy; filed Dec 20, 2002, 12:17 p.m.: 26 IR 1562)*

856 IAC 1-35-7 Identification
Authority: IC 25-26-13-4
Affected: IC 25-26-13-18

Sec. 7. (a) The public shall be able to identify a pharmacist from a pharmacy technician while engaged in the provision of pharmaceutical care.
(b) A pharmacy technician shall:
(1) wear identification clearly stating that the person is a pharmacy technician while on duty; and
(2) identify himself or herself verbally in any telephonic or electronic communication as a pharmacy technician.
(c) No person, other than a person who has met the qualifications established in section 4 of this rule, will be permitted to wear identification using the words "pharmacy technician" or similar wording that may confuse or deceive another person.
(Indiana Board of Pharmacy; 856 IAC 1-35-7; filed Aug 17, 1995, 8:30 a.m.: 19 IR 41; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 36. Temporary Variances

856 IAC 1-36-1 Exceptions
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. A person subject to the regulations of the board may request that the board grant a temporary variance from any rule adopted by the board, except rules concerning examinations, experience hours, and requirements for licensure.
(Indiana Board of Pharmacy; 856 IAC 1-36-1; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4534; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-2 Submission of a request for temporary variance
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 2. A request for a temporary variance must be submitted to the board in writing. Each request must contain the following information:
(1) The name, address, and license or permit number of the applicant.
(2) The name of the responsible pharmacist and the specific location at which activities will be conducted under the temporary variance.
(3) The citation to the specific rule from which the applicant seeks a temporary variance.
(4) A detailed explanation of the purpose of the temporary variance.
(5) An assessment of the impact on the public if the variance is granted.
(6) A statement of the conditions which would cause the applicant to apply for renewal of the temporary variance.
(7) The beginning, midpoint, and ending dates of the proposed demonstration project.
(Indiana Board of Pharmacy; 856 IAC 1-36-2; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4534; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-3 Positive impact on delivery of pharmaceutical care
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 3. Temporary variances shall only be granted for demonstration projects which are expected to have a positive impact on the delivery of pharmaceutical care. Justification for that expectation shall be fully explained. The board shall not grant any temporary variance which threatens public health, safety, or welfare.
(Indiana Board of Pharmacy; 856 IAC 1-36-3; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-4 Period of time
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 4. The board shall grant a temporary variance for a period of no more than six (6) months. Any person who receives a temporary variance shall submit to the board a written report of the effects of the demonstration project at the midpoint and at the conclusion of the temporary variance.

(Indiana Board of Pharmacy; 856 IAC 1-36-4; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-5 Renewal

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 5. A temporary variance may be renewed by the Indiana board of pharmacy (board) for an additional six (6) months. A temporary variance shall not be renewed more than five (5) times. Requests for renewal of a variance shall be submitted in writing to the board not less than thirty (30) days prior to the expiration of the variance and shall contain at least the information required by section 2 of this rule.
(Indiana Board of Pharmacy; 856 IAC 1-36-5; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Dec 2, 2001, 12:35 p.m.: 25 IR 1340; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-6 Revocation

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 6. The board may revoke any temporary variance for cause, including, but not limited to, a finding that the temporary variance poses or may pose a threat to public health, safety, or welfare. The person requesting the temporary variance has the obligation to report any such potential threat to the board immediately upon the discovery of such potential threat, or as soon as possible after such discovery.
(Indiana Board of Pharmacy; 856 IAC 1-36-6; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-7 Public notice

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 7. The board shall give public notice of requests for temporary variances at not less than two (2) consecutive regular meetings before voting to grant or deny a request for a temporary variance.
(Indiana Board of Pharmacy; 856 IAC 1-36-7; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-8 Justification of denial

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 8. The board shall set forth in writing its reasons for granting or denying a temporary variance.
(Indiana Board of Pharmacy; 856 IAC 1-36-8; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 1-36-9 Copies of requests

Authority: IC 25-26-13-4
Affected: IC 25-26-13-5

Sec. 9. The executive director shall retain copies of all requests for temporary variances and the board's reasons for granting or denying requests as part of the record of it proceedings maintained under IC 25-26-13-5.
(Indiana Board of Pharmacy; 856 IAC 1-36-9; filed Jul 23, 1998, 4:43 p.m.: 21 IR 4535; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 37. Centralized Processing of Prescription Drug Orders

856 IAC 1-37-1 "Centralized prescription drug order processing" defined

Authority: IC 25-26-13-4
Affected: IC 25-26

Sec. 1. "Centralized prescription drug order processing" means the processing by a pharmacy of a request from another pharmacy to do the following:
(1) Fill or refill a prescription drug order.
(2) Perform processing functions, including the following:
(A) Dispensing.
(B) Drug utilization review.
(C) Claims adjudication.

(D) Refill authorizations.
(E) Therapeutic interventions.
(Indiana Board of Pharmacy; 856 IAC 1-37-1; filed Oct 14, 2005, 1:00 p.m.: 29 IR 815)

856 IAC 1-37-2 Centralized prescription processing
Authority: IC 25-26-13-4
Affected: IC 25-26

Sec. 2. A pharmacy, licensed or registered by the board, may perform or outsource centralized prescription processing services provided the parties have:
(1) the same owner; or
(2) a written contract outlining the:
(A) services to be provided; and
(B) responsibilities and accountabilities of each party in fulfilling the terms of the contract in compliance with federal and state laws and regulations;
and 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.
(Indiana Board of Pharmacy; 856 IAC 1-37-2; filed Oct 14, 2005, 1:00 p.m.: 29 IR 816)

856 IAC 1-37-3 Policy and procedures manual
Authority: IC 25-26-13-4
Affected: IC 25-26

Sec. 3. The parties performing or contracting for centralized prescription processing services shall maintain a policy and procedures manual and documentation that implementation is occurring in a manner that shall be made available to the board for review, upon request, and that includes, but it is not limited to, the following:
(1) A description of how the parties will comply with federal and state laws and regulations.
(2) The maintenance of the following:
(A) Appropriate records to identify the responsible pharmacist or pharmacists in the dispensing and counseling processes.
(B) A mechanism for tracking the prescription drug order during each step in the dispensing process.
(C) A mechanism to identify on the prescription label all pharmacies involved in dispensing the prescription drug order.
(3)The provision of adequate security to:
(A) protect the product integrity; and
(B) prevent the illegal use or disclosure of protected health information.
(4)The maintenance of a continuous quality improvement program for centralized prescription processing pharmacy services.
(Indiana Board of Pharmacy; 856 IAC 1-37-3; filed Oct 14, 2005, 1:00 p.m.: 29 IR 816)

Rule 38. Credit for Returned Expired Drugs

856 IAC 1-38-1 Applicability
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. (a) This rule establishes the standards and procedures concerning the return of expired legend drugs by an individual or entity licensed to receive legend drugs to either of the following:
(1) A drug manufacturer.
(2) A designated agent of a drug manufacturer.
(b) This rule does not apply to the following:
(1) Vaccines that prevent influenza.
(2) Medicine used for the treatment of malignant hyperthermia.
(3) Other legend drugs as determined by the board.
(Indiana Board of Pharmacy; 856 IAC 1-38-1; filed Jun 27, 2006, 10:50 a.m.: 20060726-IR-856050138FRA)

856 IAC 1-38-2 "Board" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 2. As used in this rule, "board" has the meaning set forth in IC 25-26-13-2.
(Indiana Board of Pharmacy; 856 IAC 1-38-2; filed Jun 27, 2006, 10:50 a.m.: 20060726-IR-856050138FRA))

856 IAC 1-38-3 "Designated agent" defined
Authority: IC 25-26-13-4

Affected: IC 25-26-13

Sec. 3. As used in this rule, “designated agent” means an individual or entity that contracts with a drug manufacturer to administer the manufacturer’s drug return policy for expired legend drugs.
(Indiana Board of Pharmacy; 856 IAC 1-38-3; filed Jun 27, 2006, 10:50 a.m.: 20060726-IR-856050138FRA)

856 IAC 1-38-4 Application of return of expired drugs
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 4. Effective with all drug orders placed after December 31, 2005, all drug manufacturers or their designated agents shall make adequate provisions for the return of expired legend drugs.
(Indiana Board of Pharmacy; 856 IAC 1-38-4; filed Jun 27, 2006, 10:50 a.m.: 20060726-IR-856050138FRA)

856 IAC 1-38-5 Record keeping
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 5. Drug manufacturers or their designated agents shall do the following:
(1) Maintain records of all credits made under this rule for a period of two (2) years.
(2) Make the records available to the board or its agent upon request.
(Indiana Board of Pharmacy; 856 IAC 1-38-5; filed Jun 27, 2006, 10:50 a.m.: 20060726-IR-856050138FRA)

856 IAC 1-38-6 Compliance with other relevant law
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 6. The return of expired legend drugs under this rule shall also be consistent with all other applicable federal, state, and local laws and regulations.
(Indiana Board of Pharmacy; 856 IAC 1-38-6; filed Jun 27, 2006, 10:50 a.m.: 20060726-IR-856050138FRA)

Rule 39. Home Medical Equipment Service Providers

856 IAC 1-39-1 "Board" defined
Authority: IC 25-26-21-7
Affected: IC 25-26-21-1

Sec. 1. As used in this rule, "board" has the meaning set forth in IC 25-26-21-1.
(Indiana Board of Pharmacy; 856 IAC 1-39-1; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-2 "DMEPOS" defined
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 2. As used in this rule, "DMEPOS" means durable medical equipment, prosthetics, orthotics, and supplies.
(Indiana Board of Pharmacy; 856 IAC 1-39-2; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-3 "Home medical equipment" defined
Authority: IC 25-26-21-7
Affected: IC 25-26-21-2

Sec. 3. As used in this rule, "home medical equipment" has the meaning set forth in IC 25-26-21-2. The term also includes the following:
(1) Continuous passive motion (CPM) machines.
(2) Patient lift devices.
(3) Defibrillators.
(4) Manual wheelchairs.
(5) Hospital bed accessories.
(6) Electronically controlled or computerized wheel chairs and seating systems that are sold.
(Indiana Board of Pharmacy; 856 IAC 1-39-3; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-4 "Home medical equipment services" defined
Authority: IC 25-26-21-7
Affected: IC 25-26-21-3

Sec. 4. As used in this rule, "home medical equipment services" has the meaning set forth in IC 25-26-21-3.
(Indiana Board of Pharmacy; 856 IAC 1-39-4; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-5 "Licensee" defined
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 5. As used in this rule, "licensee" means the holder of a home medical equipment service provider license issued under IC 25-26-21 and this title.
(Indiana Board of Pharmacy; 856 IAC 1-39-5; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-6 "Provider" defined
Authority: IC 25-26-21-7
Affected: IC 25-26-21-4

Sec. 6. As used in this rule, "provider" has the meaning set forth in IC 25-26-21-4.
(Indiana Board of Pharmacy; 856 IAC 1-39-6; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-7 Fees
Authority: IC 25-1-8-2; IC 25-26-21-7
Affected: IC 25-26-21

Sec. 7. (a) The fee for an original licensure application shall be:
(1) one hundred fifty dollars ($150); and
(2) paid at the time of filing the initial application.
(b) The fee for a biennial renewal shall be:
(1) two hundred dollars ($200); and
(2) paid at the time of license renewal.
(Indiana Board of Pharmacy; 856 IAC 1-39-7; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-8 Renewal
Authority: IC 25-1-8-2; IC 25-26-21-7
Affected: IC 25-26-21

Sec. 8. Home medical equipment service provider licenses shall expire on December 31 of each odd-numbered year.
(Indiana Board of Pharmacy; 856 IAC 1-39-8; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-9 Proof of insurance
Authority: IC 25-1-8-2; IC 25-26-21-7
Affected: IC 25-26-21

Sec. 9. Before being issued a license, each home medical equipment service provider shall obtain and maintain comprehensive business and liability insurance, consistent with minimum Medicare DMEPOS Supplier Standards.
(Indiana Board of Pharmacy; 856 IAC 1-39-9; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-10 Oxygen and related respiratory services
Authority: IC 25-26-21-7
Affected: IC 25-26-21; IC 25-34.5

Sec. 10. In order to provide oxygen and related respiratory services, each licensee shall employ or contract with:
(1) a respiratory care practitioner licensed under IC 25-34.5; or
(2) another duly licensed health professional with education and training in oxygen and related respiratory services.
(Indiana Board of Pharmacy; 856 IAC 1-39-10; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-11 Training
Authority: IC 25-26-21-7

Affected: IC 25-26-21

Sec. 11. (a) Each licensee shall conduct and document training for each employee:
(1) at the time of hire; and
(2) annually.
(b) Documentation of training shall be readily available for inspection.
(c) Training programs:
(1) shall be conducted according to industry standards; and
(2) may be subject to board approval.
(Indiana Board of Pharmacy; 856 IAC 1-39-11; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-12 Patient records
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 12. Each licensee shall maintain patient records, relevant to services rendered, in accordance with state and federal guidelines.
(Indiana Board of Pharmacy; 856 IAC 1-39-12; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-13 Equipment maintenance
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 13. Each licensee shall maintain documentation of the maintenance of equipment according to industry standards.
(Indiana Board of Pharmacy; 856 IAC 1-39-13; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-14 Personnel policies and procedures
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 14. Each licensee shall maintain employee personnel records and policies consistent with the following:
(1) The scope of services provided.
(2) State and federal requirements.
(Indiana Board of Pharmacy; 856 IAC 1-39-14; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-15 Safety and quality of home medical equipment services
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 15. Each licensee shall:
(1) clean;
(2) repair;
(3) store;
(4) segregate; and
(5) identify;
all equipment in a manner that makes the equipment safe for use by the public, according to industry standards.
(Indiana Board of Pharmacy; 856 IAC 1-39-15; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-16 Licenses
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 16. Each licensee shall ensure that each employee is appropriately licensed or credentialed, or both, for the services provided.
(Indiana Board of Pharmacy; 856 IAC 1-39-16; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-17 Physical location
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 17. Each licensee shall have a physical location from which home medical equipment services are provided.
(Indiana Board of Pharmacy; 856 IAC 1-39-17; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-18 Availability of licensee
Authority: IC 25-26-21-7
Affected: IC 25-26-21

Sec. 18. Each licensee shall provide twenty-four (24) hours a day, seven (7) days a week availability to their clients consistent with the nature of the services the licensee provides.
(Indiana Board of Pharmacy; 856 IAC 1-39-18; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

856 IAC 1-39-19 Medicare DMEPOS supplier standards
Authority: IC 25-26-21-7
Affected: IC 25-26-21
Sec. 19. The board hereby incorporates by reference the Medicare supplier standards titled Special Payment Rules for Items Furnished by DMEPOS Suppliers and Issuance of DMEPOS Supplier Billing Privileges found at 42 CFR 424.57(c), effective December 11, 2000.
(Indiana Board of Pharmacy; 856 IAC 1-39-19; filed Jun 27, 2006, 2:00 p.m.: 20060726-IR-856050139FRA)

Rule 40. Electronic Prescribing

856 IAC 1-40-1 "Board" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 1. "Board" has the meaning set forth in IC 25-26-13-2.
(Indiana Board of Pharmacy; 856 IAC 1-40-1; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-2 "Electronically transmitted" or "electronic transmission" defined
Authority: IC 25-26-13-4
Affected: IC 16-18-2-106.4; IC 25-26-13-2

Sec. 2. "Electronically transmitted" or "electronic transmission" has the meaning set forth in IC 16-18-2-106.4 and IC 25-26-13-2.
(Indiana Board of Pharmacy; 856 IAC 1-40-2; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-3 "Electronic data intermediary" or "EDI" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 3. "Electronic data intermediary" or "EDI" has the meaning set forth in IC 25-26-13-2.
(Indiana Board of Pharmacy; 856 IAC 1-40-3; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-4 "Practitioner" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 4. "Practitioner" has the meaning set forth in IC 25-26-13-2.
(Indiana Board of Pharmacy; 856 IAC 1-40-4; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-5 "Prescription" defined
Authority: IC 25-26-13-4
Affected: IC 25-26-13-2

Sec. 5. "Prescription" has the meaning set forth in IC 25-26-13-2.
(Indiana Board of Pharmacy; 856 IAC 1-40-5; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-6 Equipment
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 6. All electronic equipment for receipt of prescription drug orders communicated by way of electronic transmission shall be maintained so as to ensure against the following:
(1) Unauthorized access.
(2) Changes to the prescription.
(Indiana Pharmacy Board; 856 IAC 1-40-6; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-7 Electronic transmission
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 7. Each electronic data intermediary shall ensure that the prescription electronically transmitted to the pharmacy:
(1) contains:
(A) no alterations to the:
(i) prescription;
(ii) order entry;
(iii) drug selection; or
(iv) intended drug selection;
by any electronic data intermediary;
(B) the exact information the prescription contained when originated by the authorized practitioner; and
(C) unique identifier for the practitioner, such as:
(i) a National Practitioner Identifier (NPI);
(ii) a Drug Enforcement Administration registration number;
(iii) a state issued practitioner license number; or
(iv) another board-approved identifier; and
(2) shall not interfere with the patient's freedom to choose a pharmacy.
(Indiana Board of Pharmacy; 856 IAC 1-40-7; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1930)

856 IAC 1-40-8 Electronic data intermediary requirements
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 8. An applicant for approval as an electronic data intermediary shall do the following:
(1) File an application provided by the board.
(2) Submit information regarding how the EDI shall do the following:
(A) Guarantee the security of the following:
(i) The prescription.
(ii) The practitioner's identity and privacy.
(iii) The patient's identity, privacy, and confidentiality.
(B) Validate the authorized practitioner's licensure status.
(3) Appear before the board, if requested.
(Indiana Board of Pharmacy; 856 IAC 1-40-8; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1931)

856 IAC 1-40-9 Electronic data intermediary standards
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 9. Each electronic data intermediary shall do the following:
(1) Maintain policies and procedures regarding the security of the following:
(A) The prescription.
(B) The practitioner's identity and privacy.
(C) The patient's identity, privacy, and confidentiality.
(2) Validate positive identification of the practitioner.
(Indiana Board of Pharmacy; 856 IAC 1-40-9; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1931)

856 IAC 1-40-10 Electronic prescription prohibitions
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 10. An electronic prescription does not include a prescription that is as follows:
(1) Transmitted via:
(A) electronic mail, without the use of an electronic data intermediary; or

(B) facsimile.

(2) Printed from a computer or electronic device.

(Indiana Board of Pharmacy; 856 IAC 1-40-10; filed Jan 23, 2006, 8:35 a.m.: 29 IR 1931)

ARTICLE 4. PHARMACIST VACCINATIONS ADMINISTERED VIA PROTOCOL AUTHORITY

Rule 1. Pharmacist Vaccinations Administered via Protocol Authority

856 IAC 4-1-1 Education and training

Authority: IC 25-26-13-4; P.L.94-2007, SECTION 5
Affected: IC 25-26-13

Sec. 1. (a) In order to qualify to administer immunizations, a pharmacist must successfully complete a course of training in immunization that is provided by an Accreditation Council for Pharmacy Education accredited provider and meets the standards set forth by:

(1) the Centers for Disease Control and Prevention;
(2) a similar health authority; or
(3) a professional body approved by the Indiana board of pharmacy.

(b) The pharmacist must:

(1) be certified in cardiopulmonary resuscitation; and
(2) maintain certification as required by the certifying body.

(c) Training must include study materials and hands-on training and techniques for administering vaccines, comply with CDC and the Office of Safety and Health Administration guidelines, and provide instruction and experiential training in the following content areas:

(1) Mechanisms of action for the following:
  (A) Vaccines.
  (B) Contraindication.
  (C) Drug interaction.
  (D) Monitoring after vaccine administration.
(2) Standards for immunization practices.
(3) Basic immunology and vaccine protection.
(4) Vaccine-preventable diseases.
(5) Recommended immunization schedule.
(6) Vaccine storage management.
(7) Biohazard waste disposal and sterile techniques.
(8) Informed consent.
(9) Physiology and techniques for vaccine administration.
(10) Patient pre-vaccine and post-vaccine assessment and counseling.
(11) Immunization record management.
(12) Management of adverse events, including the following:
  (A) Identification.
  (B) Appropriate response.
  (C) Documentation.
  (D) Reporting.

(d) The qualifying pharmacist is responsible for maintaining records of training in the administration of immunizations and cardiopulmonary resuscitation of each pharmacist engaging in immunization practice within the pharmacy.

(Indiana Board of Pharmacy; 856 IAC 4-1-1; filed Dec 2, 2008, 4:03 p.m.: 20081231-IR-856070541FRA)

856 IAC 4-1-2 Required components of immunization protocol for administering vaccinations

Authority: IC 25-26-13-4; P.L.94-2007, SECTION 5
Affected: IC 25-26-13

Sec. 2. (a) The protocol for the administration of immunizations must include the following:

(1) For each immunization to be administered by a pharmacist, the following:
  (A) The name and strength of the vaccine.
  (B) Precautions and contraindications.
  (C) The intended audience or patient population.
  (D) The appropriate dosage.
  (E) Administration schedules in accordance with the Centers for Disease Control and Prevention guidelines.
  (F) Appropriate routes of administration.
  (G) Appropriate injection sites.
(2) The length of time the pharmacist recommends an individual be observed for adverse effects, which shall be based on appropriate standards of care established by the physician approving the protocol. The location of the observation shall be in the general vicinity of the administering pharmacist to allow for ongoing evaluation.
(3) A method to address emergency situations including, but not limited to, adverse and anaphylactic reactions.
(4) Administration of epinephrine and appropriate dosages when required in the event of an adverse or anaphylactic reaction.
(5) A method to notify an individual's physician and the physician approving the protocol within fourteen (14) days after administering an immunization.

(6) A copy of the record of vaccination and notification to the primary care physician and physician approving the protocol shall be kept in accordance with the statutes and rules of the Indiana board of pharmacy.

(b) Immunization protocols must be:

(1) approved and executed by the physician prior to implementation;

(2) maintained at the pharmacy; and

(3) renewed annually.

(c) The qualifying pharmacist is responsible for the following:

(1) Maintaining the immunization protocols.

(2) Ensuring that the protocols are renewed annually.

(Indiana Board of Pharmacy; 856 IAC 4-1-2; filed Dec 2, 2008, 4:03 p.m.: 20081231-IR-856070541FRA)

856 IAC 4-1-3 Delegation of protocol authority

Authority: IC 25-26-13-4; P.L.94-2007, SECTION 5
Affected: IC 25-26-13

Sec. 3. The pharmacist is prohibited from delegating the administration of the immunization to another person.

(Indiana Board of Pharmacy; 856 IAC 4-1-3; filed Dec 2, 2008, 4:03 p.m.: 20081231-IR-856070541FRA)

856 IAC 4-1-4 Reporting of adverse events

Authority: IC 25-26-13-4; P.L.94-2007, SECTION 5
Affected: IC 16-38-5; IC 25-26-13

Sec. 4. (a) A pharmacist shall report adverse events to the patient's primary care physician and the physician who approved the immunization protocol within seventy-two (72) hours of the pharmacist's knowledge of the adverse event.

(b) A pharmacist shall report to the Vaccine Adverse Events Reporting Systems, the cooperative program for vaccine safety of the Centers for Disease Control and Prevention and the Food and Drug Administration.

(c) A pharmacist may report the immunization of each individual to the immunization data registry maintained by the state department of health under IC 16-38-5.

(d) The qualifying pharmacist is responsible for ensuring that records of the reporting of adverse events is maintained by the pharmacy.

(Indiana Board of Pharmacy; 856 IAC 4-1-4; filed Dec 2, 2008, 4:03 p.m.: 20081231-IR-856070541FRA)

856 IAC 4-1-5 Immunization practice voluntary

Authority: IC 25-26-13-4; P.L.94-2007, SECTION 5
Affected: IC 25-26-13

Sec. 5. (a) A pharmacist may not be required to:

(1) administer an immunization; or

(2) complete the accredited training program;

if the pharmacist chooses not to administer any immunization.

(b) If a pharmacist chooses not to administer any immunization, a pharmacist is not required to complete the accredited training program in order to maintain a license to practice as a pharmacist in this state.

(Indiana Board of Pharmacy; 856 IAC 4-1-5; filed Dec 2, 2008, 4:03 p.m.: 20081231-IR-856070541FRA)

856 IAC 4-1-6 Pharmacist personnel training requirements

Authority: IC 25-26-13-4; P.L.94-2007, SECTION 5
Affected: IC 25-26-13

Sec. 6. The qualifying pharmacist is responsible for ensuring that all pharmacist personnel engaging in immunization practice are trained:

(1) as required by this rule; and

(2) in the pharmacy's written policies and procedures of operation;

prior to performing any immunizations.

(Indiana Board of Pharmacy; 856 IAC 4-1-6; filed Dec 2, 2008, 4:03 p.m.: 20081231-IR-856070541FRA)

ARTICLE 5. AUTOMATED MEDICATION SYSTEMS

Rule 1. Automated Medication Systems

856 IAC 5-1-1 Purpose and scope

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 1. This article establishes standards applicable to any:
(1) pharmacy holding a permit issued by the board; and
(2) facility subject to inspection by the board;
that utilizes automation technology to store, package, dispense, and distribute prescriptions or medication orders.
(Indiana Board of Pharmacy; 856 IAC 5-1-1; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-2 "Automated medication system" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 2. (a) As used in this article, "automated medication system" means any technology assisted operation approved by the board that:
(1) relies on bar code or other automated technology to dispense and distribute medications; and
(2) records all transactions related to its operation.
(b) The term does not include automatic counting devices or unit-based dispensing cabinets utilized by a pharmacy or facility to automatically count medication for dispensing.
(Indiana Board of Pharmacy; 856 IAC 5-1-2; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-3 "Board" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-3

Sec. 3. As used in this rule, "board" means the Indiana board of pharmacy established under IC 25-26-13-3.
(Indiana Board of Pharmacy; 856 IAC 5-1-3; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-4 "Operation" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 4. As used in this article, "operation" means the storing, assembly, packing, dispensing, and distributing of drugs including the:
(1) operability;
(2) integrity;
(3) maintenance;
(4) safety;
(5) security;
(6) confidentiality; and
(7) accuracy;
of the automated process.
(Indiana Board of Pharmacy; 856 IAC 5-1-4; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-5 Authority to use automated medication system

Authority: IC 25-26-13-4
Affected: IC 16-42-19-5; IC 25-26-13; IC 35-48

Sec. 5. (a) A pharmacy or facility may use an automated medication system to fill prescriptions or medication orders provided that:
(1) the qualifying pharmacist of the pharmacy or a practitioner as defined by IC 16-42-19-5 is responsible for the operation of the automated medication system;
(2) the board:
(A) conducts an inspection of the pharmacy or facility including an inspection of the automated medication system; and
(B) approves the system; and
(3) the automated medication system is tested by the pharmacy or facility and found to dispense accurately. The pharmacy or facility shall make the results of such testing available to the board upon request.
(b) The qualifying pharmacist or practitioner is responsible for the following:
(1) Reviewing and approving all policies and procedures for system operation.
(2) Ensuring that:

(A) medications in the automated medication system are inspected for expiration or use by date, misbranding, and physical integrity; and
(B) the automated medication system is inspected monthly for security and accountability.
(3) Managing all personnel with access to the automated medication system.
(4) Ensuring that the automated medication system is stocked accurately and an accountability record is maintained in accordance with the written policies and procedures of operation.
(5) Providing the board with copies of records associated with the operation of the automated medication system upon request by the board.
(6) Ensuring compliance with all applicable provisions of:
(A) IC 25-26;
(B) IC 16-42;
(C) IC 35-48;
(D) this title; and
(E) 858 IAC.
(Indiana Board of Pharmacy; 856 IAC 5-1-5; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-6 Written policies and procedures of operation
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 6. (a) An automated medication system used to fill prescriptions or medication orders shall be operated according to the pharmacy's or facility's written policies and procedures of operation. The policies and procedures of operation shall:
(1) include a:
(A) table of contents; and
(B) description of all procedures of operation;
(2) set forth methods that record any revision of the policies and procedures for a minimum of two (2) years from the date of the revision. Any such revision must be approved by the qualifying pharmacist or practitioner by handwritten signature and date;
(3) set forth methods that ensure that a pharmacist currently licensed in the transmitting jurisdiction reviews and approves the transmission of each original or new prescription or medication order to the automated medication system before the transmission is made;
(4) set forth methods to protect patient confidentiality as required by state and federal law;
(5) set forth methods that ensure access to the system is limited to approved personnel with accountability for all access to the system; and
(6) identify the circumstances under which medications may be removed from the automated medication system by a licensed practitioner for distribution to a patient without prior order review by a registered pharmacist.
(b) A pharmacy or facility that uses an automated medication system to fill prescriptions or medication orders shall annually review its written policies and procedures of operation and revise them if necessary.
(c) A copy of the written policies and procedures of operation adopted under this section shall be retained at the pharmacy or facility where the automated medication system is utilized. The pharmacy or facility shall provide to the board a copy of the written policies and procedures of operation for inspection and review upon request by the board.
(Indiana Board of Pharmacy; 856 IAC 5-1-6; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-7 Personnel training requirements
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 7. The qualifying pharmacist or practitioner shall be responsible for ensuring that all personnel with access to the automated medication system are trained in the pharmacy's or facility's written policies and procedures of operation prior to performing any automated medication system operations.
(Indiana Board of Pharmacy; 856 IAC 5-1-7; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-8 Written program for quality assurance
Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 8. A pharmacy or facility that uses an automated medication system to fill prescriptions or medication orders shall operate according to a written program for quality assurance of the automated medication system that:
(1) requires continuous monitoring of the automated medication system;
(2) establishes mechanisms and procedures to test the accuracy of the automated medication system biannually and upon any modification to the system including medications used within that system;
(3) establishes a protocol for measuring the effectiveness of the automated medication system; and
(4) requires the pharmacy or facility to:
(A) report to the board each recurring error of the automated medication system; and
(B) maintain all documentation relating to the written program for quality assurance for at least two (2) years.
(Indiana Board of Pharmacy; 856 IAC 5-1-8; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-9 Written plan for recovery

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 9. A pharmacy or facility that uses an automated medication system to fill prescriptions or medication orders shall maintain a written plan for recovery from an emergency that interrupts the ability of the pharmacy or facility to provide services. The written plan for recovery shall include the following:

(1) Planning and preparation for an emergency.
(2) Procedures for response to an emergency.
(3) Procedures for the maintenance and testing of the written plan for recovery.
(4) A procedure to notify:
  (A) the board;
  (B) each organization that has contracted with the pharmacy or facility;
  (C) each patient of the pharmacy or facility; and
  (D) other appropriate agencies;

of an emergency and the date on which the pharmacy or facility expects to recommence the provision of service.

(Indiana Board of Pharmacy; 856 IAC 5-1-9; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

856 IAC 5-1-10 Written program for preventative maintenance of automated medication system

Authority: IC 25-26-13-4
Affected: IC 25-26-13

Sec. 10. A pharmacy or facility that uses an automated medication system to fill prescriptions or medication orders shall maintain a written program for preventative maintenance of the system.

(Indiana Board of Pharmacy; 856 IAC 5-1-10; filed Nov 21, 2007, 12:04 p.m.: 20071219-IR-856070590FRA)

ARTICLE 6. CONTROLLED SUBSTANCE MONITORING

Rule 1. Electronic Prescription Monitoring Program

856 IAC 6-1-1 Definitions

Authority: IC 35-48-7-12
Affected: IC 35-48-2

Sec. 1. (a) As used in this article, "department" refers to the Indiana state police department.

(b) As used in this article, "dispense" means the actual or constructive transfer from one (1) person to another whether or not there is an agency relationship.

(c) As used in this article, "dispenser" has the meaning set forth in IC 35-48-7-3 *[IC 35-48-7-3 was repealed by P.L.105-2008, SECTION 66, effective January 1, 2009.].*

(d) As used in this article, "Schedule II controlled substance" means a controlled substance classified in Schedule II:
(1) under IC 35-48-2-6; or
(2) by rule adopted under IC 35-48-2-14.

(e) As used in this article, "Schedule III controlled substance" means a controlled substance classified in Schedule III:
(1) under IC 35-48-2-8; or
(2) by rule adopted under IC 35-48-2-14.

(f) As used in this article, "Schedule IV controlled substance" means a controlled substance classified in Schedule IV:
(1) under IC 35-48-2-10; or
(2) by rule adopted under IC 35-48-2-14.

(g) As used in this article, "Schedule V controlled substance" means a controlled substance classified in Schedule V:
(1) under IC 35-48-2-12; or
(2) by rule adopted under IC 35-48-2-14.

(h) As used in this article, "universal claim form" means a nationally recognized standard form developed by the National Council for Prescription Drug Programs used for billing drug claims to insurance plans. *(Indiana Board of Pharmacy; 856 IAC 6-1-1; filed Oct 6, 1994, 1:30 p.m.: 18 IR 266; filed Jan 27, 2000, 7:49 a.m.: 23 IR 1383; readopted filed Nov 30, 2001, 2:47 p.m.: 25 IR 1344; filed Apr 16, 2004, 10:07 a.m.: 27 IR 2731) NOTE: Transferred from the Controlled Substances Advisory Committee (858 IAC 2-1-1) to the Indiana Board of Pharmacy (856 IAC 6-1-1) by P.L.84-2010, SECTION 70, effective July 1, 2010.*

856 IAC 6-1-2 Applicability

Authority: IC 35-48-7-12
Affected: IC 35-48-7-8

Sec. 2. This article shall apply to Schedule II, III, IV, and V controlled substances and shall not apply to any other drug. *(Indiana Board of Pharmacy; 856 IAC 6-1-2; filed Oct 6, 1994, 1:30 p.m.: 18 IR 267; readopted filed Nov 30, 2001, 2:47 p.m.: 25 IR 1344; filed Apr 16, 2004, 10:07 a.m.: 27 IR 2731) NOTE: Transferred from the Controlled Substances Advisory Committee (858 IAC 2-1-2) to the Indiana Board of Pharmacy (856 IAC 6-1-2) by P.L.84-2010, SECTION 70, effective July 1, 2010.*

856 IAC 6-1-3 Prescription monitoring program

Authority: IC 35-48-7-12
Affected: IC 35-48-7-8

Sec. 3. (a) Each time a Schedule II, III, IV, or V controlled substance is dispensed, the dispenser shall transmit to the central repository information outlined in IC 35-48-7-8.

(b) Dispensers reporting more than twenty (20) Schedule II, III, IV, or V prescriptions in any given month must transmit to the central repository information outlined in IC 35-48-7-8 utilizing one (1) of the following:
(1) An electronic device compatible with the receiving device of the central repository.
(2) A computer diskette.
(3) A magnetic tape.

(c) Dispensers reporting less than twenty (20) Schedule II, III, IV, or V prescriptions in any given month may submit data utilizing a universal claim form or transmit the information utilizing the ways outlined in subsection (b).

(d) The committee may grant a waiver to a dispenser which is unable to transmit the required data in accordance with subsection (b) for a period of one hundred eighty (180) days from the effective date of this rule which one hundred eighty (180) day period may be extended by the committee at its discretion. During the effective period of the waiver and any extension granted by the committee, the dispenser shall submit the required data in a format acceptable to the committee. *(Indiana Board of Pharmacy; 856 IAC 6-1-3; filed Oct 6, 1994, 1:30 p.m.: 18 IR 267; readopted filed Nov 30, 2001, 2:47 p.m.: 25 IR 1344; filed Apr 16, 2004, 10:07 a.m.: 27 IR 2731) NOTE: Transferred from the Controlled Substances Advisory Committee (858 IAC 2-1-3) to the Indiana Board of Pharmacy (856 IAC 6-1-3) by P.L.84-2010, SECTION 70, effective July 1, 2010.*

856 IAC 6-1-4 Application for payment of pharmacy costs

Authority: IC 35-48-7-12
Affected: IC 35-48-7-9

Sec. 4. (a) Before the department will pay for the purchase of hardware to comply with the program, an applicant must file an application provided by the department and provide the following information:

(1) The dispenser's name, address, and Indiana license number.

(2) A detailed description of the dispenser's current computer hardware, including the name and manufacturer of all components.

(3) A detailed description of the hardware the dispenser intends to purchase and two (2) price quotes from computer hardware vendors.

(4) The reason why the dispenser believes the computer hardware will be necessary to comply with the program.

(5) The number of Schedule II, III, IV, and V prescriptions the pharmacy dispenses in any given month.

(b) Upon receipt of an application requesting that the department pay for computer hardware, the committee shall evaluate the dispenser's current technology in determining whether the dispenser would be required to purchase new computer hardware. The committee shall take into account the ability of the dispenser to utilize any one (1) of the methods outlined in section 3 of this rule.

(c) The central repository shall provide grants to software vendors to update software in order for dispensers to comply with the program as outlined in contract form.

(d) The department and the central repository shall pay for telephone access charges, line charges, and switch charges for transmission of data by dispensers to the central repository. *(Indiana Board of Pharmacy; 856 IAC 6-1-4; filed Oct 6, 1994, 1:30 p.m.: 18 IR 267; filed Jan 27, 2000, 7:49 a.m.: 23 IR 1384; readopted filed Nov 30, 2001, 2:47 p.m.: 25 IR 1344; filed Apr 16, 2004, 10:07 a.m.: 27 IR 2732) NOTE: Transferred from the Controlled Substances Advisory Committee (858 IAC 2-1-4) to the Indiana Board of Pharmacy (856 IAC 6-1-4) by P.L.84-2010, SECTION 70, effective July 1, 2010.*

ARTICLE 48. CONTROLLED SUBSTANCES

IC 35-48-1
Chapter 1. Definitions

IC 35-48-1-1 Repealed

(Repealed by P.L.5-1988, SEC.208.)

IC 35-48-1-2 Definitions; application

Sec. 2. The definitions in this chapter apply throughout this article.
As added by P.L.5-1988, SEC.182.

IC 35-48-1-3 "Administer" defined

Sec. 3. "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a patient or research subject by:
(1) a practitioner or by his authorized agent; or
(2) the patient or research subject at the direction and in the presence of the practitioner.
As added by P.L.5-1988, SEC.183.

IC 35-48-1-4 Repealed

(Repealed by P.L.84-2010, SEC.102.)

IC 35-48-1-5 "Agent" defined

Sec. 5. "Agent" means an authorized person who acts on behalf of, or at the direction of, a manufacturer, distributor, or dispenser, but it does not include a common or contract carrier, public warehouseman, or employee of the carrier or warehouseman.
As added by P.L.5-1988, SEC.185.

IC 35-48-1-6 "Board" defined

Sec. 6. "Board" refers to the Indiana state board of pharmacy.
As added by P.L.5-1988, SEC.186.

IC 35-48-1-7 "Cocaine" defined

Sec. 7. "Cocaine" includes coca leaves and any salt, compound, or derivative of coca leaves, and any salt, compound, isomer, derivative, or preparation which is chemically equivalent or identical to any of these substances. However, decocainized coca leaves or extraction of coca leaves that do not contain cocaine or ecgonine are not included.
As added by P.L.5-1988, SEC.187.

IC 35-48-1-8 Repealed

(*Repealed by P.L.3-1989, SEC.224.)*

IC 35-48-1-9 “Controlled substance” defined

Sec. 9. "Controlled substance" means a drug, substance, or immediate precursor in schedule I, II, III, IV, or V under:
(1) IC 35-48-2-4, IC 35-48-2-6, IC 35-48-2-8, IC 35-48-2-10, or IC 35-48-2-12, if IC 35-48-2-14 does not apply; or
(2) a rule adopted by the board, if IC 35-48-2-14 applies.
As added by P.L.5-1988, SEC.189.

IC 35-48-1-9.3 "Controlled substance analog" defined

Sec. 9.3. (a) "Controlled substance analog" means a substance:
(1) the chemical structure of which is substantially similar to that of a controlled substance included in schedule I or II and that has; or
(2) that a person represents or intends to have;

a narcotic, stimulant, depressant, or hallucinogenic effect on the central nervous system substantially similar to or greater than the narcotic, stimulant, depressant, or hallucinogenic effect on the central nervous system of a controlled substance included in schedule I or II.

(b) The definition set forth in subsection (a) does not include:

(1) a controlled substance;

(2) a substance for which there is an approved new drug application;

(3) a substance for which an exemption is in effect for investigational use by a person under Section 505 of the federal Food, Drug and Cosmetic Act (chapter 675, 52 Stat. 1052 (21 U.S.C. 355)), to the extent that conduct with respect to the substance is permitted under the exemption; or

(4) a substance to the extent not intended for human consumption before an exemption takes effect regarding the substance.

As added by P.L.225-2003, SEC.1.

IC 35-48-1-10 "Counterfeit substance" defined

Sec. 10. "Counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, number, or device, or any likeness thereof, of a manufacturer, distributor, or dispenser other than the person who in fact manufactured, distributed, or dispensed the substance.

As added by P.L.5-1988, SEC.190.

IC 35-48-1-11 "Delivery" defined

Sec. 11. "Delivery" means:

(1) an actual or constructive transfer from one (1) person to another of a controlled substance, whether or not there is an agency relationship; or

(2) the organizing or supervising of an activity described in subdivision (1).

As added by P.L.5-1988, SEC.191. Amended by P.L.165-1990, SEC.1.

IC 35-48-1-12 "Dispense" defined

Sec. 12. "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner and includes the prescribing, administering, packaging, labeling, or compounding necessary to prepare the substance for that delivery.

As added by P.L.5-1988, SEC.192.

IC 35-48-1-13 "Dispenser" defined

Sec. 13. "Dispenser" means a practitioner who dispenses.

As added by P.L.5-1988, SEC.193.

IC 35-48-1-14 "Distribute" defined

Sec. 14. "Distribute" means to deliver other than by administering or dispensing a controlled substance.

As added by P.L.5-1988, SEC.194.

IC 35-48-1-15 "Distributor" defined

Sec. 15. "Distributor" means a person who distributes.

As added by P.L.5-1988, SEC.195.

IC 35-48-1-16 "Drug" defined

Sec. 16. "Drug" has the meaning set forth in IC 16-42-19-2. It does not include devices or their components, parts, or accessories, nor does it include food.

As added by P.L.5-1988, SEC.196. Amended by P.L.2-1993, SEC.190.

IC 35-48-1-17 "Immediate precursor" defined

Sec. 17. "Immediate precursor" means a substance which the board has found to be and by rule designates as being the principal compound commonly used or produced primarily for use, and which is an immediate chemical intermediate used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail, or limit manufacture.

As added by P.L.5-1988, SEC.197.

IC 35-48-1-18 "Manufacture" defined

Sec. 18. "Manufacture" means:

(1) the production, preparation, propagation, compounding, conversion, or processing of a controlled substance, either directly or indirectly by extraction from substances of natural origin, independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis, and includes any packaging or repackaging of the substance or labeling or relabeling of its container. It does not include the preparation, compounding, packaging, or labeling of a controlled substance:

(A) by a practitioner as an incident to his administering or dispensing of a controlled substance in the course of his professional practice; or

(B) by a practitioner, or by his authorized agent under his supervision, for the purpose of, or as an incident to, research, teaching, or chemical analysis and not for sale; or

(2) the organizing or supervising of an activity described in subdivision (1).

As added by P.L.5-1988, SEC.198. Amended by P.L.165-1990, SEC.2; P.L.17-2001, SEC.18.

IC 35-48-1-19 "Marijuana" defined

Sec. 19. "Marijuana" means any part of the plant genus Cannabis whether growing or not; the seeds thereof; the resin extracted from any part of the plant, including hashish and hash oil; any compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant; fiber produced from the stalks; oil or cake made from the seeds of the plant; any other compound, manufacture, salt, derivative, mixture, or preparation of the mature stalks (except the resin extracted therefrom); or the sterilized seed of the plant which is incapable of germination.

As added by P.L.5-1988, SEC.199.

IC 35-48-1-20 "Narcotic drug" defined

Sec. 20. "Narcotic drug" means any of the following, whether produced directly or indirectly by extraction from substances of vegetable origin, independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical to any of the substances referred to in subdivision (1) of this definition, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

As added by P.L.5-1988, SEC.200.

IC 35-48-1-21 "Opiate" defined

Sec. 21. "Opiate" means a substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under IC 35-48-2, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and levorotatory forms.

As added by P.L.5-1988, SEC.201.

IC 35-48-1-22 "Opium poppy" defined

Sec. 22. "Opium poppy" means the plant of the species Papaver somniferum L., except its seeds.

As added by P.L.5-1988, SEC.202.

IC 35-48-1-23 "Poppy straw" defined

Sec. 23. "Poppy straw" means any part, except the seeds, of the opium poppy, after mowing.

As added by P.L.5-1988, SEC.203.

IC 35-48-1-24 "Practitioner" defined

Sec. 24. "Practitioner" means a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other institution or individual licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or administer a controlled substance in the course of professional practice or research in Indiana.

As added by P.L.5-1988, SEC.204.

IC 35-48-1-25 "Prescription drug" defined

Sec. 25. "Prescription drug" means a controlled substance or a legend drug (as defined in IC 16-18-2-199).

As added by P.L.5-1988, SEC.205. Amended by P.L.2-1993, SEC.191.

IC 35-48-1-26 "Production" defined

Sec. 26. "Production" includes the manufacture, planting, cultivation, growing, or harvesting of a controlled substance.
As added by P.L.5-1988, SEC.206.

IC 35-48-1-27 "Ultimate user" defined

Sec. 27. "Ultimate user" means a person who lawfully possesses a controlled substance for the person's own use, for the use of a member of the person's household, or for administering to an animal owned by the person or by a member of the person's household.
As added by P.L.5-1988, SEC.207.

IC 35-48-2
Chapter 2. Classification of Drugs

IC 35-48-2-1 Considerations of board in determinations on substances; controlled substances advisory committee; exclusion of a nonnarcotic substance from schedule

Sec. 1. (a) The board shall administer this article and may recommend to the general assembly the addition, deletion, or rescheduling of all substances listed in the schedules in sections 4, 6, 8, 10, and 12 of this chapter by submitting in an electronic format under IC 5-14-6 a report of such recommendations to the legislative council. In making a determination regarding a substance, the board shall consider the following:
(1) The actual or relative potential for abuse.
(2) The scientific evidence of its pharmacological effect, if known.
(3) The state of current scientific knowledge regarding the substance.
(4) The history and current pattern of abuse.
(5) The scope, duration, and significance of abuse.
(6) The risk to public health.
(7) The potential of the substance to produce psychic or physiological dependence liability.
(8) Whether the substance is an immediate precursor of a substance already controlled under this article.
(b) After considering the factors enumerated in subsection (a), the board shall make findings and recommendations concerning the control of the substance if it finds the substance has a potential for abuse.
(c) If the board finds that a substance is an immediate precursor, substances which are precursors of the controlled precursor shall not be subject to control solely because they are precursors of the controlled precursor.
(d) If any substance is designated or rescheduled to a more restrictive schedule as a controlled substance under federal law and notice is given to the board, the board shall recommend similar control of the substance under this article in the board's report to the general assembly, unless the board objects to inclusion or rescheduling. In that case, the board shall publish the reasons for objection and afford all interested parties an opportunity to be heard. At the conclusion of the hearing, the board shall publish its findings.
(e) If a substance is rescheduled to a less restrictive schedule or deleted as a controlled substance under federal law, the substance is rescheduled or deleted under this article. If the board objects to inclusion, rescheduling, or deletion of the substance, the board shall notify the chairman of the legislative council not more than thirty (30) days after the federal law is changed and the substance may not be rescheduled or deleted until the conclusion of the next complete session of the general assembly. The notice from the board to the chairman of the legislative council must be published.
(f) The board shall conduct hearings regarding revocations, suspensions, and restrictions of registrations as provided in IC 35-48-3-4. All hearings shall be conducted in accordance with IC 4-21.5-3.
(g) Authority to control under this section does not extend to distilled spirits, wine, or malt beverages, as those terms are defined or used in IC 7.1, or to tobacco.
(h) The board shall exclude any nonnarcotic substance from a schedule if that substance may, under the Federal Food, Drug, and Cosmetic Act or state law, be sold over the counter without a prescription.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.344, SEC.1; P.L.137-1985, SEC.17; P.L.200-1987, SEC.4; P.L.188-1989, SEC.4; P.L.33-1993, SEC.73; P.L.163-1994, SEC.2; P.L.177-1997, SEC.8; P.L.14-2000, SEC.77. P.L.107-2002, SEC.31; P.L.28-2004, SEC.178; P.L.84-2010, SEC.92.

IC 35-48-2-1.1 Repealed

(*Repealed by P.L.2-1995, SEC.140.)*

IC 35-48-2-1.5 Repealed

(Repealed by P.L.84-2010, SEC.210.)

IC 35-48-2-2 Nomenclature

Sec. 2. Nomenclature. The controlled substances listed in the schedules in sections 4, 6, 8, 10 and 12 of this chapter are included by whatever official, common, usual, chemical, or trade name designated. The number placed in brackets after each substance is its federal Drug Enforcement Administration Controlled Substances Code Number which is to be used for identification purposes on certain certificates of registration.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1979, P.L.303, SEC.2.

IC 35-48-2-3 Schedule I tests

Sec. 3. (a) The board shall recommend placement of a substance in schedule I under this chapter if it finds that the substance:
(1) has high potential for abuse; and
(2) has no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.
(b) The board may recommend placement of a substance in schedule I under this chapter if it finds that the substance is classified as a controlled substance in schedule I under federal law.
As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.200-1987, SEC.6.

IC 35-48-2-4 Schedule I

Sec. 4. (a) The controlled substances listed in this section are included in schedule I.
(b) Opiates. Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, unless specifically excepted by rule of the board or unless listed in another schedule, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:
Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4- piperidinyl]-N-phenylacetamide) (9815)
Acetylmethadol (9601)
Allylprodine (9602)
Alpha-methylthiofentanyl (N-[1-methyl-2-(2- thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide) (9832)
Alphacetylmethadol (9603)
Alphameprodine (9604)
Alphamethadol (9605)
Alphamethylfentanyl ~~(9614)~~ (9814)
Benzethidine (9606)
Beta-hydroxy-3-methylfentanyl (9831). Other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide.
Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2- phenethyl)-4-piperidinyl]-N-phenylpropanamide) (9830)
Betacetylmethadol (9607)
Betameprodine (9608)
Betamethadol (9609)
Betaprodine (9611)
Clonitazene (9612)
Dextromoramide (9613)
Diampromide (9615)
Diethylthiambutene (9616)
Difenoxin (9168)
Dimenoxadol (9617)
Dimepheptanol (9618)
Dimethylthiambutene (9619)
Dioxaphetyl butyrate (9621)
Dipipanone (9622)
Ethylmethylthiambutene (9623)
Etonitazene (9624)
Etoxeridine (9625)
Furethidine (9626)
Hydroxypethidine (9627)
Ketobemidone (9628)
Levomoramide (9629)
Levophenacylmorphan (9631)
3-Methylfentanyl [N-[3-methyl-1-(2-phenylethyl)-4- piperidyl]-N-phenyl-propanimide](9813)
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4- piperidinyl]-N-phenylpropanamide) (9833)
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine) (9961)
Morpheridine (9632)

N-[1-benzyl-4-piperidyl]-N-phenylpropanamide (benzylfentanyl), including any isomers, salts, or salts of isomers (9818)
N-[1-(2-thienyl)methyl-4-piperidyl]-N-phenylpropanamide (thenylfentanyl), including any isomers, salts, or salts of isomers (9834)
Noracymethadol (9633)
Norlevorphanol (9634)
Normethadone (9635)
Norpipanone (9636)
Para-fluorofentanyl (N-(4-fluorophenyl)-N- [1-(2-phenethyl)-4-piperidinyl] propanamide (9812)
Phenadoxone (9637)
Phenampromide (9638)
Phenomorphan (9647)
Phenoperidine (9641)
PEPAP [1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine] (9663)
Piritramide (9642)
Proheptazine (9643)
Properidine (9644)
Propiram (9649)
Racemoramide (9645)
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4- piperidinyl]-propanamide) (9835)
Tilidine (9750)
Trimeperidine (9646)

(c) Opium derivatives. Any of the following opium derivatives, their salts, isomers, and salts of isomers, unless specifically excepted by rule of the board or unless listed in another schedule, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

Acetorphine (9319)
Acetyldihydrocodeine (9051)
Benzylmorphine (9052)
Codeine methylbromide (9070)
Codeine-N-Oxide (9053)
Cyprenorphine (9054)
Desomorphine (9055)
Dihydromorphine (9145)
Drotebanol (9335)
Etorphine (except hydrochloride salt) (9056)
Heroin (9200)
Hydromorphinol (9301)
Methyldesorphine (9302)
Methyldihydromorphine (9304)
Morphine methylbromide (9305)
Morphine methylsulfonate (9306)
Morphine-N-Oxide (9307)
Myrophine (9308)
Nicocodeine (9309)
Nicomorphine (9312)
Normorphine (9313)
Pholcodine (9314)
Thebacon (9315)

(d) Hallucinogenic substances. Any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic, psychedelic, or psychogenic substances, their salts, isomers, and salts of isomers, unless specifically excepted by rule of the board or unless listed in another schedule, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) 1-[1-(2-thienyl)cyclohexyl]pyrrolidine (7473). Other name: TCPy.
(2) 4-Bromo-2, 5-Dimethoxyamphetamine (7391). Some trade or other names: 4-Bromo-2, 5-Dimethoxy-a-methylphenethylamine; 4-Bromo-2, 5-DMA.
(3) 4-Bromo-2, 5-dimethoxphenethylamine (7392). Some trade or other names: 2-[4-bromo-2,5-dimethoxyphenyl]-1-aminoethane; alpha-desmethyl DOB; 2C-B, Nexus.
(4) 2, 5-Dimethoxy-4-ethylamphet-amine (7399). Other name: DOET.
(5) 2, 5-Dimethoxy-4-(n)-propylthiophenethylamine (7348). Other name: 2C-T-7.
(6) 2, 5-Dimethoxyamphetamine (7396). Some trade or other names: 2, 5-Dimethoxy-a-methylphenethylamine; 2, 5-DMA.
(7) 4-Methoxyamphetamine (7411). Some trade or other names: 4-Methoxy-a-methylphenethylamine; Paramethoxyamphetamine; PMA.
(8) 5-Methoxy-3, 4-methylenedioxy amphetamine (7401). Other Name: MMDA.
(9) 5-Methoxy-N, N-diisopropyltryptamine, including any isomers, salts, or salts of isomers (7439). Other name: 5-MeO-DIPT.
(10) 4-methyl-2, 5-dimethoxyamphetamine (7395). Some trade and other names: 4-methyl-2, 5-dimethoxy-a-methylphenethylamine; DOM; and STP.
(11) 3, 4-methylenedioxy amphetamine (7400). Other name: MDA.
(12) 3,4-methylenedioxy-N-ethylamphetamine (7404). Other names: N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine; N-ethyl MDA; MDE;

and MDEA.

(13) 3, 4-methylenedioxymethamphetamine (MDMA) (7405).

(14) 3, 4, 5-trimethoxy amphetamine (7390). Other name: TMA.

(15) Alpha-ethyltryptamine (7249). Some trade and other names: Etryptamine; Monase; [alpha]-ethyl-1H-indole-3-ethanamine; 3-(2-aminobutyl) indole; [alpha]-ET; and AET.

(16) Alpha-methyltryptamine (7432). Other name: AMT.

(17) Bufotenine (7433). Some trade and other names: 3-(B-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminonethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine.

(18) Diethyltryptamine (7434). Some trade or other names: N, N-Diethyltryptamine; DET.

(19) Dimethyltrytamine (7435). Some trade or other names: DMT.

(20) Ibogaine (7260). Some trade and other names: 7-Ethyl-6, 6b, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1', 2': 1, 2, azepino 4, 5-b) indole; tabernanthe iboga.

(21) Lysergic acid diethylamide (7315). Other name: LSD.

(22) Marijuana (7360).

(23) Mescaline (7381).

(24) Parahexyl (7374). Some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-Tetrahydro-6, 6, 9-trimethyl-6H-dibenzo (b,d) pyran; Snyhexyl.

(25) Peyote (7415), including:

(A) all parts of the plant that are classified botanically as lophophora williamsii lemaire, whether growing or not;

(B) the seeds thereof;

(C) any extract from any part of the plant; and

(D) every compound, manufacture, salt, derivative, mixture, or preparation of the plant, its seeds, or extracts.

(26) N-ethyl-3-piperidyl benzilate (7482). Other name: DMZ.

(27) N-hydroxy-3,4-methylenedioxyamphetamine (7402). Other names: N-hydroxy-alpha-methyl-3,4 (methylenedioxy)phenethylamine; and N-hydroxy MDA.

(28) N-methyl-3-piperidyl benzilate (7484). Other name: LBJ.

(29) Psilocybin (7437).

(30) Psilocyn (7438).

(31) Tetrahydrocannabinols (7370), including synthetic equivalents of the substances contained in the plant, or in the resinous extractives of Cannabis, sp. and synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as:

(A) $.^{1}$ cis or trans tetrahydrocannabinol, and their optical isomers;

(B) $.^{6}$ cis or trans tetrahydrocannabinol, and their optical isomers; and

(C) $.^{3,4}$ cis or trans tetrahydrocannabinol, and their optical isomers.

Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions are covered. Other name: THC.

(32) Ethylamine analog of phencyclidine (7455). Some trade or other names: N-Ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE.

(33) Pyrrolidine analog of phencyclidine (7458). Some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCP_y; PHP.

(34) Thiophene analog of phencyclidine (7470). Some trade or other names: 1-(1-(2-thienyl) cyclohexyl) piperidine; 2-Thienyl Analog of Phencyclidine; TPCP.

(e) Depressants. Unless specifically excepted in a rule adopted by the board or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Gamma-hydroxybutyric acid (other names include GHB; gamma-hydroxybutyrate; 4-hydroxybutanoic acid; sodium oxybate; sodium oxybutyrate) (2010)

Mecloqualone (2572)

Methaqualone (2565)

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

([+/-]) cis-4-methylaminorex (([+/-])cis-4,5- dihydro-4-methyl-5-phenyl-2-oxazolamine) (1590)

Aminorex (1585). Other names: aminoxaphen; 2-amino-5-phenyl-2-oxazoline; or 4,5-dihydro-5-phenyl-2-oxazolamine.

Cathinone (1235). Some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; and norephedrone.

Fenethylline (1503)

N-Benzylpiperazine (7493). Other names: BZP; and 1-benzylpiperazine.

N-ethylamphetamine (1475)

Methcathinone (1237) Some other trade names: 2-Methylamino-1-Phenylpropan-l-one; Ephedrone; Monomethylpropion; UR 1431.

N, N-dimethylamphetamine (1480). Other names: N, N-alpha-trimethyl-benzeneethanamine; and N, N-alpha-trimethylphenethylamine.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1979, P.L.303, SEC.3; Acts 1981, P.L.170, SEC.2; P.L.333-1983, SEC.1; P.L.327-1985, SEC.1; P.L.156-1986, SEC.4; P.L.200-1987, SEC.7; P.L.163-1994, SEC.3; P.L.2-1996, SEC.286; P.L.288-2001, SEC.15; P.L.22-2008, SEC.1.

IC 35-48-2-5 Schedule II tests

IC 35-48-2-5 Sec. 5. (a) The board shall recommend placement of a substance in schedule II under this chapter if it finds that:
(1) the substance has high potential for abuse;
(2) the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and
(3) the abuse of the substance may lead to severe psychological or physical dependence.
(b) The board may recommend placement of a substance in schedule II under this chapter if it finds that the substance is classified as a controlled substance in schedule II under federal law.
As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.200-1987, SEC.8.

IC 35-48-2-6 Schedule II

Sec. 6. (a) The controlled substances listed in this section are included in schedule II.
(b) Any of the following substances, except those narcotic drugs listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:
(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, naltrexone, and their respective salts but including:
(A) raw opium (9600);
(B) opium extracts (9610);
(C) opium fluid extracts (9620);
(D) powdered opium (9639);
(E) granulated opium (9640);
(F) tincture of opium (9630);
(G) codeine (9050);
(H) dihydroetorphine (9334);
(I) ethylmorphine (9190);
(J) etorphine hydrochloride (9059);
(K) hydrocodone (9193);
(L) hydromorphone (9150);
(M) metopon (9260);
(N) morphine (9300);
(O) oxycodone (9143);
(P) oxymorphone (9652); and
(Q) thebaine (9333).
(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subdivision (b)(1) of this section, but not including the isoquinoline alkaloids of opium.
(3) Opium poppy and poppy straw.
(4) Cocaine (9041).
(5) Concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy) (9670).
(c) Opiates. Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:
Alfentanil (9737)
Alphaprodine (9010)
Anileridine (9020)
Bezitramide (9800)
Bulk dextropropoxyphene (nondosage forms) (9273)
Carfentanil (9743)
Dihydrocodeine (9120)
Diphenoxylate (9170)
Fentanyl (9801)
Isomethadone (9226)
Levo-alphacetylmethadol (9648). Other names: Levo-alpha-acetylmethadol; levomethadyl acetate; and LAAM.
Levomethorphan (9210)
Levorphanol (9220)
Metazocine (9240)
Methadone (9250)
Methadone-Intermediate, 4-cyano-2-dimethyl-amino-4, 4-diphenyl butane (9254)
Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane- carboxylic acid (9802)
Pethidine (Meperidine) (9230)
Pethidine-Intermediate- A, 4-cyano-1-methyl-4-phenylpiperidine (9232)

Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate (9233)
Pethidine-Intermediate-C,1-methyl-4-phenylpiperidine-4-carbo xylic acid (9234)
Phenazodine (9715)
Piminodine (9730)
Racemethorphan (9732)
Racemorphan (9733)
Remifentanil (9739)
Sufentanil (9740)

(d) Stimulants. Any material compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers (1100).
(2) Methamphetamine, including its salts, isomers, and salts of its isomers (1105).
(3) Phenmetrazine and its salts (1631).
(4) Methylphenidate (1724).

(e) Depressants. Unless specifically excepted by rule of the board or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Amobarbital (2125)
Glutethimide (2550)
Pentobarbital (2270)
Phencyclidine (7471)
Secobarbital (2315)

(f) Immediate precursors. Unless specifically excepted by rule of the board or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

(1) Immediate precursor to amphetamine and methamphetamine: Phenylacetone (8501). Some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone.
(2) Immediate precursors to phencyclidine (PCP):
(A) 1-phenylcyclohexylamine (7460); or
(B) 1-piperidinocyclohexanecarbonitrile (PCC) (8603).

(g) Hallucinogenic substances:

Nabilone (7379). Other name: (+/-)-trans-3- (1,1-dimethylheptyl)-6, 6a, 7, 8, 10, 10a-hexahydro-1-hydroxy -6, 6-dimethyl-9H-dibenzo [b,d] pyran-9-one.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1979, P.L.303, SEC.4; Acts 1981, P.L.170, SEC.3; P.L.333-1983, SEC.2; P.L.77-1984, SEC.13; P.L.327-1985, SEC.2; P.L.156-1986, SEC.5; P.L.329-1987, SEC.1; P.L.31-1998, SEC.9; P.L.22-2008, SEC.2.

IC 35-48-2-7 Schedule III tests

Sec. 7. (a) The board shall recommend placement of a substance in schedule III under this chapter if it finds that:

(1) the substance has a potential for abuse less than the substances listed in schedule I and II under this chapter;
(2) the substance has currently accepted medical use in treatment in the United States; and
(3) abuse of the substance may lead to moderate or low physical dependence or high psychological dependence.

(b) The board may recommend placement of a substance in schedule III under this chapter if it finds that the substance is classified as a controlled substance in schedule III under federal law.

As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.200-1987, SEC.9.

IC 35-48-2-8 Schedule III

Sec. 8. (a) The controlled substances listed in this section are included in schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in schedule II which compounds, mixtures, or preparations were listed on April 1, 1986, as excepted compounds under 21 CFR 1308.32, and any other drug of the quantitative composition shown in that list for those drugs or that is the same except that it contains a lesser quantity of controlled substances (1405).
(2) Benzphetamine (1228).
(3) Chlorphentermine (1645).
(4) Clortermine (1647).
(5) Phendimetrazine (1615).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing:

(A) amobarbital (2126);
(B) secobarbital (2316);
(C) pentobarbital (2271); or
(D) any of their salts;

and one (1) or more other active medicinal ingredients which are not listed in any schedule.

(2) Any suppository dosage form containing:
(A) amobarbital (2126);
(B) secobarbital (2316);
(C) pentobarbital (2271); or
(D) any of their salts;

and approved by the Food and Drug Administration for marketing only as a suppository.

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt thereof (2100).
(4) Chlorhexadol (2510).
(5) Embutramide (2020).
(6) Lysergic acid (7300).
(7) Lysergic acid amide (7310).
(8) Methyprylon (2575).
(9) Sulfondiethylmethane (2600).
(10) Sulfonethylmethane (2605).
(11) Sulfonmethane (2610).
(12) A combination product containing Tiletamine and Zolazepam or any salt thereof (Telazol) (7295).
(13) Any drug product containing gamma-hydroxybutyric acid, including its salts, isomers, and salts of isomers, for which an application is approved under section 505 of the federal Food, Drug and Cosmetic Act, 21 U.S.C. 301 et seq. (2012).

(d) Nalorphine (a narcotic drug) (9400).

(e) Narcotic Drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in the following limited quantities:

(1) Not more than 1.8 grams of codeine, per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium (9803).
(2) Not more than 1.8 grams of codeine, per 100 milliliters or not more than 90 milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts (9804).
(3) Not more than 300 milligrams of dihydrocodeinone, per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium (9805).
(4) Not more than 300 milligrams of dihydrocodeinone, per 100 milliliters or not more than 15 milligrams per dosage unit, with one (1) or more active nonnarcotic ingredients in recognized therapeutic amounts (9806).
(5) Not more than 1.8 grams of dihydrocodeine, per 100 milliliters or not more than 90 milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts (9807).
(6) Not more than 300 milligrams of ethylmorphine, per 100 milliliters or not more than 15 milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts (9808).
(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams or not more than 25 milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts (9809).
(8) Not more than 50 milligrams of morphine, per 100 milliliters or per 100 grams with one (1) or more active nonnarcotic ingredients in recognized therapeutic amounts (9810).
(9) Buprenorphine (9064).

(f) Anabolic steroid (as defined in 21 U.S.C. 802(41)(A) and 21 U.S.C. 802(41)(B)).

(g) The board shall except by rule any compound, mixture, or preparation containing any stimulant or depressant substance listed in subsections (b) through (e) from the application of any part of this article if the compound, mixture, or preparation contains one (1) or more active medicinal ingredients not having a stimulant or depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a stimulant or depressant effect on the central nervous system.

(h) Any material, compound, mixture, or preparation which contains any quantity of Ketamine (7285).

(i) Hallucinogenic substances:
Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product (7369).

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.2, SEC.86; Acts 1979, P.L.303, SEC.5; Acts 1981, P.L.170, SEC.4; P.L.333-1983, SEC.3; P.L.200-1987, SEC.10; P.L.48-1991, SEC.76; P.L.1-1994, SEC.171; P.L.31-1998, SEC.10; P.L.288-2001, SEC.16; P.L.22-2008, SEC.3.

IC 35-48-2-9 Schedule IV tests

Sec. 9. (a) The board shall recommend placement of a substance in schedule IV under this chapter if it finds that:
(1) the substance has a low potential for abuse relative to substances in schedule III under this chapter;
(2) the substance has currently accepted medical use in treatment in the United States; and
(3) abuse of the substance may lead to limited physical dependence or psychological dependence relative to the substances in schedule III under this

chapter.

(b) The board may recommend placement of a substance in schedule IV under this chapter if it finds that the substance is classified as a controlled substance in schedule IV under federal law.

As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.200-1987, SEC.11.

IC 35-48-2-10 Schedule IV

Sec. 10. (a) The controlled substances listed in this section are included in schedule IV.

(b) Narcotic drugs. Unless specifically excepted in a rule adopted by the board or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in the following limited quantities:

(1) Not more than 1 milligram of difenoxin (9618) and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha- (+)-4-dimethylamino-1,2- diphenyl-3-methyl-2-propionoxybutane (9278).

(c) Depressants. Unless specifically excepted in a rule adopted by the board or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Alprazolam (2882).
Barbital (2145).
Bromazepam (2748).
Camazepam (2749).
Carisoprodol.
Chloral betaine (2460).
Chloral hydrate (2465).
Chlordiazepoxide (2744).
Clobazam (2751).
Clonazepam (2737).
Clorazepate (2768).
Clotiazepam (2752).
Cloxazolam (2753).
Delorazepam (2754).
Diazepam (2765).
Dichloralphenazone (2467).
Estazolam (2756).
Ethchlorvynol (2540).
Ethinamate (2545).
Ethyl loflazepate (2758).
Fludiazepam (2759).
Flunitrazepam (2763).
Flurazepam (2767).
Halazepam (2762).
Haloxazolam (2771).
Ketazolam (2772).
Loprazolam (2773).
Lorazepam (2885).
Lormetazepam (2774).
Mebutamate (2800).
Medazepam (2836).
Meprobamate (2820).
Methohexital (2264).
Methylphenobarbital (mephobarbital) (2250).
Midazolam (2884).
Nimetazepam (2837).
Nitrazepam (2834).
Nordiazepam (2838).
Oxazepam (2835).
Oxazolam (2839).
Paraldehyde (2585).
Petrichloral (2591).
Phenobarbital (2285).
Pinazepam (2883).
Prazepam (2764).
Quazepam (2881).

Temazepam (2925).
Tetrazepam (2886).
Triazolam (2887).
Zaleplon (2781).
Zolpidem (Ambien) (2783).
Zopiclone (2784).

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible.

Fenfluramine (1670).

(e) Stimulants. Unless specifically excepted in a rule adopted by the board or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

Cathine ((+)-norpseudoephedrine) (1230).
Diethylpropion (1610).
Fencamfamin (1760).
Fenproporex (1575).
Mazindol (1605).
Mefenorex (1580).
Modafinil (1680).
Phentermine (1640).
Pemoline (including organometallic complexes and chelates thereof) (1530).
Pipradrol (1750).
Sibutramine (1675).
SPA ((-)-1-dimethylamino-1,2-diphenylethane (1635).

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances including its salts:

Butorphanol (including its optical isomers) (9720).
Pentazocine (9709).

(g) The board may except by rule any compound, mixture, or preparation containing any depressant substance listed in subsection (b), (c), (d), (e), or (f) from the application of any part of this article if the compound, mixture, or preparation contains one (1) or more active medicinal ingredients not having a depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a depressant effect on the central nervous system.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.344, SEC.2; Acts 1979, P.L.303, SEC.6; Acts 1981, P.L.170, SEC.5; P.L.333-1983, SEC.4; P.L.77-1984, SEC.14; P.L.200-1987, SEC.12; P.L.288-2001, SEC.17; P.L.8-2004, SEC.3; P.L.22-2008, SEC.4.

IC 35-48-2-11 Schedule V tests

Sec. 11. (a) The board shall recommend placement of a substance in schedule V under this chapter if it finds that:

(1) the substance has low potential for abuse relative to the controlled substances listed in schedule IV under this chapter;
(2) the substance has currently accepted medical use in treatment in the United States; and
(3) the substance has limited physical dependence or psychological dependence liability relative to the controlled substances listed in schedule IV under this chapter.

(b) The board may recommend placement of a substance in schedule V under this chapter if it finds that the substance is classified as a controlled substance in schedule V under federal law.

As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.200-1987, SEC.13.

IC 35-48-2-12 Schedule V

Sec. 12. (a) The controlled substances listed in this section are included in schedule V.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in the following quantities, which shall include one (1) or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams.
(2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.
(3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.
(4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.
(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.
(6) Not more than 0.5 milligrams of difenoxin (9168), and not less than 25 micrograms of atropine sulfate per dosage unit.

(c) Pregabalin (2782).
(d) Pyrovalerone (1485).
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1979, P.L.303, SEC.7; Acts 1981, P.L.170, SEC.6; P.L.327-1985, SEC.3; P.L.22-2008, SEC.5.

IC 35-48-2-13 Repealed

(*Repealed by Acts 1979, P.L.303, SEC.13.)*

IC 35-48-2-14 Reclassification; rules

Sec. 14. (a) The board may adopt rules under IC 4-22-2 to reclassify a controlled substance:
(1) from a more restrictive schedule to a less restrictive schedule; or
(2) as a substance that is not a controlled substance;
if the board finds that the substance qualifies for reclassification under this chapter and that the same reclassification has been made in a controlled substance schedule under federal law.
(b) If the board reclassifies a controlled substance under subsection (a), the board shall recommend the same reclassification to the general assembly under section 1 of this chapter.
(c) Notwithstanding a provision in this chapter that classifies a controlled substance in a more restrictive schedule than a rule adopted under subsection (a), a person who manufactures, distributes, dispenses, possesses, or uses a controlled substance in compliance with the requirements applicable to the less restrictive schedule to which a controlled substance is reclassified under subsection (a) does not commit an offense under this article.
(d) Notwithstanding a provision in this chapter that classifies a substance as a controlled substance, a person does not commit an offense under this article if the board has reclassified the controlled substance as a substance that is not a controlled substance.
As added by P.L.200-1987, SEC.14.

IC 35-48-3
Chapter 3. Registration and Control

IC 35-48-3-1 Rules

Sec. 1. Rules. The board may promulgate rules and charge reasonable fees relating to the registration and control of the manufacture, distribution, and dispensing of controlled substances within this state.
As added by Acts 1976, P.L.148, SEC.7.

IC 35-48-3-2 Limited permits for entities operating animal shelters

Sec. 2. (a) Any humane society, animal control agency, or governmental entity operating an animal shelter or other animal impounding facility is entitled to receive a limited permit only for the purpose of buying, possessing, and using:
(1) sodium pentobarbital to euthanize injured, sick, homeless, or unwanted domestic pets and animals;
(2) ketamine and ketamine products to anesthetize or immobilize fractious domestic pets and animals; and
(3) a combination product containing tiletimine and zolazepam as an agent for the remote chemical capture of domestic pets or animals that otherwise cannot be restrained or captured.
(b) A humane society, animal control agency, or governmental entity entitled to receive a permit under this chapter must:
(1) apply to the board according to the rules established by the board;
(2) pay annually to the board a fee set by the board for the limited permit; and
(3) submit proof, as determined by the board, that the employees of an applicant who will handle a controlled substance are sufficiently trained to use and administer the controlled substance.
(c) All fees collected by the board under this section shall be credited to the state board of pharmacy account.
(d) Storage, handling, and use of controlled substances obtained according to this section are subject to the rules adopted by the board.
(e) Before issuing a permit under this section, the board may consult with the board of veterinary medical examiners.
As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.193-1987, SEC.16; P.L.136-2001, SEC.1; P.L.84-2010, SEC.93.

IC 35-48-3-3 Registration requirements

Sec. 3. (a) Every person who manufactures or distributes any controlled substance within this state or who proposes to engage in the manufacture or distribution of any controlled substance within this state, must obtain biennially a registration issued by the board in accordance with its rules.
(b) Every person who dispenses or proposes to dispense any controlled substance within Indiana must have a registration issued by the board in accordance with its rules. A registration issued to a dispenser under this subsection expires whenever the dispenser's license as a practitioner expires. The board shall renew a dispenser's registration under this subsection concurrently with any state license authorizing the dispenser to act as a practitioner.
(c) Persons registered by the board under this article to manufacture, distribute, dispense, or conduct research with controlled substances may possess, manufacture, distribute, dispense, or conduct research with those substances to the extent authorized by their registration and in conformity with the other

provisions of this chapter.

(d) The following persons need not register and may lawfully possess controlled substances under this article:

(1) An agent or employee of any registered manufacturer, distributor, or dispenser of any controlled substance if he is acting in the usual course of his business or employment.

(2) A common or contract carrier or warehouseman, or an employee thereof, whose possession of any controlled substance is in the usual course of business or employment.

(3) An ultimate user or a person in possession of any controlled substance under a lawful order of a practitioner or in lawful possession of a schedule V substance.

(e) The board may waive by rule the requirement for registration of certain manufacturers, distributors, or dispensers if it finds it consistent with the public health and safety.

(f) A separate registration is required at each principal place of business or professional practice where the applicant manufactures, distributes, dispenses, or possesses controlled substances.

(g) The board may inspect the establishment of a registrant or applicant for registration in accordance with the board's rules.

As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.156-1986, SEC.6.

IC 35-48-3-4 Registration

Sec. 4. (a) The board shall register an applicant to manufacture or distribute controlled substances unless it determines that the issuance of that registration would be inconsistent with the public interest. In determining the public interest, the board shall consider:

(1) maintenance of effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels;

(2) compliance with applicable state and local law;

(3) any convictions of the applicant under any federal and state laws relating to any controlled substance;

(4) past experience in the manufacture or distribution of controlled substances, and the existence in the applicant's establishment of effective controls against diversion;

(5) furnishing by the applicant of false or fraudulent material in any application filed under this article;

(6) suspension or revocation of the applicant's federal registration to manufacture, distribute, or dispense controlled substances as authorized by federal law; and

(7) any other factors relevant to and consistent with the public health and safety.

(b) Registration under subsection (a) of this section does not entitle a registrant to manufacture and distribute controlled substances in schedules I or II other than those specified in the registration.

(c) Practitioners must be registered to dispense any controlled substances or to conduct research with controlled substances in schedules II through V if they are authorized to dispense or conduct research under the law of this state. The board need not require separate registration under this chapter for practitioners engaging in research with nonnarcotic controlled substances in schedules II through V where the registrant is already registered under this chapter in another capacity, to the extent authorized by his registration in that other capacity.

(d) Registration to conduct research or instructional activities with controlled substances in schedules I through V does not entitle a registrant to conduct research or instructional activities with controlled substances other than those approved by the board in accordance with the registration.

(e) The board may consult with the board of veterinary medical examiners before issuing a registration to a person:

(1) who seeks to conduct research or instructional activities with controlled substances in schedules I through IV; and

(2) whose activities constitute the practice of veterinary medicine (as defined by IC 25-38.1-1-12).

(f) Compliance by manufacturers and distributors with the provisions of the federal law respecting registration (excluding fees) entitles them to be registered under this article.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1981, P.L.170, SEC.7; P.L.84-2010, SEC.94.

IC 35-48-3-5 Denial, revocation, and suspension of registration; reinstatement

Sec. 5. (a) An application for registration or re-registration submitted pursuant to and a registration issued under section 3 of this chapter to manufacture, distribute, or dispense a controlled substance may be denied, suspended or revoked by the board upon a finding that the applicant or registrant:

(1) has furnished false or fraudulent material information in any application filed under this article;

(2) has violated any state or federal law relating to any controlled substance;

(3) has had the applicant's or registrant's federal registration suspended or revoked to manufacture, distribute, or dispense controlled substances; or

(4) has failed to maintain reasonable controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels.

(b) The board may limit revocation or suspension of a registration or the denial of an application for registration or re-registration to the particular controlled substance with respect to which grounds for revocation, suspension or denial exist.

(c) If the board suspends or revokes a registration or denies an application for re-registration, all controlled substances owned or possessed by the registrant at the time of suspension or the effective date of the revocation or denial order may be placed under seal. The board may require the removal of such substances from the premises. No disposition may be made of substances under seal until the time for taking an appeal has elapsed or until all appeals have been concluded unless a court, upon application therefor, orders the sale of perishable substances and the deposit of the proceeds of the sale with the court. Upon a revocation or denial order becoming final, all controlled substances may be forfeited to the state.

(d) The board shall promptly notify the drug enforcement administration of all orders suspending or revoking registration, all orders denying any application for registration or re-registration, and all forfeitures of controlled substances.

(e) If the Drug Enforcement Administration terminates, denies, suspends, or revokes a federal registration for the manufacture, distribution, or dispensing of controlled substances, a registration issued by the board under this chapter is automatically suspended.

(f) The board may reinstate a registration that has been suspended under subsection (e), after a hearing, if the board is satisfied that the applicant is able to manufacture, distribute, or dispense controlled substances with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under IC 25-1-9-9 or this article.

(g) A registration issued under this chapter is automatically revoked if any state license authorizing a dispenser to act as a practitioner is revoked.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1981, P.L.170, SEC.8. P.L.197-2007,SEC.93; P.L.84-2010, SEC.95.

IC 35-48-3-6 Order to show cause

Sec. 6. (a) Before recommending a denial, suspension, or revocation of a registration, or before refusing a renewal of registration, the board shall serve upon the applicant or registrant an order to show cause why registration should not be denied, revoked, or suspended, or why the renewal should not be denied. The order to show cause shall contain a statement of the basis therefor and shall call upon the applicant or registrant to appear before the board at a time and place not less than thirty (30) days after the date of service of the order, but in the case of a denial or renewal of registration the show cause order shall be served not later than thirty (30) days before the expiration of the registration. These proceedings shall be conducted in accordance with IC 4-21.5 without regard to any criminal prosecution or other proceeding. Proceedings to refuse renewal of registration shall not abate the existing registration which shall remain in effect pending the outcome of the administrative hearing.

(b) The board may suspend, without an order to show cause, any registration simultaneously with the institution of proceedings under section 4 of this chapter, or where renewal of registration is refused, if it finds that there is an imminent danger to the public health or safety which warrants this action. The suspension shall continue in effect until the conclusion of the proceedings, including judicial review thereof, unless sooner withdrawn by the board or dissolved by a court of competent jurisdiction.

(c) If an applicant for re-registration (who is doing business under a registration previously granted and not revoked nor suspended) has applied for re-registration at least forty-five (45) days before the date on which the existing registration is due to expire, the existing registration of the applicant shall automatically be extended and continue in effect until the date on which the board so issues its order. The board may extend any other existing registration under the circumstances contemplated in this section even though the registrant failed to apply for re-registration at least forty-five (45) days before expiration of the existing registration, with or without request by the registrant, if the board finds that such extension is not inconsistent with the public health and safety.

As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.7-1987, SEC.166; P.L.84-2010, SEC.96.

IC 35-48-3-7 Records of registrants

Sec. 7. Records of Registrants. Persons registered to manufacture, distribute, or dispense controlled substances under this article shall keep records and maintain inventories in conformance with the record-keeping and inventory requirements of federal law and with any additional rules the board issues.

As added by Acts 1976, P.L.148, SEC.7.

IC 35-48-3-8 Order forms

Sec. 8. Order Forms. Controlled substances in schedules I and II shall be distributed by a registrant to another registrant only pursuant to an order form. Compliance with the provisions of federal law respecting order forms is deemed compliance with this section.

As added by Acts 1976, P.L.148, SEC.7.

IC 35-48-3-9 Prescriptions

Sec. 9. (a) Except for dosages medically required for a period of not more than forty-eight (48) hours that are dispensed by or on the direction of a practitioner or medication dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, no controlled substance in schedule II may be dispensed without the written prescription of a practitioner.

(b) In emergency situations, as defined by rule of the board, schedule II drugs may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of section 7 of this chapter. No prescription for a schedule II substance may be refilled.

(c) Except for dosages medically required for a period of not more than forty-eight (48) hours that are dispensed by or on the direction of a practitioner, or medication dispensed directly by a practitioner, other than a pharmacy, to an ultimate user, a controlled substance included in schedule III or IV, which is a prescription drug as determined under IC 16-42-19, shall not be dispensed without a written or oral prescription of a practitioner. The prescription shall not be filled or refilled more than six (6) months after the date thereof or be refilled more than five (5) times, unless renewed by the practitioner. Prescriptions for schedule III, IV, and V controlled substances may be transmitted by facsimile from the practitioner or the agent of the practitioner to a pharmacy. The facsimile prescription is equivalent to an original prescription to the extent permitted under federal law.

(d) A controlled substance included in schedule V shall not be distributed or dispensed other than for a medical purpose.

As added by Acts 1976, P.L.148, SEC.7. Amended by P.L.2-1993, SEC.192; P.L.163-1994, SEC.4. Amended by P.L. 204-2005, SEC.21.

IC 35-48-3-10 Repealed

(*Repealed by P.L.157-1999, SEC.2.)*

IC 35-48-3-11 Treatment for weight reduction or to control obesity

Sec. 11. (a) Only a physician licensed under IC 25-22.5 may treat a patient with a Schedule III or Schedule IV controlled substance for the purpose of weight reduction or to control obesity.

(b) A physician licensed under IC 25-22.5 may not prescribe, dispense, administer, supply, sell, or give any amphetamine, sympathomimetic amine drug, or compound designated as a Schedule III or Schedule IV controlled substance under IC 35-48-2-8 and IC 35-48-2-10 for a patient for purposes of weight reduction or to control obesity, unless the physician does the following:

(1) Determines:

(A) through review of:

(i) the physician's records of prior treatment of the patient; or

(ii) the records of prior treatment of the patient provided by a previous treating physician or weight loss program;

that the physician's patient has made a reasonable effort to lose weight in a treatment program using a regimen of weight reduction based on caloric restriction, nutritional counseling, behavior modification, and exercise without using controlled substances; and

(B) that the treatment described in clause (A) has been ineffective for the physician's patient.

(2) Obtains a thorough history and performs a thorough physical examination of the physician's patient before initiating a treatment plan using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity.

(c) A physician licensed under IC 25-22.5 may not begin and shall discontinue using a Schedule III or Schedule IV controlled substance for purposes of weight reduction or to control obesity after the physician determines in the physician's professional judgment that:

(1) the physician's patient has failed to lose weight using a treatment plan involving the controlled substance;

(2) the controlled substance has provided a decreasing contribution toward further weight loss for the patient unless continuing to take the controlled substance is medically necessary or appropriate for maintenance therapy;

(3) the physician's patient:

(A) has a history of; or

(B) shows a propensity for;

alcohol or drug abuse; or

(4) the physician's patient has consumed or disposed of a controlled substance in a manner that does not strictly comply with a treating physician's direction.

As added by P.L.157-1999, SEC.1. Amended by P.L.37-2001, SEC.1.

IC 35-48-4

Chapter 4. Offenses Relating to Controlled Substances

IC 35-48-4-0.5 Controlled substance analog; schedule I controlled substance

Sec. 0.5. For purposes of this chapter, a "controlled substance analog" is considered to be a controlled substance in schedule I if the analog is in whole or in part intended for human consumption.

As added by P.L.225-2003, SEC.2.

IC 35-48-4-1 Dealing in cocaine or narcotic drug

Sec. 1. (a) A person who:

(1) knowingly or intentionally:

(A) manufactures;

(B) finances the manufacture of;

(C) delivers; or

(D) finances the delivery of;

cocaine, a narcotic drug, or methamphetamine, pure or adulterated, classified in schedule I or II; or

(2) possesses, with intent to:

(A) manufacture;

(B) finance the manufacture of;

(C) deliver; or

(D) finance the delivery of;

cocaine, a narcotic drug, or methamphetamine, pure or adulterated, classified in schedule I or II;

commits dealing in cocaine, a narcotic drug, or methamphetamine, a Class B felony, except as provided in subsection (b).

(b) The offense is a Class A felony if:

(1) the amount of the drug involved weighs three (3) grams or more;

(2) the person:

(A) delivered; or

(B) financed the delivery of;

the drug to a person under eighteen (18) years of age at least three (3) years junior to the person; or
(3) the person manufactured, delivered or financed the delivery of the drug:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.96; Acts 1979, P.L.303, SEC.8; P.L.296-1987, SEC.5; P.L.165-1990, SEC.3; P.L.296-1995, SEC.3; P.L.65-1996, SEC.11; P.L.17-2001, SEC.19; P.L.151-2006, SEC.22..

IC 35-48-4-1.1 Dealing in methamphetamine

Sec. 1.1. (a) A person who:
(1) knowingly or intentionally:
(A) manufactures;
(B) finances the manufacture of;
(C) delivers; or
(D) finances the delivery of;
methamphetamine, pure or adulterated; or
(2) possesses, with intent to:
(A) manufacture;
(B) finance the manufacture of;
(C) deliver; or
(D) finance the delivery of;
methamphetamine, pure or adulterated;
commits dealing in methamphetamine, a Class B felony, except as provided in subsection (b).
(b) The offense is a Class A felony if:
(1) the amount of the drug involved weighs three (3) grams or more;
(2) the person:
(A) delivered; or
(B) financed the delivery of;
the drug to a person under eighteen (18) years of age at least three (3) years junior to the person; or
(3) the person manufactured, delivered, or financed the delivery of the drug:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.

As added by P.L.151-2006, SEC.23.

IC 35-48-4-2 Dealing in a schedule I, II, or III controlled substance

Sec. 2. (a) A person who:
(1) knowingly or intentionally:
(A) manufactures;
(B) finances the manufacture of;
(C) delivers; or
(D) finances the delivery of;
a controlled substance, pure or adulterated, classified in schedule I, II, or III, except marijuana, hash oil, or hashish; or
(2) possesses, with intent to:
(A) manufacture;
(B) finance the manufacture of;
(C) deliver; or
(D) finance the delivery of;
a controlled substance, pure or adulterated, classified in schedule I, II, or III, except marijuana, hash oil, or hashish;
commits dealing in a schedule I, II, or III controlled substance, a Class B felony, except as provided in subsection (b).
(b) The offense is a Class A felony if:
(1) the person:
(A) delivered; or

(B) financed the delivery of;
the substance to a person under eighteen (18) years of age at least three (3) years junior to the person; or
(2) the person delivered or financed the delivery of the substance:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.97; Acts 1979, P.L.303, SEC.9; P.L.296-1987, SEC.6; P.L.165-1990, SEC.4; P.L.296-1995, SEC.4; P.L.65-1996, SEC.12; P.L.17-2001, SEC.20.

IC 35-48-4-3 Dealing in a schedule IV controlled substance

Sec. 3. (a) A person who:
(1) knowingly or intentionally:
(A) manufactures;
(B) finances the manufacture of;
(C) delivers; or
(D) finances the delivery of;
a controlled substance, pure or adulterated, classified in schedule IV; or
(2) possesses, with intent to manufacture or deliver, a controlled substance, pure or adulterated, classified in schedule IV;
commits dealing in a schedule IV controlled substance, a Class C felony, except as provided in subsection (b).
(b) The offense is a Class B felony if:
(1) the person:
(A) delivered; or
(B) financed the delivery of;
the substance to a person under eighteen (18) years of age at least three (3) years junior to the person; or
(2) the person delivered or financed the delivery of the substance:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.98; P.L.296-1987, SEC.7; P.L.165-1990, SEC.5; P.L.296-1995, SEC.5; P.L.65-1996, SEC.13; P.L.17-2001, SEC.21.

IC 35-48-4-4 Dealing in a schedule V controlled substance

Sec. 4. (a) A person who:
(1) knowingly or intentionally:
(A) manufactures;
(B) finances the manufacture of;
(C) delivers; or
(D) finances the delivery of;
a controlled substance, pure or adulterated, classified in schedule V; or
(2) possesses, with intent to:
(A) manufacture;
(B) finance the manufacture of;
(C) deliver; or
(D) finance the delivery of;
a controlled substance, pure or adulterated, classified in schedule V;
commits dealing in a schedule V controlled substance, a Class D felony, except as provided in subsection (b).
(b) The offense is a Class B felony if:
(1) the person:
(A) delivered; or
(B) financed the delivery of;
the substance to a person under eighteen (18) years of age at least three (3) years junior to the person; or
(2) the person delivered or financed the delivery of the substance:
(A) on a school bus; or

(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.99; P.L.296-1987, SEC.8; P.L.165-1990, SEC.6; P.L.296-1995, SEC.6; P.L.65-1996, SEC.14; P.L.17-2001, SEC.22.

IC 35-48-4-4.1 Dumping controlled substance waste

Sec. 4.1. (a) A person who dumps, discharges, discards, transports, or otherwise disposes of:
(1) chemicals, knowing the chemicals were used in the illegal manufacture of a controlled substance or an immediate precursor; or
(2) waste, knowing that the waste was produced from the illegal manufacture of a controlled substance or an immediate precursor;
commits dumping controlled substance waste, a Class D felony.
(b) It is not a defense in a prosecution under subsection (a) that the person did not manufacture the controlled substance or immediate precursor.
As added by P.L.17-2001, SEC.23.

IC 35-48-4-4.5 Dealing in a substance represented to be a controlled substance

Sec. 4.5. (a) A person who knowingly or intentionally delivers or finances the delivery of any substance, other than a controlled substance or a drug for which a prescription is required under federal or state law, that:
(1) is expressly or impliedly represented to be a controlled substance;
(2) is distributed under circumstances that would lead a reasonable person to believe that the substance is a controlled substance; or
(3) by overall dosage unit appearance, including shape, color, size, markings, or lack of markings, taste, consistency, or any other identifying physical characteristic of the substance, would lead a reasonable person to believe the substance is a controlled substance;
commits dealing in a substance represented to be a controlled substance, a Class D felony.
(b) In determining whether representations have been made, subject to subsection (a)(1), or whether circumstances of distribution exist, subject to subsection (a)(2), the trier of fact may consider, in addition to other relevant factors, the following:
(1) Statements made by the owner or other person in control of the substance, concerning the substance's nature, use, or effect.
(2) Statements made by any person, to the buyer or recipient of the substance, that the substance may be resold for profit.
(3) Whether the substance is packaged in a manner uniquely used for the illegal distribution of controlled substances.
(4) Whether:
(A) the distribution included an exchange of, or demand for, money or other property as consideration; and
(B) the amount of the consideration was substantially greater than the reasonable retail market value of the substance.
As added by Acts 1981, P.L.305, SEC.1. Amended by P.L.210-1986, SEC.1; P.L.165-1990, SEC.7.

IC 35-48-4-4.6 Unlawful manufacture, distribution, or possession of counterfeit substance

Sec. 4.6. (a) A person who knowingly or intentionally:
(1) manufactures;
(2) finances the manufacture of;
(3) advertises;
(4) distributes; or
(5) possesses with intent to manufacture, finance the manufacture of, advertise, or distribute;
a substance described in section 4.5 of this chapter commits a Class C felony.
(b) A person who knowingly or intentionally possesses a substance described in section 4.5 of this chapter commits a Class C misdemeanor. However, the offense is a Class A misdemeanor if the person has a previous conviction under this section.
(c) In any prosecution brought under this section it is not a defense that the person believed the substance actually was a controlled substance.
(d) This section does not apply to the following:
(1) The manufacture, financing the manufacture of, processing, packaging, distribution, or sale of noncontrolled substances to licensed medical practitioners for use as placebos in professional practice or research.
(2) Persons acting in the course and legitimate scope of their employment as law enforcement officers.
(3) The retention of production samples of noncontrolled substances produced before September 1, 1986, where such samples are required by federal law.
(e) In addition to any other penalty imposed for conviction of an offense under this section, a court shall order restitution pursuant to IC 35-50-5-3 to cover the costs of an environmental cleanup incurred by a law enforcement agency or other person as a result of the offense.
(f) The amount collected under subsection (e) shall be used to reimburse the law enforcement agency that assumed the costs associated with the

environmental cleanup described in subsection (e).
As added by P.L.210-1986, SEC.2. Amended by P.L.165-1990, SEC.8; P.L.150-1999, SEC.1; P.L.225-2003, SEC.3.

IC 35-48-4-5 Dealing in a counterfeit substance

Sec. 5. A person who:
(1) knowingly or intentionally:
(A) creates;
(B) delivers; or
(C) finances the delivery of;
a counterfeit substance; or
(2) possesses, with intent to:
(A) deliver; or
(B) finance the delivery of;
a counterfeit substance;
commits dealing in a counterfeit substance, a Class D felony.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.100; P.L.165-1990, SEC.9.

IC 35-48-4-6 Possession of cocaine or narcotic drug

Sec. 6. (a) A person who, without a valid prescription or order of a practitioner acting in the course of the practitioner's professional practice, knowingly or intentionally possesses cocaine (pure or adulterated), a narcotic drug (pure or adulterated) classified in schedule I or II, or methamphetamine (pure or adulterated) commits possession of cocaine, a narcotic drug, or methamphetamine, a Class D felony, except as provided in subsection (b).
(b) The offense is:
(1) a Class C felony if:
(A) the amount of the drug involved (pure or adulterated) weighs three (3) grams or more; or
(B) the person was also in possession of a firearm (as defined in IC 35-47-1-5);
(2) a Class B felony if the person in possession of the cocaine, narcotic drug, or methamphetamine possesses less than three (3) grams of pure or adulterated cocaine, a narcotic drug, or methamphetamine:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center; and
(3) a Class A felony if the person possesses the cocaine, narcotic drug, or methamphetamine in an amount (pure or adulterated) weighing at least three (3) grams:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.101; Acts 1979, P.L.303, SEC.10; P.L.138-1983, SEC.3; P.L.296-1987, SEC.9; P.L.296-1995, SEC.7; P.L.65-1996, SEC.15; P.L.188-1999, SEC.7; P.L.17-2001, SEC.24; P.L.151-2006, SEC.24.

IC 35-48-4-6.1 Possession of methamphetamine

Sec. 6.1. (a) A person who, without a valid prescription or order of a practitioner acting in the course of the practitioner's professional practice, knowingly or intentionally possesses methamphetamine (pure or adulterated) commits possession of methamphetamine, a Class D felony, except as provided in subsection (b).
(b) The offense is:
(1) a Class C felony if:
(A) the amount of the drug involved (pure or adulterated) weighs three (3) grams or more; or
(B) the person was also in possession of a firearm (as defined in IC 35-47-1-5);
(2) a Class B felony if the person in possession of the methamphetamine possesses less than three (3) grams of pure or adulterated methamphetamine:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;

(iii) a family housing complex; or
(iv) a youth program center; and
(3) a Class A felony if the person possesses the methamphetamine in an amount (pure or adulterated) weighing at least three (3) grams:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.
As added by P.L.151-2006, SEC.25.

IC 35-48-4-7 Possession of a controlled substance; obtaining a schedule V controlled substance

Sec. 7. (a) A person who, without a valid prescription or order of a practitioner acting in the course of his professional practice, knowingly or intentionally possesses a controlled substance (pure or adulterated) classified in schedule I, II, III, or IV, except marijuana or hashish, commits possession of a controlled substance, a Class D felony. However, the offense is a Class C felony if the person in possession of the controlled substance possesses the controlled substance:
(1) on a school bus; or
(2) in, on, or within one thousand (1,000) feet of:
(A) school property;
(B) a public park;
(C) a family housing complex; or
(D) a youth program center.
(b) A person who, without a valid prescription or order of a practitioner acting in the course of his professional practice, knowingly or intentionally obtains:
(1) more than four (4) ounces of schedule V controlled substances containing codeine in any given forty-eight (48) hour period unless pursuant to a prescription;
(2) a schedule V controlled substance pursuant to written or verbal misrepresentation; or
(3) possession of a schedule V controlled substance other than by means of a prescription or by means of signing an exempt narcotic register maintained by a pharmacy licensed by the Indiana state board of pharmacy; commits a Class D felony.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.102; P.L.138-1983, SEC.4; P.L.327-1985, SEC.4; P.L.296-1987, SEC.10; P.L.296-1995, SEC.8; P.L.65-1996, SEC.16; P.L.17-2001, SEC.25.

IC 35-48-4-8 Repealed

(*Repealed by Acts 1980, P.L.115, SEC.5.)*

IC 35-48-4-8.1 Manufacture of paraphernalia

Sec. 8.1. (a) A person who manufactures, finances the manufacture of, or designs an instrument, a device, or other object that is intended to be used primarily for:
(1) introducing into the human body a controlled substance;
(2) testing the strength, effectiveness, or purity of a controlled substance; or
(3) enhancing the effect of a controlled substance;
in violation of this chapter commits a Class A infraction for manufacturing paraphernalia.
(b) A person who:
(1) knowingly or intentionally violates this section; and
(2) has a previous judgment for violation of this section;
commits manufacture of paraphernalia, a Class D felony.
As added by Acts 1980, P.L.115, SEC.2. Amended by P.L.202-1989, SEC.3; P.L.165-1990, SEC.10.

IC 35-48-4-8.2 Repealed

(*Repealed by P.L.1-1991, SEC.205.)*

IC 35-48-4-8.3 Possession of paraphernalia

Sec. 8.3. (a) A person who possesses a raw material, an instrument, a device, or other object that the person intends to use for:
(1) introducing into the person's body a controlled substance;
(2) testing the strength, effectiveness, or purity of a controlled substance; or
(3) enhancing the effect of a controlled substance;
in violation of this chapter commits a Class A infraction for possessing paraphernalia.

(b) A person who:
(1) knowingly or intentionally violates subsection (a); and
(2) has a previous judgment or conviction under this section;
commits possession of paraphernalia, a Class D felony.
(c) A person who recklessly possesses a raw material, an instrument, a device, or other object that is to be used primarily for:
(1) introducing into the person's body a controlled substance;
(2) testing the strength, effectiveness, or purity of a controlled substance; or
(3) enhancing the effect of a controlled substance;
in violation of this chapter commits reckless possession of paraphernalia, a Class A misdemeanor. However, the offense is a Class D felony if the person has a previous judgment or conviction under this section.
As added by Acts 1980, P.L.115, SEC.4. Amended by P.L.202-1989, SEC.5; P.L.166-1990, SEC.2; P.L.58-2003, SEC.1.

IC 35-48-4-8.5 Dealing in paraphernalia

Sec. 8.5. (a) A person who keeps for sale, offers for sale, delivers, or finances the delivery of a raw material, an instrument, a device, or other object that is intended to be or that is designed or marketed to be used primarily for:
(1) ingesting, inhaling, or otherwise introducing into the human body marijuana, hash oil, hashish, or a controlled substance;
(2) testing the strength, effectiveness, or purity of marijuana, hash oil, hashish, or a controlled substance;
(3) enhancing the effect of a controlled substance;
(4) manufacturing, compounding, converting, producing, processing, or preparing marijuana, hash oil, hashish, or a controlled substance;
(5) diluting or adulterating marijuana, hash oil, hashish, or a controlled substance by individuals; or
(6) any purpose announced or described by the seller that is in violation of this chapter;
commits a Class A infraction for dealing in paraphernalia.
(b) A person who:
(1) knowingly or intentionally violates subsection (a); and
(2) has a previous judgment or conviction under this section;
commits dealing in paraphernalia, a Class D felony.
(c) A person who recklessly keeps for sale, offers for sale, or delivers an instrument, a device, or other object that is to be used primarily for:
(1) ingesting, inhaling, or otherwise introducing into the human body marijuana, hash oil, hashish, or a controlled substance;
(2) testing the strength, effectiveness, or purity of marijuana, hash oil, hashish, or a controlled substance;
(3) enhancing the effect of a controlled substance;
(4) manufacturing, compounding, converting, producing, processing, or preparing marijuana, hash oil, hashish, or a controlled substance;
(5) diluting or adulterating marijuana, hash oil, hashish, or a controlled substance by individuals; or
(6) any purpose announced or described by the seller that is in violation of this chapter;
commits reckless dealing in paraphernalia, a Class A misdemeanor. However, the offense is a Class D felony if the person has a previous judgment or conviction under this section.
(d) This section does not apply to the following:
(1) Items marketed for use in the preparation, compounding, packaging, labeling, or other use of marijuana, hash oil, hashish, or a controlled substance as an incident to lawful research, teaching, or chemical analysis and not for sale.
(2) Items marketed for or historically and customarily used in connection with the planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, processing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing, injecting, ingesting, or inhaling of tobacco or any other lawful substance.
As added by P.L.1-1991, SEC.206; Amended by P.L.58-2003, SEC.2.

IC 35-48-4-9 Repealed

(*Repealed by Acts 1980, P.L.115, SEC.5.)*

IC 35-48-4-10 Dealing in marijuana, hash oil, or hashish

Sec. 10. (a) A person who:
(1) knowingly or intentionally:
(A) manufactures;
(B) finances the manufacture of;
(C) delivers; or
(D) finances the delivery of;
marijuana, hash oil, or hashish, pure or adulterated; or
(2) possesses, with intent to:
(A) manufacture;
(B) finance the manufacture of;
(C) deliver; or

(D) finance the delivery of;
marijuana, hash oil, or hashish, pure or adulterated;
commits dealing in marijuana, hash oil, or hashish, a Class A misdemeanor, except as provided in subsection (b).
(b) The offense is:
(1) a Class D felony if:
(A) the recipient or intended recipient is under eighteen (18) years of age;
(B) the amount involved is more than thirty (30) grams but less than ten (10) pounds of marijuana or two (2) grams but less than three hundred (300) grams of hash oil or hashish; or
(C) the person has a prior conviction of an offense involving marijuana, hash oil, or hashish; and
(2) a Class C felony if the amount involved is ten (10) pounds or more of marijuana or three hundred (300) or more grams of hash oil or hashish or the person delivered or financed the delivery of marijuana, hash oil, or hashish:
(A) on a school bus; or
(B) in, on, or within one thousand (1,000) feet of:
(i) school property;
(ii) a public park;
(iii) a family housing complex; or
(iv) a youth program center.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.105; Acts 1979, P.L.303, SEC.11; Acts 1982, P.L.204, SEC.38; P.L.296-1987, SEC.11; P.L.165-1990, SEC.12; P.L.296-1995, SEC.9; P.L.65-1996, SEC.17; P.L.17-2001, SEC.26.

IC 35-48-4-11 Possession of marijuana, hash oil, or hashish

Sec. 11. A person who:
(1) knowingly or intentionally possesses (pure or adulterated) marijuana, hash oil, or hashish;
(2) knowingly or intentionally grows or cultivates marijuana; or
(3) knowing that marijuana is growing on his premises, fails to destroy the marijuana plants;
commits possession of marijuana, hash oil, or hashish, a Class A misdemeanor. However, the offense is a Class D felony (i) if the amount involved is more than thirty (30) grams of marijuana or two (2) grams of hash oil or hashish, or (ii) if the person has a prior conviction of an offense involving marijuana, hash oil, or hashish.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.106; Acts 1979, P.L.303, SEC.12; P.L.138-1983, SEC.5.

IC 35-48-4-12 Conditional discharge for possession as first offense

Sec. 12. If a person who has no prior conviction of an offense under this article or under a law of another jurisdiction relating to controlled substances pleads guilty to possession of marijuana or hashish as a Class A misdemeanor, the court, without entering a judgment of conviction and with the consent of the person, may defer further proceedings and place him in the custody of the court under such conditions as the court determines. Upon violation of a condition of the custody, the court may enter a judgment of conviction. However, if the person fulfills the conditions of the custody, the court shall dismiss the charges against him. There may be only one (1) dismissal under this section with respect to a person.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.107.

IC 35-48-4-13 Visiting or maintaining a common nuisance

Sec. 13. (a) A person who knowingly or intentionally visits a building, structure, vehicle, or other place that is used by any person to unlawfully use a controlled substance commits visiting a common nuisance, a Class B misdemeanor.
(b) A person who knowingly or intentionally maintains a building, structure, vehicle, or other place that is used one (1) or more times:
(1) by persons to unlawfully use controlled substances; or
(2) for unlawfully:
(A) manufacturing;
(B) keeping;
(C) offering for sale;
(D) selling;
(E) delivering; or
(F) financing the delivery of;
controlled substances, or items of drug paraphernalia as described in IC 35-48-4-8.5;
commits maintaining a common nuisance, a Class D felony.
As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.108; P.L.210-1986, SEC.4; P.L.165-1990, SEC.13; P.L.1-1991, SEC.207; P.L.31-1998, SEC.11; P.L.17-2001, SEC.27.

IC 35-48-4-13.3 Taking juvenile or endangered adult to location used for drug sale, manufacture, or possession

Sec. 13.3. A person who recklessly, knowingly, or intentionally takes a person less than eighteen (18) years of age or an endangered adult (as defined in IC 12-10-3-2) into a building, structure, vehicle, or other place that is being used by any person to:

(1) unlawfully possess drugs or controlled substances; or

(2) unlawfully:

(A) manufacture;

(B) keep;

(C) offer for sale;

(D) sell;

(E) deliver; or

(F) finance the delivery of;

drugs or controlled substances;

commits a Class A misdemeanor. However, the offense is a Class D felony if the person has a prior unrelated conviction under this section.

As added by P.L.225-2003, SEC.4.

IC 35-48-4-14 Offenses relating to registration labeling and prescription forms

Sec. 14. (a) A person who:

(1) is subject to IC 35-48-3 and who recklessly, knowingly, or intentionally distributes or dispenses a controlled substance in violation of IC 35-48-3;

(2) is a registrant and who recklessly, knowingly, or intentionally:

(A) manufactures; or

(B) finances the manufacture of;

a controlled substance not authorized by his registration or distributes or dispenses a controlled substance not authorized by his registration to another registrant or other authorized person;

(3) recklessly, knowingly, or intentionally fails to make, keep, or furnish a record, a notification, an order form, a statement, an invoice, or information required under this article; or

(4) recklessly, knowingly, or intentionally refuses entry into any premises for an inspection authorized by this article;

commits a Class D felony.

(b) A person who knowingly or intentionally:

(1) distributes as a registrant a controlled substance classified in schedule I or II, except under an order form as required by IC 35-48-3;

(2) uses in the course of the:

(A) manufacture of;

(B) the financing of the manufacture of; or

(C) distribution of;

a controlled substance a federal or state registration number that is fictitious, revoked, suspended, or issued to another person;

(3) furnishes false or fraudulent material information in, or omits any material information from, an application, report, or other document required to be kept or filed under this article; or

(4) makes, distributes, or possesses a punch, die, plate, stone, or other thing designed to print, imprint, or reproduce the trademark, trade name, or other identifying mark, imprint, or device of another or a likeness of any of the foregoing on a drug or container or labeling thereof so as to render the drug a counterfeit substance;

commits a Class D felony.

(c) A person who knowingly or intentionally acquires possession of a controlled substance by misrepresentation, fraud, forgery, deception, subterfuge, alteration of a prescription order, concealment of a material fact, or use of a false name or false address commits a Class D felony. However, the offense is a Class C felony if the person has a prior conviction of an offense under this subsection.

(d) A person who knowingly or intentionally affixes any false or forged label to a package or receptacle containing a controlled substance commits a Class D felony. However, the offense is a Class C felony if the person has a prior conviction of an offense under this subsection. This subsection does not apply to law enforcement agencies or their representatives while engaged in enforcing IC 16-42-19 or this chapter (or IC 16-6-8 before its repeal).

(e) A person who duplicates, reproduces, or prints any prescription pads or forms without the prior written consent of a practitioner commits a Class D felony. However, the offense is a Class C felony if the person has a prior conviction of an offense under this subsection. This subsection does not apply to the printing of prescription pads or forms upon a written, signed order placed by a practitioner or pharmacist, by legitimate printing companies.

As added by Acts 1976, P.L.148, SEC.7. Amended by Acts 1977, P.L.340, SEC.109; P.L.131-1986, SEC.3; P.L.165-1990, SEC.14; P.L.2-1993, SEC.193.

IC 35-48-4-14.5 Possession or sale of drug precursors

Sec. 14.5. (a) As used in this section, "chemical reagents or precursors" refers to one (1) or more of the following:

(1) Ephedrine.

(2) Pseudoephedrine.

(3) Phenylpropanolamine.

(4) The salts, isomers, and salts of isomers of a substance identified in subdivisions (1) through (3).

(5) Anhydrous ammonia or ammonia solution (as defined in IC 22-11-20-1).

(6) Organic solvents.

(7) Hydrochloric acid.

(8) Lithium metal.
(9) Sodium metal.
(10) Ether.
(11) Sulfuric acid.
(12) Red phosphorous.
(13) Iodine.
(14) Sodium hydroxide (lye).
(15) Potassium dichromate.
(16) Sodium dichromate.
(17) Potassium permanganate.
(18) Chromium trioxide.
(19) Benzyl cyanide.
(20) Phenylacetic acid and its esters or salts.
(21) Piperidine and its salts.
(22) Methylamine and its salts.
(23) Isosafrole.
(24) Safrole.
(25) Piperonal.
(26) Hydriodic acid.
(27) Benzaldehyde.
(28) Nitroethane.
(29) Gamma-butyrolactone.
(30) White phosphorus.
(31) Hypophosphorous acid and its salts.
(32) Acetic anhydride.
(33) Benzyl chloride.
(34) Ammonium nitrate.
(35) Ammonium sulfate.
(36) Hydrogen peroxide.
(37) Thionyl chloride.
(38) Ethyl acetate.
(39) Pseudoephedrine hydrochloride.

(b) A person who possesses more than ten (10) grams of ephedrine, pseudoephedrine, or phenylpropanolamine, pure or adulterated, commits a Class D felony. However, the offense is a Class C felony if the person possessed:

(1) a firearm while possessing more than ten (10) grams of ephedrine, pseudoephedrine, or phenylpropanolamine, pure or adulterated; or

(2) more than ten (10) grams of ephedrine, pseudoephedrine, or phenylpropanolamine, pure or adulterated, in, on, or within one thousand (1,000) feet of:

(A) school property;
(B) a public park;
(C) a family housing complex; or
(D) a youth program center.

(c) A person who possesses anhydrous ammonia or ammonia solution (as defined in IC 22-11-20-1) with the intent to manufacture methamphetamine, a schedule II controlled substance under IC 35-48-2-6, commits a Class D felony. However, the offense is a Class C felony if the person possessed:

(1) a firearm while possessing anhydrous ammonia or ammonia solution (as defined in IC 22-11-20-1) with intent to manufacture methamphetamine, a schedule II controlled substance under IC 35-48-2-6; or

(2) anhydrous ammonia or ammonia solution (as defined in IC 22-11-20-1) with intent to manufacture methamphetamine, a schedule II controlled substance under IC 35-48-2-6 in, on, or within one thousand (1,000) feet of:

(A) school property;
(B) a public park;
(C) a family housing complex; or
(D) a youth program center.

(d) Subsection (b) does not apply to a:

(1) licensed health care provider, pharmacist, retail distributor, wholesaler, manufacturer, warehouseman, or common carrier or an agent of any of these persons if the possession is in the regular course of lawful business activities; or

(2) person who possesses more than ten (10) grams of a substance described in subsection (b) if the substance is possessed under circumstances consistent with typical medicinal or household use, including:

(A) the location in which the substance is stored;
(B) the possession of the substance in a variety of:
(i) strengths;
(ii) brands; or

(iii) types; or
(C) the possession of the substance:
(i) with different expiration dates; or
(ii) in forms used for different purposes.
(e) A person who possesses two (2) or more chemical reagents or precursors with the intent to manufacture:
(1) Methcathinone, a schedule I controlled substance under IC 35-48-2-4;
(2) Methamphetamine, a schedule II controlled substance under IC 35-48-2-6;
(3) Amphetamine, a schedule II controlled substance under IC 35-48-2-6; or
(4) Phentermine, a schedule IV controlled substance under IC 35-48-2-10;
commits a Class D felony.
(f) An offense under subsection (e) is a Class C felony if the person possessed:
(1) a firearm while possessing two (2) or more chemical reagents or precursors with intent to manufacture methamphetamine, a schedule II controlled substance under IC 35-48-2-6; or
(2) two (2) or more chemical reagents or precursors with intent to manufacture methamphetamine, a schedule II controlled substance under IC 35-48-2-6 in, on, or within one thousand (1,000) feet of:
(A) school property;
(B) a public park;
(C) a family housing complex; or
(D) a youth program center.
(g) A person who sells, transfers, distributes, or furnishes a chemical reagent or precursor to another person with knowledge or the intent that the recipient will use the chemical reagent or precursors to manufacture methamphetamine, methcathinone, amphetamine, or phentermine commits unlawful sale of a precursor, a Class D felony.
As added by P.L.150-1999, SEC.2. Amended by P.L.17-2001, SEC.28. Amended by P.L. 192-2005, SEC.8; P.L.151-2006, SEC.26.

IC 35-48-4-14.7 Sale and storage of drugs containing ephedrine or pseudoephedrine; application; convenience packages; age requirements; identification; record keeping; suspicious orders and unusual thefts

Sec. 14.7. (a) This section does not apply to the following:
(1) Ephedrine or pseudoephedrine dispensed pursuant to a prescription.
(2) The sale of a drug containing ephedrine or pseudoephedrine to a licensed health care provider, pharmacist, retail distributor, wholesaler, manufacturer, or an agent of any of these persons if the sale occurs in the regular course of lawful business activities. However, a retail distributor, wholesaler, or manufacturer is required to report a suspicious order to the state police department in accordance with subsection (f).
(3) The sale of a drug containing ephedrine or pseudoephedrine by a person who does not sell exclusively to walk-in customers for the personal use of the walk-in customers. However, if the person described in this subdivision is a retail distributor, wholesaler, or manufacturer, the person is required to report a suspicious order to the state police department in accordance with subsection (f).
(b) The following definitions apply throughout this section:
(1) "Constant video monitoring" means the surveillance by an automated camera that:
(A) records at least one (1) photograph or digital image every ten (10) seconds;
(B) retains a photograph or digital image for at least seventy-two (72) hours;
(C) has sufficient resolution and magnification to permit the identification of a person in the area under surveillance; and
(D) stores a recorded photograph or digital image at a location that is immediately accessible to a law enforcement officer.
(2) "Convenience package" means a package that contains a drug having as an active ingredient not more than one hundred twenty (120) milligrams of ephedrine or pseudoephedrine, or both.
(3) "Ephedrine" means pure or adulterated ephedrine.
(4) "Pseudoephedrine" means pure or adulterated pseudoephedrine.
(5) "Suspicious order" means a sale or transfer of a drug containing ephedrine or pseudoephedrine if the sale or transfer:
(A) is a sale or transfer that the retail distributor, wholesaler, or manufacturer is required to report to the United States Drug Enforcement Administration;
(B) appears suspicious to the retail distributor, wholesaler, or manufacturer in light of the recommendations contained in Appendix A of the report to the United States attorney general by the suspicious orders task force under the federal Comprehensive Methamphetamine Control Act of 1996; or
(C) is for cash or a money order in a total amount of at least two hundred dollars ($200).
(6) "Unusual theft" means the theft or unexplained disappearance from a particular retail store of drugs containing ten (10) grams or more of ephedrine, pseudoephedrine, or both in a twenty-four (24) hour period.
(c) This subsection does not apply to a convenience package. A person may sell a drug that contains the active ingredient of ephedrine, pseudoephedrine, or both only if the person complies with the following conditions:
(1) The person does not sell the drug to a person less than eighteen (18) years of age.
(2) The person does not sell drugs containing more than three and six-tenths (3.6) grams of ephedrine or pseudoephedrine, or both, to one (1) individual on one (1) day, or nine (9) grams of ephedrine or pseudoephedrine, or both, to one (1) individual in a thirty (30) day period.
(3) The person requires:
(A) the purchaser to produce a state or federal identification card;
(B) the purchaser to complete a paper or an electronic log in a format approved by the state police department with the purchaser's name, address,

and driver's license or other identification number; and

(C) the clerk who is conducting the transaction to initial or electronically record the clerk's identification on the log.

Records from the completion of a log must be retained for at least two (2) years, and may be inspected by a law enforcement officer in accordance with state and federal law. A retailer who in good faith releases information maintained under this subsection is immune from civil liability unless the release constitutes gross negligence or intentional, wanton, or willful misconduct.

(4) The person stores the drug:

(A) behind a counter in an area inaccessible to a customer or in a locked display case that makes the drug unavailable to a customer without the assistance of an employee; or

(B) directly in front of the pharmacy counter in the direct line of sight of an employee at the pharmacy counter, in an area under constant video monitoring, if the drug is sold in a retail establishment that:

(i) is a pharmacy; or

(ii) contains a pharmacy that is open for business.

(5) The person posts a sign warning that:

(A) it is a criminal offense for a person to purchase drugs containing more than nine (9) grams of ephedrine or pseudoephedrine, or both, in a thirty (30) day period;

(B) it is a criminal offense for a person to purchase drugs containing more than three and six-tenths (3.6) grams of ephedrine or pseudoephedrine, or both, on one (1) day; and

(C) depending on the amount of ephedrine or pseudoephedrine contained in the drug, purchasing more than one (1) package of drugs containing ephedrine or pseudoephedrine on one (1) day may be a crime.

The warning sign must list maximum amounts of ephedrine or pseudoephedrine that may be purchased in both grams and milligrams.

(d) A person may not purchase drugs containing more than three and six-tenths (3.6) grams of ephedrine or pseudoephedrine, or both, on one (1) day, or more than nine (9) grams of ephedrine or pseudoephedrine, or both, in a thirty (30) day period.

(e) This subsection only applies to convenience packages. A person may not sell drugs containing more than one hundred twenty (120) milligrams of ephedrine or pseudoephedrine, or both in any one (1) transaction if the drugs are sold in convenience packages. A person who sells convenience packages must secure the convenience packages in at least one (1) of the following ways:

(1) The convenience package must be stored not more than thirty (30) feet away from a checkout station or counter and must be in the direct line of sight of an employee at the checkout station or counter.

(2) The convenience package must be protected by a reliable anti-theft device that uses package tags and detection alarms designed to prevent theft.

(3) The convenience package must be stored in restricted access shelving that permits a purchaser to remove not more than one (1) package every fifteen (15) seconds.

(4) The convenience package must be stored in an area that is under constant video monitoring, and a sign placed near the convenience package must warn that the area is under constant video monitoring.

(f) A retail distributor, wholesaler, or manufacturer shall report a suspicious order to the state police department in writing.

(g) Not later than three (3) days after the discovery of an unusual theft at a particular retail store, the retailer shall report the unusual theft to the state police department in writing. If three (3) unusual thefts occur in a thirty (30) day period at a particular retail store, the retailer shall, for at least one hundred eighty (180) days after the date of the last unusual theft, locate all drugs containing ephedrine or pseudoephedrine at that particular retail store behind a counter in an area inaccessible to a customer or in a locked display case that makes the drug unavailable to customers without the assistance of an employee.

(h) A unit (as defined in IC 36-1-2-23) may not adopt an ordinance after February 1, 2005, that is more stringent than this section.

(i) A person who knowingly or intentionally violates this section commits a Class C misdemeanor. However, the offense is a Class A misdemeanor if the person has a prior unrelated conviction under this section.

(j) Before June 30, 2007, the state police department shall submit a report to the legislative council detailing the effectiveness of this section in reducing the illicit production of methamphetamine. The report must describe the number of arrests or convictions that are attributable to the identification and logging requirements contained in this section, and must include recommendations for future action. The report must be in an electronic format under IC 5-14-6.

Amended by P.L. 192-2005, SEC.92; Amended by P.L.151-2006, SEC.27; P.L.186-2007, SEC.9; P.L.97-2010, SEC.1.

IC 35-48-4-15 Driver's license and motor vehicle registration; suspension

Sec. 15. (a) If a person is convicted of an offense under section 1, 2, 3, 4, 5, 6, 7, 10, or 11 of this chapter, or conspiracy to commit an offense under section 1, 2, 3, 4, 5, 6, 7, 10, or 11 of this chapter, the court shall, in addition to any other order the court enters, order that the person's:

(1) operator's license be suspended;

(2) existing motor vehicle registrations be suspended; and

(3) ability to register motor vehicles be suspended;

by the bureau of motor vehicles for a period specified by the court of at least six (6) months but not more than two (2) years.

(b) If a person is convicted of an offense described in subsection (a) and the person does not hold an operator's license or a learner's permit, the court shall order that the person may not receive an operator's license or a learner's permit from the bureau of motor vehicles for a period of not less than six (6) months.

As added by P.L.67-1990, SEC.13. Amended by P.L.107-1991, SEC.3; P.L.129-1993, SEC.2; P.L.64-1994, SEC.6; P.L.76-2004, SEC.23.

IC 35-48-4-16 Defenses to charge of selling narcotics near school or family housing

Sec. 16. (a) For an offense under this chapter that requires proof of:
(1) delivery of cocaine, a narcotic drug, methamphetamine, or a controlled substance;
(2) financing the delivery of cocaine, a narcotic drug, methamphetamine, or a controlled substance; or
(3) possession of cocaine, narcotic drug, methamphetamine, or controlled substance;
within one thousand (1,000) feet of school property, a public park, a family housing complex, or a youth program center, the person charged may assert the defense in subsection (b) or (c).
(b) It is a defense for a person charged under this chapter with an offense that contains an element listed in subsection (a) that:
(1) a person was briefly in, on, or within one thousand (1,000) feet of school property, a public park, a family housing complex, or a youth program center; and
(2) no person under eighteen (18) years of age at least three (3) years junior to the person was in, on, or within one thousand (1,000) feet of the school property, public park, family housing complex, or youth program center at the time of the offense.
(c) It is a defense for a person charged under this chapter with an offense that contains an element listed in subsection (a) that a person was in, on, or within one thousand (1,000) feet of school property, a public park, a family housing complex, or a youth program center at the request or suggestion of a law enforcement officer or an agent of a law enforcement officer.
(d) The defense under this section applies only to the element of the offense that requires proof that the delivery, financing of the delivery, or possession of cocaine, a narcotic drug, methamphetamine, or a controlled substance occurred in, on, or within one thousand (1,000) feet of school property, a public park, a family housing complex, or a youth program center.
As added by P.L.17-2001, SEC.29.

IC 35-48-4-17 Restitution for environmental cleanup

Sec. 17. (a) In addition to any other penalty imposed for conviction of an offense under this chapter involving the manufacture or intent to manufacture methamphetamine, a court shall order restitution under IC 35-50-5-3 to cover the costs, if necessary, of an environmental cleanup incurred by a law enforcement agency or other person as a result of the offense.
(b) The amount collected under subsection (a) shall be used to reimburse the law enforcement agency that assumed the costs associated with the environmental cleanup described in subsection (a).
As added by P.L.225-2003, SEC.6.

IC 35-48-5 Repealed

(*Repealed by P.L.202-1989, SEC.6.)*

IC 35-48-6 Repealed

(*Repealed by P.L.2-1995, SEC.140.)*

IC 35-48-7
Chapter 7. Central Repository for Controlled Substances Data

IC 35-48-7-1 Repealed

(*Repealed by P.L.84-2010, SEC.102.)*

IC 35-48-7-2 Repealed

(*Repealed by P.L.65-2006, SEC.18.)*

IC 35-48-7-2.9 “Dispense” defined

Sec. 2.9. (a) As used in this chapter, "dispense" has the meaning set forth in IC 35-48-1-12.
(b) The term does not apply to the following:
(1) A drug administered directly to a patient.
(2) A drug dispensed by a practitioner, if the quantity dispensed is not more than a seventy-two (72) hour supply of a controlled substance listed in schedule II, III, IV, or V as set forth in IC 35-48-3-9.
As added by P.L.105-2008, SEC.65.

IC 35-48-7-3 Repealed

(*Repealed by P.L.105-2008, SEC.66.)*

IC 35-48-7-4 "Exception report" defined

Sec. 4. As used in this chapter, "exception report" means a record of data concerning:
(1) a practitioner practicing a particular specialty or field of health care;
(2) a dispenser doing business in a particular location; or
(3) a recipient;
that indicates dispensing or receiving of controlled substances outside norms for dispensing or receiving controlled substances established by the advisory committee under this chapter.
As added by P.L.163-1994, SEC.5.

IC 35-48-7-5 "Identification number" defined

Sec. 5. As used in this chapter, "identification number" refers to the following:
(1) The unique number contained on any of the following:
(A) A valid driver's license of a recipient or a recipient's representative issued under Indiana law or the law of any other state.
(B) A recipient's or a recipient representative's valid military identification card.
(C) A valid identification card of a recipient or a recipient's representative issued by:
(i) the bureau of motor vehicles ~~and~~ as described in IC 9-24-16-3; or
(ii) any other state and that is similar to the identification card issued by the bureau of motor vehicles.
(D) If the recipient is an animal:
(i) the valid driver's license issued under Indiana law or the law of any other state;
(ii) the valid military identification card; or
(iii) the valid identification card issued by the bureau of motor vehicles and described in IC 9-24-16-3 or a valid identification card of similar description that is issued by any other state;
of the animal's owner.
(2) The identification number or phrase designated by the central repository.
As added by P.L.163-1994, SEC.5. Amended by P.L. 204-2005, SEC.22.

IC 35-48-7-5.2 "INSPECT" defined

Sec. 5.2. As used in this chapter, "INSPECT" means the Indiana scheduled prescription electronic collection and tracking program established by IC 25-1-13-4.
As added by P.L.65-2006, SEC.3.

IC 35-48-7-5.4 "Interoperability" defined

Sec. 5.4. As used in this chapter, "interoperability" refers to the INSPECT program electronically sharing reported information with another state concerning the dispensing of a controlled substance:
(1) to a recipient who resides in the other state; or
(2) prescribed by a practitioner whose principal place of business is located in another state.
As added by P.L.65-2006, SEC.4.

IC 35-48-7-5.6 "Patient" defined

Sec. 5.6. As used in this chapter, "patient" means an individual who has requested or received health care services from a provider for the examination, treatment, diagnosis, or prevention of a physical or mental condition.
As added by P.L.65-2006, SEC.5.

IC 35-48-7-5.8 "Practitioner" defined

Sec. 5.8. As used in this chapter, "practitioner" means a physician, dentist, veterinarian, podiatrist, nurse practitioner, scientific investigator, pharmacist, hospital, or other institution or individual licensed, registered, or otherwise permitted to distribute, dispense, conduct research with respect to, or administer a controlled substance in the course of professional practice or research in the United States.
As added by P.L.65-2006, SEC.6.

IC 35-48-7-6 "Recipient" defined

Sec. 6. As used in this chapter, "recipient" means an individual for whom a controlled substance is dispensed.
As added by P.L.163-1994, SEC.5.

IC 35-48-7-7 “Recipient representative” defined

Sec. 7. As used in this chapter, "recipient representative" means the individual to whom a controlled substance is dispensed if the recipient is either less than eighteen (18) years of age or unavailable to receive the controlled substance.
As added by P.L.163-1994, SEC.5.

IC 35-48-7-7.5 “State”defined

Sec. 7.5. As used in this chapter, "state" means any state of the United States or the District of Columbia.
As added by P.L.65-2006, SEC.7.

IC 35-48-7-8 Repealed

(*Repealed by P.L.3-2008, SEC.269.)*

IC 35-48-7-8.1 Version a. Controlled substance prescription monitoring program; information; prescription forms

Note: This version of section amended by P.L.84-2010, SEC.97. See also following version of this section amended by P.L.94-2010, SEC.13.
Sec. 8.1. (a) The board shall provide for a controlled substance prescription monitoring program that includes the following components:
(1) Each time a controlled substance designated by the board under IC 35-48-2-5 through IC 35-48-2-10 is dispensed, the dispenser shall transmit to the INSPECT program the following information:
(A) The controlled substance recipient's name.
(B) The controlled substance recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.
(C) The controlled substance recipient's date of birth.
(D) The national drug code number of the controlled substance dispensed.
(E) The date the controlled substance is dispensed.
(F) The quantity of the controlled substance dispensed.
(G) The number of days of supply dispensed.
(H) The dispenser's United States Drug Enforcement Agency registration number.
(I) The prescriber's United States Drug Enforcement Agency registration number.
(J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.
(K) Other data required by the board.
(2) The information required to be transmitted under this section must be transmitted not more than seven (7) days after the date on which a controlled substance is dispensed.
(3) A dispenser shall transmit the information required under this section by:
(A) uploading to the INSPECT web site;
(B) a computer diskette; or
(C) a CD-ROM disk;
that meets specifications prescribed by the board.
(4) The board may require that prescriptions for controlled substances be written on a one (1) part form that cannot be duplicated. However, the board may not apply such a requirement to prescriptions filled at a pharmacy with a Type II permit (as described in IC 25-26-13-17) and operated by a hospital licensed under IC 16-21, or prescriptions ordered for and dispensed to bona fide enrolled patients in facilities licensed under IC 16-28. The board may not require multiple copy prescription forms for any prescriptions written. The board may not require different prescription forms for any individual drug or group of drugs. Prescription forms required under this subdivision must be approved by the Indiana board of pharmacy established by IC 25-26-13-3.
(5) The costs of the program.
(b) This subsection applies only to a retail pharmacy. A pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance may not dispense a controlled substance to a person who is not personally known to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance unless the person taking possession of the controlled substance provides documented proof of the person's identification to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance.
As added by P.L.65-2006, SEC.9. Amended by P.L.182-2009(ss), SEC.399; P.L.84-2010, SEC.97.

IC 35-48-7-8.1 Version b. Controlled substance prescription monitoring program; information; prescription forms; identification

Note: This version of section amended by P.L.94-2010, SEC.13. See also preceding version of this section amended by P.L.84-2010, SEC.97.
Sec. 8.1. (a) The advisory committee shall provide for a controlled substance prescription monitoring program that includes the following components:
(1) Each time a controlled substance designated by the advisory committee under IC 35-48-2-5 through IC 35-48-2-10 is dispensed, the dispenser shall transmit to the INSPECT program the following information:
(A) The controlled substance recipient's name.
(B) The controlled substance recipient's or the recipient representative's identification number or the identification number or phrase designated by the INSPECT program.

(C) The controlled substance recipient's date of birth.
(D) The national drug code number of the controlled substance dispensed.
(E) The date the controlled substance is dispensed.
(F) The quantity of the controlled substance dispensed.
(G) The number of days of supply dispensed.
(H) The dispenser's United States Drug Enforcement Agency registration number.
(I) The prescriber's United States Drug Enforcement Agency registration number.
(J) An indication as to whether the prescription was transmitted to the pharmacist orally or in writing.
(K) Other data required by the advisory committee.

(2) The information required to be transmitted under this section must be transmitted not more than seven (7) days after the date on which a controlled substance is dispensed.

(3) A dispenser shall transmit the information required under this section by:
(A) uploading to the INSPECT web site;
(B) a computer diskette; or
(C) a CD-ROM disk;
that meets specifications prescribed by the advisory committee.

(4) The advisory committee may require that prescriptions for controlled substances be written on a one (1) part form that cannot be duplicated. However, the advisory committee may not apply such a requirement to prescriptions filled at a pharmacy with a Type II permit (as described in IC 25-26-13-17) and operated by a hospital licensed under IC 16-21, or prescriptions ordered for and dispensed to bona fide enrolled patients in facilities licensed under IC 16-28. The committee may not require multiple copy prescription forms for any prescriptions written. The advisory committee may not require different prescription forms for any individual drug or group of drugs. Prescription forms required under this subdivision must be jointly approved by the committee and by the Indiana board of pharmacy established by IC 25-26-13-3.

(5) The costs of the program.

(b) This subsection applies only to a retail pharmacy. A pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance may not dispense a controlled substance to a person who is not personally known to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance unless the person taking possession of the controlled substance provides documented proof of the person's identification to the pharmacist, pharmacy technician, or person authorized by a pharmacist to dispense a controlled substance.
As added by P.L.65-2006, SEC.9. Amended by P.L.182-2009(ss), SEC.399; P.L.94-2010, SEC.13.

IC 35-48-7-9 Repealed

(*Repealed by P.L.65-2006, SEC.18.)*

IC 35-48-7-10 Repealed

(*Repealed by P.L.3-2008, SEC.269.)*

IC 35-48-7-10.1 INSPECT program; designation; powers and duties; funding

Sec. 10.1. (a) The INSPECT program must do the following:

(1) Create a data base for information required to be transmitted under section 8.1 of this chapter in the form required under rules adopted by the board, including search capability for the following:
(A) A controlled substance recipient's name.
(B) A controlled substance recipient's or recipient representative's identification number.
(C) A controlled substance recipient's date of birth.
(D) The national drug code number of a controlled substance dispensed.
(E) The dates a controlled substance is dispensed.
(F) The quantities of a controlled substance dispensed.
(G) The number of days of supply dispensed.
(H) A dispenser's United States Drug Enforcement Agency registration number.
(I) A prescriber's United States Drug Enforcement Agency registration number.
(J) Whether a prescription was transmitted to the pharmacist orally or in writing.
(K) A controlled substance recipient's method of payment for the controlled substance dispensed.

(2) Provide the board with continuing twenty-four (24) hour a day online access to the data base.

(3) Secure the information collected and the data base maintained against access by unauthorized persons.

(b) The board may execute a contract with a vendor designated by the board to perform any function associated with the administration of the INSPECT program.

(c) The INSPECT program may gather prescription data from the Medicaid retrospective drug utilization review (DUR) program established under IC 12-15-35.

(d) The board may accept and designate grants, public and private financial assistance, and licensure fees to provide funding for the INSPECT program.
As added by P.L.65-2006, SEC.11. Amended by P.L.84-2010, SEC.98.

IC 35-48-7-11 Repealed

(*Repealed by P.L.3-2008, SEC.269.)*

IC 35-48-7-11.1 Confidentiality

Sec. 11.1. (a) Information received by the INSPECT program under section 8.1 of this chapter is confidential.

(b) The board shall carry out a program to protect the confidentiality of the information described in subsection (a). The board may disclose the information to another person only under subsection (d), (e), or (h).

(c) The board may disclose confidential information described in subsection (a) to any person who is authorized to engage in receiving, processing, or storing the information.

(d) Except as provided in subsections (e) and (f), the board may release confidential information described in subsection (a) to the following persons:

(1) A member of the board or another governing body that licenses practitioners and is engaged in an investigation, an adjudication, or a prosecution of a violation under any state or federal law that involves a controlled substance.

(2) An investigator for the consumer protection division of the office of the attorney general, a prosecuting attorney, the attorney general, a deputy attorney general, or an investigator from the office of the attorney general, who is engaged in:

(A) an investigation;

(B) an adjudication; or

(C) a prosecution;

of a violation under any state or federal law that involves a controlled substance.

(3) A law enforcement officer who is an employee of:

(A) a local, state, or federal law enforcement agency; or

(B) an entity that regulates controlled substances or enforces controlled substances rules or laws in another state;

that is certified to receive information from the INSPECT program.

(4) A practitioner or practitioner's agent certified to receive information from the INSPECT program.

(5) A controlled substance monitoring program in another state with which Indiana has established an interoperability agreement.

(6) The state toxicologist.

(7) A certified representative of the Medicaid retrospective and prospective drug utilization review program.

(8) A substance abuse assistance program for a licensed health care provider who:

(A) has prescriptive authority under IC 25; and

(B) is participating in the assistance program.

(e) Information provided to an individual under:

(1) subsection (d)(3) is limited to information:

(A) concerning an individual or proceeding involving the unlawful diversion or misuse of a schedule II, III, IV, or V controlled substance; and

(B) that will assist in an investigation or proceeding; and

(2) subsection (d)(4) may be released only for the purpose of:

(A) providing medical or pharmaceutical treatment; or

(B) evaluating the need for providing medical or pharmaceutical treatment to a patient.

(f) Before the board releases confidential information under subsection (d), the applicant must be approved by the INSPECT program in a manner prescribed by the board.

(g) The board may release to:

(1) a member of the board or another governing body that licenses practitioners;

(2) an investigator for the consumer protection division of the office of the attorney general, a prosecuting attorney, the attorney general, a deputy attorney general, or an investigator from the office of the attorney general; or

(3) a law enforcement officer who is:

(A) authorized by the state police department to receive the type of information released; and

(B) approved by the board to receive the type of information released;

confidential information generated from computer records that identifies practitioners who are prescribing or dispensing large quantities of a controlled substance.

(h) The information described in subsection (g) may not be released until it has been reviewed by:

(1) a member of the board who is licensed in the same profession as the prescribing or dispensing practitioner identified by the data; or

(2) the board’s designee;

and until that member or the designee has certified that further investigation is warranted. However, failure to comply with this subsection does not invalidate the use of any evidence that is otherwise admissible in a proceeding described in subsection (i).

(i) An investigator or a law enforcement officer receiving confidential information under subsection (c), (d), or (g) may disclose the information to a law enforcement officer or an attorney for the office of the attorney general for use as evidence in the following:

(1) A proceeding under IC 16-42-20.

(2) A proceeding under any state or federal law that involves a controlled substance.

(3) A criminal proceeding or a proceeding in juvenile court that involves a controlled substance.

(j) The board may compile statistical reports from the information described in subsection (a). The reports must not include information that identifies any

practitioner, ultimate user, or other person administering a controlled substance. Statistical reports compiled under this subsection are public records.

(k) This section may not be construed to require a practitioner to obtain information about a patient from the data base.

(l) A practitioner is immune from civil liability for an injury, death, or loss to a person solely due to a practitioner seeking or not seeking information from the INSPECT program. The civil immunity described in this subsection does not extend to a practitioner if the practitioner receives information directly from the INSPECT program and then negligently misuses this information. This subsection does not apply to an act or omission that is a result of gross negligence or intentional misconduct.

(m) The board may review the records of the INSPECT program. If the board determines that a violation of the law may have occurred, the board shall notify the appropriate law enforcement agency or the relevant government body responsible for the licensure, regulation, or discipline of practitioners authorized by law to prescribe controlled substances.

(n) A practitioner who in good faith discloses information based on a report from the INSPECT program to a law enforcement agency is immune from criminal or civil liability. A practitioner that discloses information to a law enforcement agency under this subsection is presumed to have acted in good faith.

As added by P.L.65-2006, SEC.13. Amended by P.L.84-2010, SEC.99.

IC 35-48-7-11.5 Dissemination of exception reports

Sec. 11.5. (a) Each board of a health care provider that prescribes or dispenses prescription drugs shall do the following:

(1) Establish prescribing norms and dispensing guidelines for the unsolicited dissemination of exception reports under section 11.1(d) of this chapter.

(2) Provide the information determined in subdivision (1) to the board.

(b) The exception reports that are disseminated based on the prescribing norms and dispensing guidelines established under subsection (a) must comply with the following requirements:

(1) A report of prescriptive activity of a practitioner to the practitioner's professional licensing board designee when the practitioner deviates from the dispensing guidelines or the prescribing norms for the prescribing of a controlled substance within a particular drug class.

(2) A reporting of recipient activity to the practitioners who prescribed or dispensed the controlled substance when the recipient deviates from the dispensing guidelines of a controlled substance within a particular drug class.

(c) The board designee may, at the designee's discretion, forward the exception report under subsection (b)(2) to only the following for purposes of an investigation:

(1) A law enforcement agency.

(2) The attorney general.

As added by P.L.84-2010, SEC.100.

IC 35-48-7-12 Repealed

(*Repealed by P.L.3-2008, SEC.269.)*

IC 35-48-7-12.1 Rules to implement chapter

Sec. 12.1. (a) The board shall adopt rules under IC 4-22-2 to implement this chapter, including the following:

(1) Information collection and retrieval procedures for the INSPECT program, including the controlled substances to be included in the program required under section 8.1 of this chapter.

(2) Design for the creation of the data base required under section 10.1 of this chapter.

(3) Requirements for the development and installation of online electronic access by the board to information collected by the INSPECT program.

(4) Identification of emergency situations or other circumstances in which a practitioner may prescribe, dispense, and administer a prescription drug specified in section 8.1 of this chapter without a written prescription or on a form other than a form specified in section 8.1(4) of this chapter.

(b) The board may:

(1) Set standards for education courses for individuals authorized to use the INSPECT program;

(2) Identify treatment programs for individuals addicted to controlled substances monitored by the INSPECT program; and

(3) Work with impaired practitioner associations to provide intervention and treatment.

As added by P.L.65-2006, SEC.15. Amended by P.L.84-2010, SEC.101.

IC 35-48-7-13 Repealed

(*Repealed by P.L.3-2008, SEC.269.)*

IC 35-48-7-13.1 Controlled substances data fund; establishment

Sec. 13.1. (a) This section applies after June 30, 2007.

(b) The controlled substances data fund is established to fund the operation of the INSPECT program. The fund shall be administered by the Indiana professional licensing agency.

(c) Expenses of administering the fund shall be paid from money in the fund. The fund consists of grants, public and private financial assistance, and sixteen percent (16%) of the controlled substances registration fees imposed under rules adopted under IC 35-48-3-1.

(d) The treasurer of state shall invest the money in the fund not currently needed to meet the obligations of the fund in the same manner as other public

money may be invested.
(e) Money in the fund at the end of a state fiscal year does not revert to the state general fund.
As added by P.L.65-2006, SEC.17.

IC 35-48-7-14 Violations of chapter; misdemeanor offense

Sec. 14. A person who knowingly or intentionally violates this chapter commits a Class A misdemeanor.
As added by P.L.163-1994, SEC.5.

IC 35-48-7-15 Repealed

(*Repealed by P.L.214-2001, SEC.1.)*

Noncode Acts:

2010-84-104

SECTION 104. (a) Any license issued by the controlled substances advisory committee before its abolishment and effective on June 30, 2010, and before July 1, 2010, shall be treated after June 30, 2010, as if the license had been issued by the Indiana board of pharmacy (IC 25-26).
(b) On July 1, 2010, the powers, duties, orders, liabilities, property, and records of the controlled substances advisory committee, before its abolishment, concerning the investigation, licensing, and disciplining of a person licensed or an applicant applying for a license under IC 35-48, as amended by this act, are transferred to the Indiana board of pharmacy (IC 25-26).
(c) This SECTION expires July 1, 2015.

2010-97-2

SECTION 2. (a) As used in this section, "PSE tracking system" means a statewide electronic system to track the sale and attempted sale of ephedrine and pseudoephedrine.
(b) During the 2010 legislative interim the legislative council shall assign a committee to study the following:
(1) The effects of methamphetamines on the state, local governments, and individuals.
(2) The costs of enforcement and clean up related to methamphetamines.
(3) The implementation and effectiveness of a PSE tracking system.
(4) Whether or not ephedrine and pseudoephedrine should be classified as controlled substances.
(c) During the 2010 legislative interim the legislative council shall assign a committee to study whether pharmacists should be required to inform a prescribing physician or physician's office of a change in the brand name manufacturer of a prescribed medicine to treat certain long term health conditions.
(d) This SECTION expires January 1, 2011

IC 25-1-13

Chapter 13. Indiana Scheduled Prescription Electronic Collection and Tracking Program

IC 25-1-13-1 Effective date

Sec. 1. This chapter applies after June 30, 2007.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-2 "Agency"

Sec. 2. As used in this chapter, "agency" refers to the Indiana professional licensing agency established by IC 25-1-5-3.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-3 "INSPECT"

Sec. 3. As used in this chapter, "INSPECT" refers to the Indiana scheduled prescription electronic collection and tracking program established by section 4 of this chapter.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-4 Establishment of the Indiana scheduled prescription electronic collection and tracking program

Sec. 4. The Indiana scheduled prescription electronic collection and tracking program is established within the agency.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-5 Agency functions, duties, and responsibilities

Sec. 5. The agency shall perform all administrative functions, duties, and responsibilities for the INSPECT program.
As added by P.L.65-2006, SEC.1.

IC 25-1-13-6 INSPECT program duties

Sec. 6. The INSPECT program shall collect and process information received under IC 35-48-7-8.1 and has duties described in IC 35-48-7-10.1 and IC 35-48-7-11.1.
As added by P.L.65-2006, SEC.1.

ARTICLE 2. CONTROLLED SUBSTANCES

Rule 1. Definitions

856 IAC 2-1-1 Definitions

Authority: IC 35-48-3-1
Affected: IC 4-21.5; IC 35-48-2-1

Sec. 1. Definitions. As used herein, the following terms shall have the meanings specified:

(a) The term "Act" means the Indiana Uniform Controlled Substances Act of 1973. IC 1971, 35-24.1 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended.

(b) The term "basic class" means, as to controlled substances listed in Schedules I and II *[856 IAC 2-2-2 and 856 IAC 2-2-3]*:

(1) Each of the opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, listed in Section 2.11(b) *[856 IAC 2-2-2(b)]* of this chapter;

(2) Each of the opium derivatives, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, listed in Section 2.11(c) *[856 IAC 2-2-2(c)]* of this part;

(3) Each of the hallucinogenic substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, listed in Section 2.11(d) *[856 IAC 2-2-2(d)]* of this part;

(4) Each of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(i) Opium, including raw opium, opium extracts, opium fluid extracts, powdered opium, granulated opium, deodorized opium and tincture of opium;
(ii) Apomorphine;
(iii) Codeine;
(iv) Ethylmorphine;
(v) Hydrocodone;
(vi) Hydromorphone;
(vii) Metopon;
(viii) Morphine;
(ix) Oxycodone;
(x) Oxymorphone;
(xi) Thebaine;
(xii) Mixed alkaloids of opium listed in Section 2.12(b)(2) *[856 IAC 2-2-3(b)(2)]* of this part;
(xiii) Cocaine; and
(xiv) Ecgonine;

(5) Each of the opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation, listed in Section 2.12(c) *[856 IAC 2-2-3(c)]* as amended, of this part;

(6) Methamphetamine, including salts, isomers, and salts of isomers.

(7) Amphetamine, its salts, optical isomers and salts of its optical isomers;

(8) Phenmetrazine and its salts; and

(9) Methylphenidate.

(c) The term "Administration" means the Drug Enforcement Administration, formerly the Bureau of Narcotics and Dangerous Drugs.

(d) The term "agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor, or dispenser. It does not include a common or contract carrier, public warehouseman, or employee of the carrier or warehouseman.

(e) The term "controlled premises" means—

(1) Places where original or other records or documents required under the Act *[IC 35-48]* are kept or required to be kept, and

(2) Places including factories, warehouses, or other establishments, conveyances, where persons registered under the Act *[IC 35-48]* or exempted from registration under the Act *[IC 35-48]* may lawfully hold, manufacture, or distribute, dispense, administer, or otherwise dispose of controlled substances.

(f) The term "Administrator" means the Director of the Federal Drug Enforcement Administration who has been delegated authority under the Controlled Substances Act of 1970 (84 Stat. 1242; 21 U.S.C. 801) by the Attorney General of the United States (28 C.F.R. 0.100), as amended.

(g) The term "hearing" means any hearing held pursuant to the provisions of IC 1971, 4-22-1 through 4-22-1-30 *[Repealed by P.L.18-1986, SECTION 2. See IC 4-21.5.]* as amended and 4-22-2, for the purpose of granting, denying, or revoking, or suspending a registrant or application for registrant or a hearing amending these rules pursuant to IC 1971, 35-24.1 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended.

(h) The term "individual practitioner" means a physician, dentist, veterinarian, or other individual licensed, registered or otherwise permitted by the State of Indiana or the United States, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.

(i) The term "institutional practitioner" means a hospital or other person (other than an individual) licensed, registered, or otherwise permitted by the state of Indiana or the United States, to dispense a controlled substance in the course of practice, but does not include a pharmacy.

(j) The term "person" includes any individual, corporation, government or governmental subdivision or agency, business, trust partnership, association or other legal entity.

(k) The term “pharmacist” means any practitioner licensed as a pharmacist by the State of Indiana to dispense controlled substances and shall include pharmacist interns licensed by the State of Indiana, to dispense controlled substances under the supervision of a pharmacist licensed by the State of Indiana.

(l) The term “prescription” means an order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user. (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription).

(m) The terms “register” and “registration” refers only to registration required and permitted by IC 1971, 35-24.1-3-2 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended.

(n) The term “registrant” means any person who is registered or exempted from registration pursuant to IC 1971, 35-24.1-3-2 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended.

(o) Any term not defined in this section shall have the definition set forth in IC 1971, 35-24.1-1-1 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended.

(Indiana Board of Pharmacy; Reg 28,Ch I,Sec 1.01; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-1-2 Controlled substances advisory committee; function; hearings

Authority: IC 35-48-3-1
Affected: IC 4-21.5; IC 35-48-2-1

Sec. 2. Function. The Controlled Substances Advisory Committee shall serve as a consultative and advisory body to the Board in all matters relative to additions, deletions and transfers of substances to or among schedules of control established by IC 1971, 35-24.1 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended.

In addition, the advisory committee may, as representatives of the Board, conduct hearings regarding control of substances, and it shall, as representatives of the Board, conduct hearings and make recommended findings in matters affecting the denial, suspension, or revocation of registrations. All adjudicatory hearings shall be conducted in a manner consistent with the provision of IC 1971, 35-24.1-3-4 through IC 1971, 35-24.1-3-5 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48]*, and IC 1971, 4-22-1 *[Repealed by P.L.18-1986, SECTION 2. See IC 4-21.5.]*as amended. *(Indiana Board of Pharmacy; Reg 28,Ch I,Sec 1.11; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-1-3 Meetings; organization

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 3. Meetings and Organization. The controlled substances advisory committee shall meet not later than sixty (60) days after the appointment of their entire membership and thereafter shall meet upon the request of the Board. The committees shall select, from among their members, a chairman, vice-chairman, and secretary who shall serve terms of one year from the date of selection. In any case in which a committee officer shall be unable to serve a full term, the committee shall select another to serve in his own right a full term. *(Indiana Board of Pharmacy; Reg 28,Ch I,Sec 1.12; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-1-4 Duties of officers

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 4. Duties of Officers. The chairman of the committee, or the vice-chairman in the absence of the chairman, shall preside at all meetings of the committee. In addition, the chairman or his designee shall preside over all hearings conducted by the committee on behalf of the Board.

The secretary of the committee shall be responsible for keeping the minutes of all meetings and he shall further be charged with the responsibility of assuring that a complete and accurate record is made of all hearings conducted before the committee. To this end, he may, with the consent of the Board, arrange for the attendance of such stenographers or court reporters as are necessary for the recording of such hearings. *(Indiana Board of Pharmacy; Reg 28,Ch I,Sec 1.13; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-1-5 Rulemaking powers

Authority: IC 35-48-3-1
Affected: IC 4-22-2; IC 35-48-2-1

Sec. 5. Rules of Conduct. The advisory committee may, with the approval of the Board, make such other rules regulating its conduct and procedure as are necessary and proper for the orderly conduct of its business.

All such rules, when they may affect procedure or substance of matters which may come before the Board for adjudication, after promulgation in accordance with IC 1971, 4-22-2 as amended, shall be in writing and shall be made available upon request to parties appearing before the committee. *(Indiana Board of Pharmacy; Reg 28,Ch I,Sec 1.14; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-1-6 Recommendations and findings

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 6. Recommendations and findings. Recommendations and findings to be in writing. Whenever, in the discharge of its duties, the advisory committee shall be required to make recommendations or findings upon matters heard before the committee, such recommendations to the Board shall be in writing and shall include a summary of relevant evidence, opinions, and laws upon which such recommendations or findings are based. *(Indiana Board of Pharmacy; Reg 28,Ch I,Sec 1.15; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

Rule 2. Controlled Substances Code Number Schedules I through IV

856 IAC 2-2-1 Controlled substances code numbers

Authority: IC 35-48-3-1
Affected: IC 35-48-3-1

Sec. 1. Controlled Substances Code Number. (a) Each controlled substance, or basic class thereof, listed in Schedules I through IV *[856 IAC 2-2-2 – 856 IAC 2-2-5]* has been assigned a "Controlled Substances Code Number" for purposes of identification of the substances or class on certain Certificates of Registration issued by the Indiana State Board of Pharmacy pursuant to Section 3.42 *[856 IAC 2-3-19]* of the Chapter. Certain applicants for registration must include the appropriate numbers on the application as required in Section 3.32(d) *[856 IAC 2-3-13(d)]* of this Chapter.

(b) Except as stated in paragraph (a) of this section, no applicant or registrant is required to use the Controlled Substances Code Number for any purpose. *(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.01; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-2-2 Schedule I

Authority: IC 35-48-2-14; IC 35-48-3-1
Affected: IC 35-48-2-4

Sec. 2. (a) Schedule I shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the controlled substances code number set forth opposite it.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Acetylmethadol 9601
(2) Allylprodine 9602
(3) Alphacetylmethadol (except levo-alphalmethadol also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM) 9603
(4) Alphameprodine 9604
(5) Alphamethadol 9605
(6) Benzethidine 9606
(7) Betacetylmethadol 9607
(8) Betameprodine 9608
(9) Betamethadol 9609
(10) Betaprodine 9611
(11) Clonitazene 9612
(12) Dextromoramide 9613
(13) Dextrorphan 9614
(14) Diampromide 9615
(15) Diethylthiambutene 9616
(16) Difenoxin 9168
(17) Dimenoxadol 9617
(18) Dimepheptanol 9618
(19) Dimethylthiambutene 9619
(20) Dioxaphetyl butyrate 9621
(21) Dipipanone 9622
(22) Ethylmethylthiambutene 9623
(23) Etonitazene 9624
(24) Etoxeridine 9625
(25) Furethidine 9626
(26) Hydroxypethidine 9627
(27) Ketobemidone 9628

(28) Levomoramide 9629
(29) Levophenacylmorphan 9631
(30) Morpheridine 9632
(31) Noracymethadol 9633
(32) Norlevorphanol 9634
(33) Normethadone 9635
(34) Norpipanone 9636
(35) Phenadoxone 9637
(36) Phenampromide 9638
(37) Phenomorphan 9647
(38) Phenoperidine 9641
(39) Piritramide 9642
(40) Proheptazine 9643
(41) Properidine 9644
(42) Propiram 9649
(43) Racemoramide 9645
(44) Trimeperidine 9646

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Acetrophine 9319
(2) Acetyldihydrocodeine 9051
(3) Benzylmorphine 9052
(4) Codeine methylbromide 9070
(5) Codeine-N-Oxide 9053
(6) Cyprenorphine 9054
(7) Desomorphine 9055
(8) Dihydromorphine 9145
(9) Drotebanol 9335
(10) Etorphine (Except Hydrochloride Salt) 9056
(11) Heroin 9200
(12) Hydromorphinol 9301
(13) Methyldesorphine 9302
(14) Methylidihydromorphine 9304
(15) Morphine methylbromide 9305
(16) Morphine methylsufonate 9306
(17) Morphine-N-Oxide 9307
(18) Myrophine 9308
(19) Nicocodeine 9309
(20) Nicomorphine 9312
(21) Normorphine 9313
(22) Pholcodine 9314
(23) Thebacon 9315

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation, which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of this subsection only, "isomer" includes the optical, position, and geometric isomers):

(1) 4-Bromo-2, 5-Dimethoxyamphetamine 7391
Some trade or other names:
4-Bromo-2, 5-Dimethoxy-a-methylphenethylamine; 4-Bromo-2, 5-DMA
(2) 2, 5-Dimethoxyamphetamine 7396
Some trade or other names:
2, 5-Dimethoxy-a-methylphenethylamine; 2,5-DMA
(3) 4-Methoxyamphetamine 7411
Some trade or other names:
4-Methoxy-a-methylphenethylamine: Paramethoxyamphetamine: PMA
(4) 5-methoxy-3, 4-methylenedioxy amphetamine 7401
(5) 4-methyl-2, 5-dimethoxyamphetamine 7395
Some trade and other names:
4-methyl-2,5-dimethoxy-a-methylphenethylamine: "DOM"; and "STP".
(6) 3, 4-methylenedioxy amphetamine 7400
(7) 3, 4, 5-trimethoxy amphetamine 7390

(8) Bufotenine 7433
Some trade and other names:
3-(B-Dimethylaminoethyl)-5-hydroxyindol; 3-(2-Dimethylaminoethyl)-5-indolo; N, N-dimenthylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine.
(9) Diethyltryptamine 7434
Some trade and other names: N, N-Diethyltryptamine, DET.
(10) Dimethyltryptamine 7435
Some trade or other names: DMT
(11) Ibogaine 7260
Some trade and other names:
7-Ethyl-6, 6a, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1', 2': 1, 2) azepino 4, 5-b) indole; tabernanthe iboga.
(12) Lysergic acid diethylamide 7315
(13) Marihuana 7360
(14) Mescaline 7381
(15) Peyote 7415
Meaning all parts of the plant presently classified botanically as Lophophora Williamsii Lemaire, whether growing or not; the seeds thereof; any extract from any part of such plant; and every compound, manufacture, salt, derivative, mixture, or preparation of such plant, its seeds, or extracts.
(Interprets 21 U.S.C. 812(c), Schedule I(c) (12))
(16) N-ethyl-3-piperidyl benzilate 7482
(17) N-methyl-3-piperidyl benzilate 7484
(18) Psilocybin 7437
(19) Psilocyn 7438
(20) Tetrahydrocannabinols 7370
Synthetic equivalents of the substances contained in plant, or in the resinous extractives of Cannabis, sp. and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:
Δ^{1} cis or trans tetrahydrocannabinol, and their optical isomers.
Δ^{6} cis or trans tetrahydrocannabinol and their optical isomers.
$\Delta^{3,4}$ cis or trans tetrahydrocannabinol, and its optical isomers.
(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions are covered.)
(21) Thiophene Analog of Phencyclidine 7470
Some trade or other names:
1-(1-(2-thienyl) cyclohexyl) piperidine); 2-Thienyl Analog of Phencyclidine, TPCP.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
(1) Mecloqualone 2572

(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.11; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed Jun 9, 1977, 8:55 a.m.: Unpublished; filed May 31, 1994, 5:00 p.m.: 17 IR 2335; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-2-3 Schedule II

Authority: IC 35-48-2-14; IC 35-48-3-1
Affected: IC 35-48-2-6

Sec. 3. (a) Schedule II shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the controlled substances code number set forth opposite it.

(b) Substances, vegetable origin, or chemical synthesis. Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by a combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding naloxone and its salts and naltrexone and its salts but including the following:
(A) Raw opium 9600
(B) Opium extracts 9610
(C) Opium fluid extracts 9620
(D) Powdered opium 9639
(E) Granulated opium 9640
(F) Tincture of opium 9630
(G) Apomorphine 9030
(H) Codeine 9050

(I) Ethylmorphine 9190
(J) Etorphine hydrochloride 9059
(K) Hydrocodone 9193
(L) Hydromorphone 9194
(M) Metopon 9260
(N) Morphine 9300
(O) Oxycodone 9143
(P) Oxymorphone 9652
(Q) Thebaine 9333

(2) Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subdivision (1), except that these substances shall not include the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw (9650).

(4) Coca Leaves (9040) and salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, except that the substances shall not include decocainized coca leaves or extraction of coca leaves, which extractions do not contain cocaine (9041) or ecgonine (9180).

(5) Concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine alkaloids of the opium poppy) 9670.

(c) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

(1) Alphaprodine 9010
(2) Anileridine 9020
(3) Benzitramide 9800
(4) Dihydrocodeine 9120
(5) Diphenoxylate 9170
(6) Fentanyl 9801
(7) Isomethadone 9226
(8) Levo-alphacetylmethadol 9648
Some trade and other names:
levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM.
(9) Levomethorphan 9210
(10) Levorphanol 9220
(11) Metazocine 9240
(12) Methadone 9250
(13) Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-dyphenyl butane 9254
(14) Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid 9802
(15) Pethidine 9230
(16) Pethidine-Intermediate-A,4-cyano-1- methyl-4-phenylpiperidine 9232
(17) Pethidine-Intermediate-B,ethyl-4-phenylpiperidine-4-carboxylate 9233
(18) Pethidine-Intermediate-C,1-methyl-4- phenylpiperidine-4-carboxylic acid 9234
(19) Phenazocine 9715
(20) Piminodine 9730
(21) Racemethorphan 9732
(22) Racemorphan 9733

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

(1) Amphetamine, its salts, optical isomers, and salts of its optical isomers 1100
(2) Methamphetamine, including its salts, isomers, and salts of isomers 1105
(3) Phenmetrazine and its salts 1631
(4) Methylphenidate 1724

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Methaqualone 2565
(2) Amobarbital 2125
(3) Secobarbital 2315
(4) Pentobarbital 2270

(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.12; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed Jun 9, 1977, 8:55 a.m.: Unpublished; filed May 31, 1994, 5:00 p.m.: 17 IR 2336; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-2-4 Schedule III

Authority: IC 35-48-3-1

Affected: IC 35-48-2-8

Sec. 4. (a) Schedule III shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated listed in this section. Each drug or substance has been assigned the Controlled Substances Code Number set forth opposite it.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II, which compounds, mixtures, or preparations were listed on August 25, 1971, as excepted compounds under 1308.32, and any other drug of the quantitative composition shown in that list for those drugs or that is the same, except that it contains a lesser quantity of controlled substances 1405

(2) Benzphetamine 1228

(3) Chlorphentermine 1645

(4) Clortermine 1647

(5) Mazindol 1605

(6) Phendimetrazine 1615

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation that contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing:

(A) Amobarbital 2125

(B) Secobarbital 2315

(C) Pentobarbital 2270

or any salt thereof and one (1) or more other active medicinal ingredient that are not listed in any schedule.

(2) Any suppository dosage form containing:

(A) Amobarbital 2125

(B) Secobarbital 2315

(C) Pentobarbital 2270

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository.

(3) Any substance that contains any quantity of a derivative of barbituric acid or any salt thereof 2100
(4) Chlorhexadol 2510
(5) Ketamine, its salts, isomers, and salts of isomers 7285
Some other names for ketamine: (-2(2-chlorophenyl) -2- (methylamino) - cyclohexanone
(6) Lysergic acid 7300
(7) Lysergic acid amide 7310
(8) Methyprylon 2575
(9) Sulfondiethylmethane 2600
(10) Sulfonethylmethane 2605
(11) Sulfonmethane 2610
(d) Nalorphine (a narcotic drug) 9400
(e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:
(1) Not more than one and eight-tenths (1.8) grams of codeine, per one hundred (100) milliliters or not more than ninety (90) milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium 9803
(2) Not more than one and eight-tenths (1.8) grams of codeine, per one hundred (100) milliliters or not more than ninety (90) milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9804
(3) Not more than three hundred (300) milligrams of dihydrocodeinone, per one hundred (100) milliliters or not more than fifteen (15) milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium 9805
(4) Not more than three hundred (300) milligrams of dihydrocodeinone, per one hundred (100) milliliters or not more than fifteen (15) milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients, in recognized therapeutic amounts 9806
(5) Not more than one and eight-tenths (1.8) grams of dihydrocodeine, per one hundred (100) milliliters or not more than ninety (90) milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9807
(6) Not more than three hundred (300) milligrams of ethylmorphine, per one hundred (100) milliliters or not more than fifteen (15) milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9808
(7) Not more than five hundred (500) milligrams of opium per one hundred (100) milliliters or per one hundred (100) grams or not more than twenty-five (25) milligrams per dosage unit, with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9809
(8) Not more than fifty (50) milligrams of morphine, per one hundred (100) milliliters or per one hundred (100) grams with one (1) or more active, nonnarcotic ingredients in recognized therapeutic amounts 9810
(f) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any quantity of anabolic steroids, including its salts, isomers, and salts of isomers whenever the existence of such salts of isomers is possible within the specific chemical designation4000
(g) For hallucinogenic substances, dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration-approved drug product 7369
(Some other names for dronabinol: (6aR-trans) - 6a, 7, 8, 10a - tetrahydro-6,6,9 - trimethyl - 3-pentyl- 6H - dibenzo[b,d]pyrano-1-ol, or (1) _ ^{9} - (trans) - tetrahydrocan-nabinol.) *(Indiana Board of Pharmacy; Reg 28, Ch II, Sec 2.13; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed Jun 9, 1977, 8:55 a.m.: Unpublished; filed May 26, 2000, 8:52 a.m.: 23 IR 2503; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-2-5 Schedule IV

Authority: IC 35-48-3-1
Affected: IC 35-48-2-10

Sec. 5. (a) Schedule IV shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section. Each drug or substance has been assigned the Controlled Substances Code Number set forth opposite it.
(b) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
(1) Barbital 2145
(2) Chloral betaine 2460
(3) Chloral hydrate 2465
(4) Chlordiazepoxide 2744
(5) Clonazepam 2737
(6) Clorazepate 2768
(7) Diazepam 2765
(8) Ethchlorvynol 2540
(9) Ethinamate 2545
(10) Flurazepam 2767
(11) Mebutamate 2800
(12) Meprobamate 2820
(13) Methohexital 2264
(14) Methylphenobarbital 2250

(15) Oxazepam 2835
(16) Paraldehyde 2585
(17) Petrichloral 2591
(18) Phenobarbital 2285

(c) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers, whenever the existence of such salts, isomers, and salts of isomers is possible:

(1) Fenfluramine 1670

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Diethylpropion 1608
(2) Phentermine 1640
(3) Pemoline (including organometallic complexes and chelates thereof) 1530

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856 IAC 2-2-6 Schedule V

Authority: IC 35-48-3-1
Affected: IC 35-48-2-12

Sec. 6. (a) Schedule V shall consist of the drugs and other substances, by whatever official name, common or usual name, chemical name, or brand name designated, listed in this section.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following limited quantities of narcotic drugs or salts thereof, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than 200 milligrams of codeine, per 100 milliliters or per 100 grams.
(2) Not more than 100 milligrams of dihydrocodeine, per 100 milliliters or per 100 grams.
(3) Not more than 100 milligrams of ethylmorphine, per 100 milliliters or per 100 grams.
(4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.
(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.15; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-2-7 Application for exception of stimulant or depression compound; revocation

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 7. Application for exception of a stimulant or depressant compound. (a) Any person seeking to have any compound, mixture, or preparation containing any depressant or stimulant substance listed in Chapter 2, Section 2.13(b) or (c) *[856 IAC 2-2-4(b) or (c)]* or in Section 2.14 *[856 IAC 2-2-5]* excepted from the application of all or any part of the Act *[IC 35-48]* pursuant to IC 1971, 35-24.1-2-8(e) or 10(c) *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended, may apply to the Indiana Board of Pharmacy for such exception.

(b) An application for an exception under this section shall be approved by the Board, provided that such application shall contain a copy of the Administration's approval for such request for an exception from the Federal Controlled Substances Act.

(c) Within a reasonable period of time after the receipt of an application for an exception under this section, the Indiana State Board of Pharmacy shall notify the applicant of its acceptance or non-acceptance of the application, and if not accepted, the reason therefor. The Indiana State Board of Pharmacy need not accept an application for filing if any of the requirements prescribed in paragraph (b) of this section is lacking or is not set forth so as to be readily understood. If the applicant desires, he may amend the application to meet the requirements of paragraph (b) of this section.

(d) The Indiana Board of Pharmacy may at any time revoke any exception granted pursuant to IC 1971, 35-24.1-2-8(e) or 10(c) *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]*, as amended, upon a finding that such exception from the Federal Controlled Substances Act was terminated, suspended or revoked. The revocation of the exception granted under this Act *[IC 35-48]* shall become effective upon the Board's notifying the person to whom such exception was granted by certified mail of such revocation. *(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.21; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-2-8 Excepted stimulant or depressant compounds

Authority: IC 35-48-3-1
Affected: IC 35-48-2-8; IC 35-48-2-10

Sec. 8. The Indiana Board of Pharmacy may except any compound, mixture, or preparation containing any depressant or stimulant substance listed in Section 2.13(b) or (c) *[856 IAC 2-2-4(b) or (c)]*, or in Section 2.14 *[856 IAC 2-2-5]* from the application of all or any part of the Act pursuant to IC 1971, 35-24.1-2-8(e) or 10(c) *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended, the drugs which were

excepted by the Bureau or Administration on April 1, 1973 under section 202(d) of the Federal Controlled Substances Act (21 U.S.C. 812(d)) have been excepted by the Indiana State Board of Pharmacy from the application of IC 1971, 25-24.1-3, 6 and 8 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended, and the application of Section 3.74(d) *[856 IAC 2-3-33(d)]* (rule) for administrative purposes only. The excepting of these drugs by the Indiana State Board of Pharmacy should not be construed as an adoption or rejection of the criteria by which these drugs were originally excepted. Any deviation from the quantitative composition of any of the listed drugs shall require a petition for exception in order for that drug to be excepted.

The following is a list of the excepted stimulant or depressant compounds under these regulations *[856 IAC 2-2].*

EXCEPTED PRESCRIPTION DRUGS

Trade name or other designation	Composition	Manufacturer or supplier
A.E.A.	Tablet: Amobarbital, 25 mg.; aminophylline, 120 mg.; ephedrine hydrochloride, 25 mg.	Haack Laboratories, Inc.
Alased	Tablet: Phenobarbital, 16.2 mg.; homatropine methylbromide, 3.6 mg.; aluminum hydroxide gel, dried, 7½ gr.; magnesium trisilicate, 2½ gr.	Norgine Laboratories, Inc.
Alcitex	Tablet: Phenobarbital, ⅙ gr.; atropine sulfate, 1/5000 gr.; calcium carbonate, 3½ gr.; magnesium carbonate, 2½ gr.; cerium oxalate, ½ gr.	Paul B. Elder Co., Inc.
Algoson	Tablet: Butabarbital sodium, 7.5 mg.; acetaminophen, 300 mg.	McNeil Laboratories, Inc.
Albydrox	Tablet: Phenobarbital, ⅙ gr.; aluminum hydroxide, 5 gr.; atropine sulfate, 1/300 gr.	Physicians Supply.
Alkasans	Tablet: Phenobarbital, 8.0 mg.; atropine sulfate, 0.06 mg.; kaolin-alumina gel, 500 mg.	P. J. Noyes Co.
Alsical	Powder (60 gr.): Phenobarbital, ¼ gr.; belladonna extract, ¼ gr.; calcium carbonate, 24 gr.; magnesium trisilicate, 15 gr.; magnesium oxide, 10 gr.; aluminum hyroxide gel, dried. 10 gr.	Dorsey Laboratories.
Alubelap	Tablet: Phenobarbital, 8 mg.; aluminum hydroxide gel, dried, 2300 mg.; belladonna extract, 4 mg.	Haack Laboratories, Inc.
Aludrox SA suspension	Suspension (5 cc.): Butabarbital, 3 mg.; ambutonium bromide, 2.5 mg.	Wyeth Laboratories.
Aludrox SA tablets	Tablet: Butabarbital, 8 mg.; ambutonium bromide, 2.5 mg.	Wyeth Laboratories.
Alu-Mag	Tablet: Phenobarbital, ⅙ gr.; aluminum hydroxide gel, dried, 2½ gr.; magnesium trisilicate, 2½ gr.; belladonna leaf extract, ⅛ gr.	Norsal Laboratories, Inc.
Alumazen	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.06 mg.; magnesium trisilicate, 500 mg.; aluminum hydroxide gel, dried, 250 mg.; saccharin sodium, 0.12 mg.	The Zemmer Co.
Aluminum hydroxide, magnesium trisilicate, and kaolin with phenobarbital and atropine sulfate	Tablet: Phenobarbital, ⅙ gr.; aluminum hydroxide, 2 gr.; magnesium trisilicate, 4 gr.; kaolin, colloidal, 2 gr.; atropine sulfate, 1/300 gr.	Buffalo Pharmaceutical Supply Corp.
Aminodrox with phenobarbital	Tablet: Phenobarbital, 15 mg.; aminophylline, 0.1 gm., aluminum hydroxide gel, dried, 0.12 gm.	The S. E. Massengill Co.
Aminodrox-forte with phenobarbital	Tablet: Phenobarbital, 15 mg.; aminophylline, 200 mg.; aluminum hydroxide gel, dried, 250 mg.	The S. E. Massengill Co.
Aminophylline and amytal	Capsule: Amobarbital, 32 mg.; aminophylline, 0.1 gm.	Eli Lilly Co.
Aminophylline with pentobarbital	Suppository: Pentobarbital sodium, 100 mg.; aminophylline, 500 mg.	G. D. Searle & Co.
Aminophylline and phenobarbital	Tablet: Phenobarbital, 15 mg.; aminophylline, 100 mg.	The Zemmer Co.
Do	Tablet: Phenobarbital, ¼ gr.; aminophylline, 100 mg.	The Blue Line Chemical Co.
Aminophylline with phenobarbital	Tablet: Phenobarbital, 16 mg.; aminophylline, 100 mg.	H. E. Dubin Laboratories, Inc.
Do	Tablet: Phenobarbital, 15 mg.; aminophylline, 100 mg.	G. D. Searle & Co.
Do	Tablet: Phenobarbital, 15 mg.; aminophylline, 200 mg.	Do.
Do	Tablet: Phenobarbital, 30 mg.; aminophylline, 200 mg.	Do.
Amobarbital and PETN	Capsule: Amobarbital, 50 mg.; pentaerythritol tetranitrate, 30 mg.	Meyer Laboratories, Inc.
Ampyrox with butabarbital sodium (AMPYROX)	Tablet: Butabarbital sodium, 15 mg.; scopolamine methylnitrate, 2 mg.	Paul B. Elder Co., Inc.
Ampyrox with butabarbital sodium, elixir	Elixir (5 cc.): Butabarbital sodium, 10 mg.; scopolamine methylnitrate, 1 mg.	Do.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Amsed (NAP-37)	Tablet: Phenobarbital, ¼ gr.; hyocine hydrobromide, 0.0072 mg.; atropine sulfate, 0.024 mg.; hyoscyamine hydrobromide, 0.128 mg.	North American Pharmacal, Inc.
Amsodyne	Tablet: Phenobarbital, ¼ gr.; extract belladonna leaves, ⅙ gr.; aspirin, 5 gr.; caffeine, ¼ gr.	Paul B. Elder Co., Inc.
Antacia No. 3 with phenobarbital and atropine	Tablet: Phenobarbital, ⅙ gr.; atropine sulfate, 1/300 gr.; calcium carbonate, 5 gr.; magnesium hydroxide, 5 gr.	Meyers and Co.
Antispasmodic	Tablet (purple): Phenobarbital, 16.2 mg.; hyoscyamine sulfate, 0.1037 mg.; homatropine methylbromide, 0.567 mg.; hyocine hydrobromide, 0.0065 mg.	Hydrex Co., Inc.
Antispasmodic-enzyme	Tablet: Phenobarbital, 8.1 mg.; hyoscyamine sulfate, 0.0519 mg.; homatropine methylbromide, 0.2885 mg.; hyoscine hydrobromide, 0.0033 mg.; pancreatin, 100 mg.; pepsin, 150 mg.	Do.
Antrocol	Tablet or capsule: Phenobarbital, 16 mg.; atropine sulfate, 0.324 mg.; colloidal sulfur, 22 mg.	Wm. P. Poythress & Co., Inc.
Aqualin-plus, children	Suppository: Pentobarbital sodium, ⅜ gr.; theophylline, 1⅞ gr.	The Wm. A. Webster Co.
Aqualin-plus No. 1	Suppository: Pentobarbital sodium, ¾ gr.; theophylline, 3¾ gr.	Do.
Aqualin-plus No. 2	Suppository: Pentobarbital sodium, 1½ gr.; theophylline, 7½ gr.	Do.
Aqualin-plus No. 2A	Suppository: Pentobarbital sodium, ¾ gr.; theophylline, 7½ gr.	Do.
Asmabar	Tablet: Butabarbital, 20 mg.; ephedrine sulfate, 25 mg.; theophylline hydroxide, 130 mg.	The Blue Line Chemical Co.
Asmacol	Tablet: Butabarbital, 15 mg.; aminophylline, 180 mg.; phenylpropanolamine hydrochloride, 25 mg.; chlorpheniramine maleate, 2 mg.; aluminum hydroxide gel, dried, 60 mg.; magnesium trisilicate, 60 mg.	The Vale Chemical Co., Inc.
Asperease, modified with phenobarbital	Tablet: Phenobarbital, 0.008 gm.; acetylsalicylic acid, 0.5 gm.	P. J. Noyes Co.
Atropal	Tablet: Phenobarbital, ⅙ gr.; atropine sulfate, 1/300 gr.; magnesium trisilicate, 2½ gr.; aluminum hydroxide gel, dried, 2½ gr.	Mallinckrodt Chemical Works.
Atrosilital	Tablet: Phenobarbital, 15 mg.; atropine sulfate, 0.12 mg.; magnesium trisilicate, 0.5 gm.; saccharine sodium, 0.12 mg.	The Zemmer Co.
Banthine with phenobarbital	Tablet: Phenobarbital, 15 mg.; methantheline bromide, 50 mg.	G. D. Searle & Co.
Barbatro No. 1	Tablet: Phenobarbital, 15 mg.; atropine sulfate, 0.12 mg.	The S. E. Massengill Co.
Barbatro No. 2	Tablet: Phenobarbital, 15 mg.; atropine sulfate, 0.25 mg.	Do.
Barbeloid	Tablet: Amobarbital sodium, 20 mg.; hyoscyamine sulfate, 0.125 mg.; hyoscine hydrobromide, 0.007 mg.; homatropine methylbromide, 0.5 mg.	The Vale Chemical Co., Inc.
Barbidonna elixir	Elixir (5 cc.): Phenobarbital, 16 mg.; hyoscyamine sulfate, 0.1286 mg.; atropine sulfate, 0.0250 mg.; scopolamine hydrobromide, 0.0074 mg.	Mallinckrodt Chemical Works.
Barbidonna tablets	Tablet: Phenobarbital, 16 mg.; hyoscyamine sulfate, 0.1286 mg.; atropine sulfate, 0.0250 mg.; scopolamine hydrobromide, 0.0074 mg.	Do.
Barboma elixir	Elixir (100 cc.): Phenobarbital, 0.4 gm.; homatropine methylbromide, 33.8 mg.	The Blue Line Chemical Co.
Barboma tablets	Tablet: Phenobarbital, ¼ gr.; homatropine methylbromide, 123 gr.	Do.
Bardase	Tablet or elixir (4 cc.): Phenobarbital, 16.2 mg.; hyoscyamine sulfate, 0.1 mg.; hyoscine hydrobromide, 0.007 mg.; atropine, 0.020 mg.; Taka-Diastase, 162.0 mg.	Parke, Davis & Co.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Bar-Don elixir	Elixir (30 cc.): Phenobarbital, 100 mg.; hyoscyamine hydrobromide, 0.60 mg.; hyoscine hydrobromide, 0.042 mg.; atropine sulfate, 0.12 mg.	Warren-Teed Pharmaceuticals, Inc.
Bar-Don tablets	Tablet: Phenobarbital, 16.670 mg.; hyoscyamine hydrobromide, 0.10 mg.; hyoscine hydrobromide, 0.007 mg.; atropine sulfate 0.020 mg.	Do.
Belap No. 0	Tablet: Phenobarbital, 8 mg.; belladonna extract, 8 mg.	Haack Laboratories, Inc.
Belap No. 1	Tablet: Phenobarbital, 15 mg.; belladonna extract, 8 mg.	Do.
Belap Ty-Med	Tablet: Amobarbital, 50 mg.; homotropine methylbromide, 7.5 mg.	Do.
Belladenal	Tablet: Phenobarbital, 50 mg.; bellafoline, 0.25 mg.	Sandoz Pharmaceuticals.
Do	Elixir (15 cc.): Phenobarbital, 15.6 mg.; bellafoline, 0.078 mg.	Do.
Bellatol elixir	Elixir (5 cc.): Butabarbital sodium, 20 mg.; tincture belladonna, 0.83 cc.	The Zemmer Co.
Bellergal	Tablet: Phenobarbital, 20 mg.; ergotamine tartrate, 0.3 mg.; levorotatory alkaloids of belladonna, 0.1 mg.	Sandoz Pharmaceuticals.
Do	Tablet: Phenobarbital, 40 mg.; ergotamine tartrate, 0.6 mg.; levorotatory alkaloids of belladonna, 0.2 mg.	Do.
Beplete with belladonna elixir	Elixir (4 cc): Phenobarbital, 15 mg.; vitamin B_1, 1.5 mg.; vitamin B_6, 1 mg.; vitamin B_2, 0.33 mg.; vitamin B_{12}, 1.66 mg.; niacinamide, 10 mg.; pantothenol, 0.2 mg.; belladonna alkaloids, 0.2 mg.	Wyeth Laboratories.
Bexadonna	Tablet: Phenobarbital, 16 mg.; homatropine methylbromide, 10 mg.; hyoscine hydrobromide, 0.0065 mg.; hyoscyamine sulfate, 0.1 mg.	Bexar Pharmaceuticals.
Bilamide	Tablet: Phenobarbital, ⅙ gr.; dried ox bile, 2 gr.; dehydrocholic acid, 2 gr.; homatropine methylbromide, 1/48 gr.	Norgine Laboratories, Inc.
Binitrin	Tablet: Butabarbital sodium, 15.0 mg.; nitroglycerin, 0.3 mg.; pentaerythritol tetranitrate, 10.1 mg.	The Vale Chemical Co., Inc.
Bioxatphen	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.06 mg.; bismuth subnitrate, 120 mg.; cerium oxalate, 120 mg.	The Zemmer Co.
Bismuth, belladonna, and phenobarbital	Capsule: Phenobarbital, ¼ gr.; bismuth subgallate, 5 gr.; extract belladonna leaf, ⅙ gr.	The Bernard Co.
Buffadyne A-S	Tablet: Amobarbital, 15 mg.; aspirin, 300 mg.; phenacetin, 150 mg.; caffeine, 30 mg.; homatropine methylbromide, 2.5 mg.; aluminum hydroxide gel, 75 mg.; magnesium hydroxide, 45 mg.	Lemmon Pharmacal Co.
Buffadyne with barbiturates	Tablet: Secobarbital sodium, 8 mg.; amobarbital, 8 mg.; aspirin, 300 mg.; phenacetin, 150 mg.; caffeine, 30 mg.; aluminum hydroxide gel, 75 mg.; magnesium hydroxide, 45 mg.	Do.
Bunesia	Tablet: Butabarbital sodium, 10 mg.; homatropine methylbromide, 2.5 mg.; magnesium hydroxide, 300 mg.	McNeil Laboratories, Inc.
Buren	Tablet: Butabarbital, 15 mg.; phenazopyridine hydrochloride, 150 mg.; scopolamine hydrobromide, 0.0065 mg.; atropine sulfate, 0.0194 mg.; hyoscyamine sulfate, 0.1037 mg.	B. F. Ascher & Co., Inc.
Burrizem	Tablet: Butabarbital sodium, 10 mg.; reserpine, 0.1 mg.; rutin, 20 mg.; mannitol hexanitrate, 30 mg.	The Zemmer Co.
Butabarbital and hyoscyamine sulfate	Tablet or elixir (5 cc.): Butabarbital, 15 mg.; hyoscyamine sulfate, 0.125 mg.	McNeil Laboratories, Inc.
Do	Capsule: Butabarbital, 45 mg.; hyoscyamine sulfate, 0.375 mg.	Do.
Butibel	Tablet or elixir (5 cc.): Butabarbital sodium, 15 mg.; belladonna extract, 15 mg. (hyoscyamine sulfate, 0.138 mg.; hyoscine hydrobromide, 0.027 mg.; atropine sulfate, 0.067 mg.).	Do.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Butibel R-A	Tablet: Butabarbital sodium, 30 mg.; belladonna extract, 30 mg.	Do.
Butibel-gel suspension	Suspension (15 cc.): Butabarbital sodium, 7.5 mg.; belladonna extract, 7.5 mg. (total alkaloids 0.187 mg.); activated attapulgite, 1.5 mg.; pectin, 75 mg.	McNeil Laboratories, Inc.
Butibel-gel tablets	Tablet: Butabarbital sodium, 7.5 mg.; belladonna extract, 7.5 mg. (total alkaloids 0.0935 mg.); activated attapulgite, 500 mg.; pectin, 45 mg.	Do.
Butibel-Zyme	Tablet: Butabarbital sodium, 15 mg.; belladonna extract, 15 mg. (total alkaloids 0.187 mg.); proteolytic enzyme standardized, 10 mg.; amylolytic enzyme standardized, 20 mg.; cellulolytic enzyme standardized, 5 mg.; lipolytic enzyme standardized, 100 mg.; iron ox bile (45% cholic acid), 30 mg.	Do.
Butigetic	Tablet: Butabarbital sodium, 15 mg.; acetaminophen, 200 mg.; phenacetin, 150 mg.; caffeine, 30 mg.	Do.
Cafergot P-B	Tablet: Phenobarbital sodium, 30 mg.; ergotamine tartrate, 1 mg.; caffeine, 100 mg.; levorotatory alkaloids of belladonna, 0.125 mg.	Sandoz Pharmaceuticals.
Do	Suppository: Pentobarbital, 60 mg.; ergotamine tartrate, 2 mg.; caffeine, 100 mg.; levorotatory alkaloids of belladonna, 0.25 mg.	Do.
Cal-Ma-Phen	Tablet: Phenobarbital, ¼ gr.; calcium-carbonate, 5 gr.; magnesium hydroxide, 5 gr.; atropine sulfate, 1/300 gr.	Physicians Supply Co.
Cantil with phenobarbital	Tablet: Phenobarbital, 16 mg.; mepenzolate bromide, 25 mg.	Lakeside Laboratories, Inc.
Carbonates No. 3 with phenobarbital and atropine	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.11 mg.; calcium carbonate, 224 mg.; magnesium carbonate, 160 mg.; bismuth subcarbonate, 32 mg.	P. J. Noyes Co.
Cardalin-Phen	Tablet: Phenobarbital, ¾ gr.; aminophylline, 5 gr.; aluminum hydroxide gel, dried, 2½ gr.; benzocaine, ½ gr.	Mallinckrodt Chemical Works.
Cardilate-P	Tablet: Phenobarbital, 15 mg.; erythrityl tetranitrate, 10 mg.	Burroughs Wellcome & Co. (U.S.A.) Inc.
Cholarace	Tablet: Pentobarbital, 27.5 mg.; oxtriphylline, 200 mg.; racephedrine, 20 mg.	Warner-Chilcott Laboratories.
Co-Elorine 25	Capsule: Amobarbital, 8 mg.; tricyclamol chloride, 25 mg.	Eli Lilly and Co.
Co-Elorine 100	Capsule: Amobarbital, 16 mg.; tricyclamol chloride, 100 mg.	Do.
Cold Preparation, special	Tablet: Phenobarbital, 8.1 mg.; chlorpheniramine maleate, 2 mg; pseudoephedrine hydrochloride, 60 mg.; salicylamide, powder, 300 mg.	Knight Pharmacal Co.
Covadil	Tablet: Butabarbital sodium, 20 mg.; pentaerythritol tetranitrate, 15 mg.	The Blue Line Chemical Co.
Dactil with phenobarbital	Tablet: Phenobarbital, 16 mg.; piperidolate hydrochloride, 50 mg.	Lakeside Laboratories, Inc.
Dainite	Tablet: Pentobarbital sodium, ¼ gr. aminophyline, 3 gr.; ephedrine hydrochloride, ¼ gr.; aluminum hydroxide gel, dried, 2½ gr.; benzocaine, ¼ gr.	Mallinckrodt Chemical Works.
Dainite-KI	Tablet: Phenobarbital, ¾ gr.; aminophylline, 3 gr.; ephedrine hydrochloride, ¼ gr.; potassium iodide, 5 gr.; aluminum hydroxide gel, dried, 2½ gr.; benzocaine, ¼ gr.	Do.
Dainite Night	Tablet: Phenobarbital, ⅜ gr.; pentobarbital sodium, ½ gr.; aminophylline, 4 gr.; aluminum hydroxide gel, dried, 2½ gr.; benzocaine, ¼ gr.	Do.
Daricon PB	Tablet: Phenobarbital, 15 mg.; oxyphencyclimine hydrochloride, 5 mg.	Pfizer Laboratories.
Diatraegus	Tablet: Diallylbarbituric acid, ¼ gr.; nitroglycerine, 1/250 gr.; sodium nitrite, 1 gr.; tincture crataegus, 2 minims.	Buffington's, Inc.

Trade name or other designation	Composition	Manufacturer or supplier
Dis-Tropine	Tablet: Diallylbarbituric acid, ¼ gr.; atropine sulfate, 1/300 gr.; magnesium carbonate, 2½ gr.; calcium carbonate, 3½ gr.; bismuth subcarbonate, 1 gr.	Do.
Dilantin with phenobarbital	Capsule: Phenobarbital, ¼ gr.; diphenylhydantoin sodium, 0.1 gm.	Parke, Davis & Co.
Do	Capsule: Phenobarbital, ½ gr.; diphenylhydantoin sodium, 0.1 gm.	Do.
Dolonil	Tablet: Butabarbital, 15 mg.; phenazopyridine hydrochloride, 150 mg.; hyoscyamine hydrobromide, 0.3 mg.	Warner-Chilcott Laboratories.
Donabarb	Tablet: Phenobarbital, ¼ gr.; powder extract belladonna, ⅙ gr.	Paul B. Elder Co., Inc.
Donaphen, new special donaphen	Tablet: Phenobarbital, 15 mg.; atropine sulfate, 0.024 mg.; scopolamine hydrobromide, 0.0072 mg.; hyoscyamine hydrobromide, 0.128 mg.	Burt Krone Co.
Donna-Sed elixir	Elixir (5 cc.): Phenobarbital, 16.2 mg.; hyoscyamine hydrobromide, 0.1037 mg.; atropine sulfate, 0.0194 mg.; hysocine hydrobromide, 0.0065 mg.	North American Pharmacal, Inc.
Donnasep	Tablet: Phenobarbital, 8.1 mg.; phenazopyridine hydrochloride, 50.0 mg.; methenamine mandelate, 500 mg.; hyoscyamine sulfate, 0.0519 mg.; atropine sulfate, 0.0097 mg.; hyoscine hydrobromide, 0.0033 mg.	A. H. Robins Co., Inc.
Donphen	Tablet: Phenobarbital, 15 mg.; hyoscyamine sulfate, 0.1 mg.; atropine sulfate, 0.02 mg.; scopolamine hydrobromide, 8 mg.	Lemmon Pharmacal Co.
Dormital-HM	Tablet: Phenobarbital, ¼ gr.; homatropine methylbromide, 1/84 gr.; strontium bromide, 1 gr.	Buffington's Inc.
Dynapin with phenobarbital	Tablet: Phenobarbital, 15 mg.; nitroglycerin, 0.5 mg.; pentaerythritol tetranitrate, 15 mg.	Key Pharmacal Co.
Elmaloin with phenobarbital	Capsule: Phenobarbital, 15 mg.; diphenylhydantoin, 1½ gr.	Paul B. Elder Co., Inc.
Ephedrine and sodium phenobarbital	Tablet: Sodium phenobarbital, ¼ gr.; ephedrine sulfate, ⅜ gr.	The Vale Chemical C Inc.
Ephedrine sulfate and phenobarbital	Tablet: Phenobarbital, 15 mg.; ephedrine sulfate, 25 mg.	The Zemmer Co.
Ephedrine with phenobarbital	Tablet: Phenobarbital, ¼ gr.; ephedrine sulfate, ¾ gr.	P. J. Noyes Co.
Ercafital	Tablet: Phenobarbital, 7.5 mg.; ergotamine tartrate, 0.5 mg.; caffeine, 60 mg.	The Blue Line Chemic Co.
Ethrava-trate	Tablet: Mephobarbital, 10 mg.; pentaerythrityl tetranitrate, 20 mg.; ethaverine hydrochloride, 30 mg.	North American Pharmacal, Inc.
Eu-Phed-Amin	Tablet: Phenobarbital, 30 mg.; aminophylline, 0.1 gm.; ephedrine sulfate, 30 mg.; extract euphorbia, 0.1 gm.	Warren-Teed Pharmaceticals Inc.
Eu-Phed-Ital	Tablet: Phenobarbital sodium, 30 mg.; ephedrine sulfate, 30 mg.; extract euphorbia, 0.12 gm.	Warren-Teed Pharmaceticals Inc.
Fensobel	Tablet: Phenobarbital, 8.1 mg.; belladona extract, 2.95 mg.; aluminum hydrochloride gel, dried, 63 mg.; magnesium trisilicate, 63 mg.; bismuth subcarbonate, 32.5 mg.; magnesium carbonate, 252 mg.; precipitated calcium carbonate, 203.5 mg.; malt diastase, 12.5 mg.; peppermint oil, 3 mg.	United States Vitamin Pharmaceutical Corp.
Franol	Tablet: Phenobarbital, 8 mg.; theophylline, 130 mg.; benzylephedrine hydrochloride, 32 mg.	Winthrop Laboratories.
Homechol	Tablet: Pentobarbital sodium, 8.0 mg.; homatropine methylbromide, 2.5 mg.; dehydrocholic acid, 60.0 mg.; ox bile extract, 150.0 mg.	Lemmon Pharmacal Co.
Homopent	Tablet: Pentobarbital sodium, 15 mg.; homatropine methylbromide, 2.5 mg; magnesium trisilicate, 300 mg.	Lemmon Pharmacal Co.
H-P-A (modified)	Tablet: Phenobarbital, ¼ gr.; aspirin, 5 gr.; extract hyoscyamus, ⅙ gr.	Paine Drug Co.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Hybephen	Tablet: Phenobarbital, 15 mg.; hyoscyamine sulfate, 0.1277 mg.; atropine sulfate, 0.0233 mg.; hyoscine hydrobromide, 0.0094 mg.	The S. E. Massengil Co.
Hybephen elixir	Elixir (5 cc.): Phenobarbital, 15 mg.; hyoscyamine sulfate, 0.1277 mg.; atropine sulfate, 0.0233 mg.; hyoscine hydrobromide, 0.0094 mg.	Do.
Hydrochol plus	Tablet: Amobarbital, 15 mg.; dehydrocholic acid, 200 mg.; scopolamine methylnitrate, 0.8 mg.; ox bile desiccated, 50 mg.	Paul B. Elder Co., Inc.
Hytrona antispasmodic elixir	Elixir (5 cc.): Phenobarbital, 16 mg.; belladonna alkaloids, 0.2 mg.	Pitman-Moore.
Hytrona antispasmodic tablets	Tablet: Phenobarbital, 16 mg.; belladonna alkaloids, 0.2 mg.	Do.
Hocalm	Tablet: Methobarbital, 30 mg.; methscopolamine nitrate, 2.5 mg.; d-calcium pantothenate, 25 mg.	Warren-Teed Pharmaceuticals Inc.
Isordil with phenobarbital	Tablet: Phenobarbital, 15 mg; isosorbide dinitrate, 10 mg.	Ives Laboratories, Inc.
Isufranol	Tablet: Phenobarbital, 8 mg.; theophylline, 130 mg.; benzylephedrine, 32 mg.; isoproterenol hydrochloride, 10 mg.	Winthrop Laboratories.
Isufranol, mild	Tablet: Phenobarbital, 8 mg.; theophylline, 130 mg.; benzylephedrine, 32 mg.; isoproterenol hydrochloride, 5 mg.	Do.
Isuprel compound elixir	Elixir (15 cc.): Phenobarbital, 6 mg.; isoproterenol hydrochloride, 2.5 mg.; ephedrine sulfate, 12 mg.; theophylline, 45 mg.; potassium iodide, 150 mg.	Do.
Kaphebel	Tablet: Phenobarbital, ¼ gr.; belladonna root, ¼ gr.; kaolin colloidal, 7½ gr.	Paul B. Elder Co., Inc.
Kanumodic	Tablet: Phenobarbital, 8 mg.; methscopolamine nitrate, 2 mg.; cellulase, 9 mg.; pancrestin, 500 mg.; glutamic acid hydrochloride, 200 mg.; ox bile extract, 100 mg.; pepsin, 150 mg.	Dorsey Laboratories.
Kavatrate	Tablet: Phenobarbital sodium, ¼ gr.; veratrum veride, ¼ gr.; mistletoe, ½ gr.; hawthorn tincture, 30 minims; sodium nitrite, 1 gr.	Key Pharmacal Co.
Kie with phenobarbital	Tablet: Phenobarbital, 16 mg.; potassium iodide, 400 mg.; ephedrine sulfate, 24 mg.	Laser Inc.
Kiophyllin	Tablet: Phenobarbital, 15 mg.; aminophyllin, 150 mg.; potassium iodide, 125 mg.	G. D. Searle & Co.
Librax	Capsule: Chlordiazepoxide hydrochloride 5 mg. and clidinium bromide, 2.5 mg.	Roche Laboratories.
Luftodill suspension	Suspension (5 cc.): Phenobarbital, 8 mg.; theophylline, 50 mg.; ephedrine hydrochloride, 12 mg.; glyceryl guaiacolate, 100 mg.	Mallinckrodt Chemical Works.
Luftodil tablets	Tablet: Phenobarbital, 16 mg.; theophylline, 100 mg.; ephedrine hydrochloride, 24 mg.; glyceryl guaiacolate, 200 mg.	Do.
Lufyllin-EP	Tablet: Phenobarbital, 16 mg.; lufyllin (dyphylline), 100 mg.; ephedrine hydrochloride; 16 mg.	Do.
Magnesium hydroxide-phenobarbital compound	Tablet: Phenobarbital sodium, 15 mg.; magnesium hydroxide, 300 mg.; atropine sulfate with aromatics, 0.12 mg.	McNeil Laboratories, Inc.
Malglyn compound	Tablet or suspension (5 cc.): Phenobarbital, 16.2 mg.; belladonna alkaloids, 0.162 mg.; dihydroxy aluminum aminoacetate, 0.5 gm.	Brayten Pharmaceutical Co.
Manniphen	Tablet: Phenobarbital, 16 mg.; mannitol hexanitrate, 32 mg.	The Vale Chemical Co., Inc.
Manniphen with rutin	Tablet: Phenobarbital, 16 mg.; mannitol hexanitrate, 32 mg.; rutin, 20 mg.	Do.
Mannitol hexanitrate with phenobarbital	Tablet: Phenobarbital, ¼ gr.; mannitol hexanitrate, ½ gr.	P. J. Noyes Co.
Do	Tablet: Phenobarbital, ¼ gr.; mannitol hexanitrate, ½ gr.	The Blue Line Co.
Maxitol	Tablet: Phenobarbital, 15 mg.; mannitol hexanitrate, 15 mg.; rutin, 15 mg.; ascorbic acid, 15 mg.	Burt Krone Co.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Menrium 5-2	Tablet: Chlordiazepoxide, 5 mg. and water-soluble esterfied estrogens, 0.2 mg.	Do.
Menrium 5-4	Tablet: Chlordiazepoxide, 5 mg. and water-soluble esterfied estrogens, 0.4 mg.	Do.
Menrium 10-4	Tablet: Chlordiazepoxide, 10 mg. and water-soluble esterfied estrogens, 0.4 mg.	Do.
Meprane phenobarbital	Tablet: Phenobarbital, 16 mg.; prometbestrol dipropionate, 1 mg.	Reed & Carnrick.
Mesopin-PB	Tablet or elixir (5 cc.): Phenobarbital, 15 mg.; homatropine methylbromide, 5 mg.	Endo Laboratories Inc.
Metamine with butabarbital	Tablet: Butabarbital, 16.2 mg.; trolnitrate phosphate, 2 mg.	Pfizer Laboratories.
Do	Tablet: Butabarbital, 48.6 mg.; trolnitrate phosphate, 10 mg.	Do.
Mexal	Tablet: Phenobarbital, 16 mg.; mannitol hexanitrate, 32 mg.	The S. E. Massengill Co.
Milprem-200	Tablet: Meprobamate, 200 mg. conjugated estrogens—equine, 0.4 mg.	Wallace Pharmaceuticals.
Milprem-100	Tablet: Meprobamate, 400 mg. conjugated estrogens—equine, 0.4 mg.	Do.
Milpath-200	Tablet: Meprobamate, 200 mg.; tridihexethyl chloride, 25 mg.	Do.
Milpath-100	Tablet: Meprobamate, 400 mg.; tridihexethyl chloride, 25 mg.	Wallace Pharmaceuticals.
Miltrate-10	Tablet: Meprobamate, 200 mg.; pentaerythritol tetranitrate, 10 mg.	Do.
Miltrate-20	Tablet: Meprobamate, 200 mg.; pentaerythritol tetranitrate, 20 mg.	Do.
Monomeb	Tablet: Mephobarbital, 32 mg.; penthienate bromide, 5 mg.	Winthrop Laboratories.
Mudrane	Tablet: Phenobarbital, 21 mg.; potassium iodide, 195 mg.; aminophylline, 130 mg.; ephedrine hydrochloride, 10 mg.	Wm. P. Poythress & Co., Inc.
Mudrane GG elixir	Elixir (5 cc.): Phenobarbital, 5.4 mg.; theophylline 20 mg.; ephedrine hydrochloride, 4 mg.; glyceryl guaiacolate, 20 mg.	Do.
Nactisol	Tablet: Butabarbital sodium, 15 mg.; poldine methylsulfate, 4 mg.	McNeil Laboratories, Inc.
Natrona compound	Tablet: Phenobarbital, 15 mg.; extract hawthorn berries, 30 mg.; extract mistletoe, 15 mg.; sodium nitrite, 60 mg.; sodium bicarbonate, 0.2 gm.	The Zemmer Co.
Neocholan	Tablet: Phenobarbital, 8 mg.; dehydrocholic acid, 250 mg.; bile extract, 15 mg.; homatropine methylbromide, 1.2 mg.	Pitman-Moore.
Nergestic	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.10 mg.; magnesium trisilicate, 0.5 gm.	The S. E. Massengill Co.
Nitrased	Tablet: Secobarbital, 15 mg.; nitroglycerin, 0.4 mg.; pentaerythrityl tetranitrate, 15 mg.	Lemmon Pharmacal Co.
Nophesan tablets	Tablet: Phenobarbital, 8 mg.; acetylsalicylic acid, 300 mg.	P. J. Noyes Co.
Novalene	Tablet: Phenobarbital, 16 mg.; ephedrine sulfate, 24 mg.; potassium iodide, 162 mg.; calcium lactate, 162 mg.	Lemmon Pharmacal Co.
Oxsorbil-PB	Capsule: Phenobarbital, 7.5 mg.; belladonna extract, 7.5 mg.; dehydrochloric acid, 32 mg.; desoxycholic acid, 32 mg.; ox bile extract, 65 mg.; sorbitan mono-oleate, 160 mg.; oleic acid, 180 mg.	Ives Laboratories, Inc.
Paminal elixir	Elixir (5 cc.): Phenobarbital, 8 mg.; methscopolamine bromide, 1.25 mg.	The Upjohn Co.
Pamine PB elixir	Elixir (5 cc.): Phenobarbital, 8 mg.; methscopolamine bromide, 1.25 mg.	Do.
Pamine PB, half strength	Tablet: Phenobarbital, 8 mg.; methscopolamine bromide, 1.25 mg.	Do.
Pediatric piptal antipyretic	Solution (0.6 cc.): Phenobarbital, 3 mg.; pipenzolate bromide, 5 mg.; acetaminophen, 60 mg.	Lakeside Laboratories, Inc.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Pediatric piptal with phenobarbital	Solution (0.5 cc.): Phenobarbital, 3 mg.; pipenzolate bromide, 2 mg.	Do.
Pencetylon	Tablet: Phenobarbital, ¼ gr.; acetylsalicylic acid, 5 gr.	Paul B. Elder Co., Inc.
Pentaerythrityl tetranitrate with phenobarbital	Tablet: Phenobarbital, 16 mg.; pentaerythrityl tetranitrate, 10 mg.	P. J. Noyes Co.
Do	Tablet: Phenobarbital, 16 mg.; pentaerythrityl tetranitrate, 20 mg.	Do.
Pentratrol with phenobarbital	Tablet: Phenobarbital, 15 mg.; pentaerythrityl tetranitrate, 10 mg.	North American Pharmacal Co.
Pentraline	Tablet: Butabarbital sodium, 10 mg.; reserpine, 0.05 mg.; pentaerythrityl tetranitrate, 10 mg.	McNeil Laboratories, Inc.
Perbuzem	Tablet: Butabarbital sodium, 15 mg.; pentaerythrityl tetranitrate, 10 mg.	The Zemmer Co.
Peribar L-A No. 1	Tablet: Phenobarbital, 48.6 mg.; pentaerythrityl tetranitrate, 30 mg.	Whittier Laboratories, Inc.
Peritrate with phenobarbital	Tablet: Phenobarbital, 15 mg.; pentaerythrityl tetranitrate, 10 mg.	Warner-Chilcott
Do	Tablet: Phenobarbital, 15 mg.; pentaerythrityl tetranitrate, 20 mg.	Do.
Peritrate with phenobarbital SA	Tablet: Phenobarbital, 45 mg.; pentaerythrityl tetranitrate, 80 mg.	Do.
Phedorine	Tablet: Diallybarbituric acid, 16 mg.; extract stramonium, 8 mg. (alkaloids 0.0015 gr.); ephedrine, 8 mg.; theophyline, 100 mg.	Buffington's Inc.
Phenobarbital and atropine	Tablet: Phenobarbital, ¼ gr.; atropine sulfate, 1/500 gr.	The Blue Line Chemical Co.
Do	do	Meyers & Co.
Do	do	Paine Drug Co.
Do	Tablet: Phenobarbital, ¼ gr.; atropine sulfate, 1/250 gr.	The Vale Chemical Co., Inc.
Phenobarbital with atropine sulfate	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.06 mg.	The Zemmer Co.
Phenobarbital with atropine sulfate No. 2	Tablet: Phenobarbital, 15 mg.; atropine sulfate, 0.12 mg.	The Zemmer Co.
Phenobarbital and atropine sulfate	Tablet: Phenobarbital, ¼ gr.; atropine sulfate, 1/200 gr.	Buffington's Inc.
Phenobarbital and atropine No. 1	Tablet: Phenobarbital, 16 mg.; atropine sulfate, 0.13 mg.	Pitman-Moore.
Phenobarbital and atropine No. 2	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.65 mg.	Do.
Phenobarbital and atropine tablets	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 1/1000 gr.	P. J. Noyes Co.
Do	Tablet: Phenobarbital, 16 mg.; atropine sulfate, 1/500 gr.	Do.
Phenobarbital and atropine tablets No. 2	Tablet: Phenobarbital, ¼ gr.; atropine sulfate, 1/200 gr.	Do.
Phenobarbital and atropine tablets No. 3	Tablet: Phenobarbital, ½ gr.; atropine sulfate, 1/300 gr.	Do.
Phenobarbital and belladonna	Tablet: Phenobarbital, ¼ gr.; belladonna leaves ½ gr. (total alkaloids 0.0015 gr.).	The Vale Chemical Co., Inc.
Do	Tablet: Phenobarbital, ¼ gr.; belladonna extract, ⅙ gr.	Paine Drug Co.
Do	Tablet: Phenobarbital, 16 mg.; belladonna extract, 8 mg.	Eli Lilly and Co.
Phenobarbital and belladonna No. 2	Tablet: Phenobarbital, ¼ gr.; belladonna extract, ⅛ gr. (alkaloids 0.00156 gr.)	The Upjohn Co.
Phenobarbital with mannitol hexanitrate	Tablet: Phenobarbital, 7.5 mg., mannitol hexanitrate, 15 mg.; ascorbic acid powder, 25 mg.; rutin, 25 mg.	Paul B. Elder Co., Inc. (Harold M. Harter, D. V. M.)
Phenobarbital with mannitol hexanitrate	Tablet: Phenobarbital, ¼ gr.; mannitol hexanitrate, ½ gr.	Meyer Drug & Surgical Supply Co.
Phenobarbital sodium atropine No. 1	Tablet: Phenobarbital sodium, 8 mg.; atropine sulfate, 60 ug.	McNeil Laboratories
Phenobarbital sodium atropine No. 2	Tablet: Phenobarbital sodium, 15 mg.; atropine sulfate, 120 ug.	Do.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Spastoseed	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.13 mg.; calcium carbonate, 227 mg.; magnesium hydroxide, 162 mg.	North American Pharmacal, Inc.
Synirin	Tablet: Pentobarbital, 8 mg.; aspirin, 324 mg.	Wm. P. Poythress & Co., Inc.
TCS	Tablet: Phenobarbital, 16 mg.; theobromine salicylate, 0.4 gm.; calcium salicylate, 0.06 gm.	Do.
Tedral-25	Tablet: Butabarbital, 25 mg.; theophylline, 130 mg.; ephedrine hydrochloride, 24 mg.	Warner-Chilcott Laboratories.
Tedral S.A.	Tablet: Phenobarbital, 25 mg.; theophylline, 150 mg.; ephedrine hydrochloride, 48 mg.	Warner-Chilcott Laboratories.
Tensodin	Tablet: Phenobarbital, 15 mg.; ethaverine hydrochloride, 30 mg.; theophylline calcium salicylate, 200 mg.	Knoll Pharmaceutical Co.
Tensophen	Tablet: Phenobarbital, 16 mg.; nitroglycerin, 0.26 mg.; sodium nitrite, 32 mg.; podophyllin, 1 mg.; extract beef bile, 16 mg.	P. J. Noyes Co.
Thedrizem	Tablet: Phenobarbital, 8 mg.; theophylline, hydrous, 100 mg.; ephedrine hydrocloride, 25 mg.	The Zemmer Co.
Theobarb	Tablet: Phenobarbital, 32 mg.; theobromine, 325 mg.	Mallinckrodt Chemical Works.
Theobarb-R	Tablet: Phenobarbital, 10 mg.; reserpine, 0.1 mg.; theobromine, 324 mg.	Do.
Theobarb special	Tablet: Phenobarbital, 16 mg.; theobromine, 325 mg.	Do.
Theobromine and phenobarbital	Tablet: Phenobarbital, 16 mg.; theobromine, 0.3 gm.	P. J. Noyes Co.
Theobromine-phenobarbital	Tablet: Phenobarbital, 30 mg.; theobromine, 0.3 gm.	The S. E. Massengill Co.
Do	Tablet: Phenobarbital, 32 mg.; theobromine, 324 mg.	The Upjohn Co.
Theobromine-phenobarbital compound	Tablet: Phenobarbital, ¼ gr.; theobromine, 2½ gr.; potassium iodide, 2½ gr.; potassium bicarbonate, 2 gr.	Do.
Theobromine with phenobarbital No. 1	Tablet: Phenobarbital, 15 mg.; theobromine, 324 mg.	Buffington's, Inc.
Theobromine and sodium acetate with phenobarbital	Tablet: Phenobarbital, ¼ gr.; theobromine and sodium acetate, 3 gr.	Paul B. Elder Co., Inc.
Theobromine sodium saliciylate with phenobarbital	Tablet: Phenobarbital, 15 mg.; theobromine sodium salicylate, 300 mg.	The Zemmer Co.
Theocardone No. 1	Tablet: Phenobarbital, 15 mg.; theobromine, 300 mg.	Haack Laboratories, Inc.
Theocardone No. 2	Tablet: Phenobarbital, 30 mg.; theobromine, 300 mg.	Haack Laboratories, Inc.
Theodide	Tablet: Phenobarbital, ¼ gr.; potassium iodide, 2½ gr.; theobromine sodium salicylate, 2½ gr.	The Vale Chemical Co., Inc.
Theoglycinate with phenobarbital	Tablet: Phenobarbital, 16 mg.; theophylline-sodium glycinate, 324 mg.	Brayten Pharmaceutical Co.
Theoglycinate with racephedrine and phenobarbital	Tablet: Phenobarbital, 16 mg.; theophylline-sodium glycinate, 324 mg.; racephedrine hydrochloride, 24 mg.	Brayten Pharmaceutical Co.
Theoplaphen	Tablet: Phenobarbital, 15 mg.; theobromine sodium salicylate, 0.2 gm.; calcium lactate, 0.1 mg.	The S. E. Massengill Co.
Theominal	Tablet: Phenobarbital, 32 mg.; theobromine, 320 mg.	Winthrop Laboratories.
Theominal M	Tablet: Phenobarbital, 16 mg.; theobromine, 320 mg.	Do.
Theominal R S	Tablet: Phenobarbital, 10 mg.; theobromine, 320 mg.; alseroxylon, 1.5 mg.	Do.
Theophen	Tablet: Phenobarbital, ¼ gr.; theobromine sodium salicylate, 5 gr.; calcium carbonate, 2½ gr.	The Vale Chemical Co., Inc.
Theorate	Tablet: Phenobarbital, 16.2 mg.; theobromine, 324 mg.	Whittier Laboratories, Inc.
Thymodyne	Tablet: Phenobarbital, 32 mg.; theophylline anhydrous, 130 mg.; ephedrine sulfate, 24 mg.	P. J. Noyes Co.
Trocinate with phenobarbital	Tablet: Phenobarbital, 16 mg.; thiphenamil hydrochloride, 100 mg.	Wm. P. Poythress & Co., Inc.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Phenobarbital sodium atropine No. 3	Tablet: Phenobarbital sodium, 20 mg.; atropine sulfate, 200 ug.	Do.
Phenobarbital and sodium nitrite	Tablet: Phenobarbital, ¼ gr.; sodium nitrite, 1 gr.	P. J. Noyes Co.
Phenobarbital theocalcin	Tablet: Phenobarbital, 15 mg.; theobromine calcium salicylate, 0.5 gm.	Knoll Pharmaceutical Co.
Phenodonna tablets	Tablet: Phenobarbital, ¾ gr.; tincture belladonna, 6 minims.	Flint Medical & Surgical Supply Co.
Phenodrox	Tablet: Phenobarbital, ¼ gr.; atropine sulfate, 1/500 gr.; magnesium trisilicate, 4 gr.; aluminum hydroxide gel, dried, 4 gr.	North American Pharmacal Inc.
Phyldrox	Tablet: Phenobarbital, 15 mg.; neothylline, 100 mg.; ephedrine sulfate, 25 mg.	Lemmon Pharmacal Co.
Piptal PHB elixir	Elixir (5cc.): Phenobarbital, 16 mg.; pipenzolate bromide, 5 mg.	Lakeside Laboratories, Inc.
Piptal PHB tablets	Tablet: Phenobarbital, 16 mg.; pipenzolate bromide, 5 mg.	Do.
Prantal with phenobarbital	Tablet: Phenobarbital, 16 mg.; diphemanil methylsulfate, 100 mg.	Schering Corp.
Premarin with phenobarbital	Tablet: Phenobarbital 32 mg.; conjugated estrogens-equine, 6.626 mg.	Ayerst Laboratories.
Probanthine with phenobarbital	Tablet: Phenobarbital, 15 mg.; probanthine, 15 mg.	G. D. Searle & Co.
Probital	Tablet: Phenobarbital, 15 mg.; probanthine, 7.5 mg.	Do.
Propenite	Tablet: Phenobarbital sodium, 12 mg.; sodium nitrite, 60 mg.; hawthorn berries extract, 120 mg.; mistletoe extract, 60 mg.	The Zemmer Co.
Prydonnal Spansule	Capsule: Phenobarbital, 65 mg.; belladonna alkaloids, 0.4 mg. (hyoscyamine sulfate, 0.305 mg.; atropine sulfate, 0.06 mg.; scopolamine hydrobromide, 0.035 mg.).	Smith Kline & French Laboratories.
Quadrinal	Tablet: Phenobarbital, 24 mg.; ephedrine hydrochloride, 24 mg; theophylline calcium salicylate, 130 mg.; potassium iodide, 300 mg.	Knoll Pharmaceutical Co.
Do	Suspension (5 cc.): Phenobarbital, 12 mg.; ephedrine hydrochloride, 12 mg.; theophylline calcium salicylate, 65 mg.; potassium iodide, 160 mg.	Do.
Quintrate with nitroglycerin and phenobarbital	Tablet: Phenobarbital, 15 mg.; pentaerythrityl tetranitrate, 20 mg.; nitroglycerine, 0.4 mg.	Paul B. Elder Co., Inc. (Glynn A. Beard).
Quintrate with phenobarbital	Tablet: Phenobarbital, 15 mg.; pentaerythrityl tetranitrate, 10 mg.	Paul B. Elder Co., Inc. (Glynn A. Beard).
Do	Tablet: Phenobarbital, 15 mg.; pentaerythrityl tetranitrate, 20 mg.	Do.
Robinul-PH	Tablet: Phenobarbital, 16.2 mg.; glycopyrrolate, 1.0 mg.	A. H. Robins Co., Inc.
Robinul-PH forte	Tablet: Phenobarbital, 16.2 mg.; glycopyrrolate, 2.0 mg.	Do.
Ruhexatal	Tablet: Phenobarbital, 15 mg.; mannitol hexanitrate, 30 mg.; ascorbic acid, 10 mg; rutin, 20 mg.	Lemmon Pharmacal Co.
Rutol	Tablet: Phenobarbital, 8.0 mg.; mannitol hexanitrate, 16 mg.; rutin, 10 mg.	Pitman-Moore.
Salisil with phenobarbital	Tablet: Phenobarbital, ¼ gr.; acetylsalicylic acid, 5 gr.; magnesium trisilicate, 2 gr.	Paul B. Elder Co., Inc.
Selbella	Tablet: Phenobarbital, ¼ gr.; aluminum hydroxide, 5 gr.; belladonna extract, ⅛ gr.	Wyeth Laboratories.
Sed-Tens	Tablet (12 hr.): Amobarbital, 50 mg.; homatropine methylbromide, 7.5 mg.	Lemmon Pharmacal Co.
Sibena	Tablet: Butabarbital sodium, 16 mg.; simethicone, 25 mg.; belladonna extract, 16 mg. (total alkaloids, 0.20 mg.).	Plough Laboratories, Inc.
Sodium nitrite with phenobarbital	Tablet: Phenobarbital sodium, ⅛ gr.; sodium nitrite, 1 gr.; sodium bicarbonate, 2 gr.; hawthorn berries, fluid extract, ¼ minim.	Paine Drug Co.
Do	Tablet: Phenobarbital, ½ gr.; sodium nitrite, 1 gr.	Buffalo Pharmaceutical Supply Corp.
Spasticol PB	Tablet: Phenobarbital, 15 mg.; homatropine methylbromide, 2.5 mg.	Key Pharmaceuticals, Inc.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Spastoseed	Tablet: Phenobarbital, 8 mg.; atropine sulfate, 0.13 mg.; calcium carbonate, 227 mg.; magnesium hydroxide, 162 mg.	North American Pharmacal, Inc.
Synirin	Tablet: Pentobarbital, 8 mg.; aspirin, 324 mg.	Wm. P. Poythress & Co., Inc.
TCS	Tablet: Phenobarbital, 16 mg.; theobromine salicylate, 0.4 gm.; calcium salicylate, 0.06 gm.	Do.
Tedral-25	Tablet: Butabarbital, 25 mg.; theophylline, 130 mg.; ephedrine hydrochloride, 24 mg.	Warner-Chilcott Laboratories.
Tedral S.A.	Tablet: Phenobarbital, 25 mg.; theophylline, 150 mg.; ephedrine hydrochloride, 48 mg.	Warner-Chilcott Laboratories.
Tensodin	Tablet: Phenobarbital, 15 mg.; ethaverine hydrochloride, 30 mg.; theophylline calcium salicylate, 200 mg.	Knoll Pharmaceutical Co.
Tensophen	Tablet: Phenobarbital, 16 mg.; nitroglycerin, 0.26 mg.; sodium nitrite, 32 mg.; podophyllin, 1 mg.; extract beef bile, 16 mg.	P. J. Noyes Co.
Thedrizem	Tablet: Phenobarbital, 8 mg.; theophylline, hydrous, 100 mg.; ephedrine hydrocloride, 25 mg.	The Zemmer Co.
Theobarb	Tablet: Phenobarbital, 32 mg.; theobromine, 325 mg.	Mallinckrodt Chemical Works.
Theobarb-R	Tablet: Phenobarbital, 10 mg.; reserpine, 0.1 mg.; theobromine, 324 mg.	Do.
Theobarb special	Tablet: Phenobarbital, 16 mg.; theobromine, 325 mg.	Do.
Theobromine and phenobarbital	Tablet: Phenobarbital, 16 mg.; theobromine, 0.3 gm.	P. J. Noyes Co.
Theobromine-phenobarbital	Tablet: Phenobarbital, 30 mg.; theobromine, 0.3 gm.	The S. E. Massengill Co.
Do	Tablet: Phenobarbital, 32 mg.; theobromine, 324 mg.	The Upjohn Co.
Theobromine-phenobarbital compound	Tablet: Phenobarbital, ¼ gr.; theobromine, 2½ gr.; potassium iodide, 2½ gr.; potassium bicarbonate, 2 gr.	Do.
Theobromine with phenobarbital No. 1	Tablet: Phenobarbital, 15 mg.; theobromine, 324 mg.	Buffington's, Inc.
Theobromine and sodium acetate with phenobarbital	Tablet: Phenobarbital, ¼ gr.; theobromine and sodium acetate, 3 gr.	Paul B. Elder Co., Inc.
Theobromine sodium saliciylate with phenobarbital	Tablet: Phenobarbital, 15 mg.; theobromine sodium salicylate, 300 mg.	The Zemmer Co.
Theocardone No. 1	Tablet: Phenobarbital, 15 mg.; theobromine, 300 mg.	Haack Laboratories, Inc.
Theocardone No. 2	Tablet: Phenobarbital, 30 mg.; theobromine, 300 mg.	Haack Laboratories, Inc.
Theodide	Tablet: Phenobarbital, ¼ gr.; potassium iodide, 2½ gr.; theobromine sodium salicylate, 2½ gr.	The Vale Chemical Co., Inc.
Theoglycinate with phenobarbital	Tablet: Phenobarbital, 16 mg.; theophylline-sodium glycinate, 324 mg.	Brayten Pharmaceutical Co.
Theoglycinate with racephedrine and phenobarbital	Tablet: Phenobarbital, 16 mg.; theophylline-sodium glycinate, 324 mg.; racephedrine hydrochloride, 24 mg.	Brayten Pharmaceutical Co.
Theoplaphen	Tablet: Phenobarbital, 15 mg.; theobromine sodium salicylate, 0.2 gm.; calcium lactate, 0.1 mg.	The S. E. Massengill Co.
Theominal	Tablet: Phenobarbital, 32 mg.; theobromine, 320 mg.	Winthrop Laboratories.
Theominal M	Tablet: Phenobarbital, 16 mg.; theobromine, 320 mg.	Do.
Theominal R S	Tablet: Phenobarbital, 10 mg.; theobromine, 320 mg.; alseroxylon, 1.5 mg.	Do.
Theophen	Tablet: Phenobarbital, ¼ gr.; theobromine sodium salicylate, 5 gr.; calcium carbonate, 2½ gr.	The Vale Chemical Co., Inc.
Theorate	Tablet: Phenobarbital, 16.2 mg.; theobromine, 324 mg.	Whittier Laboratories, Inc.
Thymodyne	Tablet: Phenobarbital, 32 mg.; theophylline anhydrous, 130 mg.; ephedrine sulfate, 24 mg.	P. J. Noyes Co.
Trocinate with phenobarbital	Tablet: Phenobarbital, 16 mg.; thiphenamil hydrochloride, 100 mg.	Wm. P. Poythress & Co., Inc.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Tricoloid	Tablet: Phenobarbital, 16 mg.; tricyclamol chloride, 50 mg.	Burroughs Wellcome & Co.
Triophen	Tablet: Phenobarbital, ⅛ gr.; atropine sulfate, 1/500 gr.; magnesium trisilicate, 7 gr.	The Vale Chemical Co., Inc.
Valpin-PB	Tablet or elixir (5 cc.): Phenobarbital, 8 mg.; anisotropine methylbromide, 10 mg.	Endo Laboratories, Inc.
Vasorutin	Tablet: Diallylbarbituric acid, ¼ gr.; nitroglycerine, 1/250 gr.; sodium nitrite, 1 gr.; tincture crataegus, 2 minims; rutin, 20 mg.	Buffington's, Inc.
Veralzem	Tablet: Phenobarbital, 15 mg.; veratrum viride, 50 mg.; sodium nitrite, 60 mg.	The Zemmer Co.
Veratrite	Tablet: Phenobarbital, ¼ gr.; cryptenamine, 40 CSR (carotid sinus reflex) units; sodium nitrite, 1 gr.	Neisler Laboratories, Inc.
Veritag	Tablet: Phenobarbital, 16 mg.; veratrum viride, 40 mg.; sodium nitrite, 65 mg.	S. J. Tutag and Co.
Vertegus	Tablet: Phenobarbital, ¼ gr.; veratrum viride, ¾ gr.; sodium nitrite, 1 gr.; mistletoe, ½ gr.; hawthorn berries, ½ gr.	Burt Frone Co.
Veruphen	Tablet: Phenobarbital, 15 mg.; rutin, 20 mg.; veratrum viride, 15 mg.; sodium nitrite, 60 mg.	The Zemmer Co.
Viritin	Tablet: Phenobarbital, 15 mg.; mannitol hexanitrate, 30 mg.; veratrum viride alkaloids, 1.5 mg.; rutin, 20 mg.	Lemmon Pharmacal Co.
W-T	Powder (4 gm.): Phenobarbital, 15 mg.; belladonna extract, 10 mg. (0.12 mg. belladonna alkaloids); benzocaine, 15 mg.; calcium carbonate, 1.55 gm.; magnesium oxide, 0.5 gm.; aluminum hydroxide gel, dried, 60 mg.	Warren-Teed Pharmaceuticals, Inc.
W-T	Tablet: Phenobarbital, 1/16 gr.; belladonna extract, 1/24 gr.; benzocaine, 1/16 gr.; calcium carbonate, 6 gr.; magnesium trisilicate, 3¾ gr.; aluminum hydroxide gel, dried, 2½ gr.; chlorophyll extract, 1%.	Do.
Xaniophen	Tablet: Phenobarbital, 16.2 mg.; theobromine, 162 mg.; ethylenediamine dihydriodide, 32.4 mg.	Pitman-Moore.
Zallogen compound	Tablet: Phenobarbital, 8 mg.; tocamphyl, 75 mg.; homatropine methylbromide, 2.5 mg.	The S. E. Massengill Co.
Zantrate	Tablet: Cyclopentenylallybarbituric acid, ½ gr.; ephedrine sulfate, ¾ gr.; theophylline anhydrous, 2 gr.	The Upjohn Co.
Zem-Dab	Tablet: Butabarbital sodium, 10 mg.; dehydrocholic acid, 60 mg.; ox bile desiccated, 120 mg.; homatropine methylbromide, 2.5 mg.	The Zemmer Co.
No. 23	Tablet: Phenobarbital, ½ gr.; aminophylline, 3 gr.	Stayner Corp.
No. 35	Tablet: Phenobarbital, ⅛ gr.; aminophylline, 1.5 gr.; ephedrine sulfate, ⅜ gr.	Do.
No. 36	Tablet: Pentabarbital sodium, ¾ gr.; ephedrine sulfate, ⅜ gr.; aminophylline, 3 gr.	Do.
No. 65	Tablet: Phenobarbital, ¼ gr.; extract belladonna, ¼ gr.	Do.
No. 66	Tablet: Phenobarbital, ¼ gr.; extract belladonna, ¼ gr.	Do.
No. 75	Tablet: Phenobarbital, ¼ gr.; belladonna, ⅛ gr.	Bariatric Corp.
No. 88	Tablet: Phenobarbital, ¼ gr.; aminophylline, 1.5 gr.	Stayner Corp.
No. 89	Tablet: Phenobarbital, ½ gr.; aminophylline, 1.5 gr.	Stayner Corp.
No. 111	Tablet: Phenobarbital, ½ gr.; ephedrine sulfate, ⅜ gr.	Do.
No. 136	Tablet: Phenobarbital, 20 mg.; homatropine methylbromide, 5 mg.	Do.
No. 643	Tablet: Phenobarbital, ¼ gr.; theophylline, 2 gr.; ephedrine hydrochloride, ⅜ gr.	Do.
Rx. No. 4104	Tablet: Phenobarbital, ¼ gr.; calcium carbonate, 7½ gr.; magnesium oxide, 4 gr.; atropine sulfate, 1/300 gr.	The Zemmer Co.
Rx. No. 4105	Tablet: Phenobarbital, ¼ gr.; calcium carbonate, 10 gr.; atropine sulfate, 1/300 gr.	Do.

EXCEPTED PRESCRIPTION DRUGS—Continued

Trade name or other designation	Composition	Manufacturer or supplier
Rx. No. 4108	Capsule: Phenobarbital, ¼ gr.; atropine sulfate, 1/300 gr.; calcium carbonate, 6½ gr.; magnesium oxide, heavy, 2 gr.	Do.
Rx. No. 4123	Capsule: Phenobarbital, ¼ gr.; bismuth subgalate, 5 gr.; extract belladonna, ⅛ gr.	Do.
Rx. No. 4126	Capsule: Pentobarbital sodium, 15 mg.; extract belladonna, 10 mg.	Do.
Rx. No. 4143	Capsule: Phenobarbital, ¼ gr.; aminophylline, 1.5 gr.; potassium iodide, 1 gr.	Do.
Rx. No. 4152	Tablet: Phenobarbital, ¼ gr.; atropine sulfate, 1/200 gr.	Do.
Rx. No. 4155	Tablet: Phenobarbital, ⅛ gr.; atropine sulfate, 1/1000 gr.; aluminum hydroxide gel, 3¾ gr.; kaolin, 3¾ gr.	Do.
Rx. No. 4170	Tablet: Phenobarbital, ½ gr.; atropine sulfate, 1/200 gr.; calcium carbonate, 10 gr.	Do.
Rx. No. 4184	Capsule: Sodium butabarbital, 15 mg.; belladonna extract, 15 mg.	Do.

(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.22; filed Jul 9, 1974, 9:29 am: Unpublished; filed Jun 9, 1977, 8:55 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-2-9 Application for exclusion of stimulant or depression compound; revocation

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 9. Application for exclusion of a stimulant or depressant compound. (a) Any person seeking to have any non-narcotic substance which may, under the Federal Food, Drug, and Cosmetic Act or state law, be lawfully sold over-the-counter without a prescription, excluded from any schedule, pursuant to IC 1971, 35-24.1-2-1(g) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, may apply to the Indiana Board of Pharmacy for such exclusion.

(b) An application for an exclusion under this section shall be approved by the Board, provided that such application shall contain a copy of the Administration's approval for such request for an exclusion from the Federal Controlled Substances Act.

(c) Within a reasonable period of time after the receipt of an application for an exclusion under this section, the Indiana State Board of Pharmacy shall notify the applicant of its acceptance or non-acceptance of the application, and if not accepted, the reason therefor. The Indiana State Board of Pharmacy need not accept an application for filing if any of the requirements prescribed in paragraph (b) of this section is lacking or is not set forth so as to be readily understood. If the applicant desires, he may amend the application to meet the requirements of paragraph (b) of this section.

(d) The Indiana State Board of Pharmacy may at any time revoke any exclusion granted pursuant to IC 1971, 35-24.1-2-1(g) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.], as amended, upon a finding that such exclusion from the Federal Controlled Substances Act was terminated, suspended or revoked. The revocation of the exclusion granted under this Act [IC 35-48] shall become effective upon the board's notifying the person to whom such exclusion was granted by certified mail of such revocation. *(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.23; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA*)

856 IAC 2-2-10 Excluded nonnarcotic substances, stimulant or depressant compounds

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 10. Excluded non-narcotic substances, stimulant, or depressant compounds. (a) The Indiana Board of Pharmacy may exclude any non-narcotic substance from a schedule if such substance may, under the Federal Food, Drug and Cosmetic Act or state law, be lawfully sold over-the-counter without a prescription pursuant to IC 1971, 35-24.1-2-1(g) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, the drugs which were excluded by the Bureau or Administration on January 1, 1974 under section 201(g)(1) of the Federal Controlled Substances Act (21 U.S.C. 811(g) (1)) have been excluded by the Indiana State Board of Pharmacy from the schedules of IC 1971, 35-24.1-2-4, 6, 8, 10, and 12 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.], as amended. The exclusion of these drugs by the Indiana State Board of Pharmacy should not be construed as an adoption or rejection of the criteria by which these drugs were originally excluded. Any deviation from the quantitative composition of any of the listed drugs shall require a petition for exclusion in order for that drug to be excluded. The following is a list of the presently excluded non-narcotic substances under these regulations.

EXCLUDED OVER-THE-COUNTER DRUGS

Trade name or other designation	Composition	Manufacturer or supplier
Amodrine	Tablet: Phenobarbital, 8 mg.; aminophylline, 100 mg.; racephedrine hydrochloride, 25 mg.	G. D. Searle & Co.
Bronkolixir	Elixir (5 cc.): Phenobarbital, 4 mg.; ephedrine sulfate, 12 mg.; glyceryl guaiacolate, 50 mg.; theophylline, 16 mg.	Breon Laboratories, Inc.
Bronkotabs	Tablet: Phenobarbital, 8 mg.; ephedrine sulfate, 24 mg.; glyceryl guaiacolate, 100 mg.; theophylline, 100 mg.	Do.
Primatene	Tablet: Phenobarbital, ⅛ gr.; ephedrine, ⅜ gr.	Whitehall Laboratories.
Rynal	Solution for Spray: dl-Desoxyephedrine HCL 0.22%; antipyrine 0.28%; pyrilamine maleate 0.01%; methyl dodecylbenzyltrimethyl ammonium chloride 0.02%; glycerine dehydrate 1.50%.	Blaine Co.
Tedral	Tablet: Phenobarbital, 8 mg.; theophylline, 130 mg.; ephedrine hydrochloride, 24 mg.	Warner-Chilcott Laboratories.
Tedral Anti-H	Tablet: Phenobarbital, 8 mg.; chlorpheniramine maleate, 2 mg.; theophylline, 130 mg.; ephedrine hydrochloride, 24 mg.	Do.
Tedral one-half strength	Tablet: Phenobarbital, 4 mg.; theophylline, 65 mg.; ephedrine hydrochloride, 12 mg.	Do.
Tedral Pediatric Suspension	Suspension (5 cc.): Phenobarbital, 4 mg.; ephedrine hydrochloride, 12 mg.; theophylline, 65 mg.	Do.
Tedral suppositories double strength	Suppository: Phenobarbital, 16 mg.; theophylline 260 mg.; ephedrine hydrochloride, 48 mg.	Do.
Tedral suppositories regular strength	Suppository: Phenobarbital, 8 mg.; theophylline, 130 mg.; ephedrine hydrochloride, 24 mg.	Do.
Verequad	Tablet: Phenobarbital, 8 mg.; theophylline calcium salicylate, 130 mg.; ephedrine hydrochloride, 24 mg.; glyceryl guaiacolate, 100 mg.	Knoll Pharmaceutical Co.
Verequad	Suspension (5 cc.): Phenobarbital, 4 mg.; theophylline calcium salicylate, 65 mg.; ephedrine hydrochloride, 12 mg.; glyceryl guaiacolate, 50 mg.	Do.

(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.24; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-2-11 Exempt chemical preparations

Authority: IC 35-48-3-1
Affected: IC 35-48-2-1

Sec. 11. Exempt Chemical Preparations. (a) The chemical preparations and mixtures specifically listed in subparagraph (b) of this Section have been exempted by the Indiana Board of Pharmacy from the application of IC 1971, 35-24.1-3-2, 3, 6 and 8 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, which preparation or mixture is intended for laboratory, industrial, educational or special research purposes and not for general administration to a human being or other animal. The exemption to be valid must be in strict compliance with the requirements imposed for the preparation or mixture prescribed in Part 1308, Section 1308.24 of Title 21 of the Code of Federal Regulations, effective January 1, 1973, and no exemption granted pursuant to this Section affects the criminal liability for illegal manufacture, distribution, or possession of controlled substances contained in the exempt chemical preparation. Distribution, possession and use of an exempt chemical preparation are lawful for registrants and non-registrants only as long as such distribution, possession or use is intended for laboratory, industrial or educational purposes and not for immediate or subsequent administration to a human being or other animal.

(b) The following preparations and mixtures in the form and quantity listed in the application submitted (indicated as the “date of application”) are designated as exempt chemical preparations for the purposes set forth in this Section.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Abbott Laboratories	CEP Agarose Plates, NDC 0074-9023-12, NDC 0074-9023-35.	Foil Pouch: 4½ by 4 inches, 6½ by 5¼ inches.	Mar. 24, 1975
	Barbital-Acetate Buffer Powder with 1 g Sodium Azide, NDC 0074-7591-12.	Plastic Bag: 16.24 g per bag.	Do.
Do	Digoxin I 125 Imusay • diagnostic kit No. 7649.	Kit: 100 units	June 6, 1974
Do	HTSH RIA diagnostic kit No. 7504	Kit: 50 units	Sept. 25, 1974
Do	Tetrasorb-125 T-4 diagnostic kit No. 7775.	Vial: 11 ml	Aug. 21, 1972
Do	Irosorb-59 diagnostic kit No. 6764	Vial: 10 ml	Do.
Do	Quantisorb T-4N diagnostic kit No. 6719.	Vial: 11 ml	Do.
Airwick Industries	Airkem Solidaire Green	Tube: 7 oz. and 14 oz.	Dec. 5, 1973
Do	Airkem Solidaire Gold	Do	Do.
Do	Airwick Solidaire Citrus	Do	Do.
Do	Airkem Musketeer, Jr.	Can: 5 oz.	Do.
Do	Airwick Solid Natural	Do	Do.
Do	Airwick Solid Floral	Do	Do.
Do	Airwick Solid Lemon	Do	Do.
Do	Airwick Solid Rose	Do	Do.
American Hospital Supply Corp. (Dade Division).	Buffered Thrombin (Bovine), Catalog No. B4233-40, Euglobulin Lysis Set	Bottle: 2 ml	Apr. 10, 1973
Do	Fibrin Monomer Control, Catalog Nos. B4233-30 and B4233-38.	Bottle: 1.5 ml	Feb. 16, 1973

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Moni-Trol I-X Chemistry Controls (Level I), Catalog Nos.:		
	B5106-1	Vial: 5 ml	Jan. 20, 1975
	B5106-5	Vial: 10 ml.	
	B5106-3	Bottle: 25 ml.	
Do	Moni-Trol II-X Chemistry Controls (Level II) Catalog Nos.:		
	B5106-2	Vial: 5 ml	Do.
	B5106-6	Vial: 10 ml	
	B5106-4	Bottle: 25 ml.	
Do	Owren's veronal buffer No. B4234-25	Bottle: 15 ml	Jan. 22, 1973
Do	Phosphatase substrate No. B5312-1 and No. B5312-5.	Bottle: 73 mg. dry powder.	Do.
Do	Serum reagent No. B4233-1 and No. B4233-2.	Bottle: 2 ml	Do.
Do	Thrombin reagent (bovine) No. B4233-15.	Bottle: 1 ml	Do.
Do	DATA-topem T 125 4. Buffered I thyroxine, catalog No. B5644-21.	Bottle: 55 ml	June 11, 1975
Do	DATA-topem T 125 4. Buffered I thyroxine, catalog No. B5644-25.	Bottle: 255 ml	Do.
Do	DATA-topem T 125 4. Buffered I thyroxine, catalog No. B5644-29.	Bottle: 505 ml	Do.
Do	DATA-topem CT 125 4. Buffered I thyroxine, catalog No. B5644-40.	Bottle: 55 ml	Do.
Do	DATA-topem CT 125 4. Buffered I thyroxine, catalog No. B5644-45.	Bottle: 255 ml	Do.
Do	DATA-topem T 125 4. Buffered I thyroxine, catalog No. B5644-35.	Bottle: 506 ml	Do.
American Hospital Supply Corp. (Harleco Division).	Barbital buffer B-1 No. 96772	Vial: 12.12 grams per 7 dram vial.	Sept. 15, 1971
Do	Buchler instrument buffer B-2 double strength, pH 8.6, 0.075 m No. 938-34.	Vial: 36.36 grams	Do.
Do	Barbital-sodium buffer salt, No. 11731.	Bottle: 250 ml	June 6, 1972
Do	Barbital-acid buffer salt, No. 1173	Bottle: 250 ml	Do.
Do	Buffer salt mixture Spinco B-1, pH 8.6, 0.05 ionic strength, No. 3947.	Vial: 12.12 grams per 29.5 x 80 mm. vial.	Sept. 15, 1971
Do	Buffer salt mixture Spinco B-2, pH 8.6, 0.075 ionic strength, No. 3948.	Vial: 18.18 grams per 29.5 x 80 mm. vial.	Do.
Do	Buffer for serum protein electrophoresis No. 96099.	Vial: 10 dram	July 25, 1973
Do	Clinicard, pseudo-cholinesterase, catalog No. 32307.	Clinicard cuvette containing a powder to be reconstituted by adding 3 ml water.	May 31, 1973
American Monitor Corp.	Qualify I	Glass vial: 10 ml	Oct. 9, 1975
Do	Qualify II	Do	Do.
Amersham/Searle	Amobarbital-2-C14, No. CFA-401.	Ampule: 110 mm. x 13 mm. or Vial: 38.40 mm. x 11 ml.	Sept. 19, 1972
Do	HPL Immunoassay Kit No. IM-68.	Bottle: 30 ml	May 18, 1973
Do	Morphine (N-methyl-C14) Hydrochloride No. CFA-363.	Do	Mar. 27, 1972
American/Searle	Pentothal—S35 sodium salt, No. SJ-77.	Ampule: 110 mm. x 13 mm. or Vial: 38.40 mm. x 11 mm.	Sept. 19, 1972
Do	Codeine (N-methyl-C14) Hydrochloride No. CFA-421.	Ampule: 10 cc.	Mar. 27, 1972

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	d-(side chain ^{3}H) Amphetamine Sulfate Number TRK-444.	Ampoule: 5 ml	Sept. 20, 1973
Do	Lysergic acid di[1—^{14}C] ethylamide, catalog No. C.F.A. 534.	Ampoule: 0.6 mg. to 8.1 mg.	July 2, 1974
Do	T-3 RIA Kit Catalog No. IM. 74	Kit	Nov. 4, 1974
Do	Pheno [2—^{14}C] barbital Catalog No. C.F.A. 537.	Ampoule: 50 microcuries.	Nov. 5, 1974
Do	Do	Ampoule: 250 microcuries.	Do.
Do	[15, 16(n)—^{3}H] Etorphine, Catalog No. T.R.K. 476.	Ampoule: 250 microcuries.	Nov. 19, 1974
Do	[2(n)—^{3}H] Lysergic acid diethylamide, No. T.R.K. 461.	Ampoule: 0.003 mg. to 0.04 mg.	May 22, 1974
Do	[15, 16(n)—^{3}H] Etorphine Catalog No. T.R.K. 476.	Ampoule: 1 millicurie	Feb. 17, 1975
Do	(—)Δ^{1}—Tetrahydro [3′, 5′—^{14}C] Cannabinol Catalog No. C.F.A. 538.	Ampoule: 10 and 50 microcuries.	Mar. 5, 1975
Do	d-[methylene ^{14}C] Amphetamine Sulphate, catalog No. C.F.A. 544.	Ampoule: 110 x 13 mm.	June 11, 1975
Do	T-4 RIA Kit, catalog No. IM 80.	Kit containing: 50 tests.	Nov. 25, 1975
Do	T-4 RIA Kit, catalog No. IM 801.	Kit containing: 100 tests.	Do.
Do	T-4 RIA Kit, catalog No. IM 801A.	Do	Do.
Amersham/Searle Corp.	Δ1-[G—^{3}H] Tetrahydrocannabinol, No. T.R.K. 446.	Ampoule: 0.005 mg. to 0.06 mg.	Feb. 26, 1974
Do	[1(n)—^{3}H] Morphine, No. T.R.K. 447.	Ampoule: 0.002 mg. to 0.015 mg.	Do.
Do	[1(n)—^{3}H] Codeine, No. T.R.K. 448.	Do	Do.
Do	Diacetyl [1(n)—^{3}H] morphine, No. T.R.K. 449.	Ampoule: 0.003 mg. to 0.012 mg.	Do.
Do	[1,7,8(n)—^{3}H])Dihydromorphine, No. T.R.K. 450.	Ampoule: 0.0008 mg. to 0.008 mg.	Do.
Analytical Chemists, Inc.	Sodium Barbital Buffer, Catalog Nos. 1-5100 and 1-5200.	Vial: 20.6 g	Aug. 14, 1972
Do	Agarose Universal Electrophoresis Film, Catalog No. 1-1000.	Plate: 5 ml	Do.
Analytical Systems	Toxi-Discs A, 121, A-1; 122, A-2; 124, A-4.	Disc: ⅛ in x 0.2 mm	May 6, 1975
Do	Toxi-Discs B, 125, B-1; 126, B-2; 127, B-3; 128, B-4.	Do	Do.
Applied Sciences Laboratories, Inc.	Mixture 1—opiates	Vial: 1 ml	Oct. 4, 1972
Do	Mixture 2—stimulants	Do	Do.
Do	Mixture 3—depressants	Do	Do.
Do	Mixture 4—barbiturates	Do	Do.
Do	Mixture 5—kit of representatives	Do	Do.
Do	Opiates, Mixture 1 Number 01830	Vial: 10 ml	Oct. 4, 1973
Do	Stimulants, Mixture 2 Number 01831.	Do	Do.
Do	Depressants, Mixture 3 Number 01832.	Do	Do.
Do	Barbiturates, Mixture 4 Number 01833.	Do	Do.
Do	Allylisobutylbarbituric acid, No. 01742.	Vial: 1 ml	Jan. 24, 1973
Do	Alphenal, No. 01743	Do	Do.
Do	Amobarbital, No. 01744	Do	Do.
Do	Amphetamine HCL, No. 01745	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Aprobarbital, No. 01746	Do	Do.
Do	Barbital, No. 01747	Do	Do.
Do	Butabarbital, No. 01748	Do	Do.
Do	Butethal, No. 01749	Do	Do.
Do	Cocaine, No. 01750	Do	Do.
Do	Codeine, No. 01751	Do	Do.
Do	Diallybarbituric acid, No. 01752	Do	Do.
Do	Ethchlorvynol, No. 01753	Do	Do.
Do	Ethinamate, No. 01754	Do	Do.
Do	Ethylmorphine HCL, No. 01755	Do	Do.
Do	Glutethimide, No. 01756	Do	Do.
Do	Hexobarbital, No. 01757	Do	Do.
Do	Hydrocodone Bitartrate, No. 01758	Do	Do.
Do	Meperidine HCL, No. 01759	Do	Do.
Do	Mephobarbital, No. 01760	Do	Do.
Do	Meprobamate, No. 01761	Do	Do.
Do	Mescaline, No. 01762	Do	Do.
Do	Methadone HCL, No. 01763	Do	Do.
Do	Methamphetamine HCL, No. 01764	Do	Do.
Do	Methylphenidate, No. 01774	Do	Do.
Do	Morphine, No. 01765	Do	Do.
Do	Nalorphine, No. 01766	Do	Do.
Do	Pentobarbital, No. 01767	Do	Do.
Do	Phenazocine H Br, No. 01768	Do	Do.
Applied Sciences Laboratories, Inc.	Phencyclidine HCL, No. 01769	Vial: 1 ml.	Jan. 24, 1973
Do	Phenobarbital, No. 01770	Do	Do.
Do	Secobarbital, No. 01771	Do	Do.
Do	Thebaine, No. 01772	Do	Do.
Do	Thiamylal, No. 01773	Do	Do.
Beckman Instruments, Inc. (Spinco Division)	ASO buffer, pH 7.2	Tube: 2.7 grams	Aug. 31, 1973
Do	Beckman buffer B-1	Packet: 12.14 gm	Apr. 24, 1971
Do	Beckman buffer B-2	Packet: 18.16 gm	Do.
Beckman Instruments, Inc. (diagnostic operations)	Human thyroid stimulating hormone kit, single label:	Kit, containing:	Nov. 26, 1974
	No. 566185	10 tests	
	No. 566186	25 tests	
	No. 566187	50 tests	
	No. 566188	100 tests	
Do	Human thyroid stimulating hormone kit, double label:	Kit, containing:	Do.
	No. 566173	10 tests	
	No. 566174	25 tests	
	No. 566175	50 tests	
	No. 566176	100 tests	
Do	Triiodothyronine kit, single label:	Kit, containing:	Do.
	No. 566177	10 tests	
	No. 566178	25 tests	
	No. 566179	50 tests	
Do	Triiodothyronine kit, double label:	Kit, containing:	Do.
	No. 566181	10 tests	
	No. 566182	25 tests	
	No. 566183	50 tests	
Do	Thyroxine kit, single label:	Kit, containing:	Do.
	No. 566165	10 tests	
	No. 566166	25 tests	
	No. 566167	50 tests	
Do	Thyroxine kit, double label:	Kit, containing:	Do.
	No. 566169	10 tests	
	No. 566170	25 tests	
	No. 566171	50 tests	
Do	Digoxin kit, single label:	Kit, containing:	Do.
	No. 566157	10 tests	
	No. 566158	25 tests	
Do	Digoxin kit, double label:	Kit, containing:	Do.
	No. 566161	10 tests	
	No. 566162	25 tests	

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Beetum, Dickinson and Co. (Spectra Biologicals Division)	HepaScreen CEP barbital buffer, No. K-751.	Envelope: 3.5" x 5.5"	Aug. 11, 1972
Do	HepaScreen CEP plates, Nos. K-742 and K-743.	Plate: 3.5" x 3.6"	Do.
Behring Diagnostics, American Hoechst Corp.	Immuno-tecR II Agarose Plates	Foil pouch: 5.35 by 5.25 in.	Jan. 16, 1976
Do	IEP Buffer pH 8.2	Foil pouch: 5.35 by 5.25 in., 65 g	Do.
Biomedical Products Corp.	Barbiturate stock standard, 3-1303	Bottle: 100 ml	Apr. 18, 1975
Do	Mayer's hematoxylin solution, 6-1192.	Bottle: 100 ml, 500 ml, 1,000 ml., 1 gal.	Do.
Bio-Rad Laboratories, Inc.	Bio-Rad electrophoresis buffer	Bottle: 500 ml.	Dec. 14, 1972
Bio-Rad Laboratories	Barbital Buffer-Dry Pack	Package: 9.11 gm.	May 9, 1974
Do	Do	Package: 18.21 gm.	Do.
Do	Do	Package: 12.14 gm.	Do.
Do	Electrophoresis buffer, dry-pack	Package: 6.15 gm.	Dec. 14, 1972
Do	Reagent No. 3	Bottle: 165 cc.	Do.
Do	Immunoelectrophoresis Barbital Buffer I, pH 8.6.	Dry-pack: 25.6 gm.	Aug. 6, 1975
Do	Immunoelectrophoresis Barbital Buffer II, pH 8.6.	Dry-pack: 15.61 gm.	Do.
Do	Immunoelectrophoresis Barbital Buffer III-a, pH 8.8.	Dry-pack: 15.07 gm.	Do.
Bio-Reagents & Diagnostics, Inc.	Prochex No. 700-225	Vial: 25 ml.	Mar. 9, 1973
Do	Prochex No. 1, No. 701-025	Do	Do.
Do	Prochex No. 1 (Alternate Formula) No. 702-025.	Do	Do.
Do	Prochex No. 2, No. 703-025	Do	Do.
Do	Prochex No. 3, No. 704-025	Do	Do.
Do	Prochex No. 4, No. 705-025	Do	Do.
Do	Prochex No. 5, No. 706-025	Do	Do.
Do	Prochex No. 6, No. 707-025	Do	Do.
Do	Prochex No. 7, No. 708-025	Do	Do.
Do	Prochex No. 8, No. 709-025	Do	Do.
Do	Prochex No. 9, No. 710-025	Do	Do.
Do	Prochex No. 10, No. 711-025	Do	Do.
Do	Prochex No. 10 (Alternate Formula) No. 712-025	Do	Do.
Bio-Reagents & Diagnostics, Inc.	Prochex No. 11, No. 713-025	Vial: 25 ml.	Mar. 9, 1973
Do	Prochex No. 12, No. 714-025	Do	Do.
Do	Prochex No. 13, No. 715-025	Do	Do.
Do	Prochex No. 14, No. 716-025	Do	Do.
Do	Prochex No. 15, No. 717-025	Do	Do.
Do	Prochex No. 15, (Alternate Formula) No. 718-025	Do	Do.
Do	Prochex No. 16, No. 719-025	Do	Do.
Do	Prochex No. 18, No. 721-025	Do	Do.
Do	Prochex No. 19, No. 722-025	Do	Do.
Do	Prochex No. 20, No. 723-025	Do	Do.
Do	Toxicology control urine-dried No. 6716-25.	Bottle: 25 ml.	June 25, 1973
Do	Toxicology control serum-dried No. 6726-10.	Bottle: 10 ml.	Do.
Do	Toxicology urine proficiency control-dried No. 6736-25.	Bottle: 25 ml.	Do.
Do	Urine Control II No. 695-425	Bottle: 25 ml.	June 2, 1975
Brinkmann Instruments, Inc.	Brinkmann Drug-Skreen Drug standard—set I, No. 3505000-1.	Vial: 2 ml.	Aug. 14, 1973
Do	Brinkmann Drug-Skreen Drug standard—set II, No. 3505010-8.	Do	Do.
Buchler Instruments	Buffer salt-type I, barbital-sodium, barbital mixture pH 8.6 No. 3-1035.	Vial: 36.36 gm.	Dec. 6, 1972
Do	Buchler instrument buffer B-2 double strength, pH 8.6, 0.075 m No. 93834.	Vial: 36.36 grams	Sept. 15, 1971

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Burroughs Wellcome Co.	Lanoxiteat beta digoxin radioimmunoassay kit with tritiated digoxin No. KT07.	Bottle: 125 ml.	Nov. 16, 1972
California Bionuclear Corp.	Amobarbital-2-C-14, catalog No. 72077.	Screw cap vial: 50 uCi, 0.1, 0.5, and 1 mCi.	Jan. 8, 1975
Do	D-Amphetamine (propyl-1-C-14) sulfate, catalog No. 72078.	Do	Do.
Do	DL-Amphetamine (propyl-1-C-14) sulfate, catalog No. 72079.	Do	Do.
Do	Cocaine (methoxy-C-14) catalog No. 72182.	Do	Do.
Do	Meperidine (N-methyl-C-14) hydrochloride, catalog No. 72508.	Do	Do.
Do	Mescaline (aminomethylene-C-14) hydrochloride, catalog No. 72512.	Do	Do.
Do	Methadone (heptanone-2-C-14) hydrochloride, catalog No. 72516.	Do	Do.
Do	Methamphetamine (propyl-1-C-14) sulfate, catalog No. 72517.	Do	Do.
Do	Methyl phenidate (carbonyl-C-14) hydrochloride, catalog No. 72550.	Do	Do.
Do	Morphine (n-methyl-C-14) hydrochloride, catalog No. 72560.	Do	Do.
Do	Pentobarbital-2-C-14, catalog No. 72618.	Do	Do.
Do	Secobarbital-2-C-14, catalog No. 72675.	Ampoule: 50 uCi, 0.1, 0.5, and 1 mCi.	Do.
Chemed Corp. (Dearborn Chemical Division)	Zinc reagent No. 2, No. 704	Pillow: 10 mg. each	June 23, 1971
Collaborative Research, Inc.	Kit to include: LSD antiserum No. Z-20; I-125-LSD-Polymer No. Z-11; LSD standard.	Bottle: 1 and 2 dram	Nov. 14, 1972
Clarkson Laboratory and Supply, Inc.	Hematoxylin stain, Mayer's No. S-1302.	Gallon	Dec. 12, 1972
Collaborative Research, Inc.	Radioimmunoassay of Tetrahydrocannabinol.	Kit containing: Δ^9-THC antiserum; ^{3}H—Δ^9-THC antigen; Assay buffer; Dextran coated charcoal; ^{14}C Δ^9-THC standard; Normal rabbit serum	Jan. 5, 1976
Do	^{3}H Δ^9-THC Antigen	Vial: 1 ml.	Do.
Do	^{14}C HΔ^9-THC Standard	Do	Do.
Cordis Laboratories	Barbital-acetate buffer, powder 709-317.	Package: 20 envelopes—10.65 grams per envelope.	July 27, 1972
Do	CEP V No. 709-308	Plate: 80 mm. x 100 mm. x 2.2 mm.	Aug. 9, 1973
Do	CEP V No. 709-328	Plate: 40 mm. x 80 mm. x 2.5 mm.	Do.
Do	CEP VII No. 709-323	Do	Do.
Do	CEP V No. 709-338	Plate: 40 mm. x 80 mm. x 2.5 mm.	Do.
Do	CEP VI No. 709-309	Plate: 80 mm. x 100 mm. x 2.2 mm.	Do.
Cordis Laboratories	CEP VI No. 709-329	Plate: 40 mm. x 80 mm. x 2.5 mm.	Aug. 9, 1973
Do	CEP VI No. 709-339	Do	Do.
Do	CEP plate-amebiasis testing 10 test No. 730-271.	Plate: 40 mm. x 80 mm. x 2.5 mm.	Do.
Do	CEP plate-amebiasis testing 40 test No. 730-274.	Do	Do.
Do	Counterelectrophoresis, plates CEP I 709-304.	Package: 5 plates—13 ml. per plate.	Do.
Do	Counterelectrophoresis, plates CEP II 709-305.	Do	Do.
Do	Counterelectrophoresis, plates CEP III 709-306.	Do	Do.
Do	Counterelectrophoresis, plates CEP IV 709-307.	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Counterelectrophoresis, plates CEP I 709-324.	Package: 10 plates—8.5 ml. per plate.	Do.
Do	Counterelectrophoresis, plates CEP II 709-325.	Do	Do.
Do	Counterelectrophoresis, plates CEP III 709-326.	Do	Do.
Do	Counterelectrophoresis, plates CEP IV 709-327.	Do	Do.
Do	Counterelectrophoresis (CEP) Plates for Trichinosis Testing.	Plastic Plates: 40 mm x 30 mm x 2.5 mm.	June 16, 1975
Do	GVB++ buffer, 753-087	Bottle: 50 ml.	Aug. 9, 1973
Do	Glucose—GVB++ buffer, 753-036	Do	Do.
Do	EDTA (0.014AM)—GVB buffer, 753-034.	Bottle: 5 ml.	Do.
Do	EDTA (0.01M)—GVB buffer, 753-031.	Do	Do.
Do	5X Isotonic veronal buffer	Bottle: 1,000 ml.	Do.
Curtis Nuclear Corp.	FeRRONEX Kit No. 00250	Vial: 8 ml.	Sept. 19, 1973
Diagnostics, Inc.	DiAgAu Buffer, No. 65	Bottle: 1 gal.	May 7, 1973
Do	DiAgAu Plates, No. 50	Plate: 16 ml.	Do.
Do	DiAgAu Plates, No. 55	Do	Do.
Diagnostic Products Corp.	T-3 Antiserum	Serum Vial: 10 ml.	June 12, 1975
Do	125 I T-3	Do	Do.
Do	T-4 Antiserum	Do	Do.
Do	125 I T-4	Do	Do.
Do	Goat Anti-Rabbit Gamma Globulin	Do	Do.
Dow Chemical Co.	Iodine-125 Triiodothyronine Lyophilized.	Vial: 20.5 ml.	May 22, 1975
Do	Antitriiodothyronine Serum Lyophilized.	Do	Do.
Do	ANSA Buffer Lyophilized	Do	Do.
Do	Dextran Lyophilized	Do	Do.
Do	Activated charcoal, T3 RIA	Vial: 3 g	May 1, 1975
Paul B. Elder Co.	Fisher body heat indicator	Bottle: pint	July 30, 1973
Do	338° F Tempilaq	Glass bottle: 16 fl. oz.	July 3, 1975
Electro-Nucleonics Laboratories, Inc.	Morphine (3H), List No. 4005	Glass vial: 5 ml.	June 20, 1975
Do	Morphine Positive Control, List No. 4006.	Glass vial	Do.
Environmental Chemical Specialties, Inc.	Dextran Coated Charcoal Solution	Bottle: 1,000 ml.	Mar. 26, 1973
Do	TBG-Radiothyroxine Solution	Do	Do.
Fisher Scientific Co.	Electrophoretic buffer No. 1, pH 8.60, ionic strength 0.05, catalog No. E-1.	Packet: 12.14 grams	Oct. 27, 1973
Do	Electrophoretic buffer No. 2, pH 8.60, ionic strength 0.075, catalog No. E-2.	Packet: 18.16 grams	Do.
Flow Laboratories	DGV No. 3-080	Bottle: 125 ml.	Apr. 16, 1973
Do	CEP Buffer No. 3-083	Bottle: 125 ml.	Do.
Do	CEP Plate No. 5-076	Plate: 20 ml.	Do.
Do	Merthiolate No. 6-088B	Bottle: 20 ml.	Do.
Do	Barbitone acetate buffer for electrophoresis code No. BR 11g.	Bottle: 100 gms.	June 21, 1974
Do	Complement fixation test, diluent tablets code No. BR 16.	Bottle: 100 tablets	Do.
Gelman Instruments Co.	Drug Standard Set, No. 51910	Set: 3 vials of 2 ml. each.	Apr. 6, 1972
Do	Drug Control Set, No. 51911	Set: 3 vials of 50 ml. each.	Do.
Do	High Resolution, buffer-Tris Barbital buffer, No. 51104.	Vial: 10 dr.	Dec. 22, 1971
General Diagnostics	fas T3, No. 36903	Vial: 10.5 cm x 1.2 cm	Aug. 26, 1972
Grand Island Biological Co.	Dextrose-Gelatin-Veronal Buffer Solution NDC No. 815-0566-1 and No. 815-0566-2.	Bottle: 100 ml. and 500 ml.	July 5, 1973

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Complement Fixation Buffer Solution, pH 7.3-7.4, NDC 011815 0247 1.	Bottle: 1 Liter	Jan. 28, 1974
Do	Diseragen, NDC 011815 1548 1	Vial: 50 ml.	Nov. 21, 1973
Do	Diseragen, NDC 011815 1548 2	Vial: 100 ml.	Do.
Do	Dextrose-Gelatin-Veronal with Bovine Albumin.	Do	Do.
Do	Do	Vial: 500 ml.	Do.
Grand Island Biological Co.	Electrophoresis Buffer Solution, pH 8.6, NDC 011815 0245 1.	Bottle: 1 Liter	Jan. 28, 1974
Do	I.E.P. Buffer Solution, pH 8.2, NDC 011815 0246 1.	Do	Do.
Do	Gibform Indicator Cells, NDC 011815 0220.	Vial: 40 ml.	Feb. 21, 1975
Do	Gibform Adsorption Cells, NDC 011815 0225.	Vial: 20 ml.	Do.
Do	GIBFORM RBC Diluent	Glass bottle: 500 ml.	July 23, 1975
Gugol Science Corp.	Gugol concentrate No. 10109	Vials: 20 ml., 90 ml., and 450 ml.	Mar. 23, 1972
Hach Chemical Co.	pH 8.5 buffer powder pillows, No. 920-85.	Pillow: 0.5 gm. each	Nov. 30, 1971
Do	pH 8.3 buffer powder pillows, No. 896-98.	Pillow: 1 gram each	Do.
Do	Zincover II powder pillows, No. 2917.	Do	Do.
Do	Buffered substrate, glycerophosphate, Roe & Whitmore, pH 9.6, No. 20060.	Vial: 0.855 gram per 100 ml.	Do.
Do	Buffered substrate, glycerophosphate, Shinowara, Jones & Reinhart, pH 10.9, No. 20063.	Vial: 0.925 gram per 100 ml.	Do.
Do	Buffered substrate, glycerophosphate, Shinowara, Jones & Reinhart—Stock, No. 20061.	Vial: 1.35 gram per 100 ml.	Do.
Do	Buffered substrate, glycerophosphate, Shinowara, Jones & Reinhart, pH 5.0, No. 20062.	Vial: 0.925 gram per 100 ml.	Do.
Helena Labs.	Electra HR Buffer Catalog No. 5806.	Packet: 18.1 g, 10 packets per box.	Dec. 28, 1973
Do	Electra B_1 Buffer Catalog No. 5016	Packet: 12.14 g, 10 packets per box.	Do.
Do	Electra B_2 Buffer Catalog No. 5017	Packet: 18.21 g, 10 packets per box.	Do.
Do	Titan III Agar Catalog No. 5023	Vial: 2 ml.	Do.
Do	Titan IV IE Plate (small)	Package: plates, 1 by 3 in.	Do.
Do	Titan IV IE Plate (large)	Package: plates, 3 by 4 in.	Do.
Do	Titan IV IE Plate Kit	Kit: 12 small (1 by 3 in.) IE Plates, 1 box B_1 Buffer.	Do.
Do	Titan IV IE Plate Kit	Kit: 10 large (3 by 4 in.) IE Plates, 1 box B_1 Buffer.	Do.
Hoffman-La Roche, Inc.	Abuscreen radio-immunoassay for morphine (^{125}I), No. 43021.	Vial: 30 ml.	Sept. 27, 1972
Do	Abuscreen radio-immunoassay for morphine (^{3}H), No. 43016.	Vial: 60 ml.	Do.
Do	Abuscreen Radioimmunoassay for Barbiturates (^{3}H).	Vial: 60 ml. and 5 ml.	July 6, 1973
Do	Abuscreen Radioimmunoassay for Barbiturates (^{125}I).	Vial: 60 ml. and 5 ml.	Do.
Do	Abuscreen Radioimmunoassay for Barbiturates (^{125}I).	Vial: 30 ml. and 500 ml.	Do.
Do	Abuscreenu Mor-Barb Radioimmunoassay for Morphine-Barbiturates.	Vial: 5 ml., 60 ml., and 100 ml. Bottle: 500 ml.	Dec. 27, 1973

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Abuscreen Radio-immunoassay for Amphetamine.	Kit containing Vials of 5 ml., 30 ml., and 100 ml. and Bottle: 500 ml.	Jan. 14, 1974
Do	Abuscreen Radioimmunoassay for Morphine (^{125}I).	Vial: 100 ml. and 500 ml.	Sept. 27, 1972
Do	Abuscreen Radioimmunoassay for Morphine (^{3}H).	Do	Do.
Do	Latex tube test kit for morphine:	Kit: 30 to 200 tests	Dec. 6, 1974
Do	TM Abuscreen radioimmunoassay for Methadone.	Kit containing vials of: 5 ml., 30 ml., and 100 ml., and bottle: 500 ml.	June 17, 1974
Do	TM Abuscreen radioimmunoassay for Methaqualone.	Do	Do.
Hyland Division Travenol Laboratories, Inc.	Agar gel plates No. 3008	Package: 8 plates—25 ml. per plate.	Aug. 31, 1971
Do	Agar gel plates No. 3016	Package: 10 plates—25 ml. per plate.	Do.
Do	Agar gel plates No. 3068	Do	Do.
Do	Buffer No. 3017	Vial: 250 ml.	Do.
Do	Buffer No. 3069	Do	Do.
Do	Diluting fluid No. 3490	Vial: 10 ml.	Do.
Do	Partial thromboplastin liquid No. 3481.	Vial: 0.1 ml.	Do.
Do	PTC reagent dried, No. 3497	Vial: 1 ml.	Do.
Hyland Division Travenol Laboratories, Inc.	Supplemental urine clinical chemistry control, dried, No. 0402 and No. 0521.	Vial: 25 ml.	Aug. 31, 1971
Do	Partial thromboplastin, dried, No. 3491.	Vial: 1 ml. and 5 ml.	Do.
Do	Agar gel plates, No. 3794	Plate: 25 ml.	Aug. 1, 1972
Do	Buffer, No. 3793	Vial: 250 ml.	Do.
Do	Toxicology serum control, dried, No. 0541.	Vial: 10 ml.	Oct. 26, 1972
Do	Toxicology urine control, dried, No. 0542.	Do	Do.
Do	T-1	Vial: 20 ml.	Jan. 13, 1976
Do	T-2	Do	Do.
Do	T-4	Vial: 50 ml.	Do.
Do	T-5	Do	Do.
Do	T-6	Vial: 20 ml.	Do.
Do	T-7	Do	Do.
Do	T-8	Vial: 50 ml.	Do.
Do	T-9	Do	Do.
Do	T-10	Do	Do.
Do	T-11	Vial: 20 ml.	Do.
Do	T-12	Do	Do.
Do	T-14	Vial: 50 ml.	Do.
Do	T-15	Do	Do.
Do	T-16	Vial: 20 ml.	Do.
Do	T-18	Vial: 50 ml.	Do.
Do	T-20	Do	Do.
Do	TC-1	Vial: 5 ml.	Do.
Do	TC-2	Do	Do.
ICL Scientific	EIQ Intensifier	Bottle: 7.6 gm.	Feb. 26, 1975
Do	Diluent 1	Vial: 10 and 25 ml.	Do.
Industrial Biological Laboratories, Inc.	DGV solution	Vial: 100 cc.	Dec. 28, 1971
Instrumentation Laboratory, Inc.	Tris-Barbital Buffer No. 33205	Vial: 12 dram	Feb. 21, 1971
Do	Barbital Buffer (B-2) No. 33206	Do	Do.
Do	EDTA-Barbital Buffer No. 33207	Do	Do.
Do	Barbital-Acetate Buffer No. 33208	Do	Do.
Inolex Corp. Biomedical Division.	Barbitone Acetate Buffer, Product Code 71-161-01.	Bottle: 125 gm.	May 29, 1974
Do	Barbitone Acetate Buffer with Calcium Lactate, Product Code 71-162-01.	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Barbitone C.F.T. Diluent, Product Code 63-163-10.	Bottle: 100 tablets	Do.
J.W.S. Delavau., Inc., and the Theta Corp.	Allobarbital No. FP305	Vial: 2 ml.	Apr. 10, 1973
Do	Amobarbital No. FP313	Do	Do.
Do	Amphetamine No. FP604	Do	Do.
Do	Anileridine No. FP203	Do	Do.
Do	Aprobarbital No. FP306	Do	Do.
Do	Barbital No. FP314	Do	Do.
Do	Butabarbital No. FP315	Do	Do.
Do	Butalbital No. FP307	Do	Do.
Do	Chloral Betaine No. FP502	Do	Do.
Do	Chloral Hydrate No. FP501	Do	Do.
Do	Cocaine No. FP601	Do	Do.
Do	Codeine No. FP102	Do	Do.
Do	Cyclobarbital No. FP308	Do	Do.
Do	Diphenoxylate No. FP205	Do	Do.
Do	Dyhydrocodeine No. FP108	Do	Do.
Do	Ethchlorvynol No. FP508	Do	Do.
Do	Ethylmorphine No. FP106	Do	Do.
Do	Fentanyl No. FP211	Do	Do.
Do	Glutethimide No. FP404	Do	Do.
Do	Heptabarbital No. FP309	Do	Do.
Do	Hexobarbital No. FP303	Do	Do.
Do	Hydrocodone No. FP107	Do	Do.
Do	Hydromorphine No. FP103	Do	Do.
Do	Levorphanol No. FP208	Do	Do.
Do	Marker Mixture No. FPM-104	Do	Do.
Do	Marker Mixture No. FPM-201	Do	Do.
Do	Meperidine No. FP201	Do	Do.
Do	Mephobarbital No. FP301	Do	Do.
Do	Meprobamate No. FP402	Do	Do.
Do	Methadone No. FP206	Do	Do.
Do	Methamphetamine No. FP603	Do	Do.
Do	Metharbital No. FP302	Do	Do.
Do	Methohexital No. FP304	Do	Do.
Do	Methylphenidate No. FP605	Do	Do.
Do	Monthly Urine Test No. FPM-103	Do	Do.
J.W.S. Delavau Co., Inc., and the Theta Corp.	Morphine No. FP101	Vial: 2 ml.	Apr. 10, 1973
Do	Oxycodone No. FP109	Do	Do.
Do	Oxymorphone No. FP104	Do	Do.
Do	Paraldehyde No. FP506	Do	Do.
Do	Pentobarbital No. FP318	Do	Do.
Do	Phenazocine No. FP213	Do	Do.
Do	Phenametrazine No. FP606	Do	Do.
Do	Phenobarbital No. FP320	Do	Do.
Do	Piminodine No. FP202	Do	Do.
Do	Probarbital No. FP319	Do	Do.
Do	Secobarbital No. FP310	Do	Do.
Do	Talbutal No. FP311	Do	Do.
Do	Thiamylal No. FP322	Do	Do.
Do	Thiopental No. FP321	Do	Do.
Do	Vinbarbital No. FP312	Do	Do.
Do	Weekly urine test (FDA) No. FPM-101.	Do	Do.
Do	Weekly urine test (States) No. FPM-102.	Do	Do.
Do	Test mixture TM No. 1	Do	June 19, 1974
Do	Test mixture TM No. 2	Do	Do.
Do	Test mixture SM No. 1	Do	Do.
Do	Test mixture SP No. 1	Do	Do.
Do	Test mixture SM No. 2	Do	Do.
Do	Test mixture SP No. 2	Do	Do.
Do	Test mixture SM No. 3	Do	Do.
Do	Test mixture SP No. 3	Do	Do.
Do	Test mixture SM No. 4	Do	Do.
Do	Test mixture SP No. 4	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Kallestad Labs, Inc.	Osmotect Buffer No. M 101	Vial: 7 dram, 7.4 g per vial, 5 vials per package.	May 17, 1972
Do	Buffer No. C135	Vial: 7 dram	Do.
Do	Osmotect Agar Gel Plate Kit No. M 100.	Plate: 2 ml., 6 per kit.	Do.
Lederle Laboratories Division of American Cyanamid Co.	DGV buffer, 5x No. 2606-37	Vial: 20 ml.	Nov. 19, 1971
Do	Serum toxicology control drugs A, No. 2040-69.	Vial: 10 ml.	Do.
Do	Abnormal urine control, No. 2021-80.	Vial: 25 ml.	Do.
Do	Urine toxicology control drugs I, No. 2950-61.	Do	Do.
Do	Urine toxicology drugs I screening proficiency, No. 2951-61.	Do	Mar. 13, 1972
Do	Urine toxicology control drugs 2—barbiturates, No. 2952-61.	Do	Do.
Do	Urine toxicology control drugs 2—barbiturates, proficiency No. 2953-61.	Do	Do.
Do	Urine toxicology control drugs 3—amphetamines No. 2954-61.	Do	Do.
Do	Urine toxicology control drugs 3—amphetamines, proficiency No. 2955-61.	Do	Do.
Do	Urine toxicology control, drugs 4—alkaloid No. 2956-61.	Do	Do.
Do	Urine toxicology control, drugs 4—alkaloid, proficiency No. 2957-61.	Do	Do.
Lederle Laboratories	Urine drug check kit No. 2958-91 to include: UDC 1 No. 2959-38.	Bottle: 25 ml.	Apr. 4, 1973
Do	UDC 1a No. 2979-38	Do	Do.
Do	UDC 2 No. 2960-38	Do	Do.
Do	UDC 3 No. 2961-38	Do	Do.
Do	UDC 4 No. 2962-38	Do	Do.
Do	UDC 5 No. 2963-38	Do	Do.
Do	UDC 6 No. 2964-38	Do	Do.
Do	UDC 7 No. 2965-38	Do	Do.
Do	UDC 8 No. 2966-38	Do	Do.
Do	UDC 9 No. 2967-38	Do	Do.
Do	UDC 10 No. 2968-38	Do	Do.
Do	UDC 10a No. 2980-38	Do	Do.
Do	UDC 11 No. 2969-38	Do	Do.
Do	UDC 12 No. 2970-38	Do	Do.
Do	UDC 13 No. 2971-38	Do	Do.
Do	UDC 14 No. 2972-38	Do	Do.
Do	UDC 15 No. 2973-38	Do	Do.
Do	UDC 15a No. 2981-38	Do	Do.
Do	UDC 16 No. 2974-38	Do	Do.
Lederle Laboratories	UDC 17 No. 2975-38	Bottle: 25 ml.	Apr. 4, 1973
Do	UDC 18 No. 2976-38	Do	Do.
Do	UDC 19 No. 2977-38	Do	Do.
Do	UDC 20 No. 2978-38	Do	Do.
LKB Instruments, Inc.	Barbital Buffer pH 8.6, No. LKB-5104-180.	Vial: 290 ml.	Jan. 3, 1974
Mallard, Inc.	High resolution buffer-tris barbital buffer No. 51104.	Vial: 1½ dram	Dec. 22, 1971
Mallinckrodt Chemical Works.	Res-O-Mat ETR solution	Vial: 1½ dram	Feb. 17, 1972
Do	Res-O-Mat T4 solution	Do	Do.
Do	Res-O-Mat ETR Solution	Bottle: 16 oz. and imperial gallon.	Aug. 28, 1974
Do	Res-O-Mat T4 Solution	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Mallinckrodt	RIA-MAT Circulating T3 I125 Kit, Cat. No. 501:	Kit containing the following:	Jan. 28, 1974
	RIA-MAT T3 Buffer	Bottle: 100 ml.	
	RIA-MAT T3 Antiserum	Vial: 2.5 ml.	
	RIA-MAT T3 Reaction Vial	Vial: 1 ml.	
	RIA-MAT T3 Standard 0 ng/ml	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 0.5 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 1.0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 2.0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 6.0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T4 I-125 kit	Kits containing: 100 tests and 250 tests.	Apr. 3, 1975
Materials & Technology Systems, Inc.	Carboxymethylmorphine Sensitized RBC.	Vial: 50 ml.	May 3, 1973
Do	Carboxymethyl-morphine	Vial: 8 ml.	Do.
Do	Carboxymethyl-morphine bovine serum albumin or rabbit serum albumin.	Do	Do.
Do	Ecfonine Sensitized RBC	Do	Do.
Do	5-ethyl-5-(1-carboxy-n-propyl) barbituric acid Sensitized RBC.	Do	Do.
Do	5-ethyl-5-(1-carboxy-n-propyl) barbituric acid.	Vial: 8 ml. and 10 ml.	Do.
Do	5-ethyl-5-(1-carboxy-n-propyl) barbituric acid bovine serum albumin or rabbit serum albumin.	Vial: 8 ml.	Do.
Do	Ecgonine bovine serum albumin or rabbit serum albumin.	Do	Do.
Do	Tropinecarboxylic acid	Vial: 8 ml. and 10 ml.	Do.
Do	Morphine standard	Vial: 10 ml	July 17, 1973
Do	Morphine-urine standard	Vial: 25 ml	Do.
Do	Ecgonine-urine standard	Do	Do.
Do	Barbiturate-urine standard	Do	Do.
Do	Benzoyl Ecgonine	Vial: 25 mg. and 100 mg.	Apr. 18, 1974
Do	Benzoyl Ecgonine-Urine Standard.	Vial: 25 ml. 3 mcg./ml.	Do.
Do	Benzoyl Ecgonine-Urine Standard Lyophilized.	Vial: 75 mcg.	Do.
Do	Cocaine-Urine Standard	Vial: 25 ml. 3 mcg./ml.	Do.
Do	Cocaine-Urine Standard Lyophilized	Vial: 75 mcg.	Do.
Do	Methadone-Urine Standard	Vial: 25 ml. 3 mcg./ml.	Do.
Do	Methadone-Urine Standard Lyophilized.	Vial: 75 mcg.	Do.
Do	Phenobarbital-Urine Standard	Vial: 25 ml. 5 mcg./ml.	Do.
Do	Phenobarbital-Urine Standard Lyophilized.	Vial: 125 mcg.	Do.
Do	Secobarbital-Urine Standard	Vial: 25 ml. 5 mcg./ml.	Do.
Do	Secobarbital-Urine Standard Lyophilized.	Vial: 125 mcg.	Do.
Do	Amobarbital-Urine Standard	Vial: 25 ml. 5 mcg./ml.	Do.
Do	Amobarbital-Urine Standard Lyophilized.	Vial: 125 mcg.	Do.
MCI Biomedical	IEP buffer; pH 8.2; 0.04 ionic strength.	Package: 6.510 grams.	Aug. 28, 1972
MEAD Diagnostics	T-3 test fas T, No. L6902	Vial: ½" x 1 13/16"	May 31, 1972
Do	T-4 test fas T, No. L6905	Vial: ½" x 1 13/16"	Do.
Medi-Chem, Inc.	Thymol-Barbital Buffer Concentrate pH 7.55.	Vial: 10 ml.	July 11, 1974
Do	Thymol-Barbital Buffer Concentrate pH 7.8.	Do	Do.
Medical Chemical Corp.	Secobarbital Standard 10 mg. percent, Cat. No. 250.	Bottle: 120 cc.	Feb. 22, 1974

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Meloy Laboratories	Counterelectrophoresis Plates, G-301.	Plates: 10 determinations.	Sept. 5, 1973
Do	Immunoelectrophoresis Plates, G-201.	Plates: 6 per Unit	Do.
Do	Immunostatus T3 Kit, No. K130	Cardboard box: 8⅝" x 5¼" x 2¼".	July 7, 1975
Do	Immunostatus T4 Test Kit, No. K140.	Cardboard box: 8⅝" x 5¼" x 2¼".	Do.
Lederle Laboratories	UDC 17 No. 2975-38	Bottle: 25 ml.	Apr. 4, 1973
Do	UDC 18 No. 2976-38	Do	Do.
Do	UDC 19 No. 2977-38	Do	Do.
Do	UDC 20 No. 2978-38	Do	Do.
LKB Instruments, Inc.	Barbital Buffer pH 8.6, No. LKB-5104-180.	Vial: 290 ml.	Jan. 3, 1974
Mallard, Inc.	High resolution buffer-tris barbital buffer No. 51104.	Vial: 1½ dram	Dec. 22, 1971
Mallinckrodt Chemical Works.	Res-O-Mat ETR solution	Vial: 1½ dram	Feb. 17, 1972
Do	Res-O-Mat T4 solution	Do	Do.
Do	Res-O-Mat ETR Solution	Bottle: 16 oz. and imperial gallon.	Aug. 28, 1974
Do	Res-O-Mat T4 Solution	Do	Do.
Mallinckrodt	RIA-MAT Circulating T3 I125 Kit, Cat. No. 501:	Kit containing the following:	Jan. 28, 1974
	RIA-MAT T3 Buffer	Bottle: 100 ml.	
	RIA-MAT T3 Antiserum	Vial: 2.5 ml.	
	RIA-MAT T3 Reaction Vial	Vial: 1 ml.	
	RIA-MAT T3 Standard 0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 0.5 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 1.0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 2.0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T3 Standard 6.0 ng/ml.	Vial: 1.5 ml.	
	RIA-MAT T4 I-125 kit	Kits containing: 100 tests and 250 tests.	Apr. 3, 1975
Materials & Technology Systems, Inc.	Carboxymethylmorphine Sensitized RBC.	Vial: 50 ml.	May 3, 1973
Do	Carboxymethyl-morphine	Vial: 8 ml.	Do.
Do	Carboxymethyl-morphine bovine serum albumin or rabbit serum albumin.	Do	Do.
Do	Ecgonine Sensitized RBC	Do	Do.
Do	5-ethyl-5-(1-carboxy-n-propyl) barbituric acid Sensitized RBC.	Do	Do.
Do	5-ethyl-5-(1-carboxy-n-propyl) barbituric acid.	Vial: 8 ml. and 10 ml.	Do.
Do	5-ethyl-5-(1-carboxy-n-propyl) barbituric acid bovine serum albumin or rabbit serum albumin.	Vial: 8 ml.	Do.
Do	Ecgonine bovine serum albumin or rabbit serum albumin.	Do	Do.
Do	Tropinecarboxylic acid	Vial: 8 ml. and 10 ml.	Do.
Do	Morphine standard	Vial: 10 ml.	July 17, 1973
Do	Morphine-urine standard	Vial: 25 ml.	Do.
Do	Ecgonine-urine standard	Do	Do.
Do	Barbiturate-urine standard	Do	Do.
Do	Benzoyl Ecgonine	Vial: 25 mg. and 100 mg.	Apr. 18, 1974
Do	Benzoyl Ecgonine-Urine Standard.	Vial: 25 ml. 3 mcg./ml.	Do.
Do	Benzoyl Ecgonine-Urine Standard Lyophilized.	Vial: 75 mcg.	Do.
Do	Cocaine-Urine Standard	Vial: 25 ml. 3 mcg./ml.	Do.
Do	Cocaine-Urine Standard Lyophilized.	Vial: 75 mcg.	Do.
Do	Methadone-Urine Standard	Vial: 25 ml. 3 mcg./ml.	Do.
Do	Methadone-Urine Standard Lyophilized.	Vial: 75 mcg.	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Phenobarbital-Urine Standard	Vial: 25 ml. 5 mcg./ml.	Do.
Do	Phenobarbital-Urine Standard Lyophilized.	Vial: 125 mcg.	Do.
Do	Secobarbital-Urine Standard	Vial: 25 ml. 5 mcg./ml.	Do.
Do	Secobarbital-Urine Standard Lyophilized.	Vial: 125 mcg.	Do.
Do	Amobarbital-Urine Standard	Vial: 25 ml. 5 mcg./ml.	Do.
Do	Amobarbital-Urine Standard Lyophilized.	Vial :125 mcg.	Do.
MCI Biomedical	IEP buffer: pH 8.2, 0.04 ionic strength.	Package: 6.510 grams.	Aug. 28, 1972
MEAD Diagnostics	T-3 test fas T. No. L6902	Vial: ½" x 1 13/16"	May 31, 1972
Do	T-4 test fas T_4 No. L6905	Vial: ½" x 1 13/16"	Do.
Medi-Chem, Inc.	Thymol-Barbital Buffer Concentrate pH 7.55.	Vial: 10 ml.	July 11, 1974
Do	Thymol-Barbital Buffer Concentrate pH 7.8.	Do	Do.
Medical Chemical Corp.	Secobarbital Standard 10 mg. percent, Cat. No. 250.	Bottle: 120 cc.	Feb. 28, 1974
Meloy Laboratories	Counterelectrophoresis Plates, G-301.	Plates: 10 determinations.	Sept. 5, 1973
Do	Immunoelectrophoresis Plates, G-201.	Plates: 6 per Unit	Do.
Do	Immunostatm T3 Kit, No. K130	Cardboard box: 8⅝" x 5¼" x 2¼".	July 7, 1975
Do	Immunostatm T4 Test Kit, No. K140.	Cardboard box: 8⅝" x 5¼" x 2¼".	Do.
Purex Laboratories, Inc.	Cannabis sativa, allergenic extract, 1,000 pnu/cc.	Vial: 2 cc.	Sept. 29, 1971
Do	Cannabis sativa, allergenic extract, 20,000 pnu/cc.	Vial: 50 cc.	Do.
Ortho Diagnostics	Activated Thromobo FAX No. 721000.	Bottle: 3.2 ml.	Sept. 21, 1971
Do	Hapindex, agar gel plate, No. 74000.	Plate: 43 ml. per plate	Do.
Do	Ortho abnormal plasma coagulation control.	Packet: 96.5 mg.	Sept. 21, 1971
Do	Ortho HAA positive control No. 740100.	Vial: 1 mg.	Mar. 27, 1972
Ortho Diagnostics	Ortho Control Urine II, No. 8040	Vial: 25 ml. Lyophilized	Oct. 10, 1974
Oxford Laboratories	StaT4 Adsorbent, Catalog No. 991.	Bottle: 95 ml.	Oct. 28, 1974
Do	StaT4 Adsorbent, Catalog No. 992.	Bottle: 315 ml.	Do.
Oxy Metal Industries Corp.	Compound N Solution	Steel drum: 55 gal.	Oct. 1, 1975
Regis Chemical Co.	Urine drug control set	Vial: 5 ml.	Aug. 20, 1973
Do	Drug reference standards set containing:	Vial:	Do.
	Group A	5 ml.	
	Group B	Do	
	Group C	Do	
	Group D	Do	
	Group E	5 ml.	
Schering Corp.	Hepaquik	Vial: 9 dram and plate.	July 16, 1972
Schwarz/Mann Division, Becton Dickson and Co.	D L-amphetamine sulfate C14 sterile aqueous solution.	Flask: 0.05 mc, 0.1 mc, 0.5 mc, 1.0 mc.	Sept. 14, 1972
Do	D-amphetamine sulfate C14 sterile aqueous solution.	Do	Do.
Do	L-amphetamine sulfate C14 sterile aqueous solution.	Do	Do.
Do	Secobarbital 5 C14	Do	Do.
Do	Secobarbital 2 C14	Do	Do.
Do	Barbital buffer salt mixture, No. 0752-04 and No. 0752-07.	Vial: 50 cc.	Nov. 4, 1971
SGA Scientific Corp.	Barbital-acid buffer salt, No. 1173.	Bottle: 4 oz.	Do.
Do	Barbital-sodium buffer salt, No. 11731.	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Barringer & Woodard buffered substrate No. 23695.	Vial: 0.73 gram per 15 x 45 mm. vial.	Sept. 15, 1971
Do	Buchler instrument buffer B-2 double strength, pH 8.6, 0.075 m No. 93834.	Vial: 36.36 grams	Do.
Do	Buffer barbital, pH 8.8, No. 7691.	Vial: 11.76 grams per 10 dram vial.	Do.
Do	Buffer salt—barbital acetate, mixture pH 8.6, No. 3787.	Vial: 14.7 grams per 29.5 x 80 mm. vial.	Do.
Do	Buffer salt mixture pH 8.8, No. 7644.	Vial: 17.85 grams per 29.5 x 80 mm. vial.	Do.
Do	Buffer salt mixture Spinco B-1, pH 8.6, 0.05 ionic strength, No. 3947.	Vial: 12.12 grams per 29.5 x 80 mm. vial.	Do.
Do	Buffer salt mixture Spinco B-2, pH 8.6, 0.075 ionic strength, No. 3948.	Vial: 18.18 grams per 29.5 x 80 mm. vial.	Do.
Do	Buffered barbital, sodium chloride, pH 7.5, No. 646-7.	Vial: 14.7 grams per vial.	Do.
Do	Buffered substrate glycerophosphate Bodansky No. 23681.	Vial: 0.924 gram per 15 x mm. vial.	Do.
Do	Buffered veronal, pH 7.5, No. 64322.	Vial: 16.48 grams per vial.	Do.
Do	Gilerees & Davis buffered substrate, No. 23701.	Vial: 1.228 grams per 15 x mm. vial.	Do.
Do	King & Armstrong buffered substrate, No. 23721.	Vial: 1.14 grams per 15 x 45 mm. vial.	Do.
Do	Roe & Whitmore buffered substrate, No. 23686.	Vial: 0.854 gram per 15 x 45 mm. vial.	Do.
Do	Scientific products buffer salt mixture B-2, No. 93953.	Vial: 18.18 grams per 10 dram vial.	Do.
Do	Shinowara, Jones & Reinbart buffered substrate, No. 23738.	Vial: 0.945 gram per 15 x 45 mm. vial.	Do.
Do	Thymol barbital buffer McLagan Modified pH 7.8, No. 29944.	Vial: 1.256 grams per 15 x 45 mm. vial.	Do.
Do	Thymol buffer 100 ml—100 mg., Huerga & Pepper, No. 29959.	Vial: 0.964 gram per 15 x 45 mm. vial.	Do.
Do	Thymol buffer pH 7.8, MacLagan, No. 29949.	Vial: 1.02 grams per vial.	Do.
Do	Thymol buffer pH 7.55 Mateer, No. 29951.	Vial: 0.96 gram per 15 x 45 mm. vial.	Do.
Do	Thymol turbidity test set, No. 3105.	Packet: 1 gram	Nov. 4, 1971
Do	Zinc sulfate pH 7.5 (Kunkel), No. 64050.	Vial: 0.314 gram per vial.	Sept. 15, 1971
Do	Adenosine phosphate substrate No. 675-1.	Bottle: 4 oz	July 25, 1973
Do	Glycerophosphate substrate No. 675-2.	Do	Do.
Do	Glycerophosphate substrate No. 704-1.	Do	Do.
SGA Scientific Corp.	Acid hematoxylin solution No. 285-2.	Bottle: 25 ml. and 100 ml.	Aug. 6, 1973
Do	Mayer's hematoxylin solution No. MHS-1.	Do	Do.
Do	SGOT Single Assay Vial, No. 55-1.	Vial: 3 ml.	May 29, 1973
Do	SGOT Assay Vial, No. 55-5	Vial: 15 ml.	Do.
Do	SGOT 10 Assay Vial, No. 55-10	Vial: 30 ml.	Do.
Do	SGPT Single Assay Vial, No. 55-1P.	Vial: 3 ml.	Do.
Do	SGPT 5 Assay Vial, No. 55-5P	Vial: 15 ml.	Do.
Do	SGPT 10 Assay Vial, No. 55-10P.	Vial: 30 ml.	Do.
Do	SGOT Reagent No. 155-10	Do	Do.
Do	SGOT Reagent No. 155-100	Vial: 100 ml.	Do.
Do	SGPT Reagent No. 155-10P	Vial: 30 ml.	Do.
Do	SGPT Reagent No. 155-100P	Vial: 100 ml.	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	LDH-P Reagent No. 125-10	Vial: 30 ml.	Do.
Do	LDH-P Reagent No. 125-100	Vial: 100 ml.	Do.
Sherwood Medical Industries	Lancer fibrinogen determination, Re-agent kit catalog No. 8889-007608.	Kit	April 17, 1975
Smith Kline Instruments, T-3 Inc.	Uptake Diagnostic Test	Test Kit containing: 25 plastic tubes coated with antibody. Standards. 1 vial of radioactive isotope. 1 vial of barbital buffer.	Oct. 15, 1975
E. R. Squibb & Sons	Barbital Buffer Mixture for use with Gastrin Immutope Kit No. 09510.	Vial: 5 cc.	Nov. 21, 1972
E. R. Squibb & Sons, Inc.	AuSure II Barbital Buffer Powder, No. B79209.	Vial: 1.51 gm.	July 28, 1971
Do	AuSure II CEP Plate No. B78209.	Plate: 30 microliters per well.	Sept. 16, 1971
Do	Barbital buffer mixture No. 09501.	Vial: 6.055 gm.	Dec. 21, 1972
Do	Barbital buffer mixture for use with digoxin immutope kit No. 09350.	Vial: 5 cc.	July 30, 1973
Do	Thyrostat-4 Kit, Catalog No. 09125. To include:		Feb. 26, 1973
	(a) Thyrostat-4 Standard Solution.	Vial: 7 ml.	
	(b) Thyrostat-4 Buffer Solution.	Bottle: 60 ml.	
Do	Barbital Buffer Mixture for use with Digoxin Immutope Kit No. 09360.	Vial: 2.4 g. per 5 ml. vial.	Aug. 6, 1974
Supelco, Inc.	Cocaine, 04-9188	1,000 ug/glass ampul	June 5, 1975
Do	Methaqualone, 04-9183	Do	Do.
Do	Lysergic Acid Diethylamide Tartrate, 04-9195.	500 ug/glass ampul	Do.
Do	Psilocin, 04-9190	1,000 ug/glass ampul	Do.
Do	Psilocybin, 04-9191	Do	Do.
Do	Amobarbital No. 04-9170	Ampule: 1 ml.	Dec. 22, 1972
Do	Amphetamine No. 04-9165	Do	Do.
Do	Aprobarbital No. 04-9171	Do	Do.
Do	Barbital No. 04-9169	Do	Do.
Do	Butetehal No. 04-9172	Do	Do.
Do	Codeine No. 04-9161	Do	Do.
Do	Cyclobarbital No. 04-9175	Do	Do.
Do	Glutethimide No. 04-9173	Do	Do.
Do	Heptabarbital No. 04-9176	Do	Do.
Do	Heroin No. 04-9162	Do	Do.
Do	Hexobarbital No. 04-9177	Do	Do.
Do	Methadone No. 04-9163	Do	Do.
Do	Methamphetamine No. 04-9168	Do	Do.
Do	Mephobarbital No. 04-9178	Do	Do.
Do	Morphine No. 04-9160	Do	Do.
Do	Pentobarbital No. 04-9179	Do	Do.
Do	Phenobarbital No. 04-9181	Do	Do.
Do	Phenylmethylbarbituric acid No. 04-9182.	Do	Do.
Do	Secobarbital No. 04-9180	Do	Do.
Do	Barb mix-1	Vial: 1 ml.	Aug. 28, 1973
Do	Barb mix-2	Do	Do.
Do	Amph mix	Do	Do.
Do	Alk mix	Do	Do.
Do	Cannabichromene, No. 04-9220	Ampoule: 1 ml.	Nov. 27, 1974
Do	Cannabidiol, No. 04-9221	Do	Do.
Do	Cannabidiolic Acid, No. 04-9222	Do	Do.
Do	Cannabigerol, No. 04-9223	Do	Do.
Do	Cannabinol, No. 04-9225	Do	Do.
Do	Cannabinol Acetate, No. 04-9226	Do	Do.

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Δ^1-THC, No. 04-9227	Do	Do.
Do	Δ^9-THC, No. 04-9228	Do	Do.
SYVA Co.	Frat benzoyl ecgonine calibrator	Vial: 1 ml.	Sept. 13, 1972
Do	Frat methadone calibrator	Do	Do.
Do	Frat opiate calibrator	Do	Do.
Do	Frat amphetamine calibrator	Do	Do.
Do	Frat barbiturate calibrator	Do	Do.
Do	Frat Opiate Spin Label Reagent B	Bottle: 5 ml.	May 22, 1973
Do	Frat Methadone Spin Label Reagent B.	Do	Do.
Do	Frat Barbiturate Spin Label Reagent B.	Do	Do.
Do	Frat Amphetamine Spin Label Reagent B.	Do	Do.
Do	Frat Cocaine Metabolite Spin Label Reagent B.	Do	Do.
Do	Emit Opiate Enzyme Reagent B	Do	Do.
Do	Emit Methadone Enzyme Reagent B.	Do	Do.
Do	Emit Barbiturate Enzyme Reagent B.	Do	Do.
Do	Emit Amphetamine Enzyme Reagent B.	Do	Do.
Do	Emit Cocaine Metabolite Enzyme Reagent B.	Do	Do.
Do	Emit Opiate Enzyme Reagent B	Bottle: 60 ml.	Do.
Do	Emit Methadone Enzyme Reagent B.	Do	Do.
Do	Emit Barbiturate Enzyme Reagent B.	Do	Do.
Do	Emit Amphetamine Enzyme Reagent B.	Do	Do.
Do	Emit Cocaine Metabolite Enzyme Reagent B.	Do	Do.
Do	Emit High Calibrator	Do	May 5, 1973
Do	Products of the following substances either alone or in combination with one another and not to exceed 10 micrograms per milliliter lyophilized human urine. (1) Amphetamine (2) Benzoyl Ecgonine, (3) Codeine, (4) Ecgonine, (5) 2-Ethilidene-1,5-dimethyl-3,3-diphenyl-pyrrolidine, (6) Glutehimide, (7) Methadone, (8) Methamphetamine, (9) Methaqualone, (10) Morphine, (11) Morphine Glucuronide, (12) Pentobarbital, (13) Phenobarbital, (14) Secobarbital.	Vial: 60 ml.	May 31, 1973
Do	Emit AED-No. 1 Calibrator	Vial: 3 ml., lyophilized	Aug. 27, 1976
Do	Emit AED-No. 2 Calibrator	Do	Do.
Do	Emit AED-No. 3 Calibrator	Do	Do.
Do	Emit AED-No. 4 Calibrator	Do	Do.
Do	Emit AED-No. 5 Calibrator	Do	Do.
Do	Emit AED-No. 1 Calibrator	Vial: 10 ml. lyophilized	Do.
Do	Emit AED-No. 2 Calibrator	Do	Do.
Do	Emit AED-No. 3 Calibrator	Do	Do.
Do	Emit AED-No. 4 Calibrator	Do	Do.
Do	Emit AED-No. 5 Calibrator	Do	Do.
Do	Antiepileptic Drug Control	Vial: 10 ml. lyophilized	Do.
Do	Emit Phenobarbital Enzyme Reagent B.	Vial: 5.5 ml., lyophilized.	Do.
Do	Coulter Tox Cut-Off Calibrator	Vial: 1 ml.	Apr. 24, 1975

Manufacturer or supplier	Product name and supplier's catalog number	Form of product	Date of application
Do	Coulter Tox Opiate Enzyme Reagent.	Vial: 1 and 2 ml.	Do.
Do	Coulter Tox Methadone Enzyme Reagent.	Do	Do.
Do	Coulter Tox Amphetamine Enzyme Reagent.	Do	Do.
Do	Coulter Tox Barbiturate Enzyme Reagent.	Do	Do.
Do	Coulter Tox Cocaine Metabolite Enzyme Reagent.	Do	Do.
Do	Emit DAU LOW Calibrator	Vial: 3 ml.	July 29, 1975
Do	Emit DAU MEDIUM Calibrator	Do	Do.
Do	Emit BENNODIAZEPINE METABOLITE Enzyme Reagent B.	Glass bottle: 5.5 ml.	Do.
Do	Do	Glass bottle: 50.0 ml.	Do.
Taylor Chemicals, Inc.	Code 1307D—Zinc Reagent D	Bottle: 2 oz, 4 oz, 8 oz, 16 oz.	Aug. 31, 1972
Do	Special Zinc Reagent catalog No. 1307-D.S.	Bottle: 1 qt. (32 fl oz), 1 pt (16 fl oz), 4 oz (4 fl oz).	Sept. 29, 1975
Technam, Inc.	Benzoyl Ecgonine-BSA, lot No. 81-172-A.	Glass vial: 8 ml.	July 21, 1975
Do	Benzoyl Ecgonine-RSA, lot No. 81-172-B.	Do	Do.

(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.25; filed Jul 9, 1974, 9:29 am: Unpublished; filed Jun 9, 1977, 8:55 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-2-12 Rulemaking hearings

Authority: IC 35-48-3-1
Affected: IC 4-22-2; IC 35-48-3-1

Sec. 12. Hearings for rule making. In any case where the Indiana Board of Pharmacy shall hold a hearing on the issuance, amendment, or repeal of rules pursuant to IC 1971, 35-24.1-2 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, the procedures for such hearing and accompanying proceedings shall be governed generally by the rule making procedures set forth in IC 1971, 4-22-2 as amended, and such procedures, if relating to standards and schedules, be of record in accordance with IC 1971, 35-24.1-2-1 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended. *(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.31; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA*)

856 IAC 2-2-13 Purpose of public hearings

Authority: IC 35-48-3-1
Affected: IC 35-48-3-1

Sec. 13. Purpose of hearing. Whenever proceedings are initiated pursuant to IC 1971, 35-24.1-2 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, of this chapter, the Indiana Board of Pharmacy shall hold a hearing of record for the purpose of receiving factual evidence and expert opinion regarding the issues involved in the issuance, amendment or repeal of a rule issuable pursuant to IC 1971, 35-24.1-2 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended.
On the date set for hearing any interested party in person or by attorney shall be afforded an adequate opportunity to participate in the formulation of the proposed rule or rules through the presentation of facts or argument or the submission of written data or views. All relevant matter presented shall be given full consideration by the Board.

The Board may adopt procedures in addition to those required by this Act [IC 35-48] including the holding of conferences and inviting and permitting the submission of suggestions, facts, argument and views of interested persons in advance of the drafting of the proposed rule or rules. *(Indiana Board of Pharmacy; Reg 28,Ch II,Sec 2.32; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-2-14 Exempt anabolic steroid products

Authority: IC 35-48-2-14
Affected: IC 35-48-2

Sec. 14. The following anabolic steroid containing compounds, mixtures, or preparations have been exempted from this rule and are not controlled substances:

Trade Name	Composition	Company
Androgyn L.A.	Vial; testosterone nathate 90 mg-ml; estradiol valerate 4 mg-ml	Forest Pharmaceuticals St. Louis, MO
Andro-estro 90-4	Vial; testosterone enanthate 90 mg-ml; estradiol valerate 4 mg-ml	Rugby Laboratories Rockville Centra, NY
depANDROGYN	Vial; testosterone cypionate 50 mg-ml;estradiol cypionate 2 mg-ml	Forest Pharmaceuticals St. Louis, MO
DEPO-T.E.	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Quality Researchuticals Carmel, IN
deptestROGEN	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Martica Pharmaceuticals Phoenix, AZ
Duomone	Vial; testosterone enanthate 90 mg-ml; estradiol valerate 4 mg-ml	Wintec Pharmaceuticals Pacific, MO
DURAtestRIN	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	W.E. Hauck Alpharetta, GA
DUO-SPAN II	Vial; testosterone cypionate 50 mg-ml; Esterified cypionate 2 mg-ml	Primedics Laboratories Gardena, CA
Estratest	Tablet; esterified estrogens 1.25 mg; methyltestosterone 2.5 mg	Solvay Pharmaceuticals Marietta, GA
Estratest HS	Tablet; esterified estrogens 0.625 mg; methyltestosterone 1.25 mg	Solvay Pharmaceuticals
PAN estra test	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Pan American Labs Covington, LA
Premarin with methyltestosteron	Tablet; conjugated estrogens 1.25 mg; methyltestosterone 10.0 mg	Ayerst Labs, Inc. New York, NY
Premarin with methyltestosteron	Tablet; conjugated estrogens 0.625 mg; methyltestosterone 5.0 mg	Ayerst Labs, Inc. New York, NY
Test-ESTRO cypi	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Rugby Laboratories Rockville Center, NY
Testosterone Cyp estradiol Cyp 2	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	I.D.E. - Interstate Amityville, NY
Testosterone	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Best Generics No. Miami Beach, FL
Testosterone	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Goldline Labs Ft. Lauderdale, FL
Testosterone	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Scein Pharmaceuticals Port Washington, NY
Testosterone	Vial; testosterone cypionate 50 mg-ml; estradiol cypionate 2 mg-ml	Steris Labs, Inc. Phoenix, AZ
Testosterone tion	Vial; testosterone enanthate 90 mg-ml; estradiol valerate 4 mg-ml	Steris Labs, Inc.

(Indiana Board of Pharmacy; 856 IAC 2-2-14; filed May 31, 1994, 5:00 p.m.: 17 IR 2337; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341 readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

Rule 3. Registration Information—Special Instructions

856 IAC 2-3-1 Registration information furnished upon request
Authority: IC 35-48-3-1
Affected: IC 35-48-3-1

Sec. 1. Information; special instructions. Information regarding procedures under these rules and instructions supplementing these rules will be furnished upon request by writing to the Indiana State Board of Pharmacy. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.02; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-2 Persons required to register
Authority: IC 35-48-3-1
Affected: IC 35-48-3-3

Sec. 2. Persons required to register. Every person who manufactures, distributes, or dispenses any controlled substance or who proposes to engage in the manufacture, distribution, or dispensing of any controlled substance shall obtain annually a registration unless exempted by law or pursuant to sections 3.14—3.17 [856 IAC 2-3-5 — 856 IAC 2-3-8] of this chapter. Only persons actually engaged in such activities are required to obtain registration; related or affiliated persons who are not engaged in such activities are not required to be registered. (For example, a stockholder or parent corporation of a corporation manufacturing controlled substances is not required to obtain a registration).

As soon after the effective date of these rules as is practicable, the Board shall issue a provisional certificate to all persons when in possession of a valid State of Indiana or Federal certificate of registration authorizing such persons to manufacture, distribute, dispense, prescribe or possess controlled substances. The provisional certificates shall be valid until the Board shall declare that applications for annual renewals shall begin and until such applications have been acted upon by the Board. During the first renewal period, when it is instituted, applications shall be required from all prospective registrants in alphabetically ordered increments according to a schedule to be adopted by the Board. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.11; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-3 Independent activities; separate registration required; exceptions
Authority: IC 35-48-3-1
Affected: IC 35-48-3-3; IC 35-48-3-4

Sec. 3. Separate registration for independent activities. (a) The following groups of activities are deemed to be independent of each other:

(1) Manufacturing controlled substances;

(2) Distributing controlled substances;

(3) Dispensing controlled substances listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6];

(4) Conducting research (other than research described in sub-paragraph (6) of this paragraph) with controlled substances listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6];

(5) Conducting instructional activities with controlled substances listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6];

(6) Conducting research with narcotic drugs listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6] for the purpose of continuing the dependence on such drugs of a narcotic drug dependent person in the course of conducting an authorized clinical investigation in the development of a narcotic addict rehabilitation program pursuant to a Notice of Claimed Investigational Exemption for a New Drug approved by the Food and Drug Administration;

(7) Conducting research and instructional activities with controlled substances listed in Schedule I [856 IAC 2-2-2]; and

(8) Conducting chemical analysis with controlled substances listed in any Schedule.

(b) Every person who engages in more than one group of independent activities shall obtain a separate registration for each group of activities except as provided in this paragraph. Any person, when registered to engage in the group of activities described in each subparagraph in this paragraph, shall be authorized to engage in the coincident activities described in that subparagraph without obtaining a registration to engage in such coincident activities, provided that, unless specifically exempted, he complies with all requirements and duties prescribed by law for persons registered to engage in such coincident activities:

(1) A person registered to manufacture any controlled substance or basic class of controlled substance shall be authorized to distribute that substance or class, but no other substance or class which he is not registered to manufacture;

(2) A person registered to manufacture any controlled substance listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6] shall be authorized to conduct chemical analysis and pre-clinical research (including quality control analysis) with narcotic and non-narcotic controlled substances listed in those schedules in which he is authorized to manufacture;

(3) A person registered to conduct research with a basic class of controlled substance listed in Schedule I [856 IAC 2-2-2] shall be authorized to manufacture such class if and to the extent that such manufacture is set forth in a research protocol federally approved by the Drug Enforcement

Administration and to distribute such class to other persons registered or authorized to conduct research with such class or registered or authorized to conduct chemical analysis with controlled substances;

(4) A person registered or authorized to conduct chemical analysis with controlled substances shall be authorized to manufacture such substances for analytical or instructional purposes, to distribute such substances to other persons registered or authorized to conduct chemical analysis or instructional activities or research with such substances and to persons exempted from registration pursuant to section 3.16 [856 IAC 2-3-7], and to conduct instructional activities with controlled substances; and

(5) A person registered or authorized to conduct research (other than research described in paragraph (a)(6) of this section) with controlled substances listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6] shall be authorized to conduct chemical analysis with controlled substances listed in those schedules in which he is authorized to conduct research, to manufacture such substances if and to the extent that such manufacture is set forth in a statement filed with the application for registration, to distribute such substances to other persons registered or authorized to conduct chemical analysis, exempted from registration pursuant to Section 3.16 [856 IAC 2-3-7], and to conduct instructional activities with controlled substances;

(6) A person registered to dispense controlled substances listed in Schedules II through V [856 IAC 2-2-3 — 856 IAC 2-2-6] shall be authorized to conduct research (other than research described in paragraph (a) (6) of this section) and to conduct instructional activities with those substances.

(7) A person registered as a manufacturer shall be authorized to conduct one, all or several of the activities and coincident activities enumerated and described in paragraphs (b)(1), (b)(2), (b)(3), (b)(4), and (b)(5) under a single registration if set forth in his application and pertaining to those controlled substances or schedules as set forth in his application. (For example, a manufacturer under a single registration may perform all or any of the following activities, by way of illustration and not limitation; (a) manufacture and distribute any controlled substance or basic class, (b) chemical analysis, (c) Schedule I [856 IAC 2-2-2] research pursuant to a federally approved protocol, (d) Schedule II through V [856 IAC 2-2-3 — 856 IAC 2-2-6] research, and (e) instructional activity if set forth in his application and for those controlled substances or schedules as set forth for each activity.

(c) A single registration to engage in any group of independent activities may include one or more controlled substances listed in the schedules authorized in that group of independent activities. A person registered to conduct research with controlled substances listed in Schedule I [856 IAC 2-2-2] may conduct research with any substance listed in Schedule I [856 IAC 2-2-2] for which he has filed and had approved a research protocol, by the Federal Drug Enforcement Administration. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.12; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341 readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-4 Separate registrations for separate locations; exceptions

Authority: IC 35-48-3-1
Affected: IC 16-1-39-2; IC 16-1-40; IC 35-48

Sec. 4. Separate registrations for separate locations. (a) A separate registration is required for each principal place of business or professional practice at one general physical location where controlled substances are manufactured, distributed, dispensed, or possessed by a person.

(b) The following locations shall be deemed not to be places where controlled substances are manufactured, distributed, or dispensed:

(1) A warehouse where controlled substances are stored by or on behalf of a registered person, unless such substances are distributed directly from such warehouse to registered locations other than the registered location from which the substances were delivered or to persons not required to register by virtue of IC 1971, 35-24.1-3-2(c)(2) [Repealed by P.L.26-1977, SECTION 25. Compare IC 35-48-3-3.] as amended.

(2) An office used by agents of a registrant where sales of controlled substances are solicited, made, or supervised but which neither contains such substances (other than substances for display purposes or lawful distribution as samples only) nor serves as a distribution point for filling sales orders; and

(3) An office used by a practitioner (who is registered at another location) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, and where no supplies of controlled substances are maintained.

(c) The requirement of registration is waived for ambulances as defined by IC 16-1-39-2 and 836 IAC 1-1-1 operated by an ambulance service provider also defined at 836 IAC 1-1-1 which holds certification as a provider organization as this term is defined in IC 16-1-40 from the Indiana Emergency Medical Services Commission, providing that the pharmacies of the supervising or sponsoring hospitals hold a valid Indiana Board of Pharmacy permit and valid Indiana and Federal Controlled Substances Registration. *(Indiana Board of Pharmacy; Reg 28, Ch III, Sec 3.13; filed Jul 9, 1974, 9:29 am: unpublished; filed Feb 11, 1981, 9:05 am: 4 IR 377; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-5 Exemption of agents or employees; affiliated practitioners; paramedics

Authority: IC 35-48-3-1
Affected: IC 16-1-40; IC 35-48-3-3

Sec. 5. Exemption of agents and employees; affiliated practitioners. (a) The requirement of registration is waived for any agent or employee of a person who is registered to engage in any group of independent activities, if such agent or employee is acting in the usual course of his business or employment.

(b) An individual practitioner (other than an intern, resident, or foreign-trained physician) who is an agent or employee of another practitioner registered to dispense controlled substances may, when acting in the usual course of his employment, administer, and dispense (other than by issuance of prescription) controlled substances if and to the extent that such individual practitioner is authorized or permitted to do so by the jurisdiction in which he practices, under the registration of the employer or principal practitioner in lieu of being registered himself. (For example, a pharmacist employed by a pharmacy need not be registered individually to fill a prescription for controlled substances in a pharmacy if so registered).

(c) An individual practitioner who is an intern, resident, or foreign-trained physician may dispense, administer, and prescribe controlled substances under the registration of the hospital or other institution which is registered and by whom he is employed in lieu of being registered himself, provided that:

(1) Such dispensing or prescribing is done in the usual course of his professional practice;

(2) Such individual practitioner is authorized or permitted to do so by the jurisdiction in which he is practicing;

(3) The hospital or other institution by whom he is employed has determined that the individual practitioner is so permitted to dispense, administer, or prescribe drugs by the jurisdiction;

(4) Such individual practitioner is acting only within the scope of his employment with the hospital or institution;

(5) The hospital or other institution authorizes the intern, resident, or foreign-trained physician to dispense or prescribe under the hospital registration and designates a specific internal code number for each intern, resident, or foreign-trained physician so authorized. The code number shall consist of numbers, letters, or a combination thereof and shall be a suffix to the institution's DEA registration number, preceded by a hyphen (e.g., AP 0123456-10 or AP 0123456-A12); and

(6) A current list of internal codes and the corresponding individual practitioner is kept by the hospital or other institution and is made available to the public upon request for the purpose of verifying the authority of the prescribing individual practitioner.

(d) The requirement of registration is waived for advanced emergency medical technicians and emergency paramedics as described in IC 16-1-40 and 836 IAC 2-1-1 insofar as they administer controlled substances within the applicable requirements and standards of IC 16-1-40 as well as the rules and regulations promulgated thereunder by the Indiana Emergency Medical Services Commission. *(Indiana Board of Pharmacy; Reg 28, Ch III, Sec 3.14; filed Jul 9, 1974, 9:29 am: unpublished; filed Feb 11, 1981, 9:05 am: 4 IR 378; errata, 4 IR 536; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-6 Exemption of military or public health service personnel

Authority: IC 35-48-3-1
Affected: IC 35-48-3-3

Sec. 6. Exemption of certain military and other personnel. (a) The requirement of registration is waived for any official of the U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, or Public Health Service who is authorized to prescribe, dispense, or administer, but not to procure or purchase, controlled substances in the course of his official duties. Such officials shall follow procedures set forth in Part 6 [856 IAC 2-6] of this chapter regarding prescriptions, but shall state the branch of service or agency (e.g., "U.S. Army" or "Public Health Service") and the service identification number of the issuing official in lieu of the registration number required on prescription forms. The service identification number for a Public Health Service employee is his Social Security identification number.

(b) If any official exempted by this section also engages as a private individual in any activity or group of activities for which registration is required, such official shall obtain a registration for such private activities. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.15; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-7 Exemption of law enforcement officers; registration of law enforcement laboratories

Authority: IC 35-48-3-1
Affected: IC 35-48-3-3

Sec. 7. Exemption of law enforcement officials. (a) The requirement of registration is waived for the following persons in the circumstances described in this section:

(1) Any officer or employee of the Drug Enforcement Administration, any officer of the U.S. Bureau of Customs, any officer or employee of the United States Food and Drug Administration, and any other Federal officer who is lawfully engaged in the enforcement of any Federal law relating to controlled substances, drugs or customs, and is duly authorized to possess controlled substances in the course of his official duties; and

(2) Any officer or employee of any State, or any political subdivision or agency thereof, who is engaged in the enforcement of any State or local law relating to controlled substances and is duly authorized to possess controlled substances in the course of his official duties.

(b) Any official exempted by this section may, when acting in the course of his official duties, possess any controlled substance and distribute any such substance to any other official who is also exempted by this section and acting in the course of his official duties.

(c) Any official exempted by this section may procure any controlled substance in the course of an inspection, in accordance with IC 1971, 35-24.1-5-2 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, or in the course of any criminal investigation involving the person from whom the substance was procured.

(d) In order to enable law enforcement agency laboratories to obtain and transfer controlled substances for use as standards in chemical analysis, such laboratories must obtain annually a registration to conduct chemical analysis. Such laboratories shall be exempted from payment of a fee for registration. Laboratory personnel, when acting in the scope of their official duties, are deemed to be officials exempted by this section and within the activity described in IC 1971, 35-24.1-5-6(c) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended. For the purpose of this paragraph, laboratory activities shall not include field or other preliminary chemical tests by officials exempted by this section. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.16; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-8 Exemption of civil defense officials

Authority: IC 35-48-3-1
Affected: IC 35-48-3-3

Sec. 8. Exemption of civil defense officials. (a) The requirement of registration is waived for any offical of a civil defense or disaster relief organization who, in the course of his official duties, is authorized to:

(1) Maintain, and distribute for such maintenance, controlled substances held for emergency use; or

(2) Procure controlled substances for the purpose of maintaining supplies for emergency use, provided that all of such procurement is from the U.S. General Services Administration and in accordance with the rules of the U.S. Office of Emergency Preparedness.

(b) The requirement of registration is waived for any official of a civil defense or disaster relief organization during a state of emergency or disaster within his jurisdiction proclaimed by the President or by a concurrent resolution of the Congress, which official, in the course of his official duties during such emergency or disaster, is authorized to:

(1) Dispense controlled substances; or

(2) Procure or distribute controlled substances, provided that all such procurement is on a special "Civil Defense Emergency Order Form," as described in this section.

(c) Civil Defense Emergency Order Forms shall be furnished by the U.S. Office of Emergency Preparedness and will contain the name of the civil defense or disaster relief organization. Such forms may be used and are valid only during a state of emergency or disaster proclaimed by the President or by a concurrent resolution of the Congress for the area in which the organization using such forms has civil defense or disaster relief jurisdiction, who shall state his position and the nature and legal designation of the emergency or disaster. Such forms may be filled by any person registered under the Act [IC 35-48]. The Organization shall, upon the execution of a Civil Defense Emergency Order Form, be deemed to be registered under the Act [IC 35-48] for purposes or recordkeeping pursuant to Part 4 [856 IAC 2-4]. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.17; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-9 Registration fees

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4

Sec. 9. (a) For each registration or reregistration to manufacture controlled substances, the registrant shall pay a fee of one hundred dollars ($100).

(b) For each registration or reregistration to distribute controlled substances, the registrant shall pay a fee of one hundred dollars ($100).

(c) For each registration or reregistration to dispense or to conduct research or instructional activities with controlled substances listed in 856 IAC 2-2-3 through 856 IAC 2-2-6, the registrant shall pay a fee of one hundred dollars ($100).

(d) For each registration or reregistration to conduct research or instructional activities with controlled substances listed in 856 IAC 2-2-2, the registrant shall pay a fee of one hundred dollars ($100).

(e) For each registration or reregistration to conduct chemical analysis with controlled substances listed in any schedule, the registrant shall pay a fee of one hundred dollars ($100).

(f) For each registration or reregistration for a practitioner seeking to prescribe, administer, or dispense controlled substances, the registrant shall pay a fee of sixty dollars ($60). *(Indiana Board of Pharmacy; Reg 28, Ch III, Sec 3.21; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed Jul 8, 1981, 9:00 a.m.: 4 IR 1499; filed Jul 20, 1984, 10:00 a.m.: 7 IR 2379; filed Aug 21, 1986, 10:30 a.m.: 10 IR 63; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3106; readopted filed Oct 17, 2001, 3:25 p.m.: 25 IR 940; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-10 Time and method of payment; refund (Repealed)

Sec. 10. *(Repealed by Indiana Board of Pharmacy; filed Nov 30, 2001, 11:00 a.m.: 25 IR 1344)*

856 IAC 2-3-11 Persons exempt from fee

Authority: IC 35-48-3-1
Affected: IC 35-48-3-1

Sec. 11. Persons exempt from fee. (a) The Indiana State Board of Pharmacy shall exempt from payment of a fee for registration or re-registration the following persons:

(1) Any official or agency of the U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, Veterans' Administration or Public Health Service who or which is authorized to procure or purchase controlled substances for official use; and

(2) Any official, employee, or other civil officer or agency of the United States, or any State, or any political subdivision or agency thereof, who or which is authorized to purchase controlled substances, to obtain such substances from official stocks, to dispense or administer such substances, to conduct research, instructional activities, or chemical analysis with such substances, or any combination thereof, in the course of his or its official duties or employment.

(b) In order to claim exemption from payment of a registration or re-registration fee, the registrant shall have completed the certification on the appropriate form, wherein the registrant's superior (if an individual) or officer (if an agency) certifies to the status and address of the registrant and to the authority of the registrant to acquire, possess, or handle controlled substances.

(c) Exemption from payment of a registration or re-registration fee does not relieve the registrant of any other requirements or duties prescribed by law. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.23; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-12 Time for registration or re-registration application

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 12. Time for application for registration; expiration date. (a) Any person who is required to be registered and who is not so registered may apply for registration at any time. No person required to be registered shall engage in any activity for which registration is required until the application for registration is granted by the Indiana Board of Pharmacy.

(b) Any person who is registered may apply to be re-registered not more than 60 days, before the expiration date his registration. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.31; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-13 Application forms; reregistration forms

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 13. (a) If any person is required to be registered, and is not so registered and is applying for registration, the following apply:

(1) To manufacture and perform other coincident activities (see 856 IAC 2-3-3(b)(7) [section 3(b)(7) of this rule]) with controlled substances, he or she shall apply on Form CSR-1A.

(2) To dispense, or to conduct research (other than research described in 856 IAC 2-3-3(a)(6) [section 3(a)(6) of this rule]) with, or to conduct instructional activities with, controlled substances listed in Schedules II through V under 856 IAC 2-2-3 through 856 IAC 2-2-6, he or she shall apply on Form CSR-1.

(3) To conduct research with narcotic drugs listed in Schedules II through V under 856 IAC 2-2-3 through 856 IAC 2-2-6, as described in 856 IAC 2-3-3(a)(6) [section 3(a)(6) of this rule], he or she shall apply on Form CSR-1.

(4) To conduct research with controlled substances listed in Schedule I under 856 IAC 2-2-2, he or she shall apply on Form CSR-1 in accordance with an approved Schedule I under 856 IAC 2-2-2 research protocol. Such protocol shall be subject to inspection by the Indiana board of pharmacy.

(5) To conduct instructional activities with controlled substances listed in Schedule I under 856 IAC 2-2-2, he or she shall apply as a researcher on Form CSR-1 with two (2) copies of a statement describing the nature, extent, and duration of such instructional activities attached to the form.

(6) To conduct chemical analysis with controlled substances listed in any schedule, he or she shall apply on Form CSR-1.

(7) To distribute controlled substances, he or she shall apply on Form CSR-1.

(b) If any person is registered and is applying for reregistration, the following apply:

(1) To manufacture and perform other coincident activities (see 856 IAC 2-3-3(b)(7)[section 3(b)(7) of this rule]), with controlled substances, he or she shall apply on Form CSRII-A.

(2) To dispense, or to conduct research (other than research described in 856 IAC 2-3-3(a)(6)[section 3(a)(6) of this rule]) with, or to conduct instructional activities with, controlled substances listed in Schedules II through V under 856 IAC 2-2-3 through 856 IAC 2-2-6, he or she shall apply on Form CSR-II.

(3) To conduct research with narcotic drugs listed in Schedules II through V under 856 IAC 2-2-3 through 856 IAC 2-2-6, as described in 856 IAC 2-3-3(a)(6) [section 3(a)(6) of this rule], he or she shall apply on Form CSR-II.

(4) To continue to conduct research with controlled substances listed in Schedule I under 856 IAC 2-2-2 under one (1) or more approved research protocols, by the Drug Enforcement Administration, he or she shall apply on Form CSR-II.

(5) To continue to conduct instructional activities with controlled substances listed in Schedule I under 856 IAC 2-2-2 under one (1) or more approved instructional statements, he or she shall apply as a researcher on Form CSR-II.

(6) To conduct chemical analysis with controlled substances listed in any schedule, he or she shall apply on Form CSR-II.

(7) To distribute controlled substances, he or she shall apply on Form CSR-II.

(c) Applications for registration may be obtained by writing to the controlled substance division of the Indiana board of pharmacy. Applications for reregistration will be mailed, as applicable, to each registered person approximately sixty (60) days before the expiration date of his or her registration; if any registered person does not receive such forms within forty-five (45) days before the expiration date of his or her registration, he or she must promptly give notice of such fact and request such forms by writing to the controlled substance division of the Indiana board of pharmacy.

(d) Each application for registration to handle any basic class of controlled substance listed in Schedule I under 856 IAC 2-2-2 (except to conduct chemical analysis with such classes), and each application for registration to manufacture a basic class of controlled substance listed in Schedule II under 856 IAC 2-2-3, or to conduct research with any narcotic controlled substance listed in Schedule II under 856 IAC 2-2-3, shall include the controlled substances code number, as set forth in Part I [856 IAC 2-1], for each basic class or substance to be covered by such registration.

(e) Each application shall include all information called for on the form unless the item is not applicable, in which case this fact shall be indicated.

(f) Each application, attachment, or other document filed as part of an application shall be signed by:

(1) the applicant, if an individual;

(2) a partner of the applicant, if a partnership; or

(3) an officer or authorized representative of the applicant, if a corporation, corporate division, association, trust, or other entity.

(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.32; filed Jul 9, 1974, 9:29 a.m.: Unpublished; readopted filed Nov 30, 2001, 11:00 a.m.: 25 IR 1342; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-3-14 Filing of application; joint filing (Repealed)

Sec. 14. *(Repealed by Indiana Board of Pharmacy; filed Nov 30, 2001, 11:00 a.m.: 25 IR 1344)*

856 IAC 2-3-15 Acceptance for filing; defective applications; requests for additional information (Repealed)

Sec. 15. *(Repealed by Indiana Board of Pharmacy; filed Nov 30, 2001, 11:00 a.m.: 25 IR 1344)*

856 IAC 2-3-16 Additional information; failure to supply

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 16. Additional information. The Indiana State Board of Pharmacy may require an applicant to submit such documents or written statements of fact relevant to the application as the Board deems necessary and as provided by IC 1971, 35-24.1-3-3(a) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, to determine whether the application should be granted. The failure of the applicant to provide such documents or statements within a reasonable period of time after being requested to do so shall be deemed to be a waiver by the applicant of an opportunity to present such documents or facts for consideration by the Indiana State Board of Pharmacy in granting or denying the application. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.35; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-17 Amendment or withdrawal of application

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 17. Amendments to and withdrawal of applications. An application may be amended or withdrawn without permission of the Indiana Board of Pharmacy at any time. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.36; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-18 Inspection and review of application by board

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 18. Administrative review generally. The Indiana Board of Pharmacy may inspect, or cause to be inspected, the establishment of an applicant or registrant, pursuant to IC 1971, 35-24.1-5-2 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended. The Indiana Board of Pharmacy shall review the application for registration and other information regarding an applicant in order to determine whether the applicable standards of IC 1971, 35-24.1-3 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, have been met by the applicant. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.41; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-19 Certificate of registration; denial of registration

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 19. Certificate of registration; denial of registration. (a) The Indiana State Board of Pharmacy shall issue a Certificate of Registration Form CSR-3 to an applicant if the issuance of registration or re-registration is required under the applicable provisions of IC 1971, 35-24.1-3 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended. In the event that the issuance of registration or re-registration is not required, the Indiana State Board of Pharmacy may deny the application. Before denying any application, the Indiana State Board of Pharmacy shall issue an order to show cause pursuant to Section 3.46 [856 IAC 2-3-23] and, if requested by the applicant, shall hold a hearing on the application pursuant to Section 3.51, through Section 3.53 [856 IAC 2-3-24 — 856 IAC 2-3-26].

(b) The Certificate of Registration shall contain the name, address, and registration number of the registrant, the activity authorized by the registration, the schedules and/or Controlled Substances Code Number (as set forth in Part 2 [856 IAC 2-2] of this Act) of the controlled substances which the registrant is authorized to handle, the amount of fee paid (or exemption), and the expiration date of the registration. The registrant shall maintain the Certificate of Registration in a readily retrievable manner and shall permit inspection of the Certificate of Registration and shall permit inspection of the certificate by any official, agent, or employee of the Board or any agency engaged in enforcement of laws relating to controlled substances. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.42; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-20 Suspension or revocation of registration

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 20. Suspension or revocation of registration. (a) The Indiana Board of Pharmacy may suspend any registration pursuant to IC 1971, 35-24.1-3-4 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended, for any period of time he determines.

(b) The Indiana Board of Pharmacy may revoke any registration pursuant to IC 1971, 35-24.1-3-4 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended.

(c) Before revoking or suspending any registration, the Indiana Board of Pharmacy shall issue an order to show cause, such order shall be sent by certified mail to address of the registrant, advising registrant of his rights to a hearing, Form CSR-4, pursuant to section 3.46 [856 IAC 2-3-23]. Notwithstanding the

requirements of this section, however, the Indiana Board of Pharmacy may suspend any registration pending a final order pursuant to section 3.44 [856 IAC 2-3-21].

(d) Upon service of the final order of the Indiana Board of Pharmacy following a hearing or waiver thereof suspending or revoking registration, the registrant shall immediately deliver his Certificate of Registration to the Indiana Board of Pharmacy. Also, upon service of the final order of the Indiana Board of Pharmacy suspending or revoking registration, the registrant shall, as instructed by the Indiana Board of Pharmacy:

(1) Deliver all controlled substances in his possession to the Indiana Board of Pharmacy or to authorized agents of the Indiana Board of Pharmacy; or

(2) Place all controlled substances in his possession under seal as described in IC 1971, 35-24.1-3-4(c) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended.

(e) In the event that revocation or suspension is limited to a particular controlled substance or substances, the registrant shall be given a new Certificate of Registration for all substances not affected by such revocation or suspension; no fee shall be required to be paid for the new Certificate of Registration. The registrant shall deliver the old Certificate of Registration to the Indiana Board of Pharmacy. Also, the registrant shall, as instructed by the Indiana Board of Pharmacy:

(1) Deliver to the Indiana Board of Pharmacy or to authorized agents of the Indiana Board of Pharmacy all of the particular controlled substance or substances affected by the revocation or suspension which are in his possession; or

(2) Place all of such substances under seal as described in IC 1971, 35-24.1-3-4(c) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended.

(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.43; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-3-21 Suspension pending final order

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 21. Suspension of registration pending final order. (a) The Indiana Board of Pharmacy may suspend any registration simultaneously with or at any time subsequent to the service upon the registrant of an order to show cause why such registration should not be revoked or suspended, in any case where it finds that there is an imminent danger to the public health or safety. If the Indiana Board of Pharmacy so suspends, it shall serve with the order to show cause pursuant to section 3.46 [856 IAC 2-3-23] an order of immediate suspension which shall contain a statement of its findings regarding the danger to public health or safety.

(b) Upon service of the order of immediate suspension, the registrant shall promptly return his Certificate of Registration to the Indiana Board of Pharmacy. Also, upon service of the order of the Indiana Board of Pharmacy immediately suspending registration, the registrant shall, as instructed by the Indiana Board of Pharmacy:

(1) Deliver all affected controlled substances in his possession to the Indiana Board of Pharmacy or to authorized agents of the Indiana Board of Pharmacy; or

(2) Place all of such substances under seal as described in IC 1971, 35-24.1-3-4(c) [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.] as amended.

(c) Any suspension shall continue in effect until the conclusion of all preceedings upon the revocation or suspension, including any judicial review thereof, unless sooner withdrawn by the Indiana Board of Pharmacy or dissolved by a court of competent jurisdiction. Any registrant whose registration is suspended under this section may request a hearing on the revocation or suspension of his registration at a time earlier than specified in the order to show cause pursuant to section 3.46 [856 IAC 2-3-23], which request shall be granted by the Indiana Board of Pharmacy who shall fix a date for such hearing as early as reasonably possible. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.44; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-22 Extension of registration pending re-registration order

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 22. Extension of registration pending final order. In the event that an applicant for re-registration (who is doing business under a registration previously granted and not revoked or suspended) has applied for re-registration at least 30 days before the date on which the existing registration is due to expire, the existing registration of the applicant shall automatically be extended and continue in effect until the date on which the Indiana Board of Pharmacy so issues its final order. The Indiana Board of Pharmacy may extend any other existing registration under the circumstances contemplated in this section even though the registrant failed to apply for re-registration at least 30 days before expiration of the existing registration, with or without request by the registrant, if the Indiana Board of Pharmacy finds that such extension is not inconsistent with the public health and safety. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.45; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-23 Order to show cause

Authority: IC 35-48-3-1
Affected: IC 35-48-3-5

Sec. 23. Order to show cause. (a) If, upon examination of the application for registration from any applicant and other information regarding the applicant, the Indiana Board of Pharmacy is unable to make the determinations required by the applicable provisions of IC 1971, 35-24.1-3-3 [Repealed by Acts 1976,

P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.], as amended, to register the applicant, the Indiana Board of Pharmacy shall serve upon the applicant an order to show cause why the registration should not be denied.

(b) If, upon information regarding any registrant, the Indiana Board of Pharmacy determines that the registration of such registrant is subject to suspension or revocation pursuant to IC 1971, 35-24.1-3-4 [Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.], as amended, the Indiana Board of Pharmacy shall serve upon the registrant an order to show cause why a registration should not be revoked or suspended.

(c) The order to show cause shall call upon the applicant or registrant to appear before the Indiana Board of Pharmacy at a time and place stated in the order, which shall not be less than 30 days after the date of receipt of the order. The order to show cause shall also contain a statement of the legal basis for such hearing and for the denial, revocation, or suspension of registration and a summary of the matters of fact and law asserted.

(d) The Indiana Board of Pharmacy shall hold a hearing at the time and place stated in the order, pursuant to section 3.51 [856 IAC 2-3-24].

(e) When authorized by the section 3.51 [856 IAC 2-3-24] any agent of the Indiana Board of Pharmacy may serve the order to show cause. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.46; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-24 Evidentiary hearing

Authority: IC 35-48-3-1
Affected: IC 35-48-3-6

Sec. 24. The controlled substances advisory committee shall hold a hearing for the purpose of receiving factual evidence regarding the issues involved in the denial, revocation, or suspension of any registration. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.51; filed Jul 9, 1974, 9:29 a.m.: Unpublished; readopted filed Nov 30, 2001, 11:00 a.m.: 25 IR 1343; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-25 Hearing procedures

Authority: IC 35-48-3-1
Affected: IC 4-21.5; IC 35-48-3-6

Sec. 25. Hearing for granting, denial, revocation, or suspension of application. (a) In any case where the advisory committee shall hold a hearing on any registration or application therefor, the procedures for such hearing shall be governed generally by the adjudication procedures of IC 1971, 4-22-1-1 to 4-22-1-30 [Repealed by P.L.18-1986, SECTION 2. See IC 4-21.5.], as amended, and by sections 3.52-3.53 [this section and 856 IAC 2-3-26].

(b) Any hearing under this part shall be independent of, and not in lieu of, criminal prosecutions or other proceedings under the Act [IC 35-48] or any other law of this State.

(c) At any such hearing the advisory committee shall designate one of its members as presiding officer.

(d) At any such hearing a quorum of the advisory committee consisting of a majority of its membership shall hear the evidence and the disputed issues of law and they shall after the conclusion of the hearing, prepare for the Board recommended findings, facts, and conclusions of law.

(e) The committee's recommended findings and facts and conclusions of law shall be acted on by the Board in the manner required by IC 1971, 4-22-1 *[Repealed by P.L.18-1986, SECTION 2. See IC 4-21.5.]. (Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.52; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-26 Modification or waiver of rules

Authority: IC 35-48-3-1
Affected: IC 35-48-3-6

Sec. 26. Waiver or modification of rules.The presiding officer at the advisory committee hearings or of the Indiana Board of Pharmacy (with respect to matters pending before him) may modify or waive any rule in this part by notice in advance of the hearing, if he determines than no party in the hearing will be unduly prejudiced and the ends of justice will thereby be served and if all parties consent. Such notice of modification or waiver shall be made a part of the record of the hearing. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.53; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-27 Modification of registration

Authority: IC 35-48-3-1
Affected: IC 35-48-3-6

Sec. 27. Modification in registration. Any registrant may apply to modify his registration to authorize the handling of additional controlled substances or to change his name or address by submitting a letter of request to the Indiana Board of Pharmacy. The letter shall contain the registrant's name, address, registration number, and the substances and/or schedule to be added to his registration or the name or address and shall be signed by the same person who signed the most recent application for registration or re-registration. If the registrant is seeking to handle additional controlled substances listed in Schedule I [856 IAC 2-2-2] for the purpose of research or instructional activities, a Federally approved research protocol describing each research project involving the additional substances shall be subject to inspection by the Indiana Board of Pharmacy or he shall attach two copies of a statement describing the nature, extent, and duration of such instructional activities, as appropriate. No fee shall be required to be paid for the modification. The request for modification shall be handled in the same manner as an application for registration.

If the modification of registration is approved, the Indiana Board of Pharmacy shall issue a new certificate of registration to the registrant, who shall maintain it with the old certificate of registration until the expiration date. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.61; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-28 Termination of registration; notice to board

Authority: IC 35-48-3-1
Affected: IC 35-48-3-6

Sec. 28. Termination of registration. The registration of any person shall terminate if and when such person dies, ceases legal existence, or discontinues business or professional practice. Any registrant who ceases legal existence or discontinues business or professional practice shall notify the Indiana Board of Pharmacy promptly of such fact. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.62; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-29 Transfer of registration

Authority: IC 35-48-3-1
Affected: IC 35-48-3-6

Sec. 29. Transfer of registration. No registration or any authority conferred thereby shall be assigned or otherwise transferred except upon such conditions as the Indiana Board of Pharmacy may specifically designate and then only pursuant to its written consent. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.63; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-30 Security requirements; approval of security system

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 30. Security requirements generally. (a) All applicants and registrants shall provide and maintain effective controls and procedures to guard against theft and diversion of controlled substances. In order to determine whether a registrant has provided effective controls against diversion, the Indiana Board of Pharmacy shall use the security requirements set forth in Sections 3.72-3.76 *[856 IAC 2-3-31 — 856 IAC 2-3-35]* as standards for the physical security controls and operating procedures necessary to prevent diversion. Materials and construction which will provide a structural equivalent to the physical security controls set forth in Sections 3.72 *[856 IAC 2-3-31]*, 3.73 *[856 IAC 2-3-32]*, and 3.75 *[856 IAC 2-3-34]* may be used in lieu of the materials and construction described in those sections.

(b) Substantial compliance with the standards set forth in Sections 3.72-3.76 *[856 IAC 2-3-31 — 856 IAC 2-3-35]* may be deemed sufficient by the Indiana Board of Pharmacy after evaluation of the overall security system and needs of a registrant or applicant. In evaluating the overall security system of a registrant or applicant, the Indiana Board of Pharmacy may consider any of the following factors as it may deem relevant to the need for strict compliance with security requirements:

(1) The type of activity conducted (e.g., processing of bulk chemicals, preparing dosage forms, packaging, labeling, cooperative buying, etc.);
(2) The type and form of controlled substances handled (e.g., bulk liquids or dosage units usable powders or nonusable powders);
(3) The quantity of controlled substance handled;
(4) The location of the premises and the relationship such location bears on security needs;
(5) The type of building construction comprising the facility and the general characteristics of the building or buildings;
(6) The type of vault, safe, and secure enclosures or other storage system (e.g., automatic storage and retrieval system) used;
(7) The type of closures on vaults, safes, and secure enclosures;
(8) The adequacy of key control systems and/or combination lock control systems;
(9) The adequacy of electric detection and alarm systems, if any including use of supervised transmittal lines and standby power sources;
(10) The extent of unsupervised public access to the facility, including the presence and characteristics of perimeter fencing, if any;
(11) The adequacy of supervision over employees having access to manufacturing and storage areas;
(12) The procedures for handling business guests, visitors, maintenance personnel, and non-employee service personnel;
(13) The availability of local police protection or of the registrant's or applicant's security personnel, and;
(14) The adequacy of the registrant's or applicant's system for monitoring the receipt, manufacture, distribution, and disposition of controlled substances in its operations.

(c) When physical security controls become inadequate as a result of a controlled substance being transferred to a different schedule, or as a result of a non-controlled substance being listed on any schedule, or as a result of a significant increase in the quantity of controlled substances in the possession of the registrant during normal business operations, the physical security controls shall be expanded and extended accordingly. A registrant may adjust physical security controls within the requirements set forth in Sections 3.72-3.76 *[856 IAC 2-3-31 — 856 IAC 2-3-35]* when the need for such controls decreases as a result of a controlled substance being transferred to a different schedule, or a result of a controlled substance being removed from control, or as a result of a significant decrease in the quantity of controlled substances in the possession of the registrant during normal business operations.

(d) Any registrant or applicant desiring to determine whether a proposed security system substantially complies with, or is the structural equivalent of, the requirements set forth in Sections 3.72-3.76 *[856 IAC 2-3-31 — 856 IAC 2-3-35]* may submit any plans, blueprints, sketches or other materials regarding the proposed security system to the Indiana Board of Pharmacy.

(e) Approval by the Drug Enforcement Administration of any security system, proposed security system, plans, blueprints, sketches or other material as being in substantial compliance with the requirements as set forth in 301.72-301.76 of Title 21 of the Code of Federal Regulations shall be deemed in compliance with Sections 3.71 through 3.75 *[856 IAC 2-3-30 — 856 IAC 2-3-34]* of these regulations, where applicable.

(f) Physical security controls of locations registered under the Harrison Narcotic Act or the Narcotics Manufacturing Act of 1960 on April 20, 1971, shall be deemed to comply substantially with the standards set forth in Sections 3.71 *[this section],* 3.72 *[856 IAC 2-3-31]*, 3.73 *[856 IAC 2-3-32],* and 3.75 *[856 IAC 2-3-34]. (Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.71; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-31 Storage areas; security controls for nonpractitioners

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 31. Physical security controls for nonpractitioners: Storage Areas. (a) Schedules I and II *[856 IAC 2-2-2 and 856 IAC 2-2-3].* Raw materials, bulk materials awaiting further processing, and finished products which are controlled substances listed in Schedule I or II *[856 IAC 2-2-2 or 856 IAC 2-2-3]* shall be stored in one of the following secure storage areas:

(1) Where small quantities permit, a safe or steel cabinet.

(i) Which safe or steel cabinet shall have the following specifications or the equivalent: 30 man-minutes against surreptitious entry, 10 man-minutes against forced entry, 20 man-hours against lock manipulation, and 20 man-hours against radiological techniques.

(ii) Which safe or steel cabinet, if it weighs less than 750 pounds, is bolted or cemented to the floor or wall in such a way that it cannot be readily removed; and

(iii) Which safe or steel cabinet, if necessary, depending upon the quantities and type of controlled substances stored, is equipped with an alarm system which, upon attempted unauthorized entry, shall transmit a signal directly to a central protection company or a local or State police agency which has a legal duty to respond, or a 24-hour control station operated by the registrant, or such other protection as the Indiana Board of Pharmacy or the Drug Enforcement Administration may approve.

(2) A vault constructed before, or under construction on October 1, 1973, which is of substantial construction with a steel door, combination or key lock, and an alarm system; or

(3) A vault constructed after October 1, 1973:

(i) The walls, floors, and ceilings of which vault are constructed of at least 8 inches of reinforced concrete or other substantial masonry, reinforced vertically and horizontally with 1/2-inch steel rods tied 6 inches on center, or the structural equivalent to such reinforced walls, floors, and ceilings;

(ii) The door and frame unit of which vault shall conform to the following specifications or the equivalent; 30 man-minutes against surreptitious entry, 10 man-minutes against forced entry, 20 man-hours against lock manipulation, and 20 man-hours against radiological techniques;

(iii) Which vault, if operations require it to remain open for frequent access, is equipped with “day-gate” which is self-closing and self-locking, or the equivalent, for use during the hours of operation in which the vault door is open;

(iv) The walls or perimeter of which vault are equipped with an alarm, which upon unauthorized entry shall transmit a signal directly to a central station protection company, or a local or State police agency which has a legal duty to respond or a 24-hour control station operated by the registrant or such other protection as the Indiana Board of Pharmacy or the Drug Enforcement Administration may approve, and, if necessary, holdup buttons at strategic points of entry to the perimeter area of the vault;

(v) The door of which vault is equipped with contact switches; and

(vi) Which vault has one of the following: complete electrical lacing of the walls, floor and ceilings; sensitive ultrasonic equipment within the vault; a sensitive sound accumulator system; or such other device designed to detect illegal entry as may be approved by the Indiana Board of Pharmacy or the Drug Enforcement Administration.

(b) Schedules III, IV, and V *[856 IAC 2-2-4 — 856 IAC 2-2-6].* Raw materials, bulk materials awaiting further processing, and finished products which are controlled substances listed in Schedules III, IV, and V *[856 IAC 2-2-4 — 856 IAC 2-2-6]* shall be stored in one of the following secure storage areas:

(1) Where small quantities permit, a safe which complies with the requirements set forth in paragraph (a)(1) of this section;

(2) A vault which complies with the requirements set forth in either paragraph (a)(2) or (3) of this section or

(3) A building or area located within a building, which building or area:

(i) Has walls or perimeter fences of sufficient height and construction to provide security from burglary;

(ii) Has substantial doors which may be securely locked during non-working hours by a multiple-position combination or key lock;

(iii) Is equipped with an alarm which, upon unauthorized entry, shall transmit a signal directly to a central station protection company, or local or State police agency which has a legal duty to respond or a 24-hour control station operated by the registrant or such other protection as the Indiana Board of Pharmacy or the Drug Enforcement Administration may approve; and controlled substances are segregated from all other merchandise and kept under constant surveillance during normal business hours.

(c) Multiple storage areas. Where several types or classes of controlled substances are handled separately by the registrant or applicant for different purposes (e.g., returned goods, or goods in process), the controlled substances may be stored separately, provided that each storage area complies with the requirements set forth in this section.

(d) Accessibility to storage areas. The controlled substances storage areas shall be accessible only to an absolute minimum number of specifically authorized employees. When it is necessary for employee maintenance personnel, non-employee maintenance personnel, business guests, or visitors to be present in or pass through controlled substances storage areas, the registrant shall provide for adequate observation of the area by an employee specifically authorized in writing.

(e) Compliance with the requirements prescribed in Part 301, Section 301.72 of Title 21 of the Code of Federal Regulations, effective April 1, 1973, shall be deemed in compliance with this section. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.72; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-32 Manufacturing areas; security controls for nonpractitioners

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 32. Physical security controls for nonpractitioners: Manufacturing areas. All manufacturing activities (including processing, packaging, and labeling) involving controlled substances listed in any schedule shall be conducted in accordance with the following:

(a) All in-process substances shall be returned to the controlled substances storage area at the termination of the process. If the process is not terminated at the end of a workday (except where a continuous process or other normal manufacturing operation should not be interrupted), the processing area or tanks, vessels, bins or bulk containers containing such substances shall be securely locked, with adequate security for the area or building. If such security requires an alarm, such alarm, upon unauthorized entry, shall transmit a signal directly to a central station protection company, or a local or State Police agency which has a legal duty to respond, or a 24-hour control station operated by registrant.

(b) Manufacturing activities with controlled substances shall be conducted in an area or areas of clearly defined limited access which is under surveillance by an employee or employees designated in writing as responsible for the area. "Limited access" may be provided in the absence of physical dividers such as walls or partitions, by traffic control lines or restricted space designation. The employee designated as responsible for the area may be engaged in the particular manufacturing operation being conducted: Provided: that he is able to provide continuous surveillance of the area in order that unauthorized persons may not enter or leave the area without his knowledge.

(c) During the production of controlled substances, the manufacturing areas shall be accessible to only those employees required for efficient operation. When it is necessary for employee maintenance personnel, non-employee maintenance personnel, business guests, or visitors to be present in or pass through manufacturing areas during production of controlled substances, the registrant shall provide for adequate observation of the area by an employee specifically authorized in writing.

(d) Compliance with the requirements prescribed in Part 301, Section 301.73 of Title 21 of the Code of Federal Regulations, effective April 1, 1973, shall be deemed in compliance with this section. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.73; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-33 Additional security controls for nonpractitioners

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 33. Other security controls for nonpractitioners: (a) Before distributing a controlled substance to any person who the registrant does not know to be registered to possess the controlled substance the registrant shall make a good faith inquiry either with the Indiana Board of Pharmacy or with the D.E.A. to determine that the person is registered to possess the controlled substance.

(b) The registrant shall design and operate a system to disclose to the registrant suspicious orders of controlled substances. The registrant shall inform the Indiana Board of Pharmacy of suspicious orders when discovered by the registrant. Suspicious orders include orders of unusual size, orders deviating substantially from a normal pattern, and orders of unusual frequency.

(c) The registrant shall notify in writing the Indiana Board of Pharmacy of any theft or significant loss of any controlled substances upon discovery of such theft or loss. Thefts must be reported whether or not the controlled substances are subsequently recovered and/or the responsible parties are identified and action taken against them.

(d) The registrant shall not distribute any controlled substance listed in Schedules II through V *[856 IAC 2-2-3 — 856 IAC 2-2-6]* as a complimentary sample to any potential or current customer (1) without the prior written request of the customer, (2) to be used only for satisfying the legitimate medical needs of patients of the customer, and (3) only in reasonable quantities. Such request must contain the name, address and state and federal registration number of the customer and the name and quantity of the specific controlled substance desired. The request shall be preserved by the registrant with other records of distribution of controlled substances. In addition, the requirements of Part 3.5 *[856 IAC 2-3-24 — 856 IAC 2-3-26]* hereof shall be complied with for any distribution of a controlled substance listed in Schedule II *[856 IAC 2-2-3]*. For purposes of this paragraph, the term "customer" includes a person to whom a complimentary sample of a substance is given in order to encourage the prescribing or recommending of the substance by the person.

(e) When shipping controlled substances, a registrant is responsible for selecting common or contract carriers which provide adequate security to guard against in-transit losses. When storing controlled substances in a public warehouse, a registrant is responsible for selecting a warehouseman which will provide adequate security to guard against storage losses; wherever possible, the registrant shall store controlled substances in a public warehouse which complies with the requirements set forth in Section 3.72 *[856 IAC 2-3-31]*. In addition, the registrant shall employ precautions (e.g., assuring that shipping containers do not indicate that contents are controlled substances) to guard against storage or in-transit losses.

(f) When distributing controlled substances through agents (e.g., detailmen), a registrant is responsible for providing and requiring adequate security to guard against theft and diversion while the substances are being stored or handled by the agent or agents. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.74; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-34 Storage; security controls for practitioners

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 34. Physical security controls for practitioners. (a) Controlled substances listed in Schedule I *[856 IAC 2-2-2]* shall be stored in a securely locked substantially constructed cabinet.

(b) Controlled substances listed in Schedules II, III, IV, and V *[856 IAC 2-2-3 — 856 IAC 2-2-6]* shall be stored in a securely locked, substantially constructed cabinet. However, pharmacies and institutional practitioners (as defined) in Chapter I, 1.01 *[856 IAC 2-1-1]* may disperse such substances throughout the stock of noncontrolled substances in such a manner as to obstruct the theft or diversion of the controlled substances.

Controlled substances (institutional practitioners—ward and floor stock) listed in Schedule II *[856 IAC 2-2-3]* and narcotic drugs in Schedule III *[856 IAC 2-2-4]* shall be stored in a securely locked substantially constructed cabinet or device. Controlled substances (institutional practitioners ward and floor stock) listed in Schedules III, IV, and V *[856 IAC 2-2-4 — 856 IAC 2-2-6]* may be dispersed in their ward or floor stock in such a manner as to obstruct theft or diversion of these controlled substances.

(c) This section shall also apply to nonpractitioners authorized to conduct research or chemical analysis under another registration. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.75; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-3-35 Additional security controls for practitioners

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 35. Other security controls for practitioners. (a) The registrant shall not employ as an agent or employee who has access to controlled substances any person who has had an application for registration denied, or has had his registration revoked, or has been convicted of a violation of State or Federal law relative to the manufacture, distribution, dispensing or possession of controlled substances.

(b) The registrant shall notify the Indiana Board of Pharmacy of the theft or significant loss of any controlled substances upon discovery of such loss or theft. *(Indiana Board of Pharmacy; Reg 28,Ch III,Sec 3.76; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

Rule 4. Records and Inventories of Registrants

856 IAC 2-4-1 Records and inventories

Authority: IC 35-48-3-1
Affected: IC 35-48-3-7

Sec. 1. (a) Every registrant shall keep records and maintain inventories in conformance with the record keeping and inventorying requirements of federal law and regulation.

(b) For purposes of this section, "readily retrievable" means that certain records are kept by automatic data processing systems or other electronic or mechanized record keeping systems in such a manner that they can be separated out from all other records in a reasonable time and/or records are kept on which certain items are asterisked, red-lined, or in some manner visually identifiable apart from other items appearing on the records. Manufacturers, distributors, and research records or electronic data processing printouts shall be made available within five (5) working days after a request by the Indiana board of pharmacy for such records or information on controlled substances transactions.

(c) Each registered pharmacy shall maintain, for a period of two (2) years, its prescriptions of controlled substances by maintaining any of the following:

(1) Three (3) separate files as follows:

(A) A file for Schedule II drugs dispensed.

(B) A file for Schedules III, IV, and V drugs dispensed.

(C) A file for prescriptions for all other drugs dispensed.

(2) Two (2) separate files as follows:

(A) A file for all noncontrolled drugs dispensed.

(B) Another file for all controlled drugs dispensed in Schedules II, III, IV, and V. If this method is used, the prescriptions in the file for Schedules III, IV, and V must be stamped with the letter "C" in red ink, not less than one (1) inch high, in the lower right-hand corner.

(3) Two (2) separate files as follows:

(A) A file for Schedule II drugs dispensed.

(B) Another file for Schedules III, IV, and V drugs, including all other noncontrolled drugs dispensed. If this method is used, the prescriptions in the file of Schedules III, IV, and V drugs must be stamped with the letter "C" in red ink, not less than one (1) inch high, in the lower right-hand corner. However, if a pharmacy employs an automated data processing system or other electronic record keeping system for prescriptions that permits identification by prescription number and retrieval of original documents by prescriber's name, patient's name, drug dispensed, and date filled, then the requirement to mark the hard copy prescription with a red "C" under subdivisions (2) and (3) is waived. *(Indiana Board of Pharmacy; Reg 28, Ch IV, Sec 4.01; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed May 26, 2000, 8:52 a.m.: 23 IR 2504; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

Rule 5. Order Forms

856 IAC 2-5-1 Order form requirements

Authority: IC 35-48-3-1

Affected: IC 35-48-3-8

Sec. 1. Order Form Requirements Generally. Compliance with the requirements prescribed in section 308 of the Federal Controlled Substances Act (21 U.S.C. 828), and in Part 305 of Title 21 of the Code of Federal Regulations, effective April 1, 1973 shall be deemed compliance with the requirements of IC 1971, 35-24.1-3-7 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended. *(Indiana Board of Pharmacy; Reg 28,Ch V,Sec 5.01; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

Rule 6. Issuance, Filling and Filing Prescriptions

856 IAC 2-6-1 Scope of rules governing prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 1. Scope of Part 6. Rules governing the issuance, filling and filing of prescriptions pursuant to IC 1971, 35-24.1-3-8 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended, are set forth generally in that section and specifically by the sections of this part *[856 IAC 2]. (Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.01; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-2 Persons entitled to issue prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 2. (a) A prescription for a controlled substance may be issued only by an individual practitioner who is:
(1) authorized to prescribe controlled substances by the state; and
(2) either registered or exempted from registration pursuant to 856 IAC 2-3-5(b) or 856 IAC 2-3-6.
(b) A prescription issued by an individual practitioner may be communicated to a pharmacist by an individual practitioner or a practitioner's authorized agent.
(c) Controlled substances prescriptions issued by individual practitioners in adjoining states to Indiana or other states are considered valid prescriptions if the practitioner issuing the prescription has a current and valid Drug Enforcement Administration certificate registration number. It is the pharmacist's responsibility as with all controlled substances prescriptions, to be sure beyond reasonable doubt in his or her professional judgment that the practitioner is issuing the prescription in good faith and has a valid Drug Enforcement Administration certificate of registration. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.02; filed Jul 9, 1974, 9:29 a.m.: Unpublished; readopted filed Nov 30, 2001, 11:00 a.m.: 25 IR 1343; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-3 Purpose of prescription; prohibitions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 3. Purpose of issue of prescription. (a) A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose in a reasonable quantity by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription, within the meaning and intent of IC 1971, 35-24.1-3-8 *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended, and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.
(b) A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.
(c) A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule to a narcotic drug dependent person for the purpose of continuing his dependence upon such drugs in the course of conducting an authorized clinical investigation in the development of a narcotic addict rehabilitation program. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.03; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-4 Issuance of prescriptions; information required

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 4. Manner of issuance of prescriptions. (a) All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued and shall bear the full name and address of the patient, and the name, address, and Federal Controlled Substance registration number of the practitioner. A practitioner may sign a prescription in the same manner as he would sign a check or legal document (e.g., J.H. Smith or John H. Smith). Where an oral order is not permitted, prescriptions shall be written with ink or indelible pencil or typewriter and shall be manually signed by the practitioner. The prescriptions may

be prepared by a secretary or agent for the signature of a practitioner, but the prescribing practitioner is responsible in case the prescription does not conform in all essential respects to the law and regulations. A corresponding liability rests upon the pharmacist who fills a prescription not prepared in the form prescribed by these regulations.

(b) An intern, resident, or foreign-trained physician exempted from registration under section 3.14(c) *[856 IAC 2-3-5(c)],* shall include on all prescriptions issued by him the Federal Controlled Substance registration number of the hospital or other institution and the special internal code number assigned to him by the hospital or other institution as provided in section 3.14(c) *[856 IAC 2-3-5(c)]*, in lieu of the registration number of the practitioner required by this section. Each prescription shall have the name of the intern, resident, or foreign-trained physician stamped or printed on it, as well as the signature of the physician.

(c) An official exempted from registration under section 3.15 *[856 IAC 2-3-6]* shall include on all prescriptions issued by him, his branch of service or agency (e.g., "U.S. Army" or "Public Health Service") and his service identification number, in lieu of the Federal Controlled Substance registration number of the practitioner required by this section. The service identification number for a Public Health Service employee is his Social Security identification number. Each prescription shall have the name of the officer stamped, typed, or hand-printed on it, as well as the signature of the officer. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.04; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-5 Persons entitled to fill prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 5. Persons entitled to fill prescriptions. A prescription for controlled substances may only be filled by a pharmacist acting in the usual course of his professional practice and either registered individually or employed in a registered pharmacy or by a registered institutional practitioner. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.05; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-6 Dispensing of narcotics for maintenance purposes

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 6. Dispensing of narcotic drugs for maintenance purposes. The administering or dispensing directly (but not prescribing) of narcotic drugs listed in any schedule to a narcotic drug dependent person for the purpose of treatment of his dependence upon such drugs in the course of conducting a clinical investigation authorized by State or Federal law in the development of a narcotic addict rehabilitation program shall be deemed to be within the meaning of the term "in the course of his professional practice or research" in IC 1971, 35-24.1-1-1(u) *[Repealed by Acts 1976, P.L.148, SECTION 24; Acts 1977, P.L.26, SECTION 25. See IC 35-48.]* as amended. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.06; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-7 Schedule II controlled substances; prescription required; exceptions

Authority: IC 35-48-3-1
Affected: IC 35-48

Sec. 7. (a) A pharmacist may dispense directly a controlled substance listed in Schedule II, which is a prescription drug as determined under the Federal Food, Drug, and Cosmetic Act, only pursuant to a written prescription signed by the prescribing individual practitioner, except as provided in subsection (d).

(b) An individual practitioner may administer or dispense directly a controlled substance listed in Schedule II in the course of his or her professional practice without a prescription subject to section 6 of this rule.

(c) An institutional practitioner may administer or dispense directly (but not prescribe) a controlled substance listed in Schedule II only pursuant to a written prescription signed by the prescribing individual practitioner or to an order for medication made by an individual practitioner that is dispensed for immediate administration to the ultimate user.

(d) In the case of an emergency situation, as defined by subsection (e), a pharmacist may dispense a controlled substance listed in Schedule II upon receiving oral authorization of a prescribing individual practitioner, provided the following:

(1) The quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period (dispensing beyond the emergency period must be pursuant to a written prescription signed by the prescribing individual practitioner).

(2) The prescription shall be immediately reduced to writing by the pharmacist and shall contain all information required in section 4 of this rule, except for the signature of the prescribing individual practitioner.

(3) If the prescribing individual practitioner is not known to the pharmacist, he or she must make a reasonable effort to determine that the oral authorization came from a registered individual practitioner, which may include a callback to the prescribing individual practitioner using his or her phone number as listed in the telephone directory and/or other good faith efforts to assure his or her identity.

(4) Within seven (7) days after authorizing an emergency oral prescription, the prescribing individual practitioner shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist. In addition to conforming to the requirements of section 4 of this rule, the prescription shall have written on its face "Authorization for Emergency Dispensing", and the date of the oral order. The written prescription may be delivered to the pharmacist in person or by mail, but if delivered by mail, it must be postmarked within the seven (7) day period. Upon receipt, the dispensing pharmacist shall attach this prescription to the oral emergency prescription which had earlier been reduced to writing. The pharmacist shall notify the Indiana board of

pharmacy if the prescribing individual fails to deliver a written prescription to him or her, failure of the pharmacist to do so shall void the authority conferred by this subdivision to dispense without a written prescription of a prescribing individual practitioner.

(e) For the purpose of authorizing an oral prescription of a controlled substance listed in Schedule II of IC 35-48 as amended, "emergency situation" means those situations in which the prescribing practitioner determines the following:

(1) That immediate administration of the controlled substance is necessary for proper treatment of the intended ultimate user.

(2) That no appropriate alternative treatment is available, including administration of a drug that is not a controlled substance under Schedule II of IC 35-48 as amended.

(3) That it is not reasonably possible for the prescribing practitioner to provide a written prescription to be presented to the person dispensing the substance, prior to the dispensing. *(Indiana Board of Pharmacy; Reg 28, Ch VI,Sec 6.11; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed May 26, 2000, 8:52 a.m.: 23 IR 2505; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-8 Schedule II controlled substances; refilling prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 8. Refilling prescriptions—Schedule II *[856 IAC 2-2-3]*. The refilling of a prescription for a controlled substance listed in Schedule II *[856 IAC 2-2-3]* is prohibited. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.12; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-9 Schedule II controlled substances; partial filling of prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-2-6; IC 35-48-3-9

Sec. 9. (a) The partial filling of a prescription for a controlled substance listed in Schedule II under IC 35-48-2-6, as amended, is permissible if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription and makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription). The remaining portion of the prescription may be filled within seventy-two (72) hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the seventy-two (72) hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond seventy-two (72) hours without a new prescription.

(b) A prescription for a Schedule II controlled substance written for patients in long term care facilities may be filled in partial quantities to include individual dosage units. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained, and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. The total quantity of a Schedule II controlled substance dispensed in all partial fillings must not exceed the total quantity prescribed. A Schedule II prescription, for a patient in a long term care facility, shall be valid for a period not to exceed sixty (60) days from the issue date unless sooner terminated by the discontinuance of medication.

(c) A prescription for a Schedule II controlled substance written for a patient with a medical diagnosis documenting a terminal illness may be filled in partial quantities to include individual dosage units. If there is any question whether a patient may be classified as having a terminal illness, the pharmacist must contact the practitioner prior to partially filling the prescription. The pharmacist has a responsibility to assure that the controlled substance is for a terminally ill patient. The pharmacist must record on the prescription the patient is "terminally ill". A prescription that is partially filled and does not contain the notation "terminally ill" shall be deemed to have been filled in violation of this section. For each partial filling, the dispensing pharmacist shall record on the back of the prescription (or on another appropriate record, uniformly maintained and readily retrievable) the date of the partial filling, quantity dispensed, remaining quantity authorized to be dispensed, and the identification of the dispensing pharmacist. Prior to any subsequent partial filling, the pharmacist is to determine that the additional partial filling is necessary. The total quantity of a Schedule II controlled substance dispensed in all partial fillings must not exceed the total quantity prescribed. A Schedule II prescription for a patient with a medical diagnosis documenting a terminal illness shall be valid for a period not to exceed sixty (60) days from the issue date unless sooner terminated by the discontinuance of medication. *(Indiana Board of Pharmacy; Reg 28, Ch VI, Sec 6.13; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed May 8, 1986, 9:55 a.m.: 9 IR 2205; filed Mar 31, 1992, 5:00 p.m.: 15 IR 1391; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-10 Schedule II controlled substances; label information; exceptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 10. Labeling of substances. (a) The pharmacist filling a written or emergency oral prescription for a controlled substance listed in Schedule II *[856 IAC 2-2-3]* shall affix to the package a label showing date of filling, the pharmacy name and address, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, and directions for use and the cautionary statement, "Federal Law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed", any others if any, contained in such prescription or required by law.

(b) The requirements of paragraph (a) of this section do not apply when a controlled substance listed in Schedule II *[856 IAC 2-2-3]* is prescribed for administration to an ultimate user who is institutionalized; Provided, That:

(1) Not more than 7-day supply of the controlled substance listed in Schedule II *[856 IAC 2-2-3]* is dispensed at one time;

(2) The controlled substance listed in schedule II *[856 IAC 2-2-3]* is not in the possession of the ultimate user prior to the administration; and

(3) The institution maintains appropriate safeguards and records regarding the proper administration, control, dispensing, and storage of the controlled substance listed in schedule II *[856 IAC 2-2-3]*; and

(4) The system employed by the pharmacist in filling a prescription is adequate to identify the supplier, the product, and the patient, and to set forth the directions for use and cautionary statements, if any, contained in the prescription or required by law. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.14; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-11 Schedule II controlled substances; retention of prescriptions (Repealed)

Sec. 11. *(Repealed by Indiana Board of Pharmacy; filed Nov 30, 2001, 11:00 a.m.: 25 IR 1344)*

856 IAC 2-6-12 Schedules III and IV controlled substances

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 12. (a) A pharmacist may dispense a controlled substance listed in Schedule III or IV under 856 IAC 2-2-4 or 856 IAC 2-2-5, which is a prescription drug as determined under the federal Food, Drug, and Cosmetic Act, only pursuant to either a written prescription signed by a prescribing individual practitioner or an oral prescription made by a prescribing individual practitioner or a practitioner's authorized agent and promptly reduced to writing by the pharmacist containing all information required in 856 IAC 2-6-4 *[section 4 of this rule]*, except for the signature of the prescribing individual practitioner.

(b) An individual practitioner may administer or dispense a controlled substance listed in Schedule III or IV under 856 IAC 2-2-4 or 856 IAC 2-2-5 in the course of his or her professional practice without a prescription, subject to 856 IAC 2-6-6 *[section 6 of this rule]*.

(c) An institutional practitioner may administer or dispense directly (but not prescribe) a controlled substance listed in Schedule III or IV under 856 IAC 2-2-4 or 856 IAC 2-2-5 pursuant to a written prescription signed by a prescribing individual practitioner, or pursuant to an oral prescription made by a prescribing individual practitioner and promptly reduced to writing by the pharmacist (containing all information required in 856 IAC 2-6-4 [section 4 of this rule], except for the signature of the prescribing individual practitioner), or pursuant to an order for medication made by an individual practitioner that is dispensed for immediate administration to the ultimate user, subject to 856 IAC 2-6-6 *[section 6 of this rule]*. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.21; filed Jul 9, 1974, 9:29 a.m.: Unpublished; readopted filed Nov 30, 2001, 11:00 a.m.: 25 IR 1343; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-13 Schedules III, IV, and V controlled substances; refilling prescriptions; retrievable information

Authority: IC 35-48-3-1
Affected: IC 35-48-2; IC 35-48-3-9

Sec. 13. (a) No prescription for a controlled substance listed in Schedule III (IC 35-48-2-8), Schedule IV (IC 35-48-2-10), or Schedule V (IC 35-48-2-12) shall be filled or refilled more than six (6) months after the date on which such prescription was issued, and no such prescription shall be authorized to be refilled more than five (5) times.

(b) Each refill of a prescription shall be recorded by one (1) of the following methods:

(1) On the back of the original prescription and, if used, a uniformly maintained, readily retrievable record such as a medication record or patient profile.

(2) In the storage memory of an electronic data processing system if such board approved system is used in the pharmacy.

(c) The following prescription information shall be retrievable by using or entering the serial number of the prescription:

(1) The name (and strength if applicable) and dosage form of the controlled substance.

(2) The date on which the prescription was written or phoned and reduced to writing by the pharmacist.

(3) The date of original filling and the date or dates of all refills.

(4) A notation or notations for the original filling and each and every subsequent refilling sufficient to identify the dispensing pharmacist.

(5) The total number of refills originally authorized and remaining for each individual prescription.

If the pharmacist does nothing more than date and initial the prescription to indicate a refill has been dispensed, the pharmacist shall be deemed to have dispensed a refill for the full face amount (that is the originally prescribed amount) of the prescription.

(d) Additional refills for prescriptions for controlled substances listed in Schedule III (IC 35-48-2-8), Schedule IV (IC 35-48-2-10), or Schedule V (IC 35-48-2-12) may be added to the original prescription on an oral authorization transmitted to the pharmacist by the original prescribing practitioner providing the following conditions are met:

(1) The total quantity authorized does not exceed the original face amount of the prescription and five (5) total refills, and none of the refills is for more dose units or a larger quantity than the original face amount of the prescription.

(2) No dispensing takes place pursuant to the original prescription more than six (6) months after the date of the original issue of the prescription.

(3) The pharmacist receiving the oral authorization records that authorization on the reverse of the original prescription, or in a readily retrievable record, and the following information:

(A) The date of the authorization.

(B) The number of the dose units or quantity authorized.

(C) The number of additional refills authorized.

(D) The initials of the pharmacist receiving the oral authorization.

(e) The prescribing practitioner must execute a new and separate prescription for any additional quantities beyond the five (5) refill, six (6) month limitation. *(Indiana Board of Pharmacy; Reg 28, Ch VI, Sec 6.22; filed Jul 9, 1974, 9:29 a.m.: Unpublished; filed May 20, 1988, 9:30 a.m.: 11 IR 3564; filed Jul 5, 1995, 10:00 a.m.: 18 IR 2783; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-14 Schedules III, IV and V controlled substances; partial filling of prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 14. The partial filling of a prescription for a controlled substance listed in Schedule III, IV, or V in the Controlled Substance Act, IC 35-48 as amended is permissible, provided that:

(a) each partial filling is recorded in the same manner as a refilling,

(b) the total quantity dispensed pursuant to an individual prescription including the original and all subsequent partial refills does not exceed the total quantity prescribed, and

(c) no dispensing occurs more than six (6) months after the date on which the prescription was issued. *(Indiana Board of Pharmacy; Reg 28, Ch VI, Sec 6.23; filed Jul 9, 1974, 9:29 am: Unpublished; filed May 20, 1988, 9:30 am: 11 IR 3565; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-15 Schedules III and IV controlled substances; label information; exceptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 15. Labeling of substances. (a) The pharmacist filling a prescription for a controlled substance listed in Schedule III or IV *[856 IAC 2-2-4 or 856 IAC 2-2-5]* shall affix to the package a label showing the pharmacy name and address, the serial number and date of initial filling, the name of the patient, the name of the practitioner issuing the prescription, and directions for use and cautionary statement, "Federal Law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed", and other if any, contained in such prescription as required by law.

(b) The requirements of paragraph (a) of this section do not apply when a controlled substance listed in Schedule III or IV *[856 IAC 2-2-4 or 856 IAC 2-2-5]* is prescribed for administration to an ultimate user who is institutionalized: Provided, That:

(1) Not more than a 34-day supply or 100 dosage units, whichever is less, of the controlled substance listed in Schedule III or IV *[856 IAC 2-2-4 or 856 IAC 2-2-5]* is dispensed at one time;

(2) The controlled substance listed in schedule III or IV *[856 IAC 2-2-4 or 856 IAC 2-2-5]* is not in the possession of the ultimate user prior to administration;

(3) The institution maintains appropriate safeguards and records, the proper administration, control, dispensing, and storage of the controlled substance listed in Schedule III or IV *[856 IAC 2-2-4 or 856 IAC 2-2-5]*; and

(4) The system employed by the pharmacist in filling a prescription is adequate to identify the supplier, the product and the patient, and to set forth the directions for use and cautionary statements, if any, contained in the prescription or required by law.

(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.24; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)

856 IAC 2-6-16 Schedules III and IV controlled substances; retention of prescriptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 16. Filing prescriptions. All prescriptions for controlled substances listed in Schedules III and IV *[856 IAC 2-2-4 or 856 IAC 2-2-5]* shall be kept in accordance with section 4.01 *[856 IAC 2-4-1]* of these regulations. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.25; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-17 Schedule V controlled substances; prescription requirements; refilling; exceptions

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 17. Requirement of prescription. (a) A pharmacist may dispense a controlled substance listed in Schedule V *[856 IAC 2-2-6]* pursuant to a prescription as required for controlled substances listed in Schedules III and IV *[856 IAC 2-2-4 and 856 IAC 2-2-5]* in section 6.21 *[856 IAC 2-6-12]*. A prescription for a controlled substance listed in Schedule V *[856 IAC 2-2-6]* may be refilled only as expressly authorized by the prescribing individual practitioner on the prescription; if no such authorization is given, the prescription may not be refilled. A pharmacist dispensing such substance pursuant to a prescription shall label the substance in accordance with section 6.24 *[856 IAC 2-6-15]* and file the prescription in accordance with section 6.25 *[856 IAC 2-6-16]*.

(b) An individual practitioner may administer or dispense a controlled substance listed in Schedule V *[856 IAC 2-2-6]* in the course of his professional practice without a prescription, subject to section 6.24 *[856 IAC 2-6-15]*.

(c) An institutional practitioner may administer or dispense directly (but not prescribe) a controlled substance listed in Schedule V *[856 IAC 2-2-6]* only pursuant to a written prescription signed by the prescribing individual practitioner, or pursuant to an oral prescription made by a prescribing individual practitioner and promptly reduced to writing by the pharmacist (containing all information required in section 6.04 *[856 IAC 2-6-4]* except for the signature of the prescribing individual practitioner), or pursuant to an order for medication made by an individual practitioner which is dispensed for immediate administration to the ultimate user, subject to section 6.24 *[856 IAC 2-6-15]*. *(Indiana Board of Pharmacy; Reg 28,Ch VI,Sec 6.31; filed Jul 9, 1974, 9:29 am: Unpublished; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 2-6-18 Dispensing without prescription; delivery of devices

Authority: IC 35-48-3-1
Affected: IC 35-48-3-9

Sec. 18. (a) A controlled substance listed in Schedule V in the Controlled Substance Act, IC 35-48 which does not require a prescription under federal, state or local law or a device known as a hypodermic syringe and/or needle for human use may be dispensed by a pharmacist without a prescription to a purchaser at retail, provided that:

(1) such dispensing is made only by a pharmacist and not by a non-pharmacist employee even if under the direct supervision of a pharmacist (although after the pharmacist has fulfilled his professional and legal responsibilities set forth in his [sic.] section, the actual cash, credit transaction, or delivery may be completed by a non-pharmacist);

(2) no more than:

(i) 240 cc. (8 ounces) or 48 dosage units of any substance containing opium;

(ii) 120 cc. (4 ounces) or 24 dosage units of any other substance nor more than 48 dosage units may be dispensed at retail to the same purchaser in any given 48-hour period;

(3) the purchaser is at least eighteen (18) years of age. However, if the item being purchased is a device known as a hypodermic syringe and/or needle for human use, the age restriction shall not apply;

(4) the pharmacist requires every purchaser of a controlled substance or device as described in 856 IAC 2-6-18(a) not known to the pharmacist to furnish suitable identification (including proof of age where appropriate); and

(5) separate bound record books for dispensing of:

(i) controlled substances; and

(ii) devices under this section; are maintained by the pharmacist. These books shall contain the name and address of the purchaser, the name and quantity of controlled substance or devices purchased, the date of each purchase, and the name or initials of the pharmacist who dispensed the substance or devices to the purchaser these books shall be maintained in accordance with the recordkeeping requirements of 856 IAC 2-4-1.

(b) Delivery of devices, as described above, to inpatients of institutions is exempt from this section.

(c) The delivery of a device known as a hypodermic syringe-needle other than by a pharmacist in a licensed pharmacy or a licensed practitioner in his lawful place of practice is prohibited. *(Indiana Board of Pharmacy; Reg 28, Ch VI, Sec 6.32; filed Jul 9, 1974, 9:29 am: Unpublished; filed May 20, 1988, 9:30 am: 11 IR 3565; readopted filed Nov 14, 2001, 2:45 p.m.: 25 IR 1341)*

Rule 7. Limited Permits

856 IAC 2-7-1 Application

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 1. (a) A humane society, animal control agency, or governmental entity that intends to operate an animal shelter or other animal impounding facility for the purpose of buying, possessing, and using drugs authorized by IC 35-48-3-2 shall apply for a limited permit in the form and manner required by the board.

(b) The applicant shall provide the following:

(1) Name and address of the facility.

(2) Type of facility.

(3) Documentation describing the ownership of the facility.

(4) Fees set by the board in this rule.

(5) Information about the substances that the facility intends to administer.

(6) Written policies relating to storage, security, and procedures for access, handling, and administration of drugs.

(7) Proof that the employees of the applicant who will handle a controlled substance are sufficiently trained to use and administer the controlled substance.

(8) Proof that a licensed Indiana veterinarian holding a valid Indiana controlled substances registration and federal DEA registration has been retained to provide technical advice to the facility.

(c) No humane society, animal control agency, or governmental entity that intends to operate an animal shelter or other animal impounding facility for the purpose of buying, possessing, and using drugs authorized by IC 35-48-3-2 shall engage in any activity for which a permit is required until the permit is granted by the board. *(Indiana Board of Pharmacy; 856 IAC 2-7-1; filed Aug 21,2003, 4:45 p.m.: 27 IR 181; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA)*

856 IAC 2-7-2 Permit fees

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 2. The board shall charge and collect the following fees:

(1) Application for a limited permit, fifty dollars ($50).

(2) Annual renewal of limited permit, twenty-five dollars ($25).

(Indiana Board of Pharmacy; 856 IAC 2-7-2; filed Aug 21, 2003, 4:45 p.m.: 27 IR 182; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA)

856 IAC 2-7-3 Renewal of permit

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 3. The renewal of the limited permits issued under this section shall be on the same schedule as other humane societies, animal control agencies, or governmental entities that hold controlled substance registrations issued by the board. *(Indiana Board of Pharmacy; 856 IAC 2-7-3; filed Aug 21, 2003, 4:45 p.m.: 27 IR 182; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA)*

856 IAC 2-7-4 Storage, handling, and use of controlled substances

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 4. (a) Limited permit holders and their agents, representatives, and employees must comply with the requirements of this rule for the storage and handling of controlled substances.

(b) All facilities at which controlled substances are stored, handled, or used shall:

(1) be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(2) have storage areas large enough to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(3) have a quarantine area for storage of controlled substances that are:

(A) outdated, damaged, deteriorated, misbranded, or adulterated; or

(B) in immediate or sealed secondary containers that have been opened;

(4) be maintained in a clean and orderly condition; and

(5) be free from infestation by insects, rodents, birds, or vermin of any kind.

(c) All facilities used for storage of controlled substances by registrants under this section shall comply with the security requirements as provided by 856 IAC 2-3-31.

(d) All controlled substances shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such controlled substances or with requirements in the current edition of an official compendium of drug information.

(e) If no storage requirements are established for a controlled substance, the controlled substance may be held at a controlled room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(f) Controlled substances that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other controlled substances until they are destroyed by a designated agent of the board or returned to their supplier.

(g) Any controlled substance whose immediate or sealed outer or sealed secondary containers have been opened or used shall be:

(1) identified as such; and

(2) quarantined and physically separated from other controlled substances until they are either destroyed by a designated agent of the board or returned to the supplier.

(h) Limited permit holders shall establish and maintain inventories and records of all controlled substances stored or used at the facility.

(i) Inventories and records shall be made available for inspection and photocopying by any authorized official of any governmental agency charged with enforcement of this rule for a period of two (2) years following disposition of the controlled substances.

(j) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within two (2) working days of a request by an authorized official of any governmental agency charged with enforcement of this rule. *(Indiana Board of Pharmacy; 856 IAC 2-7-4; filed Aug 21, 2003, 4:45 p.m.: 27 IR 182; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA))*

856 IAC 2-7-5 Training of staff

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 5. (a) Only employees of the limited permit holder are eligible for training to store, handle, and use controlled substances. Volunteers are prohibited from storing, handling, or using controlled substances.

(b) The following training is required:

(1) Completion of a comprehensive training program approved by the controlled substance advisory committee.

(2) Any additional training as required by the supervising veterinarian or site administrator.

(c) A veterinarian licensed to practice in Indiana, holding a valid Indiana controlled substances registration and federal DEA registration, must verify in writing that the employee has been trained adequately to store, handle, or use controlled substances. The written verification must be maintained at the facility in a reasonably retrievable manner.

(d) The limited permit holder or site administrator shall maintain documentary proof of training in a reasonably retrievable manner at the facility for review by an authorized official of any governmental agency charged with enforcement of this rule.

(Indiana Board of Pharmacy; 856 IAC 2-7-5; filed Aug 21, 2003, 4:45 p.m.: 27 IR 183; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA)

856 IAC 2-7-6 Protocol for administration of controlled substances

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 6. In the event the consulting veterinarian is not physically present during the administration of controlled substances by employees of the limited permit holder, the veterinarian shall be available for consultation by telephonic or other electronic device.
(Indiana Board of Pharmacy; 856 IAC 2-7-6; filed Aug 21, 2003, 4:45 p.m.: 27 IR 183; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA)

856 IAC 2-7-7 Limitations on permit

Authority: IC 35-48-3-2
Affected: IC 35-48-3-2

Sec. 7. (a) Except as provided in subsection (b), only controlled substances for which the humane society, animal control agency, or governmental entity has received a permit may be stored, handled, and used at the facility.

(b) A licensed veterinarian who stores, handles, or uses controlled substances at the humane society, animal control agency, or governmental entity other than those authorized under the facility's limited permit, must apply for and obtain a controlled substance registration for the facility in the veterinarian's name.

(c) The veterinarian who holds the registration noted in subsection (b) is responsible for the proper storage, handling, and use of the controlled substances authorized for use under the veterinarian's controlled substance registration.
(Indiana Board of Pharmacy; 856 IAC 2-7-7; filed Aug 21, 2003, 4:45 p.m.: 27 IR 183; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-856090782RFA)

IC 16-42-3

Chapter 3. Uniform Food, Drug, and Cosmetic Act: Adulteration and Misbranding of Drugs or Devices

IC 16-42-3-1 Antibiotic drug defined

Sec. 1. As used in this chapter, "antibiotic drug" means any drug intended for use by man containing any quantity of any chemical substance that is produced by microorganisms and that has the capacity to inhibit or destroy microorganisms in dilute solution, including the chemically synthesized equivalent of the substance.
As added by P.L.2-1993, SEC.25.

IC 16-42-3-2 Established name defined

Sec. 2. As used in this chapter, "established name", with respect to a drug or ingredient of a drug, means:
(1) the applicable official name designated under Section 508 of the Federal Act;
(2) if there is no official name and the drug or the ingredient is an article recognized in an official compendium, the official title of the drug or ingredient in the compendium; or
(3) if neither subdivision (1) nor (2) applies, the common or usual name, if any, of the drug or the ingredient.
However, when subdivision (2) applies to an article recognized in the United States Pharmacopoeia and in the Homeopathic Pharmacopoeia under different official titles, the official title used in the United States Pharmacopoeia applies unless the article is labeled and offered for sale as a homeopathic drug, in which case the official title used in the Homeopathic Pharmacopoeia applies.
As added by P.L.2-1993, SEC.25.

IC 16-42-3-2.5 Duties of state veterinarian and state board of animal health

Sec. 2.5. (a) The state veterinarian shall act in place of the state health commissioner under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-2.1-23 or IC 15-2.1-24.
(b) The Indiana state board of animal health shall act in place of the state department of health under this chapter when impounding or disposing of adulterated or misbranded products under IC 15-2.1-23 or IC 15-2.1-24.
As added by P.L.137-1996, SEC.70. Amended by P.L.2-2008, SEC.43.

IC 16-42-3-3 Adulterated drug or device

Sec. 3. A drug or device is considered to be adulterated under the following conditions:
(1) If the drug or device consists in whole or in part of any filthy, putrid, or decomposed substance.
(2) If the drug or device has been produced, prepared, packed, or held under unsanitary conditions under which the drug or device may have been contaminated with filth or made injurious to health.
(3) If the methods used in or the facilities or controls used for a drug's manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current good manufacturing practice to assure that:
(A) the drug meets the requirements of this article as to safety; and
(B) the drug:
(i) has the identity and strength; and
(ii) meets the quality and purity characteristics;
that the drug purports or is represented to possess.
(4) If a drug's container is composed in whole or in part of any poisonous or deleterious substance that may make the contents injurious to health.
(5) If:
(A) a drug bears or contains, for purposes of coloring only, a color additive that is unsafe within the meaning of IC 16-42-2-5; or
(B) a color additive, the intended use of which in or on drugs is for purposes of coloring only, is unsafe under IC 16-42-2-5.
(6) If:
(A) the drug or device purports to be or is represented as a drug, the name of which is recognized in an official compendium; and
(B) the strength of the drug differs from or the drug's quality or purity falls below the standard set forth in that compendium;
the determination as to strength, quality, or purity shall be made in accordance with the tests or methods of assay set forth in the compendium or, in the absence or inadequacy of such tests or methods of assay, those tests or methods prescribed by the federal security administrator in regulations promulgated under the Federal Act. A drug defined in an official compendium is not considered to be adulterated under this subdivision because the drug differs from the standard of strength, quality, or purity set forth in the compendium if the drug's difference in strength, quality, or purity from the standard is plainly stated on the drug's label. If a drug is recognized in both the United States Pharmacopoeia and the Homeopathic Pharmacopoeia of the United States, the drug is subject to the requirements of the United States Pharmacopoeia unless the drug is labeled and offered for sale as a homeopathic drug. In the latter case, the drug is subject to the provisions of the Homeopathic Pharmacopoeia of the United States and not to those of the United States Pharmacopoeia.
(7) If:
(A) the drug or device is not subject to the provisions of subdivision (6); and
(B) the drug's or device's strength differs from or the drug's or device's purity or quality falls below that which the drug or device purports or is

represented to possess.

(8) If the drug or device is a drug and any substance has been:

(A) mixed or packed with the drug or device so as to reduce the drug's or device's quality or strength; or

(B) substituted wholly or in part for the drug.

As added by P.L.2-1993, SEC.25.

IC 16-42-3-4 Misbranded drug or device

Sec. 4. A drug or device is considered to be misbranded under any of the following conditions:

(1) If the labeling of the drug or device is false or misleading in any way.

(2) If the drug or device is in package form unless the drug or device bears a label containing:

(A) the name and place of business of the manufacturer, packer, or distributor; and

(B) an accurate statement of the quantity of the contents in terms of weight, measure, or numerical count.

However, under clause (B) reasonable variations shall be permitted and exemptions as to small packages shall be established by rules adopted by the state department.

(3) If any word, statement, or other information required to appear on the label or labeling, under this chapter or a rule adopted under IC 16-42-1-2 is not prominently placed on the drug or device with conspicuousness (as compared with other words, statements, designs, or devices in the labeling) and in such terms that make the label likely to be read and understood by the ordinary individual under customary conditions of purchase and use.

(4) If the drug or device:

(A) is for use by humans; and

(B) contains any quantity of the narcotic or hypnotic substance alpha-eucaine, barbituric acid, beta-eucaine, bromal, cannabis, carbromal, chloral, coca, cocaine, codeine, heroin, marijuana, morphine, opium, paraldehyde, peyote, methamphetamine, or sulphonmethane, or any chemical derivative of such substance, which derivative after investigation has been found to be and is designated as habit forming, by rules adopted by the state department under IC 16-42-1 through IC 16-42-4 or by regulations issued under 21 U.S.C. 352(d);

unless the label on the drug or device bears the name and quantity or proportion of that substance or derivative and the statement "Warning . May Be Habit Forming".

(5) If a drug, unless the following conditions are met:

(A) The label on the drug bears, to the exclusion of any other nonproprietary name except the applicable systematic chemical name or the chemical formula, the following:

(i) The established name of the drug, if any.

(ii) If the drug is fabricated from at least two (2) ingredients, the established name and quantity of each active ingredient, including the kind and quantity or proportion of any alcohol and, whether active or not, the established name and quantity or proportion of any bromides, ether, chloroform, acetanilid, acetphenetidin, amidopyrine, antipyrine, atropine, hyoscine, hyoscyamine, arsenic, digitalis, digitalis glucosides, mercury, ouabain, strophanthin, strychnine, thyroid, or any derivative or preparation of those substances contained in the drug. However, the requirement for stating the quantity of the active ingredients, other than the quantity of those specifically named in this subdivision, applies only to prescription drugs.

(B) If a prescription drug, the established name of the drug or ingredient on the label (and on any labeling on which a name for the drug or ingredient is used) is printed prominently and in type at least half as large as that used for any proprietary name or designation for the drug or ingredient.

However, to the extent that compliance with the requirements of clause (A)(ii) or clause (B) is impracticable, exemptions shall be allowed under rules adopted by the state department or by regulations promulgated under the Federal Act.

(6) Unless the drug's or device's labeling bears:

(A) adequate directions for use; and

(B) adequate warnings against use in those pathological conditions or by children where the drug's or device's use may be dangerous to health or against unsafe dosage or methods or duration of administration or application in the manner and form that is necessary for the protection of users.

However, if any requirement of clause (A) as applied to any drug or device is not necessary for the protection of the public health, the state department shall adopt rules exempting the drug or device from that requirement.

(7) If a drug purports to be a drug the name of which is recognized in an official compendium, unless the drug is packaged and labeled as prescribed in the compendium. However, the method of packing may be modified with the consent of the state department in accordance with regulations promulgated by the federal security administrator under the Federal Act. Whenever a drug is recognized in both the United States Pharmacopoeia and the Homeopathic Pharmacopoeia of the United States, the drug is subject to the requirements of the United States Pharmacopoeia with respect to packaging and labeling unless the drug is labeled and offered for sale as a homeopathic drug. In that case the drug is subject to the Homeopathic Pharmacopoeia of the United States and not to the United States Pharmacopoeia.

(8) If a drug or device has been found by the federal security administrator or the state department to be a drug liable to deterioration, unless the drug or device is packaged in a form and manner and the drug's or device's label bears a statement of such precautions as the federal security administrator or the state department requires by rule or regulation as necessary for the protection of the public health. A rule or regulation may not be established for any drug recognized in an official compendium until the federal security administrator or the state department informs the appropriate body charged with the revision of the compendium of the need for the packaging or labeling requirements and that body fails within a reasonable time to prescribe requirements.

(9) If a drug's container is made, formed, or filled as to be misleading.

(10) If a drug is an imitation of another drug.

(11) If a drug is offered for sale under the name of another drug.

(12) If a drug is or purports to be or is represented to be a drug composed wholly or partly of insulin, unless:

(A) the drug is from a batch with respect to which a certificate or release has been issued under Section 506 of the Federal Act; and

(B) the certificate or release is in effect with respect to the drug.

(13) If a drug is or purports to be or is represented to be a drug composed wholly or partly of any kind of penicillin, streptomycin, chloretetracycline, chloramphenicol, bacitracin, or any other antibiotic drug, or any derivative of those drugs, unless:

(A) the drug is from a batch with respect to which a certificate or release has been issued under Section 507 of the Federal Act; and

(B) the certificate or release is in effect with respect to that drug.

However, this subdivision does not apply to any drug or class of drugs exempted by regulations promulgated under Section 507(c) or 507(d) of the Federal Act.

(14) If a drug or device is dangerous to health when used in the dosage, or with the frequency or duration prescribed, recommended, or suggested in the labeling of the drug or device.

(15) Under the conditions described in section 6 of this chapter.

As added by P.L.2-1993, SEC.25. Amended by P.L.17-2001, SEC.3.

IC 16-42-3-5 Exemption of drugs or devices in transit for further processing, labeling, or repackaging

Sec. 5. A drug or device that, in accordance with the practice of the trade, is to be processed, labeled, or repacked in substantial quantities at an establishment other than the establishment where the drug or device was originally processed or packed, is exempt from the labeling and packaging requirements of IC 16-42-1 through IC 16-42-4 while the drug or device is in transit in intrastate commerce from one (1) establishment to the other if the transit is made in good faith for completion purposes only. However, the drug or device is otherwise subject to the applicable provisions of IC 16-42-1 through IC 16-42-4.

As added by P.L.2-1993, SEC.25.

IC 16-42-3-6 Drugs dispensed on prescription

Sec. 6. (a) This section applies to a drug intended for use by humans that:

(1) is a habit forming drug to which section 4(4) of this chapter applies;

(2) because of:

(A) the drug's toxicity or other potential for harmful effect;

(B) the method of the drug's use; or

(C) the collateral measures necessary to the drug's use;

is not safe for use except under the supervision of a practitioner licensed by law to administer the drug; or

(3) is limited by an approved application under Section 505 of the Federal Act or section 7 or 8 of this chapter to use under the professional supervision of a practitioner licensed by law to administer the drug.

(b) A drug described in subsection (a) may be dispensed only:

(1) upon a written or an electronically transmitted prescription of a practitioner licensed by law to administer the drug;

(2) upon an oral prescription of the practitioner that is reduced promptly to writing and filed by the pharmacist or pharmacist intern (as defined in IC 25-26-13-2); or

(3) by refilling a prescription if the refilling is authorized by the prescriber either in the original prescription, by an electronically transmitted order that is recorded in an electronic format, or by oral order that is reduced promptly to writing or is entered into an electronic format and filed by the pharmacist or pharmacist intern (as defined in IC 25-26-13-2).

(c) If a prescription for a drug described in subsection (a) does not indicate how many times the prescription may be refilled, if any, the prescription may not be refilled unless the pharmacist is subsequently authorized to do so by the practitioner.

(d) The act of dispensing a drug contrary to subsection (a), (b), or (c) is considered to be an act that results in a drug being misbranded while held for sale.

(e) A drug dispensed by filling or refilling a prescription of a practitioner licensed by law to administer the drug is exempt from the requirements of section 4(2), 4(3), 4(4), 4(5), 4(6), 4(7), 4(8), and 4(9) of this chapter if the drug bears a label containing the following:

(1) The name and address of the dispenser.

(2) The serial number and date of the prescription or of the prescription's filling.

(3) The name of the drug's prescriber and, if stated in the prescription, the name of the patient.

(4) The directions for use and cautionary statements, if any, contained in the prescription.

This exemption does not apply to any drugs dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail or to a drug dispensed in violation of subsection (a), (b), (c), or (d).

(f) The state department may adopt rules to remove drugs subject to section 4(4) of this chapter, section 7 of this chapter, or section 8 of this chapter from the requirements of subsections (a) through (d) when the requirements are not necessary for the protection of public health. Drugs removed from the prescription requirements of the Federal Act by regulations issued under the Federal Act may also, by rules adopted by the state department, be removed from the requirement of subsections (a) through (d).

(g) A drug that is subject to subsections (a) through (d) is considered to be misbranded if at any time before dispensing the drug's label fails to bear the statement "Caution: Federal Law Prohibits Dispensing Without Prescription" or "Caution: State Law Prohibits Dispensing Without Prescription". A drug to which subsections (a) through (d) do not apply is considered to be misbranded if, at any time before dispensing, the drug's label bears the caution statement described in this subsection.

(h) This section does not relieve a person from a requirement prescribed by or under authority of law with respect to drugs included within the classifications of narcotic drugs or marijuana as defined in the applicable federal and state laws relating to narcotic drugs and marijuana.

(i) A drug may be dispensed under subsection (b) upon an electronically transmitted prescription only to the extent permitted by federal law.
As added by P.L.2-1993, SEC.25. Amended by P.L.144-1996, SEC.12. Amended by P.L. 204-2005, SEC.4.

IC 16-42-3-7 New drugs; federal qualification; testing; application to introduce drug

Sec. 7. (a) This section does not apply under the circumstances described in section 9 of this chapter.
(b) A person may not sell, deliver, offer for sale, hold for sale, give away, or introduce into intrastate commerce any new drug unless:
(1) an application to sell, deliver, offer for sale, hold for sale, give away, or introduce into intrastate commerce a new drug has been approved and the approval has not been withdrawn under Section 505 of the Federal Act; or
(2) if not subject to the Federal Act the drug has been tested and has been found to be safe for use and effective in use under the conditions prescribed, recommended, or suggested in the labeling of the drug.
(c) Before selling or offering for sale the new drug, there must be filed with the state department an application setting forth the following:
(1) Full reports of investigations that have been made to show whether or not the drug is safe for use and whether the drug is effective in use.
(2) A full list of the articles used as components of the drug.
(3) A full statement of the composition of the drug.
(4) A full description of the methods used in and the facilities and controls used for the manufacture, processing, and packing of the drug.
(5) Such samples of the drug and of the articles used as components of the drug that the state department requires.
(6) Specimens of the labeling proposed to be used for the drug.
As added by P.L.2-1993, SEC.25.

IC 16-42-3-8 New drugs; time for application to take effect

Sec. 8. (a) This section does not apply under the circumstances described in section 9 of this chapter.
(b) An application provided for under section 7 of this chapter becomes effective on the one hundred eightieth day after the filing of the application. However, if the state department finds, after due notice to the applicant and giving the applicant an opportunity for a hearing that:
(1) the drug is not safe or not effective for use under the conditions prescribed, recommended, or suggested in the proposed labeling of the drug;
(2) the methods used in and the facilities and controls used for the manufacture, processing, and packing of the drugs are inadequate to preserve the drug's identity, strength, quality, and purity; or
(3) based on a fair evaluation of all material facts, that the labeling is false or misleading in any particular;
the state department shall, before the effective date of the application, issue an order refusing to permit the application to become effective.
As added by P.L.2-1993, SEC.25.

IC 16-42-3-9 New drugs; exemption

Sec. 9. (a) Sections 7 and 8 of this chapter do not apply to the following:
(1) To a drug dispensed on a written or an electronically transmitted prescription signed by or with an electronic signature of a physician, dentist, or veterinarian (except a drug dispensed in the course of the conduct of a business of dispensing drugs pursuant to diagnosis by mail) if the physician, dentist, or veterinarian is licensed by law to administer the drug, and the drug bears a label containing the name and place of business of the dispenser, the serial number and date of the prescription, and the name of the physician, dentist, or veterinarian.
(2) To a drug exempted by rule of the state department and that is intended solely for investigational use by experts qualified by scientific training and experience to investigate the safety and effectiveness of drugs.
(3) To a drug sold in Indiana or introduced into intrastate commerce at any time before the enactment of the Federal Act, if the drug's labeling contained the same representations concerning the conditions of the drug's use.
(4) To any drug that is licensed under the Public Health Service Act of July 1, 1944 (58 Stat. 682, as amended; 42 U.S.C. 201 et seq.) or under the Animal Virus-Serum Toxin Act of March 4, 1913 (13 Stat. 832; 21 U.S.C. 151 et seq.).
(5) To a drug subject to section 4(10) of this chapter.
(b) Rules exempting drugs intended for investigational use under subsection (a)(2) may, within the discretion of the state department among other conditions relating to the protection of the public health, provide for conditioning the exemption upon the following:
(1) The submission to the state department, before any clinical testing of a new drug is undertaken, of reports by the manufacturer or the sponsor of the investigation of the drug or preclinical tests, including tests on animals, of the drug adequate to justify the proposed clinical testing.
(2) The manufacturer or the sponsor of the investigation of a new drug proposed to be distributed to investigators for clinical testing obtaining a signed agreement from each of the investigators that patients to whom the drug is administered will be under the manufacturer's or sponsor's personal supervision or under the supervision of investigators responsible to the manufacturer or sponsor and that the manufacturer or sponsor will not supply the drug to any other investigator or to clinics for administration to human beings.
(3) The establishment and maintenance of the records and the making of the reports to the state department by the manufacturer or the sponsor of the investigation of the drug of data (including analytical reports by investigators) obtained as the result of the investigational use of the drug that the state department finds will enable the state department to evaluate the safety and effectiveness of the drug if an application is filed under section 8 of this chapter.
(c) Rules exempting drugs intended for investigational use under subsection (a)(2) must provide that the exemption is conditioned upon the manufacturer or the sponsor of the investigation requiring that experts using the drugs for investigational purposes certify to the manufacturer or sponsor that the experts will inform any human beings to whom the drugs or any controls used in connection with the drugs are being administered that the drugs are being used for investigational purposes and will obtain the consent of the human beings or their representatives, except where they consider it not feasible or, in their

professional judgment, contrary to the best interests of the human beings.

(d) This section does not require a clinical investigator to submit directly to the state department reports on the investigational use of drugs. The regulations adopted under Section 505(i) of the Federal Act are the rules in Indiana. The state may adopt rules, whether or not in accordance with regulations promulgated under the Federal Act.

As added by P.L.2-1993, SEC.25; Amended by P.L. 204-2005, SEC.5.

IC 16-42-3-10 New drugs; revocation of order refusing application to take effect; revocation of approved application

Sec. 10. (a) An order refusing to permit an application under section 7 or 8 of this chapter to become effective may be revoked by the state department.

(b) The state department may, after affording an opportunity for public hearing and judicial appeal, revoke an application approved under section 7 or 8 of this chapter if the state department finds any of the following:

(1) That the drug, based on evidence acquired after approval, may not be safe or effective for the intended use.

(2) That the facilities or controls used in the manufacture, processing, or labeling of the drug may present a hazard to the public health.

As added by P.L.2-1993, SEC.25.

IC 16-42-3-11 Representation of antiseptic

Sec. 11. The representation of a drug in the labeling or advertisement as an antiseptic is considered to be a representation that the drug is a germicide, except if a drug purporting to be or represented as an antiseptic for inhibitory use as a wet dressing, ointment, dusting powder, or other use involves prolonged contact with the body.

As added by P.L.2-1993, SEC.25.

IC 16-42-3-12 Violation of chapter; offenses

Sec. 12. (a) Except as otherwise provided, a person who recklessly violates or fails to comply with this chapter commits a Class B misdemeanor.

(b) Each day a violation continues constitutes a separate offense.

As added by P.L.2-1993, SEC.25.

IC 16-42-19
Chapter 19. Drugs: Indiana Legend Drug Act

IC 16-42-19-1 Intent of chapter

Sec. 1. This chapter is intended to supplement IC 16-42-1 through IC 16-42-4.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-2 "Drug" defined

Sec. 2. As used in this chapter, "drug" means the following:
(1) Articles or substances recognized in United States Pharmacopeial Convention, Inc.; The United States Pharmacopeia, Twenty-Second Edition (1990) or United States Pharmacopeial Convention, Inc.; The National Formulary, Seventeenth Edition (1990) as revised by United States Pharmacopeial Convention, Inc.; Supplement 1 to The United States Pharmacopeia, Twenty-Second Edition and The National Formulary, Seventeenth Edition (1990); and any supplements printed after 1990.
(2) Articles or substances intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or other animals.
(3) Articles other than food intended to affect the structure or any function of the body of human beings or other animals.
(4) Articles intended for use as a component of any article specified in subdivision (1), (2), or (3).
(5) Devices.
As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.1.

IC 16-42-19-3 "Drug order" defined

Sec. 3. As used in this chapter, "drug order" means an order that meets the following conditions:
(1) Is:
(A) a written order in a hospital or other health care institution for an ultimate user for a drug or device, issued and signed by a practitioner; or
(B) an order transmitted by other means of communication from a practitioner that is immediately reduced to writing by the pharmacist, registered nurse, or other licensed health care practitioner authorized by the hospital or institution.
(2) Contains the following:
(A) The name and bed number of the patient.
(B) The name and strength or size of the drug or device.
(C) Unless specified by individual institutional policy or guidelines, the amount to be dispensed either in quantity or days.
(D) Adequate directions for the proper use of the drug or device when administered to the patient.
(E) The name of the prescriber.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-4 "Investigational or new drug" defined

Sec. 4. As used in this chapter, "investigational or new drug" means a drug that is limited by state law to use under professional supervision of a practitioner authorized by law to prescribe or administer the drug.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-5 "Practitioner" defined

Sec. 5. As used in this chapter, "practitioner" means any of the following:
(1) A physician licensed under IC 25-22.5.
(2) A veterinarian licensed to practice veterinary medicine in Indiana.
(3) A dentist licensed to practice dentistry in Indiana.
(4) A podiatrist licensed to practice podiatric medicine in Indiana.
(5) An optometrist who is:
(A) licensed to practice optometry in Indiana; and
(B) certified under IC 25-26-3.
(6) An advanced practice nurse who meets the requirements of IC 25-23-1-19.5.
(7) A physician assistant licensed under IC 25-27.5 who is delegated prescriptive authority under IC 25-27.5-5-6.
As added by P.L.2-1993, SEC.25. Amended by P.L.185-1993, SEC.1; P.L.157-2006, SEC.6; P.L.90-2007, SEC.2; P.L.177-2009, SEC.8.

IC 16-42-19-6 "Precursor" defined

Sec. 6. As used in this chapter, "precursor" means a substance, other than a legend drug, that:
(1) is an immediate chemical intermediate that can be processed or synthesized into a legend drug; and
(2) is used or produced primarily for use in the manufacture of a legend drug by persons other than persons:

(A) licensed to manufacture the legend drug by the Indiana board of pharmacy;
(B) registered by the state department; or
(C) licensed to practice pharmacy by the Indiana board of pharmacy.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-7 "Prescription" defined

Sec. 7. As used in this chapter, "prescription" means:
(1) a written order to or for an ultimate user for a drug or device containing the name and address of the patient, the name and strength or size of the drug or device, the amount to be dispensed, adequate directions for the proper use of the drug or device by the patient, and the name of the practitioner, issued and signed by a practitioner; or
(2) an order transmitted by other means of communication from a practitioner that is:
(A) immediately reduced to writing by the pharmacist or pharmacist intern (as defined in IC 25-26-13-2); or
(B) for an electronically transmitted prescription:
(i) has the electronic signature of the practitioner; and
(ii) is recorded by the pharmacist in an electronic format.
As added by P.L.2-1993, SEC.25; Amended by P.L. 204-2005, SEC.6.

IC 16-42-19-8 "Sale" defined

Sec. 8. As used in this chapter, "sale" means every sale and includes the following:
(1) Manufacturing, processing, transporting, handling, packing, or any other production, preparation, or repackaging.
(2) Exposure, offer, or any other proffer.
(3) Holding, storing, or any other possession.
(4) Dispensing, giving, delivering, or any other supplying.
(5) Applying, administering, or any other using.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-9 "Warehouseman" defined

Sec. 9. As used in this chapter, "warehouseman" means a person who stores legend drugs for others and who has no control over the disposition of legend drugs except for the purpose of storage.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-10 "Wholesaler" defined

Sec. 10. As used in this chapter, "wholesaler" means a person engaged in the business of distributing legend drugs that the person has not produced or prepared to persons included in any of the classes named in section 21 of this chapter.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-11 Sale of legend drug unlawful; exceptions

Sec. 11. (a) Except as provided in section 21 of this chapter, a person may not sell a legend drug unless either of the following conditions exist:
(1) Except as provided in subsection (b), the legend drug is dispensed by a pharmacist upon an original prescription or drug order with the drug product specified on the prescription or drug order or by the authorization of the practitioner and there is affixed to the immediate container in which the drug is delivered a label bearing the following:
(A) The name, address, and phone number of the establishment from which the drug was dispensed.
(B) The date on which the prescription for the drug was filled.
(C) The number of the prescription as filed in the prescription files of the pharmacist who filled the prescription.
(D) The name of the practitioner who prescribed the drug.
(E) The name of the patient, or if the drug was prescribed for an animal, a statement of the species of the animal.
(F) The directions for the use of the drug as contained in the prescription.
(2) The legend drug is delivered by the practitioner in good faith in the course of practice and the immediate container in which the drug is delivered bears a label on which appears the following:
(A) The directions for use of the drug.
(B) The name and address of the practitioner.
(C) The name of the patient.
(D) If the drug is prescribed for an animal, a statement of the species of the animal.
This section does not prohibit a practitioner from delivering professional samples of legend drugs in their original containers in the course of the practitioner's practice when oral directions for use are given at the time of delivery.
(b) Notwithstanding subsection (a)(1), the following apply:

(1) A pharmacist at a hospital licensed under IC 16-21 may fill a drug order for a legend drug with a drug product allowed under the hospital's policies and procedures for the use, selection, and procurement of drugs.

(2) A pharmacist who fills a prescription for a legend drug must comply with IC 16-42-22 and IC 25-26-16.

As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.2.

IC 16-42-19-12 Refilling prescription or drug order

Sec. 12. Except as authorized under IC 25-26-13-25(d), a person may not refill a prescription or drug order for a legend drug except in the manner designated on the prescription or drug order or by the authorization of the practitioner

As added by P.L.2-1993, SEC.25. Amended by P.L.270-2001, SEC.1; Amended by P.L. 204-2005, SEC.7.

IC 16-42-19-13 Possession or use of legend drug or precursor

Sec. 13. A person may not possess or use a legend drug or a precursor unless the person obtains the drug:

(1) on the prescription or drug order of a practitioner; or

(2) in accordance with section 11(2) or 21 of this chapter.

As added by P.L.2-1993, SEC.25.

IC 16-42-19-14 Records

Sec. 14. A person may not fail to keep records as required by section 22 of this chapter.

As added by P.L.2-1993, SEC.25.

IC 16-42-19-15 Inspection of records

Sec. 15. A person may not refuse to make available and to accord full opportunity to check a record, as required by section 22 of this chapter.

As added by P.L.2-1993, SEC.25.

IC 16-42-19-16 Unlawful acts

Sec. 16. A person may not do any of the following:

(1) Obtain or attempt to obtain a legend drug or procure or attempt to procure the administration of a legend drug by any of the following:

(A) Fraud, deceit, misrepresentation, or subterfuge.

(B) The forgery or alteration of a prescription, drug order, or written order.

(C) The concealment of a material fact.

(D) The use of a false name or the giving of a false address.

(2) Communicate information to a physician in an effort unlawfully to procure a legend drug or unlawfully to procure the administration of a legend drug. Such a communication is not considered a privileged communication.

(3) Intentionally make a false statement in a prescription, drug order, order, report, or record required by this chapter.

(4) For the purpose of obtaining a legend drug, falsely assume the title of or represent oneself to be a manufacturer, wholesaler, pharmacist, physician, dentist, veterinarian, or other person.

(5) Make or utter a false or forged prescription or false drug order or forged written order.

(6) Affix a false or forged label to a package or receptacle containing legend drugs. This subdivision does not apply to law enforcement agencies or their representatives while engaged in enforcing this chapter.

(7) Dispense a legend drug except as provided in this chapter.

As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.3.

IC 16-42-19-17 Legend drug smoking devices

Sec. 17. A person may not possess or have under the person's control with intent to violate this chapter an instrument or contrivance designed or generally used in smoking a legend drug.

As added by P.L.2-1993, SEC.25.

IC 16-42-19-18 Legend drug injection devices

Sec. 18. A person may not possess or have under control with intent to violate this chapter a hypodermic syringe or needle or an instrument adapted for the use of a legend drug by injection in a human being.

As added by P.L.2-1993, SEC.25.

IC 16-42-19-19 Anabolic steroids

Sec. 19. Except as provided in section 21 of this chapter, a person may not possess or use an anabolic steroid without a valid prescription or drug order issued by a practitioner acting in the usual course of the practitioner's professional practice.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-20 Validity of prescriptions or drug orders

Sec. 20. (a) A prescription or drug order for a legend drug is not valid unless the prescription or drug order is issued for a legitimate medical purpose by a practitioner acting in the usual course of the practitioner's business.
(b) A practitioner may not knowingly issue an invalid prescription or drug order for a legend drug.
(c) A pharmacist may not knowingly fill an invalid prescription or drug order for a legend drug.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-21 Authorized sale or possession

Sec. 21. Sections 11, 13, 19, and 25(b) of this chapter are not applicable to the following:
(1) The sale of legend drugs to persons included in any of the classes named in subdivision (2), or to the agents or employees of such persons for use in the usual course of their business or practice or in the performance of their official duties.
(2) Possession of legend drugs by the following persons or their agents or employees for such use:
(A) Pharmacists.
(B) Practitioners.
(C) Persons who procure legend drugs for handling by or under the supervision of pharmacists or practitioners employed by them or for the purpose of lawful research, teaching, or testing and not for resale.
(D) Hospitals and other institutions that procure legend drugs for lawful administration by practitioners.
(E) Manufacturers and wholesalers.
(F) Carriers and warehousemen.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-22 Manufacturers and wholesalers; records

Sec. 22. (a) Manufacturers and wholesalers shall maintain records of the movement in commerce of legend drugs for two (2) years immediately following the date of the last entry on those records and shall make those records available, at reasonable times, to law enforcement agencies and their representatives in the enforcement of this chapter.
(b) Evidence obtained under this section may not be used in a criminal prosecution of the person from whom obtained.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-23 Mechanical device for storage or dispensing of drugs; restrictions; inspection of premises

Sec. 23. (a) As used in this section, "mechanical device" means a machine for storage and dispensing of drugs. The term does not include devices or instruments used by practitioners in the diagnosis, cure, mitigation, treatment, or prevention of disease in human beings or other animals.
(b) A person may not maintain, operate, or use any type of mechanical device in which any legend drug or narcotic drug is stored or held for the purpose of dispensing the drug from the mechanical device. However, the mechanical device may be used for the storage and dispensing of legend drugs if:
(1) the mechanical device used in a:
(A) pharmacy that holds a permit issued by the Indiana board of pharmacy;
(B) remote location under the jurisdiction of the board of pharmacy; or
(C) health care facility that is licensed under IC 16-28 or IC 16-21-2; and
(2) the mechanical device is operated under the direct supervision and control of a:
(A) registered pharmacist; or
(B) practitioner;
who is directly responsible for dispensing the drug from the mechanical device.
(c) Inspectors of the Indiana board of pharmacy may inspect the premises of any person suspected of violating this section.
As added by P.L.2-1993, SEC.25. Amended by P.L.98-2006, SEC.1.

IC 16-42-19-24 Nuisance; place of illegal use or storage; prohibited acts

Sec. 24. (a) A store, shop, warehouse, dwelling house, apartment, building, vehicle, boat, aircraft, or any other place that is used:
(1) by a person for the purpose of unlawfully using a legend drug; or
(2) for the unlawful keeping or selling of the legend drug;
is a common nuisance.

(b) A person may not:
(1) keep or maintain a common nuisance; or
(2) frequent or visit a place knowing the place to be used for a purpose;
as described in subsection (a).
As added by P.L.2-1993, SEC.25.

IC 16-42-19-25 Anabolic steroids; unlawful acts

Sec. 25. (a) A practitioner may not prescribe, order, distribute, supply, or sell an anabolic steroid for any of the following:
(1) Enhancing performance in an exercise, sport, or game.
(2) Hormonal manipulation intended to increase muscle mass, strength, or weight without a medical necessity.
(b) Except as provided in section 21 of this chapter, a person who is not a practitioner or lawful manufacturer of anabolic steroids may not do any of the following:
(1) Knowingly or intentionally manufacture or deliver an anabolic steroid, pure or adulterated.
(2) Possess, with intent to manufacture or deliver, an anabolic steroid.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-26 Pleading

Sec. 26. In:
(1) any complaint, information, affidavit, or indictment; and
(2) any action or proceeding brought for the enforcement of any provision of this chapter;
it is not necessary to negate an exception, excuse, proviso, or exemption contained in this chapter. The burden of proof of such an exception, excuse, proviso, or exemption is upon the defendant.
As added by P.L.2-1993, SEC.25.

IC 16-42-19-27 Violations; prior offenders; anabolic steroids

Sec. 27. (a) A person who knowingly violates this chapter, except sections 24 and 25(b) of this chapter, commits a Class D felony. However, the offense is a Class C felony if the person has a prior conviction under this subsection or IC 16-6-8-10(a) before its repeal.
(b) A person who violates section 24 of this chapter commits a Class B misdemeanor.
(c) A person who violates section 25(b) of this chapter commits dealing in an anabolic steroid, a Class C felony. However, the offense is a Class B felony if the person delivered the anabolic steroid to a person who is:
(1) less than eighteen (18) years of age; and
(2) at least three (3) years younger than the delivering person.
As added by P.L.2-2005, SEC.58. Amended by P.L.2-2005, SEC.58.

IC 16-42-19-28 Immunity of law enforcement officers from prosecution

Sec. 28. Law enforcement officers in the performance of their official duties are exempt from prosecution for and may not be convicted of violations of this chapter.
As added by P.L.2-1993, SEC.25.

IC 16-42-20
Chapter 20. Drugs: Enforcement of Pharmacy Laws and Rules

IC 16-42-20-1 Powers of enforcement officers

Sec. 1. (a) Each member of the Indiana board of pharmacy, designated employees of the Indiana board of pharmacy, and all law enforcement officers of Indiana are primarily responsible for the enforcement of all statutes and rules of Indiana relating to controlled substances. However, the Indiana board of pharmacy is primarily responsible for making accountability audits of the supply and inventory of controlled substances.

(b) An officer or employee of the Indiana board of pharmacy designated by the board may do any of the following:

(1) Carry firearms in the performance of the officer's or employee's official duties.

(2) Execute and serve search warrants, arrest warrants, administrative inspection warrants, subpoenas, and summonses issued under the authority of this state.

(3) Make arrests without warrant for any offense relating to controlled substances committed in the officer's or employee's presence or if the officer or employee has probable cause to believe that the person to be arrested has committed or is committing a felony relating to controlled substances.

(4) Make seizures of property under this chapter.

(5) Perform other law enforcement duties that the Indiana board of pharmacy designates.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-2 "Controlled premises" defined; administrative inspections and warrants

Sec. 2. (a) As used in this section, "controlled premises" means the following:

(1) Places where persons registered or exempted from registration requirements under IC 35-48-3 are required to keep records.

(2) Places, including factories, warehouses, establishments, and conveyances, in which persons registered or exempted from registration requirements under IC 35-48-3 are permitted to possess, manufacture, compound, process, sell, deliver, or otherwise dispose of a controlled substance.

(b) Issuance and execution of administrative inspection warrants must be as follows:

(1) A judge of a court of record within the judge's jurisdiction may, upon proper oath or affirmation showing probable cause, issue warrants for the purpose of conducting administrative inspections authorized by this chapter and seizures of property appropriate to the inspections.

(2) For purposes of the issuance of administrative inspection warrants, probable cause exists upon showing a valid public interest in the effective enforcement of this chapter sufficient to justify administrative inspection of the area, premises, building, or conveyance in the circumstances specified in the application for the warrant.

(3) A warrant shall be issued only upon an affidavit of a designated officer or employee having knowledge of the facts alleged, sworn to before the judge, and establishing the grounds for issuing the warrant. If the judge is satisfied that grounds for the application exist or that there is probable cause to believe the grounds exist, the judge shall issue a warrant identifying the area, premises, building, or conveyance to be inspected, the purpose of the inspection, and, if appropriate, the type of property to be inspected.

(4) The warrant must do the following:

(A) State the grounds for the warrant's issuance and the name of each person whose affidavit has been taken in support of the warrant.

(B) Be directed to a person authorized by section 1 of this chapter to execute the warrant.

(C) Command the person to whom the warrant is directed to inspect the area, premises, building, or conveyance identified for the purpose specified and, if appropriate, direct the seizure of the property specified.

(D) Identify the item or types of property to be seized, if any.

(E) Direct that the warrant may be served during normal business hours and designate the judge to whom the warrant shall be returned.

(5) A warrant issued under this section must be executed and returned within ten (10) days of the warrant's date unless, upon a showing of a need for additional time, the court orders otherwise.

(6) If property is seized under a warrant, a copy shall be given to the person from whom or from whose premises the property is taken, together with a receipt for the property taken. The return of the warrant shall be made promptly, accompanied by a written inventory of any property taken. The inventory shall be made in the presence of the person executing the warrant and of the person from whose possession or premises the property was taken, if present, or in the presence of at least one (1) credible person other than the person executing the warrant. A copy of the inventory shall be delivered to the person from whom or from whose premises the property was taken and to the applicant for the warrant.

(7) The judge who issues a warrant shall attach to the warrant a copy of the return and all papers returnable in connection with the issuance of the warrant and file them with the clerk of the circuit or superior court for the judicial circuit in which the inspection was made.

(c) The Indiana board of pharmacy may make administrative inspections of controlled premises in accordance with the following provisions:

(1) When authorized by an administrative inspection warrant issued under subsection (b), an officer or employee designated by the Indiana board of pharmacy, upon presenting the warrant and appropriate credentials to the owner, operator, or agent in charge, may enter controlled premises for the purpose of conducting an administrative inspection.

(2) When authorized by an administrative inspection warrant, an officer or employee designated by the Indiana board of pharmacy may do the following:

(A) Inspect and copy records required by IC 35-48-3 to be kept.

(B) Inspect, within reasonable limits and in a reasonable manner, controlled premises and all pertinent equipment, finished and unfinished material, containers, and labeling found on the premises, and, except as provided in subdivision (4), all other things on the premises, including records, files, papers, processes, controls, and facilities bearing on violation of laws relating to controlled substances.

(C) Inventory any stock of any controlled substance on the premises and obtain samples of the controlled substance.

(3) This section does not prevent an inspection without a warrant of books and records under an administrative subpoena issued in accordance with IC 4-21.5-3 or prevent entries and administrative inspections, including seizures of property, without a warrant if any of the following conditions exist:

(A) The owner, operator, or agent in charge of the controlled premises consents.

(B) A situation presents imminent danger to health or safety.

(C) A situation involves the inspection of conveyances if there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant.

(D) An exceptional or emergency circumstance where time or opportunity to apply for a warrant is lacking.

(E) A situation in which a warrant is not constitutionally required.

(4) An inspection authorized by this section may not extend to financial data, sales data (other than shipment data), or pricing data unless the owner, operator, or agent in charge of the controlled premises consents in writing.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-3 Injunctions

Sec. 3. Any court of record has jurisdiction to restrain or enjoin violations of laws relating to controlled substances.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-4 Cooperative arrangements and confidentiality

Sec. 4. (a) The Indiana board of pharmacy shall cooperate with federal and other state agencies in discharging the board's responsibilities concerning traffic in controlled substances and in suppressing the abuse of controlled substances. To this end, the board may do the following:

(1) Arrange for the exchange of information among governmental officials concerning the use and abuse of controlled substances.

(2) Coordinate and cooperate in training programs concerning controlled substance law enforcement at local, state, and federal levels.

(3) Cooperate with the Drug Enforcement Administration by establishing a centralized unit to accept, catalog, file, and collect statistics, including records of drug dependent persons and other controlled substance law offenders within Indiana, and make the information available for federal, state, and local law enforcement purposes. The board may not furnish the name or identity of a patient or research subject whose identity cannot be obtained under subsection (c).

(4) Conduct programs of eradication aimed at destroying wild or illicit growth of plant species from which controlled substances may be extracted.

(b) Results, information, and evidence received from the Drug Enforcement Administration relating to the regulatory functions of this chapter, including the results of inspections conducted by the Drug Enforcement Administration, may be relied on and acted upon by the Indiana board of pharmacy in the exercise of the board's regulatory functions.

(c) A practitioner engaged in medical practice or research is not required or compelled to furnish the name or identity of a patient or research subject to the Indiana board of pharmacy. A practitioner may not be compelled in any state or local civil, criminal, administrative, legislative, or other proceedings to furnish the name or identity of an individual that the practitioner is obligated to keep confidential.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-5 Forfeitures

Sec. 5. (a) The following are subject to forfeiture:

(1) All controlled substances that are or have been unlawfully manufactured, distributed, dispensed, acquired, or possessed, or with respect to which there has been an act by a person in violation of laws relating to controlled substances.

(2) All raw materials, instruments, devices, and other objects that are used or intended for use by the person in possession of them in unlawfully planting, growing, manufacturing, compounding, processing, delivering, importing, or exporting a controlled substance.

(3) All property that is used or intended for use by the person in possession of the property as a container for property described in subdivision (1) or (2).

(4) All books, records, and research products and materials, including formulas, microfilm, tapes, and data that are used or intended for use by the person in possession in violation of a law
relating to controlled substances.

(b) Property subject to forfeiture under this chapter may be seized by an enforcement officer upon process issued by any state court of record having jurisdiction over the property. Seizure without process may be made if any of the following conditions exist:

(1) The seizure is incident to an arrest, a search under a search warrant, or an inspection under an administrative inspection warrant.

(2) The property subject to seizure has been the subject of a prior judgment in favor of the state in a criminal injunction or forfeiture proceeding.

(3) The Indiana board of pharmacy has probable cause to believe that the property is directly or indirectly dangerous to health or safety.

(4) The Indiana board of pharmacy has probable cause to believe that the property was used by the person in possession of the property or is intended to be used in violation of a law relating to controlled substances.

(c) In a seizure under subsection (b), proceedings under subsection (d) shall be instituted promptly.

(d) Property taken or detained under this section is not subject to replevin, but is considered to be in the custody of the Indiana board of pharmacy subject only to the orders and decrees of the court having jurisdiction over the forfeiture proceedings. When property is seized under this chapter, the Indiana board of pharmacy may do any of the following:

(1) Place the property under seal.

(2) Remove the property to a place designated by the board.

(3) Take custody of the property and remove the property to an appropriate location for disposition in accordance with law.

All property seized under this chapter shall be retained by the Indiana board of pharmacy until all proceedings in which the property may be involved have concluded.

(e) When property is forfeited under this chapter, the Indiana board of pharmacy shall do the following:

(1) Sell property that by law is not required to be transferred or destroyed, that has a monetary value, and that is not harmful to the public. The proceeds shall be used for payment of all proper expenses of the proceedings for forfeiture and sale, including expenses of seizure, maintenance of custody, advertising, and court costs. All proceeds in excess of expenses shall be paid into the common school fund of the state.

(2) Take custody of property that has no monetary value or cannot lawfully be sold and remove the property for disposition in accordance with administrative rule or forward the property to the Drug Enforcement Administration for disposition.

(f) Controlled substances listed in schedule I that are unlawfully possessed, transferred, sold, or offered for sale are contraband and shall be seized and summarily forfeited to the state. Controlled substances listed in schedule I that are seized or come into the possession of the state, the owners of which are unknown, are contraband and shall be
summarily forfeited to the state.

(g) Species of plants from which controlled substances in schedules I and II may be derived that:

(1) have been unlawfully planted or cultivated and the owners or cultivators are unknown; or

(2) are wild growths;

may be seized and summarily forfeited to the state.

(h) The failure, upon demand by the Indiana board of pharmacy or the board's authorized agent, of the person in occupancy or in control of land or premises upon which the species of plants are growing or being stored to produce an appropriate registration or proof that the person is the holder of the plants constitutes authority for the seizure and forfeiture of the plants.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-6 Burden of proof; liabilities

Sec. 6. (a) It is not necessary for the state to negate any exemption or exception in this chapter or in IC 35-48 in a complaint, an information, an indictment, or other pleading or in a trial, hearing, or other proceeding under this chapter or under IC 35-48. The burden of proof of an exemption or exception is on the person claiming the exemption or exception.

(b) In the absence of proof that a person is the duly authorized holder of an appropriate registration or order form issued under IC 35-48-3, a person is presumed not to be the holder of the registration or form.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-7 Judicial review

Sec. 7. All final determinations, findings, and conclusions of the Indiana board of pharmacy under this chapter are conclusive decisions of the matters involved. A person aggrieved by the decision may obtain review of the decision in accordance with IC 4-21.5-5. Findings of fact by the Indiana board of pharmacy, if supported by substantial evidence, are conclusive.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-8 Education programs

Sec. 8. The addiction services bureau of the division of mental health and addiction shall carry out educational programs designed to prevent and deter misuse and abuse of controlled substances. In connection with these programs, the bureau may do the following:

(1) Promote better recognition of the problems of misuse and abuse of controlled substances within the regulated industry and among interested groups and organizations.

(2) Assist the regulated industry and interested groups and organizations in contributing to the reduction of misuse and abuse of controlled substances.

(3) Consult with interested groups and organizations to aid the groups and organizations in solving administrative and organizational problems.

(4) Evaluate procedures, projects, techniques, and controls conducted or proposed as part of educational programs on misuse and abuse of controlled substances.

(5) Disseminate the results of research on misuse and abuse of controlled substances to promote a better public understanding of what problems exist and what can be done to combat the problems.

(6) Assist in the education and training of state and local law enforcement officials in efforts to control misuse and abuse of controlled substances.

As added by P.L.2-1993, SEC.25. Amended by P.L.215-2001, SEC.86.

IC 16-42-20-9 Research

Sec. 9. The addiction services bureau of the division of mental health and addiction shall encourage research on misuse and abuse of controlled substances. In connection with the research and in furtherance of the enforcement of laws relating to controlled substances, the bureau may do the following:

(1) Establish methods to assess accurately the effects of controlled substances and identify and characterize those with potential for abuse.

(2) Make studies and undertake programs of research to do the following:

(A) Develop new or improved approaches, techniques, systems, equipment, and devices to strengthen the enforcement of laws relating to controlled substances.

(B) Determine patterns of misuse and abuse of controlled substances and the social effects of such behavior.

(C) Improve methods for preventing, predicting, understanding, and dealing with the misuse and abuse of controlled substances.

(3) Enter into contracts with public agencies, postsecondary institutions, and private organizations or individuals for the purpose of conducting research, demonstrations, or special projects that bear directly on misuse and abuse of controlled substances.

As added by P.L.2-1993, SEC.25. Amended by P.L.215-2001, SEC.87 ; P.L.2-2007, SEC.195.

IC 16-42-20-10 Contracts for educational and research activities

Sec. 10. The addiction services bureau of the division of mental health and addiction may enter into contracts for educational and research activities without performance bonds.

As added by P.L.2-1993, SEC.25. Amended by P.L.215-2001, SEC.88.

IC 16-42-20-11 Anonymity of research subjects

Sec. 11. The Indiana board of pharmacy may authorize persons engaged in research on the use and effects of controlled substances to withhold the names and other identifying characteristics of individuals who are the subjects of the research. Persons who obtain this authorization may not be compelled in any civil, criminal, administrative, legislative, or other proceeding to identify the individuals who are the subjects of research for which the authorization was obtained.

As added by P.L.2-1993, SEC.25.

IC 16-42-20-12 Possession and distribution of controlled substances for research purposes

Sec. 12. The Indiana board of pharmacy may authorize the possession and distribution of controlled substances by persons engaged in research. Persons who obtain this authorization are exempt from state prosecution for possession and distribution of controlled substances to the extent of the authorization.

As added by P.L.2-1993, SEC.25.

IC 16-42-21
Chapter 21. Drugs: Drug Samples

IC 16-42-21-1 "Controlled substance" defined

Sec. 1. As used in this chapter, "controlled substance" has the meaning set forth in IC 35-48-1.
As added by P.L.2-1993, SEC.25.

IC 16-42-21-2 "Drug sample" defined

Sec. 2. As used in this chapter, "drug sample" means a legend drug or a controlled substance that is manufactured, packaged, labeled, or otherwise marketed to be distributed and dispensed without consideration.
As added by P.L.2-1993, SEC.25.

IC 16-42-21-3 "Practitioner" defined

Sec. 3. As used in this chapter, "practitioner" means any of the following:
(1) A licensed physician.
(2) A dentist licensed to practice dentistry in Indiana.
(3) A podiatrist licensed to practice podiatry in Indiana.
(4) A veterinarian licensed to practice veterinary medicine in Indiana.
(5) An optometrist who is:
(A) licensed to practice optometry in Indiana; and
(B) certified under IC 25-26-3.
(6) An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-23.
As added by P.L.2-1993, SEC.25. Amended by P.L.157-2006, SEC.7; P.L.105-2008, SEC.1.

IC 16-42-21-4 Delivery of drug samples to ultimate user after removal from original packaging or after expiration date; offense

Sec. 4. A person who:
(1) is a manufacturer, wholesaler, practitioner, or pharmacist, or is an employee or agent of a manufacturer, wholesaler, practitioner, or pharmacist; and
(2) either:
(A) knowingly or intentionally removes a drug sample from its original packaging, repackages the drug sample, and delivers the drug sample to an ultimate user in exchange for money or other property; or
(B) knowingly or intentionally delivers a drug sample to an ultimate user when the expiration date listed by the manufacturer on the drug sample has passed;
commits a Class B misdemeanor.
As added by P.L.2-1993, SEC.25.

IC 16-42-22
Chapter 22. Drugs: Generic Drugs

IC 16-42-22-1 "Brand name" defined

Sec. 1. As used in this chapter, "brand name" means the proprietary or trade name selected by the drug manufacturer and placed upon a drug or the drug's container, label, or wrappings at the time of packaging.
As added by P.L.2-1993, SEC.25.

IC 16-42-22-2 Repealed

(*Repealed by P.L.239-1999, SEC.9.)*

IC 16-42-22-3 "Customer" defined

Sec. 3. As used in this chapter, "customer" means the individual for whom a prescription is written or electronically transmitted or the individual's representative.
As added by P.L.2-1993, SEC.25. Amended by P.L. 204-2005, SEC. 8.

IC 16-42-22-4 "Generically equivalent drug product" defined

Sec. 4. (a) As used in this chapter, "generically equivalent drug product" means a multiple source drug product:
(1) that contains an identical quantity of identical active ingredients in the identical dosage forms (but not necessarily containing the same inactive ingredients) that meet the identical physical and chemical standards in The United States Pharmacopeia (USP) described in IC 16-42-19-2, or its supplements, as the prescribed brand name drug; and
(2) if applicable, for which the manufacturer or distributor holds either an approved new drug application or an approved abbreviated new drug application unless other approval by law or of the federal Food and Drug Administration is required.
(b) A drug does not constitute a generically equivalent drug product if it is listed by the federal Food and Drug Administration on or after July 1, 1987, as having actual or potential bioequivalence problems.
As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.4.

IC 16-42-22-4.5 "Practitioner" defined

Sec. 4.5. As used in this chapter, "practitioner" means any of the following:
(1) A licensed physician.
(2) A dentist licensed to practice dentistry in Indiana.
(3) A podiatrist licensed to practice podiatric medicine in Indiana.
(4) An optometrist who is:
(A) licensed to practice optometry in Indiana; and
(B) certified under IC 25-26-3.
(5) An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-23.
As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.5; P.L.157-2006, SEC.8.

IC 16-42-22-5 "Substitute" defined

Sec. 5. As used in this chapter, "substitute" means to dispense a generically equivalent drug product in place of the brand name drug product prescribed by the practitioner.
As added by P.L.2-1993, SEC.25.

IC 16-42-22-5.5 Limitation of effect of chapter

Sec. 5.5. Nothing in this chapter authorizes any substitution other than substitution of a generically equivalent drug product.
As added by P.L.239-1999, SEC.6.

IC 16-42-22-6 Prescription forms

Sec. 6. (a) Each written prescription issued by a practitioner must have two (2) signature lines printed at the bottom of the prescription form, one (1) of which must be signed by the practitioner for the prescription to be valid. Under the blank line on the left side of the form must be printed the words "Dispense as written.". Under the blank line on the right side of the form must be printed the words "May substitute.".

(b) Each electronically transmitted prescription issued by a practitioner must:
(1) have an electronic signature; and
(2) include the electronically transmitted instructions "Dispense as written." or "May substitute.".
As added by P.L.2-1993, SEC.25. Amended by P.L. 204-2005, SEC.9.

IC 16-42-22-7 Repealed

(*Repealed by P.L.239-1999, SEC.9.)*

IC 16-42-22-8 Requirements for substitution

Sec. 8. (a) For substitution to occur for a prescription other than a prescription filled under the Medicaid program (42 U.S.C. 1396 et seq.), the children's health insurance program established under IC 12-17.6-2, or the Medicare program (42 U.S.C. 1395 et seq.):
(1) the practitioner must:
(A) sign on the line under which the words "May substitute" appear; or
(B) for an electronically transmitted prescription, electronically transmit the instruction "May substitute."; and
(2) the pharmacist must inform the customer of the substitution.
(b) This section does not authorize any substitution other than substitution of a generically equivalent drug product.
As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.7; P.L.291-2001, SEC.233. Amended by P.L. 204-2005, SEC.10.

IC 16-42-22-9 Transmission of practitioner's instructions to pharmacist

Sec. 9. If the practitioner communicates instructions to the pharmacist orally or electronically, the pharmacist shall:
(1) indicate the instructions in the pharmacist's own handwriting on the written copy of the prescription order; or
(2) record the electronically transmitted instructions in an electronic format**.**
As added by P.L.2-1993, SEC.25. Amended by P.L. 204-2005, SEC. 11.

IC 16-42-22-10 Substitution prohibited

Sec. 10. (a) If a prescription is filled under the Medicaid program (42 U.S.C. 1396 et seq.), the children's health insurance program established under IC 12-17.6-2, or the Medicare program (42 U.S.C. 1395 et seq.), the pharmacist shall substitute a generically equivalent drug product and inform the customer of the substitution if the substitution would result in a lower price unless:
(1) the words "Brand Medically Necessary" are:
(A) written in the practitioner's own writing on the form; or
(B) electronically transmitted with an electronically transmitted prescription; or
(2) the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by:
(A) orally stating that a substitution is not permitted; or
(B) for an electronically transmitted prescription, indicating with the electronic prescription that a substitution is not permitted.
(b) If a practitioner orally states that a generically equivalent drug product may not be substituted, the practitioner must subsequently forward to the pharmacist a written or electronically transmitted prescription with the "Brand Medically Necessary" instruction appropriately indicated in the physician's own handwriting.
(c) This section does not authorize any substitution other than substitution of a generically equivalent drug product.
As added by P.L.2-1993, SEC.25. Amended by P.L.239-1999, SEC.8; P.L.291-2001, SEC.234. Amended by P.L. 204-2005, SEC.12.

IC 16-42-22-11 Substitution of generic drugs; identification of brand name drug

Sec. 11. If under this section a pharmacist substitutes a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the prescription container label must identify the brand name drug for which the substitution is made and the generic drug. The identification required under this subsection must take the form of the following statement on the drug container label, with the generic name and the brand name inserted on the blank lines:
"_____ Generic for _____".
As added by P.L.2-1993, SEC.25. Amended by P.L.186-1993, SEC.1.

IC 16-42-22-12 Identification of manufacturer or distributor of dispensed drug product on prescription

Sec. 12. The pharmacist shall record on the prescription in writing or in an electronic format for an electronically transmitted prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this chapter.
As added by P.L.2-1993, SEC.25. Amended by P.L. 204-2005, SEC.13.

IC 35-43-10
Chapter 10. Legend Drug Deception

IC 35-43-10-1 Definitions

Sec. 1. The definitions in IC 25-26-14 apply throughout this chapter.
As added by P.L.212-2005, SEC.76.

IC 35-43-10-2 Application of chapter

Sec. 2. Except as provided by federal law or regulation, this chapter does not apply to a pharmaceutical manufacturer that is approved by the federal Food and Drug Administration.
As added by P.L.212-2005, SEC.76.

IC 35-43-10-3 Legend drug deception; penalty

Sec. 3. A person who knowingly or intentionally:
(1) possesses a contraband legend drug;
(2) sells, delivers, or possesses with intent to sell or deliver a contraband legend drug;
(3) forges, counterfeits, or falsely creates a label for a legend drug or falsely represents a factual matter contained on a label of a legend drug; or
(4) manufactures, purchases, sells, delivers, brings into Indiana, or possesses a contraband legend drug;
commits legend drug deception, a Class D felony.
As added by P.L.212-2005, SEC.76.

IC 35-43-10-4 Legend drug deception resulting in death; penalty

Sec. 4. A person:
(1) who knowingly or intentionally manufactures, purchases, sells, delivers, brings into Indiana, or possesses a contraband legend drug; and
(2) whose act under subdivision (1) results in the death of an individual;
commits legend drug deception resulting in death, a Class A felony.
As added by P.L.212-2005, SEC.76.

IC 25-26-14
Chapter 14. Wholesale Legend Drug Distributors

IC 25-26-14-1 Application of chapter

Sec. 1. (a) This chapter applies to any individual, partnership, limited liability company, corporation, or business firm:
(1) located in or outside Indiana; and
(2) engaging in the wholesale distribution of legend drugs in Indiana.
(b) Except as required by federal law or regulation, the requirements of this chapter do not apply to a manufacturer that is approved by the federal Food and Drug Administration. However, the board may adopt rules concerning manufacturers that the board considers appropriate and necessary.
(c) The requirements of this chapter do not apply to a medical gas manufacturer or a distributor that only manufactures or distributes medical gases.
As added by P.L.182-1991, SEC.3. Amended by P.L.8-1993, SEC.394; P.L.212-2005, SEC.23; P.L.98-2006, SEC.12.

IC 25-26-14-1.5 "Adulterated" defined

Sec. 1.5. As used in this chapter, "adulterated" refers to a legend drug that:
(1) consists in whole or in part of a filthy, putrid, or decomposed substance;
(2) has been produced, prepared, packed, or held under unsanitary conditions and may have been contaminated or rendered injurious to health;
(3) has been subjected to conditions in the manufacture, processing, packing, or holding of the legend drug that do not conform to current standards of manufacturing to ensure that the legend drug is safe for use and possesses the identity, strength, quality, and purity characteristics that the legend drug is represented to possess;
(4) is contained in a container composed of a poisonous or deleterious substance that may render the legend drug injurious to health;
(5) bears or contains, for purposes of coloring only, a color additive that is unsafe;
(6) is of a different strength, quality, or purity from the official compendium standard for the legend drug; or
(7) does not meet the considerations of the federal Food, Drug, and Cosmetic Act.
As added by P.L.212-2005, SEC.24.

IC 25-26-14-1.7 "Authenticate" defined

Sec. 1.7. As used in this chapter, "authenticate" means to affirmatively verify before distribution occurs that each transaction that is listed on:
(1) the pedigree of a legend drug; and
(2) other accompanying documentation for a legend drug;
has occurred.
As added by P.L.212-2005, SEC.25.

IC 25-26-14-1.8 "Authorized distributor" defined

Sec. 1.8. As used in this chapter, "authorized distributor" means a wholesale drug distributor with which a manufacturer has established an ongoing relationship to distribute the manufacturer's products. For purposes of this section, an ongoing relationship exists between a wholesale drug distributor, including any affiliated group (as defined in Section 1504 of the Internal Revenue Code) of which the wholesale distributor is a member, and a manufacturer if the wholesale drug distributor:
(1) has a written agreement currently in effect with the manufacturer evidencing an ongoing relationship;
(2) is listed on the manufacturer's current monthly updated list of authorized distributors; or
(3) has a verifiable account with the manufacturer and a minimal transaction or volume requirement limit of:
(A) five thousand (5,000) units per company in the previous twelve (12) months; or
(B) twelve (12) purchases at the manufacturer's minimum purchasing requirement per invoice in the previous twelve (12) months.
As added by P.L.212-2005, SEC.26.

IC 25-26-14-2 "Blood" defined

Sec. 2. As used in this chapter, "blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-3 "Blood component" defined

Sec. 3. As used in this chapter, "blood component" means that part of blood separated by physical or mechanical means.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-3.7 "Chain drug warehouse" defined

Sec. 3.7. As used in this chapter, "chain drug warehouse" means a permanent physical location for drugs or devices, or both, that:
(1) is licensed as a wholesale distributor;
(2) acts as a central warehouse; and
(3) primarily performs intracompany sales and transfers of legend drugs or devices to members of the same affiliated group that is under common ownership and control.
As added by P.L.98-2006, SEC.13.

IC 25-26-14-4 "Board" defined

Sec. 4. As used in this chapter, "board" refers to the Indiana board of pharmacy established under IC 25-26-13-3.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-4.1 "Co-licensed products" defined

Sec. 4.1. As used in this chapter, "co-licensed products" means pharmaceutical products:
(1) that have been approved by the federal Food and Drug Administration; and
(2) concerning which two (2) or more parties have the right to engage in a business activity or occupation concerning the pharmaceutical products.
As added by P.L.212-2005, SEC.27.

IC 25-26-14-4.2 "Compendium" defined

Sec. 4.2. As used in this chapter, "compendium" refers to:
(1) the United States Pharmacopoeia;
(2) the Homeopathic Pharmacopoeia of the United States;
(3) the National Formulary;
(4) a drug approved by the federal Food and Drug Administration; or
(5) a supplement to a document specified in subdivision (1), (2), or (3).
As added by P.L.212-2005, SEC.28.

IC 25-26-14-4.3 "Contraband" defined

Sec. 4.3. As used in this chapter, "contraband" refers to a legend drug:
(1) that is counterfeit;
(2) that is stolen;
(3) that is misbranded;
(4) that is obtained by fraud;
(5) that is purchased by a nonprofit institution for the nonprofit institution's own use and placed in commerce in violation of the own use agreement for the legend drug;
(6) for which a required pedigree does not exist; or
(7) for which a pedigree in existence:
(A) has been forged, counterfeited, or falsely created; or
(B) contains any altered, false, or misrepresented information.
As added by P.L.212-2005, SEC.29.

IC 25-26-14-4.4 "Counterfeit" defined

Sec. 4.4. As used in this chapter, "counterfeit" refers to a legend drug, or the container, seal, or labeling of a legend drug, that, without authorization, bears the trademark, trade name, or other identifying mark or imprint of a manufacturer, processor, packer, or distributor other than the person that manufactured, processed, packed, or distributed the legend drug.
As added by P.L.212-2005, SEC.30.

IC 25-26-14-4.5 "Deliver" defined

Sec. 4.5. As used in this chapter, "deliver" means the actual, constructive, or attempted transfer of a legend drug from one (1) person to another.
As added by P.L.212-2005, SEC.31

IC 25-26-14-4.6 "Designated representative" defined

Sec. 4.6. As used in this chapter, "designated representative" means an individual who:
(1) is designated by a wholesale drug distributor;
(2) serves as the wholesale drug distributor's responsible individual with the board; and
(3) is actively involved in and aware of the actual daily operation of the wholesale drug distributor.
As added by P.L.212-2005, SEC.32.

IC 25-26-14-4.7 "Distribute" defined

Sec. 4.7. As used in this chapter, "distribute" means to sell, offer to sell, deliver, offer to deliver, broker, give away, or transfer a legend drug, whether by passage of title or physical movement, or both. The term does not include the following:
(1) Dispensing or administering a legend drug.
(2) Delivering or offering to deliver a legend drug by a common carrier in the usual course of business as a common carrier.
(3) The provision of a legend drug sample to a patient by a:
(A) practitioner;
(B) health care professional acting at the direction and under the supervision of a practitioner; or
(C) hospital's or other health care entity's pharmacy that received the drug sample in accordance with this chapter and other applicable law to administer or dispense and that is acting at the direction of a practitioner;
licensed to prescribe the legend drug.
As added by P.L.212-2005, SEC.33.

IC 25-26-14-5 "Drug sample" defined

Sec. 5. As used in this chapter, "drug sample" means a unit of a legend drug that is not intended to be sold and is intended to promote the sale of the drug.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-6 "Health care entity" defined

Sec. 6. As used in this chapter, "health care entity" means any organization or business that provides diagnostic, medical, surgical, dental treatment, or rehabilitative care. The term does not include a pharmacy or wholesale drug distributor.
As added by P.L.182-1991, SEC.3. Amended by P.L.212-2005, SEC.34.

IC 25-26-14-6.5 "Label" defined

Sec. 6.5. As used in this chapter, "label" means a display of written, printed, or graphic matter on the immediate container of a legend drug.
As added by P.L.212-2005, SEC.35.

IC 25-26-14-6.6 "Labeling" defined

Sec. 6.6. As used in this chapter, "labeling" means labels and other written, printed, or graphic matter:
(1) on a legend drug or a legend drug's container or wrapper; or
(2) accompanying a legend drug.
As added by P.L.212-2005, SEC.36.

IC 25-26-14-7 "Legend drug" defined

Sec. 7. As used in this chapter, "legend drug" has the meaning set forth in IC 16-18-2-199. The term includes any human drug required by federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to 21 U.S.C. 811 through 812. The term does not include a device or a device component, part, or accessory.
As added by P.L.182-1991, SEC.3. Amended by P.L.2-1993, SEC.147; P.L.212-2005, SEC.37.

IC 25-26-14-8 "Manufacturer" defined

Sec. 8. As used in this chapter, "manufacturer" means a person who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a legend drug.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-8.3 "Misbranded" defined

Sec. 8.3. As used in this chapter, "misbranded" means that a legend drug's label:
(1) is false or misleading;
(2) does not bear the name and address of the manufacturer, packer, or distributor or does not contain an accurate statement of the quantities of active ingredients of the legend drug;
(3) does not show an accurate monograph for the legend drug; or
(4) does not comply with any other requirements of the federal Food, Drug, and Cosmetic Act.
As added by P.L.212-2005, SEC.38.

IC 25-26-14-8.5 "Normal distribution chain of custody" defined

Sec. 8.5. As used in this chapter, "normal distribution chain of custody" means the route that a legend drug travels:
(1) from a manufacturer to a wholesale drug distributor, to a pharmacy, and to a patient or a patient's agent;
(2) from a manufacturer to a wholesale drug distributor, to a chain drug warehouse, to a pharmacy affiliated with the chain drug warehouse, and to a patient or a patient's agent;
(3) from a manufacturer to a chain drug warehouse, to a pharmacy affiliated with the chain drug warehouse, and to a patient or a patient's agent;
(4) from a manufacturer to a third party logistics provider, to a wholesale drug distributor, to a pharmacy, and to a patient or a patient's agent;
(5) from a manufacturer to a third party logistics provider, to a wholesale drug distributor, to a chain drug warehouse, to a pharmacy affiliated with the chain drug warehouse, and to a patient or a patient's agent;
(6) from a manufacturer to a third party logistics provider, to a chain drug warehouse, to a pharmacy affiliated with the chain drug warehouse, and to a patient or a patient's agent; or
(7) as prescribed by rules adopted by the board.
As added by P.L.212-2005, SEC.39.

IC 25-26-14-8.7 "Pedigree" defined

Sec. 8.7. As used in this chapter, "pedigree" means a statement or record in a written or an electronic form that is approved by the board, that:
(1) records each wholesale distribution of a legend drug from the sale by the manufacturer that leaves the normal distribution chain of custody and that includes information designated by the board through rules for each transaction; or
(2) complies with a legend drug pedigree law or regulation in another state or United States territory that meets the pedigree requirements under this chapter.
As added by P.L.212-2005, SEC.40. Amended by P.L.98-2006,SEC.14.

IC 25-26-14-9 "Person" defined

Sec. 9. As used in this chapter, "person" means an individual, a partnership, a business firm, a limited liability company, a corporation, or another entity, including a governmental entity.
As added by P.L.182-1991, SEC.3. Amended by P.L.8-1993, SEC.395; P.L.212-2005, SEC.41.

IC 25-26-14-9.2 "Practitioner" defined

Sec. 9.2. As used in this chapter, "practitioner" has the meaning set forth in IC 16-42-19-5.
As added by P.L.212-2005, SEC.42.

IC 25-26-14-9.3 "Repackage" defined

Sec. 9.3. As used in this chapter, "repackage" means changing the container, wrapper, quantity, or labeling of a legend drug to further the distribution of the legend drug.
As added by P.L.212-2005, SEC.43.

IC 25-26-14-10 "Sale" defined

Sec. 10. As used in this chapter, "sale" includes purchase, trade, or offer to sell, purchase, or trade.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-10.5 "Third party logistics provider" defined

Sec. 10.5. As used in this chapter, "third party logistics provider" means an entity that:

(1) provides or coordinates warehousing, distribution, or other services on behalf of a manufacturer, but does not take title to the legend drug or have general responsibility to direct the legend drug's sale or disposition; and

(2) is licensed under this chapter.

As added by P.L.212-2005, SEC.44.

IC 25-26-14-11 "Wholesale distribution" defined

Sec. 11. As used in this chapter, "wholesale distribution" means to distribute legend drugs to persons other than a consumer or patient. The term does not include:

(1) a sale or transfer between a division, a subsidiary, a parent, an affiliated, or a related company under the common ownership and control of a corporate entity;

(2) the purchase or acquisition by a hospital or other health care entity that is a member of a group purchasing organization of a drug for the hospital's or health care entity's own use from the group purchasing organization or from other hospitals or health care entities that are members of the organization;

(3) the sale of a drug by a charitable organization described in Section 501(c)(3) of the Internal Revenue Code, to a nonprofit affiliate of the organization to the extent otherwise permitted by law;

(4) the sale of a drug among hospitals or other health care entities that are under common control;

(5) the sale of a drug for emergency medical reasons, including transfers of legend drugs by a retail pharmacy to another retail pharmacy to alleviate a temporary shortage, if the gross dollar value of the transfers does not exceed five percent (5%) of the total legend drug sales revenue of either the transferor or transferee pharmacy during any twelve (12) consecutive month period;

(6) the sale of a drug or the dispensing of a drug pursuant to a prescription;

(7) the distribution of drug samples by manufacturers' representatives or distributors' representatives;

(8) the sale of blood and blood components intended for transfusion;

(9) the sale of a drug by a retail pharmacy to a practitioner (as defined in IC 25-26-13-2) for office use, if the gross dollar value of the transfers does not exceed five percent (5%) of the retail pharmacy's total legend drug sales during any twelve (12) consecutive months;

(10) the sale of a drug by a retail pharmacy that is ending its business and liquidating its inventory to another retail pharmacy;

(11) drug returns by a hospital, health care entity, or charitable institution conducted under 21 CFR 203.23;

(12) the sale of minimal quantities of drugs by retail pharmacies to licensed practitioners for office use;

(13) the distribution of prescription drugs by the original manufacturer of the finished form of the prescription drug or the distribution of the co-licensed products by a partner of the original manufacturer of the finished form of the prescription drug; or

(14) drug returns that meet criteria established by rules adopted by the board.

As added by P.L.182-1991, SEC.3. Amended by P.L.33-1993, SEC.47; P.L.212-2005, SEC.45.

IC 25-26-14-12 "Wholesale drug distributor" defined

Sec. 12. As used in this chapter, "wholesale drug distributor" means a person engaged in wholesale distribution of legend drugs, including:

(1) manufacturers;

(2) repackers;

(3) own-label distributors;

(4) private-label distributors;

(5) jobbers;

(6) brokers;

(7) warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses;

(8) independent wholesale drug traders;

(9) retail and hospital pharmacies that conduct wholesale distributions; and

(10) reverse distributors.

The term does not include a common carrier or person hired solely to transport prescription drugs.

As added by P.L.182-1991, SEC.3. Amended by P.L.98-2006, SEC.15.

IC 25-26-14-13 Rules

Sec. 13. The board shall adopt rules under IC 4-22-2 that conform with wholesale drug distributor licensing guidelines adopted by the United States Food and Drug Administration (21 CFR 205), including rules:

(1) necessary to carry out the purposes of this chapter;

(2) that incorporate and set detailed standards for meeting each of the license prerequisites set forth in this chapter; and

(3) establishing reasonable fees to carry out this chapter.

As added by P.L.182-1991, SEC.3.

IC 25-26-14-14 Accreditation and license for wholesale distribution of legend drugs

Sec. 14 (a) A person may not engage in wholesale distributions of legend drugs without:

(1) after December 31, 2005, obtaining and maintaining accreditation or certification from the National Association of Boards of Pharmacy's Verified Accredited Wholesale Distributor or an accreditation body approved by the board under subsection (g);
(2) obtaining and maintaining a license issued by the board; and
(3) paying any reasonable fee required by the board.
(b) The board may not issue or renew the license of a wholesale drug distributor that does not comply with this chapter.
(c) The board shall require a separate license for each facility or location where wholesale distribution operations are conducted.
(d) An agent or employee of any licensed wholesale drug distributor does not need a license and may lawfully possess pharmaceutical drugs when acting in the usual course of business or employment.
(e) The issuance of a license under this chapter does not affect tax liability imposed by the department of state revenue or the state board of tax commissioners on any wholesale drug distributor.
(f) The board may adopt rules that permit out-of-state wholesale drug distributors to obtain a license on the basis of reciprocity if:
(1) an out-of-state wholesale drug distributor possesses a valid license granted by another state and the legal standards for licensure in the other state are comparable to the standards under this chapter; and
(2) the other state extends reciprocity to wholesale drug distributors licensed in Indiana.

However, if the requirements for licensure under this chapter are more restrictive than the standards of the other state, the out-of-state wholesale drug distributor must comply with the additional requirements of this chapter to obtain a license under this chapter.
(g) The board may adopt rules under IC 4-22-2 to approve an accreditation body to:
(1) evaluate a wholesale drug distributor's operations to determine compliance with:
(A) professional standards;
(B) this chapter; and
(C) any other applicable law; and
(2) perform inspections of each facility and location where wholesale distribution operations are conducted by the wholesale drug distributor.
As added by P.L.182-1991, SEC.3. Amended by P.L.90-2002, SEC.456; P.L.212-2005, SEC.46.

IC 25-26-14-14.5 Pedigree required

Sec. 14.5. After June 30, 2006, a wholesale drug distributor may not accept or deliver a legend drug without a current, accompanying pedigree as required under section 17 of this chapter.
As added by P.L.212-2005, SEC.47. Amended by P.L.98-2006, SEC.16.

IC 25-26-14-15 Information for grant and renewal of license; surety bond; inspection; reporting change in information

Sec. 15. (a) The board shall require the following minimum information from each wholesale drug distributor as part of the license described in section 14 of this chapter and as part of any renewal of such license:
(1) The name, full business address, and telephone number of the licensee.
(2) All trade or business names used by the licensee.
(3) Addresses, telephone numbers, and the names of contact persons for all facilities used by the licensee for the storage, handling, and distribution of legend drugs.
(4) The type of ownership of operation.
(5) The name of each owner and operator of the licensee, including:
(A) if an individual, the name, address, Social Security number, and date of birth of the individual;
(B) if a partnership, the name, address, Social Security number, and date of birth of each partner, and the name of the partnership and federal employer identification number;
(C) if a corporation:
(i) the name, address, Social Security number, date of birth, and title of each corporate officer and director;
(ii) the corporate names, the name of the state of incorporation, the federal employer identification number, and the name of the parent company, if any; and
(iii) the name, address, and Social Security number of each shareholder owning ten percent (10%) or more of the voting stock of the corporation, unless the stock is traded on a major stock exchange and not traded over the counter;
(D) if a limited liability company, the name of each manager and member, the name and federal employer identification number of the limited liability company, and the name of the state where organized; and
(E) if a sole proprietorship, the full name, address, Social Security number, and date of birth of the sole proprietor and the name and federal employer identification number of the business entity.
(6) The name, address, and telephone number of the designated representative of each facility.
(7) Additional information concerning record keeping required under this chapter.
(b) The board shall require a wholesale drug distributor to post a surety bond of at least one hundred thousand dollars ($100,000), or an equivalent means of security acceptable to the board, including insurance, an irrevocable letter of credit, or funds deposited in a trust account or financial institution, to secure payment of any administrative penalties that may be imposed by the board and any fees and costs that may be incurred by the board and that:
(1) are related to a license held by the wholesale drug distributor;

(2) are authorized under Indiana law; and
(3) the wholesale drug distributor fails to pay less than thirty (30) days after the penalties, fees, or costs become final.

However, a separate surety bond or an equivalent means of security is not required for a separate location or a company of the wholesale drug distributor.
(c) The board may make a claim against a bond or security posted under subsection (b) within one (1) year after the wholesale drug distributor's license is no longer valid or sixty (60) days after the conclusion of:
(1) an administrative or legal proceeding before or on behalf of the board that involves the wholesale drug distributor and results in penalties, fees, or costs described in subsection (b); or
(2) an appeal of a proceeding described in subdivision (1);
whichever occurs later.
(d) The board or the board's designee shall inspect each facility where wholesale distribution operations are conducted before initial licensure and periodically thereafter in accordance with a schedule determined by the board, but at least one (1) time in each three (3) year period.
(e) A wholesale drug distributor must publicly display or have readily available all licenses and the most recent inspection report administered by the board or the board's designee.
(f) A material change in any information in this section must be submitted to the board at the time of license renewal or within thirty (30) days from the date of the change, whichever occurs first.
As added by P.L.182-1991, SEC.3. Amended by P.L.8-1993, SEC.396; P.L.212-2005, SEC.48; P.L.98-2006, SEC.17.

IC 25-26-14-15.5 Repealed

Repealed by P.L. 98-2006, SEC.29.

IC 25-26-14-16 Distributor qualifications; criminal history and financial background check

Sec. 16. (a) In reviewing, for purposes of licensure or renewal of a license under this chapter, the qualifications of persons who engage in wholesale distribution of legend drugs in Indiana, the board shall consider the following factors:
(1) A finding by the board that the applicant has:
(A) violated a law; or
(B) been disciplined by a regulatory agency for violating a law;
related to drug distribution in any state.
(2) A criminal conviction of the applicant.
(3) The applicant's past experience in the manufacture or distribution of legend drugs, including controlled substances.
(4) The furnishing by the applicant of false or fraudulent material in any application made in connection with drug manufacturing or distribution.
(5) Suspension or revocation of any license held by the applicant or the applicant's owner or the imposition of sanctions against the applicant or the applicant's owner by the federal or a state or local government for the manufacture or distribution of any drugs, including controlled substances.
(6) Compliance with licensing requirements under previously granted licenses.
(7) Compliance with requirements to maintain and make available to the board or to federal, state, or local law enforcement officials those records required under this chapter.
(8) Any other factors or qualifications the board considers relevant to the public health and safety, including whether the granting of the license would not be in the public interest.
(b) In reviewing an application for licensure or renewal of a license under this chapter, the board shall consider the results of criminal history and financial background checks for:
(1) the designated representative or the most senior individual responsible for facility operations, purchasing, and inventory control;
(2) the supervisor or the designated representative or the most senior individual under subdivision (1); and
(3) principals and owners with more than a ten percent (10%) interest in the wholesale drug distributor, if the wholesale drug distributor is a nonpublicly held company.
(c) The criminal history and financial background checks conducted under subsection (b) must:
(1) be conducted at the applicant's expense;
(2) include a criminal history for all current and previous states of residence of the applicant;
(3) include the criminal history in the federal district where the applicant currently resides;
(4) include information from the previous seven (7) years; and
(5) be approved by the board.
(d) An applicant shall provide and attest to:
(1) an affirmation that the applicant has not been involved in or convicted of any criminal or prohibited acts; or
(2) a statement providing a complete disclosure of the applicant's past criminal convictions and violations of state and federal laws;

regarding drugs.
As added by P.L.182-1991, SEC.3. Amended by P.L.212-2005, SEC.50; P.L.98-2006, SEC.18.

IC 25-26-14-16.5 Designated representative; application; experience requirement; continuing education

Sec. 16.5. (a) A wholesale drug distributor shall designate in writing on a form prescribed by the board a designated representative for each of the wholesale drug distributor's facilities licensed under this chapter.

(b) A designated representative shall submit to the board an application prescribed by the board and provide to the board the following:

(1) The date and place of birth of the designated representative.

(2) A list of the occupations, positions of employment, and offices held by the designated representative during the immediately preceding seven (7) years, including the principal business and address of the organization with which the occupation, position, or office was associated.

(3) A statement concerning whether the designated representative, during the immediately preceding seven (7) years, has been temporarily or permanently enjoined by a court from violating a state or federal law regulating the possession, control, or distribution of legend drugs, including details of related events.

(4) A description of any involvement by the designated representative with a business that:

(A) manufactured, administered, prescribed,
distributed, or stored legend drugs; and

(B) was named as a party in a lawsuit;

during the immediately preceding seven (7) years, including investments other than the ownership of stock in a publicly traded company or mutual fund.

(5) A description of any criminal offense of which the designated representative has been convicted, regardless of whether adjudication of guilt was withheld or whether the designated representative pleaded nolo contendere. If the designated representative indicates that a criminal conviction is under appeal, the designated representative shall submit to the board:

(A) a copy of the notice of appeal; and

(B) a copy of the final written order of disposition.

(6) A photograph of the designated representative taken within the immediately preceding thirty (30) days under procedures specified by the board.

(7) A list of the name, address, occupation, and date and place of birth of each member of the designated representative's immediate family, including the designated representative's spouse, children, parents, and siblings, and the spouses of the designated representative's children and siblings. Information collected under this subdivision is confidential.

(8) Any other information required by the board.

(c) A designated representative must have at least two (2) years of verifiable full-time managerial or supervisory experience in a pharmacy or with a wholesale drug distributor licensed under this chapter or in another state. The designated representative's responsibilities must have included record keeping, storage, and shipment of legend drugs.

(d) A designated representative shall not serve as the designated representative for more than one (1) wholesale drug distributor facility at any one (1) time.

(e) A designated representative shall be actively

involved and aware of the actual daily operations of the wholesale drug distributor as follows:

(1) Be employed full time in a managerial position by the wholesale drug distributor.

(2) Be physically present at the wholesale drug distributor's facility during normal business hours, except when absent due to illness, family illness or death, scheduled vacation, or another authorized absence.

(3) Be aware of and knowledgeable about all policies and procedures pertaining to the operations of the wholesale drug distributor.

(f) A designated representative must complete continuing education programs specified by the board regarding state and federal law relevant to the distribution, handling, and storage of legend drugs.

(g) A third party logistics provider must comply with this subsection until the third party logistics provider has obtained accreditation. A third party logistics provider must identify to the board a designated representative who is responsible for the facility's compliance with applicable state and federal law. The designated representative:

(1) may be a corporate employee or officer, outside counsel, or an outside consulting specialist with authority to help ensure compliance;

(2) may be responsible for multiple facilities; and

(3) is not required to be physically present at the facility.

As added by P.L.212-2005, SEC.51. Amended by P.L.98-2006, SEC.19.

IC 25-26-14-16.6 Designated agent; service of process

Sec. 16.6. (a) A wholesale drug distributor that:

(1) is licensed under this chapter;

(2) is located outside Indiana; and

(3) distributes legend drugs in Indiana;

shall designate an agent in Indiana for service of process.

(b) A wholesale drug distributor that does not designate an agent under subsection (a) is considered to have designated the secretary of state to be the wholesale drug distributor's true and lawful attorney, upon whom legal process may be served in an action or a proceeding against the wholesale drug distributor arising from the wholesale drug distributor's wholesale distribution operations.

(c) The board shall mail a copy of any service of process to a wholesale drug distributor by certified mail, return receipt requested, postage prepaid, at the address designated by the wholesale drug distributor on the application for licensure submitted under this chapter.

(d) Service of process on the secretary of state is sufficient in an action or a proceeding against a wholesale drug distributor that is not licensed under this

chapter.
As added by P.L.212-2005, SEC.52.

IC 25-26-14-17 Applicant assurances as condition of license

Sec. 17. As a condition for receiving and retaining a wholesale drug distributor license issued under this chapter, an applicant must satisfy the board that the applicant has and will continuously maintain the following:

(1) Acceptable storage and handling conditions and facilities standards for each facility at which legend drugs are received, stored, warehoused, handled, held, offered, marketed, or displayed, or from which legend drugs are transported, including:

(A) suitable construction of the facility and appropriate monitoring equipment to ensure that legend drugs in the facility are maintained in accordance with labeling or in compliance with official compendium standards;

(B) suitable size and construction to facilitate cleaning, maintenance, and proper wholesale distribution operations;

(C) adequate storage areas to provide appropriate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(D) a quarantine area for separate storage of legend drugs that are outdated, damaged, deteriorated, misbranded, adulterated, counterfeit, suspected counterfeit, otherwise unfit for distribution, or contained in immediate or sealed secondary containers that have been opened;

(E) maintenance of the facility in a clean and orderly condition;

(F) maintenance of the facility in a commercial, nonresidential building; and

(G) freedom of the facility from infestation.

(2) Security of each facility from unauthorized entry as follows:

(A) Entry into areas where legend drugs are held is limited to authorized personnel.

(B) Each facility is equipped with a security system that includes:

(i) an after hours central alarm or a comparable entry detection capability;

(ii) restricted premises access;

(iii) adequate outside perimeter lighting;

(iv) safeguards against theft and diversion, including employee theft and theft or diversion facilitated or hidden by tampering with computers or electronic records; and

(v) a means of protecting the integrity and confidentiality of data and documents and of making the data and documents readily available to the board and other state and federal law enforcement officials.

(3) A reasonable system of record keeping as follows:

(A) The system describes all the wholesale distributor's activities governed by this chapter for the three (3) year period after the disposition of each product, and all records are maintained for at least three (3) years after disposition of the legend drug to which the record applies.

(B) The system is reasonably accessible as determined by board rules in any inspection authorized by the board.

(C) The system provides a means to establish and maintain inventories and records of transactions regarding the receipt and distribution or other disposition of all legend drugs, including the following:

(i) For legend drugs manufactured by a manufacturer for which the wholesale drug distributor is an authorized distributor, a pedigree for each distributed legend drug that leaves the normal distribution chain of custody, as determined by rules adopted by the board.

(ii) For legend drugs manufactured by a manufacturer for which the wholesale drug distributor is not an authorized distributor, a pedigree for each distributed legend drug that leaves the normal chain of custody.

(iii) After January 1, 2007, and after consulting with the federal Food and Drug Administration, at the board's discretion, for each legend drug received and distributed by the wholesale drug distributor, an electronic pedigree developed in accordance with standards and requirements of the board to authenticate, track, and trace legend drugs. The standards and requirements of the board may indicate the information required to be part of the electronic pedigree.

(iv) Dates of receipt and distribution or other disposition of the legend drugs by the wholesale drug distributor.

(v) Availability for inspection and photocopying by any authorized official of a local, state, or federal governmental agency for three (3) years after the creation date of the inventories and records.

(D) Onsite electronic inventories and records are immediately available for inspection, and records kept at a central location apart from the inspection site and not electronically retrievable are available for inspection within two (2) working days after a request by an authorized official of a local, state, or federal governmental agency.

(E) The system maintains an ongoing list of persons with whom the wholesale drug distributor does business.

(F) The system provides for reporting counterfeit or suspected counterfeit legend drugs or counterfeiting or suspected counterfeiting activities to the board and the federal Food and Drug Administration.

(G) The system provides for mandatory reporting of significant shortages or losses of legend drugs to the board and the federal Food and Drug Administration, if applicable, if diversion is known or suspected.

(4) Written policies and procedures to which the wholesale drug distributor adheres for the receipt, security, storage, inventory, transport, shipping, and distribution of legend drugs, and that assure reasonable wholesale distributor preparation for, protection against, and handling of any facility security or operation problems, including the following:

(A) Facility security or operation problems caused by natural disaster or government emergency.

(B) Correction of inventory inaccuracies.

(C) Product shipping and receiving problems.

(D) Quarantine and return to the manufacturer or destruction in accordance with state and federal law of all outdated products and outdated or expired

legend drugs, including appropriate documentation and witnessing.

(E) Appropriate disposition of returned goods.

(F) Product recalls.

(G) Identifying, recording, and reporting losses or thefts.

(H) Recalls and withdrawals of legend drugs due to:

(i) an action initiated by the federal Food and Drug Administration or another federal, state, or local governmental agency;

(ii) a volunteer action by the manufacturer to remove defective or potentially defective legend drugs from the market; or

(iii) an action undertaken to promote public health and safety by replacing existing merchandise with an improved product or a new package design.

(I) Disposition and destruction of containers, labels, and packaging to ensure that the containers, labels, and packaging are not used in counterfeiting activities, including necessary documentation and witnessing in accordance with state and federal law.

(J) Investigation of discrepancies in the inventory involving counterfeit, suspected counterfeit, contraband, or suspected contraband legend drugs and reporting of discrepancies within three (3) business days to the board and any other appropriate state or federal governmental agency.

(K) Reporting of criminal or suspected criminal activities involving the inventory of legend drugs to the board within three (3) business days.

(L) Conducting for cause authentication as required under sections 17.2 and 17.8 of this chapter.

(5) Written policies and procedures and sufficient inspection procedures for all incoming and outgoing product shipments, including the following:

(A) Upon receipt, visual examination of each shipping container in a manner adequate to identify the legend drugs in the container and to determine whether the legend drugs may be outdated, adulterated, misbranded, contaminated, contraband, counterfeit, suspected counterfeit, damaged, or otherwise unfit for distribution.

(B) Upon receipt, review of records by the wholesale drug distributor for the acquisition of legend drugs for accuracy and completeness, considering the:

(i) total facts and circumstances surrounding each transaction involving the legend drugs; and

(ii) wholesale drug distributors involved.

(C) Quarantine of a legend drug considered to be outdated, adulterated, misbranded, contaminated, contraband, counterfeit, suspected counterfeit, damaged, or otherwise unfit for distribution until:

(i) examination and a determination that the legend drug is not outdated, adulterated, misbranded, contaminated, contraband, counterfeit, damaged, or otherwise unfit for distribution; or

(ii) the legend drug is destroyed or returned to the manufacturer or wholesale drug distributor from which the legend drug was acquired.

(D) Written policies and procedures to ensure that if the wholesale drug distributor determines that a legend drug is adulterated, misbranded, counterfeit, or suspected counterfeit, the wholesale drug distributor provides notice of the adulteration, misbranding, counterfeiting, or suspected counterfeiting to the board, the federal Food and Drug Administration, and the manufacturer or wholesale drug distributor from which the legend drug was acquired within three (3) business days.

(E) Written policies and procedures to ensure that if the immediate or sealed outer or secondary container or labeling of a legend drug is adulterated, misbranded, counterfeit, or suspected counterfeit, the wholesale drug distributor:

(i) quarantines the legend drug until the legend drug is destroyed or returned to the manufacturer or wholesale drug distributor from which the legend drug was acquired; and

(ii) provides notice of the adulteration, misbranding, counterfeiting, or suspected counterfeiting to the board, the federal Food and Drug Administration, and the manufacturer or wholesale drug distributor from which the legend drug was acquired within three (3) business days.

(F) Written policies and procedures to ensure that a legend drug that has been opened or used, but is not adulterated, misbranded, counterfeit, or suspected counterfeit, is identified as such and quarantined until the legend drug is destroyed or returned to the manufacturer or wholesale drug distributor from which the legend drug was acquired.

(G) Written policies and procedures to ensure that:

(i) a legend drug that will be returned to a manufacturer or wholesale drug distributor is kept under proper conditions for storage, handling, transport, and shipment before the return; and

(ii) documentation showing that proper conditions were maintained is provided to the manufacturer or wholesale drug distributor to which the legend drug is returned.

(H) Inspection of each outgoing shipment for identity of the legend drugs and to ensure that the legend drugs have not been damaged in storage or held under improper conditions.

(I) Written policies and procedures to ensure that if conditions under which a legend drug has been returned to the wholesale drug distributor cast doubt on the legend drug's safety, identity, strength, quality, or purity, the legend drug is destroyed or returned to the manufacturer or wholesale drug distributor from which the legend drug was acquired unless examination, testing, or other investigation proves that the legend drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a legend drug has been returned cast doubt on the legend drug's safety, identity, strength, quality, or purity, the
wholesale drug distributor considers the conditions under which the legend drug has been held, stored, or shipped before or during the legend drug's return and the condition of the legend drug and the legend drug's container, carton, or labeling upon receipt of the returned legend drug.

(J) Written policies and procedures to ensure that contraband, counterfeit, or suspected counterfeit legend drugs, other evidence of criminal activity, and accompanying documentation are retained until a disposition is authorized by the board and the federal Food and Drug Administration.

(K) Written policies and procedures to ensure that any shipping, immediate, or sealed outer or secondary container or labeling, and accompanying documentation, suspected of or determined to be counterfeit or fraudulent, are retained until a disposition is authorized by the board and the federal Food and Drug Administration.

(6) Operations in compliance with all federal legal requirements applicable to wholesale drug distribution.

(7) Written policies and procedures to provide for the secure and confidential storage of information with restricted access and to protect the integrity and

confidentiality of the information.

(8) A pedigree as required under this chapter, including an electronic pedigree developed in accordance with standards and requirements of the board under subdivision (3)(C)(iii).

(9) Appropriate inventory management and control systems to:

(A) prevent; and

(B) allow detection and documentation of;

theft, counterfeiting, or diversion of legend drugs.

(10) If the wholesale drug distributor is involved in the distribution of controlled substances, registration with the federal Drug Enforcement Administration and the board and compliance with all laws related to the storage, handling, transport, shipment, and distribution of controlled substances.

(11) Isolation of controlled substances from noncontrolled substances and storage of the controlled substances in a secure area in accordance with federal Drug Enforcement Administration security requirements and standards.

(12) Technology and equipment that allow the wholesale drug distributor to authenticate, track, and trace legend drugs. The technology and equipment meet standards set by the board and are used as required by the board to conduct for cause and random tracking, tracing, and authentication of legend drugs.

(13) Employment, training, and documentation of the training concerning the proper use of the technology and equipment required under subdivision (12).

(14) Packaging operations in accordance with an official compendium allowing the identification of a compromise in the integrity of the legend drugs due to tampering or adverse storage conditions.

As added by P.L.182-1991, SEC.3. Amended by P.L.212-2005, SEC.53; P.L.98-2006, SEC.20.

IC 25-26-14-17.2 For cause authentication

Sec. 17.2. (a) A wholesale drug distributor that purchases legend drugs from another wholesale drug distributor and has reason to believe that a legend drug purchased from the other wholesale drug distributor is counterfeit, suspected counterfeit, misbranded, or adulterated shall conduct a for cause authentication of each distribution of the legend drug back to the manufacturer.

(b) A wholesale drug distributor that has engaged in the distribution of a legend drug for which a purchasing wholesale drug distributor conducts a for cause authentication under subsection (a) shall provide, upon request, detailed information regarding the distribution of the legend drug, including the:

(1) date of purchase of the legend drug;

(2) lot number of the legend drug;

(3) sales invoice number of the legend drug; and

(4) contact information, including name, address, telephone number, and electronic mail address of the wholesale drug distributor that sold the legend drug.

(c) If a wholesale drug distributor conducts a for cause authentication under subsection (a) and is unable to authenticate each distribution of the legend drug, the wholesale drug distributor shall quarantine the legend drug and report the circumstances to the board and the federal Food and Drug Administration, if applicable, not more than ten (10) business days after completing the attempted authentication.

(d) If a wholesale drug distributor authenticates the distribution of a legend drug back to the manufacturer under subsection (a), the wholesale drug distributor shall maintain records of the authentication for three (3) years and shall produce the records for the board and the federal Food and Drug Administration upon request.

As added by P.L.212-2005, SEC.54. Amended by P.L.98-2006, SEC.21.

IC 25-26-14-17.3 Repealed

Repealed by P.L. 98-2006, SEC.29.

IC 25-26-14-17.8 Purchase from unlicensed wholesale drug distributor; requirements; for cause authentication; random authentication; quarantine

Sec. 17.8. (a) A wholesale drug distributor licensed under this chapter that purchases legend drugs from a wholesale drug distributor that is not licensed under this chapter shall act with due diligence as required under this section and rules adopted by the board. However, the due diligence requirements of this section do not apply to purchases from an unlicensed wholesale drug distributor that has obtained accreditation through the National Association of Boards of Pharmacy's Verified-Accredited Wholesale Distributors program.

(b) Before the initial purchase of legend drugs from the unlicensed wholesale drug distributor, the licensed wholesale drug distributor shall obtain the following information from the unlicensed wholesale drug distributor:

(1) A list of states in which the unlicensed wholesale drug distributor is licensed.

(2) A list of states into which the unlicensed wholesale drug distributor ships legend drugs.

(3) Copies of all state and federal regulatory licenses and registrations held by the unlicensed wholesale drug distributor.

(4) The unlicensed wholesale drug distributor's most recent facility inspection reports.

(5) Information regarding general and product liability insurance maintained by the unlicensed wholesale drug distributor, including copies of relevant policies.

(6) A list of other names under which the unlicensed wholesale drug distributor does business or has been previously known.

(7) A list of corporate officers and managerial employees of the unlicensed wholesale drug distributor.

(8) A list of all owners of the unlicensed wholesale drug distributor that own more than ten percent (10%) of the unlicensed wholesale drug distributor, unless the unlicensed wholesale drug distributor is publicly traded.

(9) A list of all disciplinary actions taken against the unlicensed wholesale drug distributor by state and federal agencies.

(10) A description, including the address, dimensions, and other relevant information, of each facility used by the unlicensed wholesale drug distributor for legend drug storage and distribution.

(11) A description of legend drug import and export activities of the unlicensed wholesale drug distributor.

(12) A description of the unlicensed wholesale drug distributor's procedures to ensure compliance with this chapter.

(13) A statement:

(A) as to whether; and

(B) of the identity of each manufacturer for which;

the unlicensed wholesale drug distributor is an authorized distributor.

(c) Before the initial purchase of legend drugs from an unlicensed wholesale drug distributor, the licensed wholesale drug distributor shall:

(1) request that the board obtain and consider the results of a national criminal history background check (as defined in IC 10-13-3-12) through the state police department of all individuals associated with the unlicensed wholesale drug distributor as specified for licensure of a wholesale drug distributor under section 16(b) of this chapter; and

(2) verify the unlicensed wholesale drug distributor's
status as an authorized distributor, if applicable.

(d) If an unlicensed wholesale drug distributor's facility has not been inspected by the board or the board's agent within three (3) years after a contemplated purchase described in subsection (a), the licensed wholesale drug distributor shall conduct an inspection of the unlicensed wholesale drug distributor's facility:

(1) before the initial purchase of legend drugs from the unlicensed wholesale drug distributor; and

(2) at least once every three (3) years unless the unlicensed wholesale drug distributor's facility has been inspected by the board, or the board's agent, during the same period;

to ensure compliance with applicable laws and regulations relating to the storage and handling of legend drugs. A third party may be engaged to conduct the site inspection on behalf of the licensed wholesale drug distributor.

(e) At least annually, a licensed wholesale drug distributor that purchases legend drugs from an unlicensed wholesale drug distributor shall ensure that the unlicensed wholesale drug distributor maintains a record keeping system that meets the requirements of section 17(3) of this chapter.

(f) If a licensed wholesale drug distributor that purchases legend drugs from an unlicensed wholesale drug distributor has reason to believe that a legend drug purchased from the unlicensed wholesale drug distributor is misbranded, adulterated, counterfeit, or suspected counterfeit, the licensed wholesale drug distributor shall conduct a for cause authentication of each distribution of the legend drug back to the manufacturer.

(g) An unlicensed wholesale drug distributor that has engaged in the distribution of a legend drug for which a licensed wholesale drug distributor conducts a for cause authentication under subsection (f) shall provide, upon
request, detailed information regarding the distribution of the legend drug, including the:

(1) date of purchase of the legend drug;

(2) lot number of the legend drug;

(3) sales invoice number of the legend drug; and

(4) contact information, including name, address, telephone number, and any electronic mail address of the unlicensed wholesale drug distributor that sold the legend drug.

(h) If a licensed wholesale drug distributor conducts a for cause authentication under subsection (f) and is unable to authenticate each distribution of the legend drug, the licensed wholesale drug distributor shall quarantine the legend drug and report the circumstances to the board and the federal Food and Drug Administration within ten (10) business days after completing the attempted authentication.

(i) If a licensed wholesale drug distributor authenticates the distribution of a legend drug back to the manufacturer under subsection (f), the licensed wholesale drug distributor shall maintain records of the authentication for three (3) years and shall provide the records to the board upon request.

(j) A licensed wholesale drug distributor that purchases legend drugs from an unlicensed wholesale drug distributor shall, at least annually, conduct random authentications of required pedigrees on at least ten percent (10%) of sales units of distributions of legend drugs that were purchased from unlicensed wholesale drug distributors.

(k) An unlicensed wholesale drug distributor from which a licensed wholesale drug distributor has purchased legend drugs shall cooperate with the random authentications of pedigrees under this section and provide requested information in a timely manner.

(l) If a wholesale drug distributor conducts a random authentication under subsection (j) and is unable to
authenticate each distribution of the legend drug, the wholesale drug distributor shall quarantine the legend drug and report the circumstances to the board and the federal Food and Drug Administration not more than ten (10) business days after completing the attempted authentication.

As added by P.L.212-2005, SEC.56. Amended by P.L.98-2006, SEC.22.

IC 25-26-14-17.9 Use of trade or business name

Sec. 17.9. A wholesale drug distributor licensed under this chapter may not use a trade name or business name identical to a trade name or business name used by an unrelated wholesale drug distributor licensed under this chapter.

As added by P.L.212-2005, SEC.57. Amended by P.L.98-2006, SEC.23.

IC 25-26-14-18 Denial of license; review of board action

Sec. 18. (a) Any applicant denied a license or renewal under this chapter has the right of review of the board's action under IC 4-21.5.
(b) An applicant that is denied the accreditation under section 14 of this chapter from an accreditation body that has entered into an agreement with the board has the right of review of the accreditation body's decision by the board.
As added by P.L.182-1991, SEC.3. Amended by P.L.98-2006,SEC.24.

IC 25-26-14-19 Inspection of premises; recordkeeping

Sec. 19. (a) A person authorized by the board may enter and inspect, during normal business hours, all open premises that appear to be used by a wholesale drug distributor.
(b) Wholesale drug distributors may keep records regarding purchase and sales transactions at a central location apart from the principal office of the wholesale drug distributor or the location where the drugs were stored and from which the drugs were shipped, if the records are made available for inspection within two (2) working days of a request by the board. The records may be kept in any form permissible under federal law applicable to legend recordkeeping.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-20 Employee qualifications

Sec. 20. A person employed in wholesale distribution must have appropriate education or experience to assume responsibility for positions related to compliance with licensing requirements.
As added by P.L.182-1991, SEC.3. As amended by P.L.212-2005, SEC.58; P.L.98-2006, SEC.25.

IC 25-26-14-21 Renewal of licenses; lapsed licenses

Sec. 21. (a) A wholesale drug distributor license expires at midnight of the renewal date specified by the Indiana professional licensing agency under IC 25-1-5-4 in each even-numbered year.
(b) The board shall mail renewal application forms to each licensed wholesale drug distributor before the first day of the month before the month in which the license expires. If an application for renewal has not been filed and the required fee paid before the license expiration date, the wholesale drug distributor license shall lapse and become void.
(c) A lapsed license may be reinstated only by meeting the requirements under IC 25-1-8-6.
(d) A wholesale drug distributor may not be open for business after the license has lapsed, until the renewal is completed.
As added by P.L.182-1991, SEC.3. Amended by P.L.269-2001, SEC.26; P.L.1-2006, SEC.465.

IC 25-26-14-21.5 Prohibitions; sanctions

Sec. 21.5. (a) A person may not perform, cause the performance of, or aid the performance of the following:
(1) The manufacture, repackaging, sale, delivery, holding, or offering for sale of a legend drug that is adulterated, misbranded, counterfeit, suspected counterfeit, or is otherwise unfit for distribution.
(2) The adulteration, misbranding, or counterfeiting of a legend drug.
(3) The receipt of a legend drug that is adulterated, misbranded, stolen, obtained by fraud or deceit, counterfeit, or suspected counterfeit, and the delivery or proffered delivery of the legend drug for pay or otherwise.
(4) The alteration, mutilation, destruction, obliteration, or removal of the whole or a part of the labeling of a legend drug or the commission of another act with respect to a legend drug that results in the legend drug being misbranded.
(5) Forging, counterfeiting, simulating, or falsely representing a legend drug using a mark, stamp, tag, label, or other identification device without the authorization of the manufacturer.
(6) The purchase or receipt of a legend drug from a person that is not licensed to distribute legend drugs to the purchaser or recipient.
(7) The sale or transfer of a legend drug to a person that is not authorized under the law of the jurisdiction in which the person receives the legend drug to purchase or receive legend drugs from the person selling or transferring the legend drug.
(8) Failure to maintain or provide records as required under this chapter.
(9) Providing the board, a representative of the board, or a state or federal official with false or fraudulent records or making false or fraudulent statements regarding a matter related to this chapter.
(10) The wholesale distribution of a legend drug that was:
(A) purchased by a public or private hospital or other health care entity;
(B) donated or supplied at a reduced price to a charitable organization; or
(C) stolen or obtained by fraud or deceit.
(11) Obtaining or attempting to obtain a legend drug by fraud, deceit, misrepresentation, or engaging in fraud, deceit, or misrepresentation in the distribution of a legend drug.
(12) Failure to obtain, authenticate, or provide a required pedigree.
(13) The receipt of a legend drug through wholesale distribution without first receiving a required pedigree attested to as accurate and complete by the

wholesale drug distributor.
(14) Distributing a legend drug that was previously dispensed by a retail pharmacy or distributed by a practitioner.
(15) Failure to report an act prohibited by this section.
(b) The board may impose the following sanctions if, after a hearing under IC 4-21.5-3, the board finds that a person has violated subsection (a):
(1) Revoke the wholesale drug distributor's license issued under this chapter if the person is a wholesale drug distributor.
(2) Assess a civil penalty against the person. A civil penalty assessed under this subdivision may not be more than ten thousand dollars ($10,000) per violation.
As added by P.L.212-2005, SEC.59.

IC 25-26-14-22 Violations of chapter; license revocation; penalties

Sec. 22. (a) The board, upon a showing of a violation of this chapter, may revoke, suspend, or limit a license issued under this chapter after a proceeding under IC 4-21.5.
(b) After a proceeding under IC 4-21.5, the board may assess a civil penalty against a licensed wholesale drug distributor of not more than one thousand dollars ($1,000) for each occurrence. If the licensed wholesale drug distributor fails to pay the civil penalty within the time specified by the board, the board may suspend the license without additional proceedings.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-23 Purchase from unlicensed person; offense

Sec. 23. A person that knowingly purchases or receives a legend drug from any source other than a person licensed under this chapter, including a wholesale distributor, manufacturer, pharmacy distributor, or pharmacy commits a Class A misdemeanor. A subsequent unrelated violation of this section is a Class D felony.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-24 Injunction

Sec. 24. (a) Upon application by the board, a circuit or superior court may grant an injunction, a restraining order, or other order to enjoin a person from offering to engage or engaging in the performance of any practices for which a permit or license is required by any applicable federal or state law including this chapter, upon a showing that the practices were or are likely to be performed or offered to be performed without a permit or license.
(b) An action brought under this section must be commenced either in the county where the conduct occurred or is likely to occur or in the county where the defendant resides.
(c) An action brought under this section is in addition to any other penalty provided by law and may be brought concurrently with other actions to enforce this chapter.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-25 Refusal of inspection; offense

Sec. 25. A wholesale drug distributor that fails to allow an authorized person to enter and inspect a facility as provided in section 19 of this chapter commits a Class A misdemeanor. However, the offense is a Class D felony if the person has a prior unrelated conviction for an offense under this section.
As added by P.L.182-1991, SEC.3.

IC 25-26-14-26 Offenses

Sec. 26. (a) A person who knowingly or intentionally engages in the wholesale distribution of a legend drug without a license issued under this chapter commits a Class D felony.
(b) A person who engages in the wholesale distribution of a legend drug and:
(1) who, with intent to defraud or deceive:
(A) fails to obtain or deliver to another person a complete and accurate required pedigree concerning a legend drug before:
(i) obtaining the legend drug from another person; or
(ii) transferring the legend drug to another person; or
(B) falsely swears or certifies that the person has authenticated any documents related to the wholesale distribution of legend drugs;
(2) who knowingly or intentionally:
(A) destroys, alters, conceals, or fails to maintain a complete and accurate required pedigree concerning a legend drug in the person's possession;
(B) purchases or receives legend drugs from a person not authorized to distribute legend drugs in wholesale distribution;
(C) sells, barters, brokers, or transfers a legend drug to a person not authorized to purchase the legend drug in the jurisdiction in which the person receives the legend drug in a wholesale distribution;
(D) forges, counterfeits, or falsely creates a pedigree;
(E) falsely represents a factual matter contained in a pedigree; or
(F) fails to record material information required to be recorded in a pedigree; or
(3) who:

(A) possesses a required pedigree concerning a legend drug;
(B) knowingly or intentionally fails to authenticate the matters contained in the pedigree as required; and
(C) distributes or attempts to further distribute the legend drug;
commits a Class D felony.
As added by P.L.182-1991, SEC.3. Amended by P.L.212-2005, SEC.60.

IC 25-26-14-27 Offenses

Sec. 27. A wholesale drug distributor that fails to comply with the conditions and requirements described in section 17, 17.2, 17.8, 17.9, or 20 of this chapter commits a Class D felony.
As added by P.L.182-1991, SEC.3. As amended by P.L.212-2005,SEC.61; P.L.98-2006, SEC.26.

ARTICLE 3. WHOLESALE LEGEND DRUGS

Rule 1. Definitions

856 IAC 3-1-1 Definitions
Authority: IC 25-26-14-13
Affected: IC 25-26-14

Sec. 1. All terms which are defined in IC 25-26-14 shall have the same meanings as they are so defined when used in this article. *(Indiana Board of Pharmacy; 856 IAC 3-1-1; filed Jun 26, 1992, 5:00 p.m.: 15 IR 2460; readopted filed Jun 12, 2001, 2:17 p.m.: 24 IR 3823; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 3-1-2 "Chain drug warehouse" defined
Authority: IC 25-26-14-13
Affected: IC 25-26-14

Sec. 2. As used in IC 25-26-14 and in this article, "chain drug warehouse" means a permanent physical location for drugs or devices, or both, that:
(1) is licensed as a wholesale distributor;
(2) acts as a central warehouse; and
(3) primarily performs intracompany sales and transfers of legend drugs or devices to chain pharmacies that are members of the same affiliated group under common ownership and control.
(Indiana Board of Pharmacy; 856 IAC 3-1-2; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2195

856 IAC 3-1-3 "Statement" defined
Authority: IC 25-26-14-13
Affected: IC 25-26-14

Sec. 3. "Statement" means the specific unit of the specific legend drug that was purchased directly from the manufacturer. *((Indiana Board of Pharmacy; 856 IAC 3-1-3; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2196)*

Rule 2. Licensing and Operational Requirements

856 IAC 3-2-1 Persons required to register (Repealed)
Authority: IC 25-26-14-13
Affected: IC 25-26-14

Sec. 1. *(Repealed by Indiana Board of Pharmacy; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2198)*

856 IAC 3-2-2 Fees
Authority: IC 25-26-14-13
Affected: IC 25-26-14-14

Sec. 2. (a) The fee for original licensure and biennial renewal shall be one hundred dollars ($100) for in-state applicants. The fee for original licensure and biennial renewal shall be one hundred dollars ($100) for out-of-state applicants.
(b) Licensure fees shall be paid at the time when the application for licensure or renewal of a license is filed. *(Indiana Board of Pharmacy; 856 IAC 3-2-2; filed Jun 26, 1992, 5:00 p.m.: 15 IR 2461; errata filed Aug 24, 1992, 9:00 a.m.: 16 IR 66; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3107; readopted filed Oct 17, 2001, 3:30 p.m.: 25 IR 941; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 3-2-3 Application forms; renewal forms
Authority: IC 25-26-14-13
Affected: IC 25-26-14-14

Sec. 3. (a) Applications for licensure may be obtained by writing to the Indiana Board of Pharmacy, Indiana Professional Licensing Agency, 402 West Washington Street, Room W072, Indianapolis, Indiana 46204.
(b) Wholesale drug distributor licenses shall expire on September 30 of each even-numbered year. Applications for renewal shall be mailed to the licensee. *(Indiana Board of Pharmacy; 856 IAC 3-2-3; filed Jun 26, 1992, 5:00 p.m.: 15 IR 2461; errata filed Aug 24, 1992, 9:00 a.m.: 16 IR 66; readopted filed Jun 12, 2001, 2:17 p.m.: 24 IR 3823; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2196; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 3-2-4 Inspection and review of application
Authority: IC 25-26-14-13
Affected: IC 25-26-14-17; IC 25-26-14-19

Sec. 4. The board may inspect, or cause to be inspected, the establishment of an applicant or licensee pursuant to IC 25-26-14-19. The board shall review the application for licensure and other information regarding an applicant to determine whether the applicable standards of IC 25-26-14-17 have been met by the applicant. *(Indiana Board of Pharmacy; 856 IAC 3-2-4; filed Jun 26, 1992, 5:00 p.m.: 15 IR 2461; readopted filed Jun 12, 2001, 2:17 p.m.: 24 IR 3823; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 3-2-5 Wholesale drug distributor license

Authority: IC 25-26-14-13
Affected: IC 25-26-14

Sec. 5. (a) The board shall issue a wholesale drug distributor license to applicants that qualify under IC 25-26-14.

(b) The wholesale drug distributor license shall contain the name, address, and license number of the licensee, the amount of fee paid, and the expiration date of the license. The licensee shall maintain the wholesale drug distributor license in a readily retrievable manner and shall permit inspection of the license by any official, agent, or employee of the board. *(Indiana Board of Pharmacy; 856 IAC 3-2-5; filed Jun 26, 1992, 5:00 p.m.: 15 IR 2461; readopted filed Jun 12, 2001, 2:17 p.m.: 24 IR 3823; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 3-2-6 Termination of licensure; transfer of license

Authority: IC 25-26-14-13
Affected: IC 25-26-14-14; IC 25-26-14-15

Sec. 6. (a) The license of any person shall terminate if and when such person dies or ceases legal existence. Any licensee who ceases legal existence or discontinues business shall notify the board within ten (10) days of such fact in writing.

(b) No license or any authority conferred thereby shall be assigned or otherwise transferred except to the extent allowed by IC 25-26-14-15, and then only pursuant to the written consent of the board. *(Indiana Board of Pharmacy; 856 IAC 3-2-6; filed Jun 26, 1992, 5:00 p.m.: 15 IR 2461; readopted filed Jun 12, 2001, 2:17 p.m.: 24 IR 3823; readopted filed Oct 4, 2007, 3:33 p.m.: 20071031-IR-856070060RFA)*

856 IAC 3-2-7 Reciprocity (Repealed)

Authority: IC 25-26-14-13
Affected: IC 25-26-14-14

Sec. 7. *(Repealed by Indiana Board of Pharmacy; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2198)*

856 IAC 3-2-8 Minimum conditions for licensure, renewal, and operations (Repealed)

Authority: IC 25-26-14-13
Affected: IC 25-26-14-17

Sec. 8. *(Repealed by Indiana Board of Pharmacy; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2198)*

Rule 3. Accreditation

856 IAC 3-3-1 Board-approved accreditation body

Authority: IC 25-26-14-13; IC 25-26-14-14
Affected: IC 25-26-14-14

Sec. 1. The National Association of Boards of Pharmacy's Verified-Accredited Wholesale Distributors (VAWD) program shall do the following:

(1) Evaluate a wholesale drug distributor's operations to determine compliance with the following:
  (A) Industry standards.
  (B) IC 25-26-14.
  (C) This title.
  (D) Any other applicable law.
(2) Perform inspections of each facility and location where wholesale distribution operations are conducted by the wholesale drug distributor.
(3) Ensure that the information obtained during accreditation remains confidential and privileged.
(4) Adhere to other requirements set by the board or the Indiana professional licensing agency.

(Indiana Board of Pharmacy; 856 IAC 3-3-1; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2196)

856 IAC 3-3-2 Accreditation for new applicants

Authority: IC 25-26-14-13
Affected: IC 25-26-14-14

Sec. 2. For licenses issued after December 31, 2005, applicants for licensure as wholesale drug distributors shall obtain the accreditation from the National Association of Boards of Pharmacy's Verified-Accredited Wholesale Distributors (VAWD) program before issuance of licensure. *(Indiana Board of Pharmacy; 856 IAC 3-3-2; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2196)*

856 IAC 3-3-3 Accreditation for existing license holders

Authority: IC 25-26-14-13
Affected: IC 25-26-14-14

Sec. 3. For licenses issued before January 1, 2006, license holders shall obtain the accreditation from the National Association of Boards of Pharmacy's Verified-Accredited Wholesale Distributors (VAWD) program before renewal of licensure on September 30, 2006. *(Indiana Board of Pharmacy; 856 IAC 3-3-3; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2196)*

Rule 4. Pedigrees

856 IAC 3-4-1 Pedigrees; contents

Authority: IC 25-26-14-8.7; IC 25-26-14-13
Affected: IC 25-26-14

Sec. 1. A pedigree for each legend drug shall contain the following information:
(1) The legend drug proprietary and established name.
(2) The container size of the legend drug.
(3) The number of containers.
(4) The dosage form.
(5) The dosage strength.
(6) Lot/control numbers with expiration dates.
(7) The name of the manufacturer and repackager, if applicable, of the finished legend drug product.
(8) The name, address, and telephone number of each entity involved in the chain of the legend drug's custody.
(9) The name and address of each person certifying delivery or receipt of the legend drug.
(10) The sales invoice number.
(11) The dates of each transaction, including manufacturer, delivery, and receipt.
(12) A certification that each recipient has authenticated the pedigree, back to the manufacturer.
(13) A certification from the licensed entity that the information contained on the pedigree is true.
(Indiana Board of Pharmacy; 856 IAC 3-4-1; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2196)

856 IAC 3-4-2 Pedigrees; approved formats

Authority: IC 25-26-14-8.7; IC 25-26-14-13
Affected: IC 25-26-14

Sec. 2. The pedigree format:
(1) shall include the contents described in section 1 of this rule; and
(2) may be subject to the approval of the board.
(Indiana Board of Pharmacy; 856 IAC 3-4-2; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)

Rule 5. Normal Distribution Chain of Custody

856 IAC 3-5-1 Authorized distributor to authorized distributor transaction; pedigree requirement

Authority: IC 25-26-14-8.5; IC 25-26-14-13
Affected: IC 25-26-14-17

Sec. 1. For purposes of IC 25-26-14 and this article, within the normal distribution chain of custody, an authorized distributor that receives a legend drug directly from the manufacturer, or from the manufacturer's third party logistics provider, may sell the legend drug to a pharmacy, chain drug warehouse, or practitioner or one (1) other authorized distributor of the manufacturer that sells the legend drug directly to a pharmacy, chain drug warehouse, or practitioner without passing a pedigree if the invoice or accompanying document for the transaction includes a statement that the product was purchased directly from:
(1) the manufacturer; or
(2) an authorized distributor of the manufacturer who purchased the product directly from the manufacturer.
(Indiana Board of Pharmacy; 856 IAC 3-5-1; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)

856 IAC 3-5-2 Chain drug warehouses in the normal distribution chain of custody

Authority: IC 25-26-14-8.5; IC 25-26-14-13
Affected: IC 25-26-14-1.8; IC 25-26-14-17

Sec. 2. As used in IC 25-26-14 and in this article, chain drug warehouses that are distributing to their affiliated pharmacies or warehouses are not required to:

(1) be recognized as an authorized distributor, as defined in IC 25-26-14-1.8, for the normal distribution chain of custody to apply; or

(2) within the normal distribution chain of custody, pass a pedigree to or between their affiliated pharmacies or warehouses.

(Indiana Board of Pharmacy; 856 IAC 3-5-2; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)

856 IAC 3-5-3 Entities within the normal distribution chain custody

Authority: IC 25-26-14-8.5; IC 25-26-14-13
Affected: IC 25-26-14-17

Sec. 3. All entities, other than manufacturers approved by the Food and Drug Administration, within the normal distribution chain of custody shall be located and licensed within the United States or its territories. *(Indiana Board of Pharmacy; 856 IAC 3-5-3; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)*

856 IAC 3-5-4 Applicability of normal distribution chain of custody

Authority: IC 25-26-14-8.5; IC 25-26-14-13
Affected: IC 25-26-14-17

Sec. 4. Normal distribution chain of custody applies to the following:

(1) Physical movement of the legend drug.

(2) Its passage of title.

(Indiana Board of Pharmacy; 856 IAC 3-5-4; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)

Rule 6. Drug Returns

856 IAC 3-6-1 Drug returns; pedigree requirement

Authority: IC 25-26-14-11; IC 25-26-14-13
Affected: IC 25-26-14-17

Sec. 1. The returns or exchanges of saleable legend drugs, received by the wholesale distributor as provided by this article, are not subject to the pedigree requirements under IC 25-26-14 and 856 IAC 3-4. Wholesale distributors are responsible for the following:

(1) Policing the returns process.

(2) Maintaining operations that are designed against the entry of an adulterated or counterfeit product into distribution.

(Indiana Board of Pharmacy; 856 IAC 3-6-1; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)

Rule 7. Authentications

856 IAC 3-7-1 Authentication

Authority: IC 25-26-14-13
Affected: IC 25-26-14

Sec. 1. Manufacturers shall cooperate in the process of authentication, as defined in IC 25-26-14. *(Indiana Board of Pharmacy; 856 IAC 3-7-1; filed Mar 10, 2006, 8:37 a.m.: 29 IR 2197)*

IC 25-26-16
Chapter 16. Drug Regimens

IC 25-26-16-1 "Protocol" defined

Sec. 1. As used in this chapter, "protocol" means the policies, procedures, and protocols of a hospital listed IC 16-18-2-161(a)(1) concerning the adjustment of a patient's drug regimen by a pharmacist.
As added by P.L.114-1996, SEC.2. Amended by P.L.1-2009, SEC.143.

IC 25-26-16-2 Adjustment

Sec. 2. For purposes of this chapter, a pharmacist adjusts a drug regimen if the pharmacist:
(1) changes the duration of treatment for a current drug therapy;
(2) adjusts a drug's strength, dosage form, frequency of administration, or route of administration;
(3) discontinues the use of a drug; or
(4) adds a drug to the treatment regimen.
As added by P.L.114-1996, SEC.2.

IC 25-26-16-3 Protocol upon hospital admission

Sec. 3. (a) At the time of admission to a hospital that has adopted a protocol under this chapter, the following apply:
(1) The admitting practitioner shall signify in writing in the form and manner prescribed by the hospital whether the protocol applies in the care and treatment of the patient.
(2) A pharmacist may adjust the drug therapy regimen of the patient pursuant to the:
(A) written authorization of the admitting practitioner under subdivision (1); and
(B) protocols of the hospital.
The pharmacist shall review the appropriate medical records of the patient to determine whether the admitting practitioner has authorized the use of a specific protocol before adjusting the patient's drug therapy regimen. The admitting practitioner may at any time modify or cancel a protocol by entering the modification or cancellation in the patient's medical record.
(b) Notwithstanding subsection (a)(2), if a protocol involves parenteral nutrition of the patient, the pharmacist shall communicate with the admitting practitioner to receive approval to begin the protocol. The authorization of the admitting practitioner to use the protocol shall be entered immediately in the patient's medical record, if required by the protocol.
As added by P.L.114-1996, SEC.2. Amended by P.L.98-2006, SEC.27.

IC 25-26-16-4 Minimum protocol requirements

Sec. 4. (a) This section applies to a pharmacist who is practicing in a hospital:
(1) that is listed in IC 16-18-2-161(a)(1); and
(2) in which the pharmacist is supervised by a physician as required under the protocols of the facility that are developed by health care professionals, including physicians, pharmacists, and registered nurses.
(b) The protocols developed under this chapter must at a minimum require that the medical records of the patient are available to both the patient's practitioner and the pharmacist and that the procedures performed by the pharmacist relate to a condition for which the patient has first seen a physician or other licensed practitioner.
As added by P.L.114-1996, SEC.2. Amended by P.L.1-2009, SEC.144.

IC 25-26-16-5 Implementation, revision, or renewal of protocol

Sec. 5. If a hospital or private mental health institution elects to implement, revise, or renew a protocol under this chapter, the governing board of the hospital or private mental health institution shall consult with that facility's medical staff, pharmacists, and other health care providers selected by the governing board. However, the governing board is the ultimate authority regarding the terms, implementation, revision, and renewal of the protocol.
As added by P.L.114-1996, SEC.2.

IC 25-26-16-6 Modification of written protocol

Sec. 6. Except for the addition or deletion of authorized practitioners and pharmacists, a modification to written protocols requires the initiation of a new protocol.
As added by P.L.114-1996, SEC.2.

IC 25-26-16-7 Annual review

Sec. 7. A protocol of a health care facility developed under this chapter must be reviewed at least annually.
As added by P.L.114-1996, SEC.2.

IC 25-26-16-8 Documentation

Sec. 8. Documentation of protocols must be maintained in a current, consistent, and readily retrievable manner. A pharmacist is required to document decisions made under this chapter in a manner that shows adequate, consistent, and regular communication with an authorizing practitioner. After making an adjustment or a change to the drug regimen of a patient, the pharmacist shall immediately enter the change in the patient's medical record.
As added by P.L.114-1996, SEC.2.

IC 25-26-16-9 Confidentiality; liability

Sec. 9. (a) This chapter does not modify the requirements of other statutes relating to the confidentiality of medical records.
(b) This chapter does not make any other licensed health care provider liable for the actions of a pharmacist carried out under this section.
As added by P.L.114-1996, SEC.2.

IC 25-26-16.5
Chapter 16.5. Drug Regimens in Health Facilities

IC 25-26-16.5-1 Application

Sec. 1. This chapter applies to a health facility licensed under IC 16-28.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-2 "Attending Physician"

Sec. 2. (a) As used in this chapter, "attending physician" means a physician licensed under IC 25-22.5 who is responsible for the ongoing health care of an individual who resides in a health facility.
(b) The medical director of a health facility to which the individual is admitted may not serve as the individual's attending physician unless the medical director meets the requirements set forth in subsection (a).
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-3 "Protocol"

Sec. 3. As used in this chapter, "protocol" means a policy, procedure, or protocol of a health facility concerning the adjustment of a patient's drug regimen as allowed under this chapter by a pharmacist licensed under this article.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-4 "Therapeutic Alternative"

Sec. 4. As used in this chapter, "therapeutic alternative" means a drug product that:
(1) has a different chemical structure from;
(2) is of the same pharmacological or therapeutic class as; and
(3) usually can be expected to have similar therapeutic effects and adverse reaction profiles when administered to patients in therapeutically equivalent doses as;
another drug.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-5 Adjustment of a drug regimen by a pharmacist

Sec. 5. For purposes of this chapter, a pharmacist adjusts a drug regimen if the pharmacist:
(1) changes the duration of treatment for a current drug therapy;
(2) adjusts a drug's strength, dosage form, frequency of administration, or route of administration;
(3) discontinues the use of a drug; or
(4) adds a drug to the treatment regimen.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-6 Attending physician's duty to determine whether a protocol adopted by a hospital applies to a specific patient

Sec. 6. At the time an individual is admitted to a health facility that has adopted a protocol under this chapter, the individual's attending physician shall signify in writing in the form and manner prescribed by the health facility whether the protocol applies in the care and treatment of the individual.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-7 Authority of a pharmacist to adjust a drug regimen

Sec. 7. (a) A pharmacist may adjust the drug therapy regimen of the individual under:
(1) the written authorization of the individual's attending physician under section 6 of this chapter;
(2) the health facility's protocols; and
(3) this chapter.
(b) The pharmacist shall review the appropriate medical records of the individual to determine whether the attending physician has authorized the use of a specific protocol before the pharmacist adjusts the individual's drug therapy regimen.
(c) Notwithstanding subsection (a), if a protocol involves parenteral nutrition of the patient, the pharmacist shall communicate with the attending physician to receive approval to begin the protocol. The pharmacist shall document the authorization of the attending physician to use the protocol immediately in the individual's medical record.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-8 Drug regimen review committee

Sec. 8. If a health facility elects to implement, revise, or renew a protocol under this chapter, the health facility shall establish a drug regimen review committee consisting of:
(1) the health facility's medical director;
(2) the health facility's director of nursing; and
(3) a consulting pharmacist licensed under this article;
for the implementation, revision, or renewal of a protocol.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-9 Modification of written protocol requires new protocol; exception

Sec. 9. Except for the addition or deletion of authorized physicians and pharmacists, a modification to a written protocol requires the initiation of a new protocol.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-10 Basis and review of protocol

Sec. 10. (a) A protocol of a health facility developed under this chapter must be:
(1) based on clinical considerations; and
(2) reviewed by the health facility's drug regimen committee at least quarterly.
(b) A protocol of a health facility developed under this chapter may not:
(1) prohibit the attending physician from approving only specific parts of a protocol; or
(2) provide for an adjustment to an individual's drug regimen for the sole purpose of achieving a higher reimbursement for the substituted drug therapy than what would have been received for the original drug therapy ordered by the attending physician.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-11 Required elements of a protocol

Sec. 11. A protocol developed under this chapter must include the following:
(1) The identification of:
(A) the individual whose drug regimen may be adjusted;
(B) the attending physician who is delegating the authority to adjust an individual's drug regimen; and
(C) the pharmacist who is authorized to adjust the individual's drug regimen.
(2) The attending physician's diagnosis of the individual's:
(A) condition; or
(B) disease state;
whose drug regimen may be adjusted.
(3) A statement regarding:
(A) the types and:
(i) categories; or
(ii) therapeutic classifications;
of medication, including the specific therapeutic alternatives that may be substituted for a drug prescribed by a physician;
(B) the minimum and maximum dosage levels within the types and:
(i) categories; or
(ii) therapeutic classifications;
of medications described in clause (A);
(C) the dosage forms;
(D) the frequency of administration;
(E) the route of administration;
(F) the duration of the administration of the drug regimen and any adjustment to the drug regimen; and
(G) exceptions to the application of the drug regimen or the adjustment to the drug regimen;
for which the pharmacist may adjust the individual's drug regimen.
(4) A requirement that:
(A) the individual's medical records be available to both the individual's attending physician and the pharmacist; and
(B) the procedures performed by the pharmacist relate to a disease or condition for which the patient has been under the attending physician's medical care.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-12 Protocols must comply with certain Medicaid requirements

Sec. 12. A protocol developed under this chapter that is implemented for a Medicaid recipient must comply with any statutes, regulations, and procedures under the state Medicaid program relating to the preferred drug list established under IC 12-15-35-28.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-13 Duration of authorization of therapeutic alternatives

Sec. 13. If a protocol developed under this chapter allows a pharmacist to substitute a therapeutic alternative for the drug prescribed by the individual's attending physician, the attending physician's authorization of the substitution is valid only for the duration of the prescription or drug order.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-14 Unauthorized therapeutic alternatives prohibited

Sec. 14. This chapter does not allow a pharmacist to substitute a therapeutic alternative for the drug prescribed by the individual's attending physician unless the substitution is authorized by the attending physician under a valid protocol under this chapter.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-15 Attending physician's duty to review an implemented protocol

Sec. 15. The individual's attending physician:
(1) shall review a protocol approved and implemented for a patient of the physician at the physician's next visit to the health facility, and at each subsequent visit of the physician to the health facility; and
(2) may at any time modify or cancel a protocol by entering the modification or cancellation in the individual's medical record.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-16 Protocol documentation required

Sec. 16. (a) Documentation of protocols must be maintained in a current, consistent, and readily retrievable manner.
(b) After making an adjustment to an individual's drug regimen, the pharmacist shall immediately document the adjustment in the patient's medical record.
(c) The pharmacist shall notify the individual's attending physician of an adjustment at least one (1) business day before the adjustment is made.
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-17 Confidentiality; liability

Sec. 17. (a) This chapter does not modify the requirements of other statutes relating to the confidentiality of medical records.
(b) This chapter does not make any other licensed health care provider or pharmaceutical manufacturer liable for the actions of a pharmacist carried out under this section.
(c) A physician who approves the use of a protocol under this chapter and a pharmacist who adjusts a drug regimen of a patient pursuant to a protocol under this chapter do not violate IC 25-22.5-1-2(d).
As added by P.L.75-2004, SEC.3.

IC 25-26-16.5-18 Pharmacist subject to discipline for violations

Sec. 18. A pharmacist who violates this chapter is subject to discipline under IC 25-1-9.
As added by P.L.75-2004, SEC.3.

IC 25-26-17
Chapter 17. Nonresident Pharmacies

IC 25-26-17-1 "Board" defined

Sec. 1. For purposes of this chapter, "board" means the Indiana board of pharmacy.
As added by P.L.183-1997, SEC.1.

IC 25-26-17-2 "Nonresident pharmacy" defined

Sec. 2. For purposes of this chapter, "nonresident pharmacy" means a pharmacy located outside Indiana that dispenses drugs or devices through the United States Postal Service or other delivery services to patients in Indiana.
As added by P.L.183-1997, SEC.1.

IC 25-26-17-3 Registration; required information; fee

Sec. 3. A nonresident pharmacy must register with the board. To register with the board, a nonresident pharmacy must submit the following to the board:
(1) A verified statement that the nonresident pharmacy is licensed, certified, or registered to operate in the state in which the pharmacy is located.
(2) The location, names, and titles of all principal corporate officers and pharmacists who are dispensing drugs to residents of Indiana. This disclosure must be made on an annual basis. The nonresident pharmacy must notify the board within thirty (30) days after any change of office location, corporate officer, or pharmacist in charge.
(3) A verified statement that the nonresident pharmacy complies with all lawful requests for information from the regulatory or licensing agency of all states in which it is licensed.
(4) Information requested and deemed necessary by the board to carry out this chapter.
(5) The fee required by IC 25-1-8 which shall be reasonable and not exceed the costs to the board.
As added by P.L.183-1997, SEC.1.

IC 25-26-17-4 Duties of nonresident pharmacies

Sec. 4. A nonresident pharmacy must:
(1) comply with all requests for information made by the board;
(2) respond directly to all communications from the board concerning emergency circumstances arising from errors in the dispensing of drugs to the residents of Indiana;
(3) maintain records of drugs dispensed to patients in Indiana in a manner making those records readily retrievable and identifiable from the other business records of the pharmacy;
and
(4) provide a toll-free telephone service that:
(A) facilitates communications between a patient in Indiana and a pharmacist with access to the patient's records;
(B) is attended by a pharmacist with access to a patient's records during the nonresident pharmacy's regular business hours, but not less than six (6) days per week and not less than forty (40) hours per week; and
(C) has the toll-free telephone number displayed on a label affixed to each container of dispensed drugs.
As added by P.L.183-1997, SEC.1.

IC 25-26-17-4.5 Internet pharmacy accreditation

Sec. 4.5. A nonresident pharmacy that dispenses more than twenty-five percent (25%) of the pharmacy's total prescription volume as a result of an original prescription order received or solicited through the Internet:
(1) must be accredited:
(A) through the National Association of Boards of Pharmacy's Verified Internet Pharmacy Practice Sites (VIPPS); or (B) under a program that is substantially similar to the program under clause (A) and that has been approved by the board; and
(2) shall obtain and display a seal of approval for:
(A) the National Association of Boards of Pharmacy; or
(B) the substantially similar program described in subdivision (1)(B);
anywhere that the nonresident pharmacy advertises.
As added by P.L.105-2008, SEC.48.

IC 25-26-17-5 Grounds for denial, suspension, or revocation of registration

Sec. 5. The board may deny, revoke, or suspend the registration of a nonresident pharmacy for:
(1) failing to comply with sections 3, 4, 4.5, and 6 of this chapter; or
(2) conduct that causes serious bodily or psychological harm to a customer who lives in Indiana or purchased drugs from the nonresident pharmacy

while in Indiana, if the board reports the matter to the pharmacy regulatory or licensing agency in the state in which the nonresident pharmacy is located.
As added by P.L.183-1997, SEC.1. Amended by P.L.105-2008, SEC.49.

IC 25-26-17-6 Compliance with laws and rules of domicile state required

Sec. 6. A nonresident pharmacy registered under this chapter must comply with the laws and rules of the state in which it is domiciled.
As added by P.L.183-1997, SEC.1.

IC 25-26-17-7 Waiver of registration requirements

Sec. 7. The board may waive the registration requirements of this chapter for a nonresident pharmacy that only dispenses drugs to Indiana in limited transactions.
As added by P.L.183-1997, SEC.1.

IC 25-26-18
Chapter 18. Mail Order and Internet Based Pharmacies

IC 25-26-18-1 "Mail order or Internet based pharmacy" defined

Sec. 1. As used in this chapter, "mail order or Internet based pharmacy" means a pharmacy that is located in Indiana or is a nonresident pharmacy (as defined in IC 25-26-17-2) that dispenses prescription drugs:

(1) through the United States Postal Service or other delivery services; or

(2) after receiving a request for prescription drugs through the Internet;

to patients in Indiana.

As added by P.L.231-1999, SEC.17.

IC 25-26-18-2 Compliance with laws required

Sec. 2. A mail order or Internet based pharmacy shall comply with the following:

(1) The licensure laws of the state in which the mail order or Internet based pharmacy is domiciled.

(2) The drug substitution laws of Indiana.

As added by P.L.231-1999, SEC.17.

IC 25-26-19
Chapter 19. Regulation of Pharmacy Technicians

IC 25-26-19-1 "Board"

Sec. 1. As used in this chapter, "board" refers to the Indiana board of pharmacy established by IC 25-26-13-3.
As added by P.L.251-2003, SEC.3
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IC 25-26-19-2 "Pharmacy technician"

Sec. 2. As used in this chapter, "pharmacy technician" means an individual who:
(1) works under the direct supervision of a pharmacist licensed under this article; and
(2) performs duties to assist a pharmacist in activities that do not require the professional judgment of a pharmacist.
As added by P.L.251-2003, SEC.3.

IC 25-26-19-3 "Pharmacy technician in training"

Sec. 3. As used in this chapter, "pharmacy technician in training" means a person who is enrolled in a training program for pharmacy technicians prescribed by the board.
As added by P.L.251-2003, SEC.3.

IC 25-26-19-4 Adoption of rules

Sec. 4. (a) The board may adopt rules under IC 4-22-2 to:
(1) implement and enforce this chapter;
(2) set fees under IC 25-1-8; and
(3) establish education and training requirements for certification to practice as a pharmacy technician.
(b) The board shall:
(1) establish standards for the competent practice of pharmacy technicians; and
(2) subject to IC 4-21.5, IC 25-1-7, and IC 25-1-9, conduct proceedings on any matter under the jurisdiction of the board.
As added by P.L.251-2003, SEC.3.

IC 25-26-19-5 Qualification for pharmacy technician certificate

Sec. 5. (a) The board shall issue a pharmacy technician certificate to an individual who:
(1) applies to the board in the form and manner prescribed by the board;
(2) is at least eighteen (18) years of age;
(3) has not been convicted of a crime that has a direct bearing upon the individual's ability to practice competently;
(4) is not in violation of this chapter or rules adopted by the board under section 4 of this chapter;
(5) has paid the fee set by the board under section 4 of this chapter; and
(6) has completed a program of education and training approved by the board or has passed a certification examination offered by a nationally recognized certification body approved by the board.
(b) For good cause, the board may waive the age requirement under subsection (a)(2).
As added by P.L.251-2003, SEC.3.

IC 25-26-19-6 Qualification for pharmacy technician in training permit

Sec. 6. (a) The board shall issue a pharmacy technician in training permit to an individual who:
(1) applies to the board in the form and manner prescribed by the board;
(2) is at least eighteen (18) years of age;
(3) has not been convicted of a crime that has a direct bearing upon the individual's ability to practice competently;
(4) is not in violation of this chapter or rules adopted by the board under section 4 of this chapter; and
(5) has applied for certification under section 5 of this chapter.
(b) An applicant:
(1) may work as a pharmacy technician in training without a permit for not more than thirty (30) consecutive days after the applicant files an application under this section;
(2) shall provide the applicant's employer with a receipt issued by the board that:
(A) provides the date an application under this section was filed; and
(B) indicates that the fee has been paid;

before the applicant may begin work as a pharmacy technician in training; and

(3) may request an additional thirty (30) day period to practice as a pharmacy technician in training without a permit. The board may approve a request under this subdivision if the board determines that the extension is for good cause.

(c) A pharmacy technician in training permit expires on the earliest of the following:

(1) The date the permit holder is issued a pharmacy technician certificate under this chapter.

(2) The date the board disapproves the permit holder's application for a pharmacy technician certificate under this chapter.

(3) The date the permit holder ceases to be enrolled in good standing in a pharmacy technician training program approved by the board. The graduation of a permit holder from a pharmacy technician program does not cause the permit to expire under this subdivision.

(4) Sixty (60) days after the date that the permit holder successfully completes a program approved by the board.

(5) Twelve (12) months after the date of issuance.

(d) For good cause, the board may waive the age requirement in subsection (a)(2).

As added by P.L.251-2003, SEC.3.

IC 25-26-19-7 Expiration of pharmacy technician certificate; renewal fee; reinstatement of pharmacy technician certificate

Sec. 7. (a) A pharmacy technician certificate expires on a date set by the Indiana professional licensing agency in each even-numbered year.

(b) An application for renewal of a pharmacy technician certificate must be accompanied by the appropriate fee.

(c) If a person fails to renew a pharmacy technician certificate, the certificate may be reinstated by meeting the requirements under IC 25-1-8-6.

(d) The board may require a person who applies for a certificate under subsection (c) to appear before the board and explain the reason why the person failed to renew a pharmacy technician certificate.

As added by P.L.251-2003, SEC.3. Amended by P.L.1-2006, SEC.466.

IC 25-26-19-8 Prohibited activities of a certified pharmacy technician

Sec. 8. A certified pharmacy technician may not perform the following activities:

(1) Providing advice or consultation with the prescribing practitioner or other licensed health care provider regarding the patient or the interpretation and application of information contained in the prescription or drug order, medical record, or patient profile.

(2) Providing advice or consultation with the patient regarding the interpretation of the prescription or the application of information contained in the patient profile or medical record.

(3) Dispensing prescription drug information to the patient.

(4) Final check on all aspects of the completed prescription and assumption of the responsibility for the filled prescription, including the appropriateness of the drug for the patient and the accuracy of the:

(A) drug dispensed;

(B) strength of the drug dispensed; and

(C) labeling of the prescription.

(5) Receiving a new prescription drug order over the telephone or electronically unless the original information is recorded so a pharmacist may review the prescription drug order as transmitted.

(6) Any activity required by law to be performed only by a pharmacist.

(7) Any activity that requires the clinical judgment of a pharmacist and is prohibited by a rule adopted by the board.

As added by P.L.251-2003, SEC.3.

IC 25-26-19-9 Specific violations

Sec. 9. (a) An individual may not practice as a pharmacy technician unless the individual is certified under this chapter.

(b) An individual may not act as a pharmacy technician in training unless the individual has obtained a permit under this chapter or the individual is acting as a pharmacy technician in training during the period permitted under section 6(b) of this chapter.

(c) An individual who knowingly violates this section commits a Class D felony.

As added by P.L.251-2003, SEC.3.

IC 25-26-19-10 Injunctions

Sec. 10. (a) If an individual violates this chapter, the attorney general, the board, or the prosecuting attorney of the county in which the individual violates this chapter may maintain an action in the name of the state to enjoin the individual from continued violation of this chapter.

(b) An injunction issued under this section does not relieve an individual person from criminal prosecution but is in addition to any remedy provided under criminal law.

As added by P.L.251-2003, SEC.3.

IC-25-26-20
Chapter 20. Regional Drug Repository Program

IC 25-26-20-1 Definitions

Sec. 1. The definitions in IC 25-26-13-2 apply throughout this chapter.
As added by P.L.75-2004, SEC.4.

IC 25-26-20-2 "Nonprofit health clinic"

Sec. 2. As used in this chapter, "nonprofit health clinic" means any of the following:
(1) A federally qualified health center (as defined in 42 U.S.C. 1396d(l)(2)(B)).
(2) A rural health clinic (as defined in 42 U.S.C. 1396d(l)(1)).
(3) A nonprofit health clinic that provides medical care to patients who are indigent, uninsured, or underinsured.
As added by P.L.75-2004, SEC.4.

IC 25-26-20-3 Voluntary regional drug repository program to collect and redistribute drugs to nonprofit health clinics

Sec. 3. (a) The board may organize a voluntary regional drug repository program to collect and redistribute drugs to nonprofit health clinics.
(b) The board may enter into a voluntary agreement with any of the following to serve as a regional drug repository:
(1) A pharmacist or pharmacy.
(2) A wholesale drug distributor.
(3) A hospital licensed under IC 16-21.
(4) A health care facility (as defined in IC 16-18-2-161).
(5) A nonprofit health clinic.
(c) A regional drug repository may not receive compensation for participation in the program.
As added by P.L.75-2004, SEC.4.

IC 25-26-20-4 Donations of unadulterated drugs; exceptions

Sec. 4. (a) Except as provided in subsections (b) and (c), unadulterated drugs that meet the requirements set forth in IC 25-26-13-25(j) may be donated without a prescription or drug order to the regional drug repository program by the following:
(1) A pharmacist or pharmacy.
(2) A wholesale drug distributor.
(3) A hospital licensed under IC 16-21.
(4) A health care facility (as defined in IC 16-18-2-161).
(5) A hospice.
(6) A practitioner.
(b) An unadulterated drug that:
(1) was returned under IC 25-26-13-25; and
(2) was prescribed for a Medicaid recipient;
may not be donated under this section unless the Medicaid program has been credited for the product cost of the drug as provided in policies under the Medicaid program.
(c) A controlled drug may not be donated under this section.
As added by P.L.75-2004, SEC.4. Amended by PL.204-2005, SEC. 19.

IC 25-26-20-5 Sale of donated drug prohibited; Medicaid recipients and participants in state funded prescription drug plan ineligible

Sec. 5. (a) A drug that is given by a regional drug repository to a nonprofit health clinic may not be:
(1) sold; or
(2) given to a patient, except upon a practitioner's prescription or drug order.
(b) An individual who is eligible to participate in:
(1) the state Medicaid program under IC 12-15; or
(2) a program that:
(A) provides a prescription drug benefit; and
(B) is funded in whole or in part by state funds;
is not eligible to receive a drug donated under the voluntary regional drug repository program organized under section 3 of this chapter.
As added by P.L.75-2004, SEC.4.

IC 25-26-20-6 Immunity

Sec. 6. (a) The following are not subject to liability under IC 34-20-2-1:

(1) A person or entity who donates a drug to a regional drug repository program under this chapter in accordance with rules adopted by the board under section 7 of this chapter.

(2) A non-profit health clinic or practitioner who accepts or dispenses a drug under the regional drug repository program in accordance with rules adopted by the board under section 7 of this chapter.

(3) A regional drug repository that distributes a drug under the program in accordance with rules adopted by the board under section 7 of this chapter.

(b) Except in cases of negligence or willful misconduct by the manufacturer, a drug manufacturer is not subject to liability under IC 34-20-2-1 for a claim arising from a drug that is donated, accepted, or dispensed under this chapter to the user or the consumer.

As added by P.L.75-2004, SEC.4.

IC 25-26-20-7 Adoption of rules

Sec. 7. The board may adopt rules under IC 4-22-2 to:

(1) establish standards and procedures for accepting, storing, and dispensing drugs donated under this chapter;

(2) establish the types of drugs that may be donated; and

(3) administer this chapter.

As added by P.L.75-2004, SEC.4.

IC 25-26-21
Chapter 21. Home Medical Equipment Services Providers

IC 25-26-21-1 "Board"

Sec. 1. As used in this chapter, "board" refers to the Indiana board of pharmacy established by IC 25-26-13-3.
As added by P.L.122-2005, SEC.1.

IC 25-26-21-2 "Home medical equipment"

Sec. 2. (a) As used in this chapter, "home medical equipment" means equipment that

(1) is prescribed by a health care provider;
(2) sustains, restores, or supplants a vital bodily function; and
(3) is technologically sophisticated and requires individualized adjustment or regular maintenance.
(b) The term does not include the following:
(1) Walkers.
(2) Ambulatory aids.
(3) Commodes.
(4) Any other home medical equipment determined by the board in rules adopted under section 7 of this chapter.
As added by P.L.122-2005, SEC.1. Amended by P.L.105-2008, SEC.50.

IC 25-26-21-3 "Home medical equipment services"

Sec. 3. As used in this chapter, "home medical equipment services" means the:
(1) sale, rental, delivery, or installation; and
(2) installation, maintenance, and instruction in the use;
of medical equipment used by an individual that allows the individual to reside in a noninstitutional environment.
As added by P.L.122-2005, SEC.1. Amended by P.L.105-2008, SEC.51.

IC 25-26-21-4 "Provider"

Sec. 4. As used in this chapter, "provider" means a person engaged in the business of providing home medical equipment services to an unrelated individual in the individual's residence.
As added by P.L.122-2005, SEC.1.

IC 25-26-21-5 Application of chapter

Sec. 5. (a) This chapter does not apply to the following:
(1) A home health agency (as defined in IC 16-27-1-2) that does not sell, lease, or rent home medical equipment.
(2) A hospital licensed under IC 16-21-2 that:
(A) provides home medical equipment services only as an integral part of patient care; and
(B) does not provide home medical equipment services through a separate business entity.
(3) A manufacturer or wholesale distributor that does not sell, lease, or rent home medical equipment directly to a consumer.
(4) Except as provided under subsection (b), a practitioner (as defined in IC 25-1-9-2) who does not sell, lease, or rent home medical equipment.
(5) A veterinarian licensed under IC 15-5-1.1.
(6) A hospice program (as defined in IC 16-25-1.1-4) that does not sell, lease, or rent home medical equipment.
(7) A health facility licensed under IC 16-28 that does not sell, lease, or rent home medical equipment.
(8) A provider that:
(A) provides home medical equipment services within the scope of the licensed provider's professional practice;
(B) is otherwise licensed by the state; and
(C) receives annual continuing education that is documented by the provider or the licensing entity.
(9) An employee of a person licensed under this chapter.
(b) A pharmacist licensed in Indiana or a pharmacy that holds a permit issued under IC 25-26 that sells, leases, or rents home medical equipment:
(1) is not required to obtain a license under this chapter; and
(2) is otherwise subject to the:
(A) requirements of this chapter; and
(B) requirements established by the board by rule under this chapter.
As added by P.L.122-2005, SEC.1. Amended by P.L.2-2008, SEC.64.

IC 25-26-21-6 License application; requirements

Sec. 6. (a) A person seeking to provide home medical equipment services in Indiana shall apply to the board for a license in the manner prescribed by the board.

(b) A provider shall do the following:

(1) Comply with:

(A) federal and state law; and

(B) regulatory requirements;

for home medical equipment services.

(2) Maintain a physical facility and medical equipment inventory in Indiana.

(3) Purchase and maintain in an amount determined by the board:

(A) product liability insurance; and

(B) professional liability insurance;

and maintain proof of the insurance coverage.

(4) Establish procedures to ensure that an employee or a contractor of the provider who is engaged in the following home medical equipment activities receives annual training:

(A) Delivery.

(B) Orientation of a patient in the use of home medical equipment.

(C) Reimbursement assistance.

(D) Maintenance.

(E) Repair.

(F) Cleaning and inventory control.

(G) Administration of home medical equipment services.

The provider shall maintain documentation of the annual training received by each employee or contractor.

(5) Maintain clinical records on a customer receiving home medical equipment services.

(6) Establish home medical equipment maintenance and personnel policies.

(7) Provide home medical equipment emergency maintenance services available twenty-four (24) hours a day.

(8) Comply with the rules adopted by the board under this chapter.

As added by P.L.122-2005, SEC.1.

IC 25-26-21-7 Rules

Sec. 7. (a) The board may adopt rules under IC 4-22-2 to do the following:

(1) Specify home medical equipment that is or is not to be regulated under this chapter.

(2) Set standards for the licensure of providers.

(3) Govern the safety and quality of home medical equipment services that are provided to customers.

(4) Specify the amount of insurance coverage required under section 6(b)(3) of this chapter.

(5) Set reasonable fees for the application, issuance, and renewal of a license under this chapter and set other fees permitted under IC 25-1-8.

(b) The board may consult with individuals engaged in the home medical equipment services business to advise the board on the formulation of rules under subsection (a). The individuals may not be compensated or reimbursed for mileage by the board.

As added by P.L.122-2005, SEC.1. Amended by P.L.105-2008, SEC.52.

IC 25-26-21-8 License required; form; notification; renewal; reciprocity

Sec. 8. (a) A provider must be licensed by the board before the provider may provide home medical equipment services. If a provider provides home medical equipment services from more than one (1) location in Indiana, the provider must obtain a license under this chapter for each location.

(b) An applicant shall submit the application to the board on a form adopted by the board. The nonrefundable application fee set by the board must be submitted with the application. The fee must be deposited in the state general fund.

(c) If the board determines that the applicant:

(1) meets the standards set forth by the board; and

(2) has satisfied the requirements under this chapter and the requirements established by the board by rule;

the board shall notify the applicant in writing that the license is being issued to the applicant. The license is effective on the applicant's receipt of the written notification.

(d) A license issued under this chapter expires biennially on a date established by the agency under IC 25-1-5-4. An entity that is licensed under this chapter shall display the license or a copy of the license on the licensed premises.

(e) A license lapses without any action by the board if an application for renewal has not been filed and the required fee has not been paid by the established biennial renewal date.

(f) If a license under this chapter has been expired for not more than three (3) years, the license may be reinstated by the board if the holder of the license meets the requirements of IC 25-1-8-6(c).

(g) If a license under this chapter has been expired for more than three (3) years, the license may be reinstated by the board if the holder of the license meets the requirements for reinstatement under IC 25-1-8-6(d).

(h) The board may adopt rules that permit an out-of-state provider to obtain a license on the basis of reciprocity if:

(1) the out-of-state provider possesses a valid license granted by another state;
(2) the legal standards for licensure in the other state are comparable to the standards under this chapter; and
(3) the other state extends reciprocity to providers licensed in Indiana.
However, if the requirements for licensure under this chapter are more restrictive than the standards of the other state, the out-of-state provider must comply with the additional requirements of this chapter to obtain a reciprocal license under this chapter.
As added by P.L.122-2005, SEC.1. Amended by P.L.98-2006, SEC.28; P.L.105-2008, SEC.53.

IC 25-26-21-9 Inspections; report; appeal; inspectors; confidential information

Sec. 9. (a) The board may inspect the operations and facilities of an applicant for a license under this chapter to determine whether to issue the applicant a license.
(b) The board may conduct random inspections at any time for the following reasons:
(1) To ensure the integrity and effectiveness of the licensing process.
(2) To investigate a consumer complaint or a complaint by a qualified source as identified by the board.
(3) To ensure continuing compliance with the licensing requirements under this chapter.
(c) The board shall provide the provider a report of the board's findings after the board completes an investigation under this section.
(d) A provider that disputes the report in subsection (c) may file an appeal under IC 4-21.5 with the board not later than thirty (30) days after receipt of the report. The board shall review the inspection report and, upon the provider's request, conduct a new inspection.
(e) The board shall employ qualified inspectors to investigate complaints and conduct inspections. Investigators may review and audit records under an investigation or inspection during the inspected facility's normal business hours at the place of business of the provider being investigated.
(f) The board and the board's employees may not disclose confidential information obtained during an investigation except:
(1) during a disciplinary hearing held under section 10 of this chapter; or
(2) under a court order.
As added by P.L.122-2005, SEC.1.

IC 25-26-21-10 Discipline

Sec. 10. The board may discipline the holder of a license under IC 25-1-9 after a hearing or for any of the following reasons:
(1) Violation of this chapter or violation of a rule established by the board.
(2) Violation of a board order.
(3) Failure to meet the standards set forth in section 6(b) of this chapter.
(4) The conviction or plea of guilty for a felony or misdemeanor that:
(A) involves fraud or deceit; or
(B) is directly related to providing home medical equipment services.
(5) Negligence or gross misconduct in providing home medical equipment services.
(6) The aid, assistance, or willful allowance of another person in violating a provision under this chapter or a rule adopted by the board.
(7) Failure to provide information within sixty (60) days in response to a written request from the board.
(8) The engagement in conduct that is likely to deceive, defraud, or harm the public.
(9) Denial, revocation, suspension, or restriction of a license in another state or jurisdiction to provide home medical equipment services for a reason other than the failure to renew the license.
(10) The receipt of a fee, commission, rebate, or other form of compensation for services not rendered.
(11) Knowingly making or filing false records, reports, or billings in the course of providing home medical equipment services, including false records, reports, or billings prepared for or submitted to state or federal agencies or departments.
(12) Failure to comply with federal rules issued under the federal Medicare program (42 U.S.C. 1395 et seq.) relating to operations, financial transactions, and general business practices of home medical equipment services providers.
As added by P.L.122-2005, SEC.1.

IC 25-26-21-11 Penalties

Sec. 11. (a) A person who engages in the business of home medical equipment services and who:
(1) is required to be licensed under this chapter; and
(2) knowingly provides home medical equipment services without a license issued under this chapter;
commits a Class A misdemeanor.
(b) Each day a violation of this section continues constitutes a separate offense.
(c) The board may, in the name of the state and through the
attorney general, apply in a court to enjoin a person from providing home medical equipment services in violation of this chapter.
As Added by P.L. 122-2005, SEC.1.

IC 25-26-22
Chapter 22. Pharmacy Audits

IC 25-26-22-1 Definitions applicable to chapter

Sec. 1. The definitions contained in IC 25-26-13-2 apply throughout this chapter.
As added by P.L.7-2009, SEC.1.

IC 25-26-22-2 "Audit"

Sec. 2. As used in this chapter, "audit" means an audit of a pharmacy:
(1) on behalf of a third party payer; and
(2) related to a particular claim made by the pharmacy to the third party payer.
As added by P.L.7-2009, SEC.1.

IC 25-26-22-3 "Extrapolation audit"

Sec. 3. As used in this chapter, "extrapolation audit" means an audit of a sample of claims submitted by a pharmacy to a third party payer, the results of which are used to estimate audit results for a larger group of unaudited claims submitted by the pharmacy to the third party payer.
As added by P.L.7-2009, SEC.1.

IC 25-26-22-4 Audit compliance

Sec. 4. An audit must be conducted in compliance with this chapter.
As added by P.L.7-2009, SEC.1.

IC 25-26-22-5 Audit requirements

Sec. 5. An auditor conducting an audit shall comply with all of the following:
(1) The contract under which the audit is performed must provide a description of audit procedures that will be followed.
(2) For an onsite audit conducted at a pharmacy's location, the auditor that conducts the audit shall provide written notice to the pharmacy at least two (2) weeks before the initial onsite audit is performed for each audit cycle.
(3) The auditor shall not interfere with the delivery of pharmacist services to a patient and shall use every effort to minimize inconvenience and disruption to pharmacy operations during the audit. This subdivision does not prohibit audits during normal business hours of the pharmacy.
(4) If the audit requires use of clinical or professional judgment, the audit must be conducted by or in consultation with a licensed pharmacist.
(5) The auditor shall allow the use of written or otherwise transmitted hospital, physician, or other health practitioner records to validate a pharmacy record with respect to a prescription for a legend drug.
(6) The auditor shall perform the audit according to the same standards and parameters that the auditor uses to audit all other similarly situated pharmacies on behalf of the third party payer.
(7) The period covered by the audit must not exceed twenty-four (24) months after the date on which the claim that is the subject of the audit was submitted to or adjudicated by the third party payer, and the pharmacy must be permitted to resubmit electronically any claims disputed by the audit. This subdivision does not limit the period for audits under the Medicaid program that are conducted due to a federal requirement.
(8) The audit must not be initiated or scheduled during the first five (5) calendar days of any month without the voluntary consent of the pharmacy. The consent may not be mandated by a contract or any other means.
(9) Payment to the on-site auditor for conducting the audit must not be based on a percentage of any amount recovered as a result of the audit.
As added by P.L.7-2009, SEC.1.

IC 25-26-22-6 Written audit reports

Sec. 6. Following an audit, the auditor shall provide to the pharmacy written audit reports as follows:
(1) The auditor shall deliver a preliminary audit report to the pharmacy not later than ninety (90) days after the audit is concluded.
(2) The auditor shall provide with the preliminary audit report a written appeal procedure for the pharmacy to follow if the pharmacy desires to appeal a finding contained in the preliminary audit report.
(3) The auditor shall deliver a final audit report to the pharmacy not later than one hundred twenty (120) days after:
(A) the preliminary audit report is received by the pharmacy; or
(B) if an appeal is filed, a final appeal determination is made;
whichever is later.
(4) Each audit report must be signed by the auditor and a pharmacist participating in the audit.
(5) The auditor shall provide a copy of the final audit report to the third party payer.
As added by P.L.7-2009, SEC.1.

IC 25-26-22-7 Clerical errors; fraud; recoupment of payment

Sec. 7. (a) A clerical error related to or contained in a document that is necessary to the conduct of an audit does not constitute fraud without proof of intent to commit fraud.

(b) A clerical error that results in inappropriate payment of a claim by the third party payer may result in recoupment of any inappropriately made payment.

As added by P.L.7-2009, SEC.1.

IC 25-26-22-8 Overpayment and underpayment audit findings

Sec. 8. An audit finding of an overpayment or underpayment of a claim:

(1) must be based on an actual overpayment or underpayment; and

(2) may not be based on a projection that is based on the number of:

(A) patients who:

(i) have similar diagnoses; and

(ii) are served by the pharmacy; or

(B) prescriptions for or refills of similar legend drugs that are dispensed by the pharmacy.

As added by P.L.7-2009, SEC.1.

IC 25-26-22-9 Audit report; distribution; interest accrual

Sec. 9. (a) A final audit report must first be distributed before recoupment of funds may be made based on an audit finding of overpayment or underpayment.

(b) Except for audits conducted under the Medicaid program, interest on funds described in subsection (a) does not accrue during the audit period.

As added by P.L.7-2009, SEC.1.

IC 25-26-22-10 Prohibition of extrapolation audits for calculating recoupments or penalties

Sec. 10. The results of an extrapolation audit may not be used by an auditor as a basis for calculating overpayment or underpayment recoupments or penalties.

As added by P.L.7-2009, SEC.1.

IC 25-26-22-11 Application of chapter for investigative audits

Sec. 11. This chapter does not apply to an investigative audit conducted for purposes of determining whether fraud, willful misrepresentation, or alleged serious abuse has occurred.

As added by P.L.7-2009, SEC.1.

IC 25-1-9

Chapter 9. Health Professions Standards of Practice

IC 25-1-9-1 "Board" defined

Sec. 1. As used in this chapter, "board" means any of the following:
(1) Board of chiropractic examiners (IC 25-10-1).
(2) State board of dentistry (IC 25-14-1).
(3) Indiana state board of health facility administrators (IC 25-19-1).
(4) Medical licensing board of Indiana (IC 25-22.5-2).
(5) Indiana state board of nursing (IC 25-23-1).
(6) Indiana optometry board (IC 25-24).
(7) Indiana board of pharmacy (IC 25-26).
(8) Board of podiatric medicine (IC 25-29-2-1).
(9) Speech-language pathology and audiology board (IC 25-35.6-2).
(10) State psychology board (IC 25-33).
(11) Indiana board of veterinary medical examiners (IC 15-5-1.1).
(12) Indiana physical therapy committee (IC 25-27-1).
(13) Respiratory care committee (IC 25-34.5).
(14) Occupational therapy committee (IC 25-23.5).
(15) Behavioral health and human services licensing board (IC 25-23.6).
(16) Physician assistant committee (IC 25-27.5).
(17) Indiana athletic trainers board (IC 25-5.1-2-1).
(18) Indiana dietitians certification board (IC 25-14.5-2-1).
As added by P.L.152-1988, SEC.1. Amended by P.L.242-1989, SEC.7; P.L.238-1989, SEC.7; P.L.186-1990, SEC.7; P.L.48-1991, SEC.20; P.L.227-1993, SEC.7; P.L.33-1993, SEC.14; P.L.213-1993, SEC.4; P.L.1-1994, SEC.122; P.L.124-1994, SEC.6; P.L.175-1997, SEC.6; P.L.147-1997, SEC.10; P.L.84-1998, SEC.5; P.L.24-1999, SEC.6; P.L.2-2008, SEC.59; P.L.122-2009, SEC.8; P.L.84-2010, SEC.16.

IC 25-1-9-2 "Practitioner" defined

Sec. 2. As used in this chapter, "practitioner" means an individual who holds:
(1) an unlimited license, certificate, or registration;
(2) a limited or probationary license, certificate, or registration;
(3) a temporary license, certificate, registration, or permit;
(4) an intern permit; or
(5) a provisional license;
issued by the board regulating the profession in question, including a certificate of registration issued under IC 25-20.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-3 "License" defined

Sec. 3. As used in this chapter, "license" includes a license, certificate, registration, or permit.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-3.5 "Sexual Contact" defined

Sec. 3.5. As used in this chapter, "sexual contact" means:
(1) sexual intercourse (as defined in IC 35-41-1-26);
(2) deviate sexual conduct (as defined in IC 35-41-1-9); or
(3) any fondling or touching intended to arouse or satisfy the sexual desires of either the individual performing the fondling or touching or the individual being fondled or touched.
As added by P.L.200-2001, SEC.1.

IC 25-1-9-4 Professional standards; types of conduct prohibited; certified copy of record as conclusive evidence

Sec. 4. (a) A practitioner shall conduct the practitioner's practice in accordance with the standards established by the board regulating the profession in question and is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds:
(1) a practitioner has:
(A) engaged in or knowingly cooperated in fraud or material deception in order to obtain a license to practice, including cheating on a licensing examination;

(B) engaged in fraud or material deception in the course of professional services or activities;
(C) advertised services in a false or misleading manner; or
(D) been convicted of a crime or assessed a civil penalty involving fraudulent billing practices, including fraud under:
(i) Medicaid (42 U.S.C. 1396 et seq.);
(ii) Medicare (42 U.S.C. 1395 et seq.);
(iii) the children's health insurance program under IC 12-17.6; or
(iv) insurance claims;
(2) a practitioner has been convicted of a crime that:
(A) has a direct bearing on the practitioner's ability to continue to practice competently; or
(B) is harmful to the public;
(3) a practitioner has knowingly violated any state statute or rule, or federal statute or regulation, regulating the profession in question;
(4) a practitioner has continued to practice although the practitioner has become unfit to practice due to:
(A) professional incompetence that:
(i) may include the undertaking of professional activities that the practitioner is not qualified by training or experience to undertake; and
(ii) does not include activities performed under IC 16-21-2-9;
(B) failure to keep abreast of current professional theory or practice;
(C) physical or mental disability; or
(D) addiction to, abuse of, or severe dependency upon alcohol or other drugs that endanger the public by impairing a practitioner's ability to practice safely;
(5) a practitioner has engaged in a course of lewd or immoral conduct in connection with the delivery of services to the public;
(6) a practitioner has allowed the practitioner's name or a license issued under this chapter to be used in connection with an individual who renders services beyond the scope of that individual's training, experience, or competence;
(7) a practitioner has had disciplinary action taken against the practitioner or the practitioner's license to practice in any state or jurisdiction on grounds similar to those under this chapter;
(8) a practitioner has diverted:
(A) a legend drug (as defined in IC 16-18-2-199); or
(B) any other drug or device issued under a drug order (as defined in IC 16-42-19-3) for another person;
(9) a practitioner, except as otherwise provided by law, has knowingly prescribed, sold, or administered any drug classified as a narcotic, addicting, or dangerous drug to a habitue or addict;
(10) a practitioner has failed to comply with an order imposing a sanction under section 9 of this chapter;
(11) a practitioner has engaged in sexual contact with a patient under the practitioner's care or has used the practitioner-patient relationship to solicit sexual contact with a patient under the practitioner's care;
(12) a practitioner who is a participating provider of a health maintenance organization has knowingly collected or attempted to collect from a subscriber or enrollee of the health maintenance organization any sums that are owed by the health maintenance organization; or
(13) a practitioner has assisted another person in committing an act that would be grounds for disciplinary sanctions under this chapter.
(b) A practitioner who provides health care services to the practitioner's spouse is not subject to disciplinary action under subsection (a)(11).
(c) A certified copy of the record of disciplinary action is conclusive evidence of the other jurisdiction's disciplinary action under subsection (a)(7).
As added by P.L.152-1988, SEC.1. Amended by P.L.2-1993, SEC.136; P.L.149-1997, SEC.7; P.L.22-1999, SEC.4; P.L.200-2001, SEC.2; P.L.203-2001, SEC.3; P.L.1-2002, SEC.96; P.L.197-2007, SEC.22.

IC 25-1-9-5 Optometrists; sanctions; prohibited employment

Sec. 5. In addition to section 4 of this chapter, a practitioner licensed to practice optometry is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has accepted employment to practice optometry from a person other than:
(1) a corporation formed by an optometrist under IC 23-1.5; or
(2) an individual who is licensed as an optometrist under this article and whose legal residence is in Indiana.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-6 Veterinarians or veterinary technicians; sanctions; cruelty to animals

Sec. 6. In addition to section 4 of this chapter, a practitioner licensed to practice veterinary medicine or registered as a veterinary technician is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds a practitioner has engaged in cruelty to animals.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-6.5 Chiropractors; Waiver of deductible or a copayment

Sec. 6.5. (a) In addition to section 4 of this chapter, a practitioner licensed to practice chiropractic is subject to the exercise of the disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds a practitioner has:
(1) waived a payment of a deductible or a copayment required to be made to the practitioner by a patient under the patient's insurance or health care plan; and
(2) advertised the waiver of a payment described in subdivision (1).

(b) This section does not apply to the waiver of a deductible or a copayment by a practitioner if:
(1) the practitioner determines chiropractic service is necessary for the immediate health and welfare of a patient;
(2) the practitioner determines the payment of a deductible or a copayment would create a substantial financial hardship for the patient; and
(3) the waiver is based on the evaluation of the individual patient and is not a regular business practice of the practitioner.
As added by P.L.151-1989, SEC.9.

IC 25-1-9-6.7 Marriage and family therapists; disciplinary sanctions

Sec. 6.7. In addition to the actions listed under section 4 of this chapter that subject a practitioner to the exercise of disciplinary sanctions, a practitioner who is licensed under IC 25-23.6 is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board regulating the profession finds that the practitioner has:
(1) performed any therapy that, by the prevailing standards of the mental health professions in the community where the services were provided, would constitute experimentation on human subjects, without first obtaining full, informed, and written consent;
(2) failed to meet the minimum standards of performance in professional activities when measured against generally prevailing peer performance in professional activities, including the undertaking of activities that the practitioner is not qualified by training or experience to undertake;
(3) performed services, including any duties required of the individual under IC 31, in reckless disregard of the best interests of a patient, a client, or the public;
(4) without the consent of the child's parent, guardian, or custodian, knowingly participated in the child's removal or precipitated others to remove a child from the child's home unless:
(A) the child's physical health was endangered due to injury as a result of the act or omission of the child's parent, guardian, or custodian;
(B) the child had been or was in danger of being a victim of an offense under IC 35-42-4, IC 35-45-4-1, IC 35-45-4-2, IC 35-46-1-3, IC 35-49-2-2, or IC 35-49-3-2; or
(C) the child was in danger of serious bodily harm as a result of the inability, refusal, or neglect of the child's parent, guardian, or custodian to supply the child with necessary food, shelter, or medical care, and a court order was first obtained;
(5) willfully made or filed a false report or record, failed to file a report or record required by law, willfully impeded or obstructed the filing of a report or record, or induced another individual to:
(A) make or file a false report or record; or
(B) impede or obstruct the filing of a report or record; or
(6) performed a diagnosis (as defined in IC 25-22.5-1-1.1(c));
(7) provided evidence in an administrative or judicial proceeding that had insufficient factual basis for the conclusions rendered by the practitioner;
(8) willfully planted in the mind of the patient suggestions that are not based in facts known to the practitioner; or
(9) performed services outside of the scope of practice of the license issued under IC 25-23.6.
As added by P.L.147-1997, SEC.11. Amended by P.L.2-1998, SEC.65.

IC 25-1-9-6.8 Practitioner guidelines before prescribing stimulant medication for a child for treatment of certain disorders

Sec. 6.8. (a) This section applies to a practitioner who is:
(1) licensed to practice medicine or osteopathic medicine under IC 25-22.5; or
(2) an advanced practice nurse granted prescriptive authority under IC 25-23, and whose practice agreement with a collaborating physician reflects the conditions specified in subsection (b).
(b) Before prescribing a stimulant medication for a child for the treatment of attention deficit disorder or attention deficit hyperactivity disorder, a practitioner described in subsection (a) shall follow the most recent guidelines adopted by the American Academy of Pediatrics or the American Academy of Child and Adolescent Psychiatry for the diagnosis and evaluation of a child with attention deficit disorder or attention deficit hyperactivity disorder. *As added by P.L. 107-2002, SEC. 28.*

IC 25-1-9-6.9 Additional professional standards; failure to provide information; providing false information

Sec. 6.9. In addition to the actions listed under section 4 of this chapter that subject a practitioner to disciplinary sanctions, a practitioner is subject to the exercise of disciplinary sanctions under section 9 of this chapter if, after a hearing, the board finds that the practitioner has:
(1) failed to provide information requested by the Indiana professional licensing agency; or
(2) knowingly provided false information to the Indiana professional licensing agency;
for a provider profile required under IC 25-1-5-10.
As added by P.L.211-2001, SEC.2. Amended by P.L. 206-2005, SEC. 14.

IC 25-1-9-7 Physical or mental examination; power to require

Sec. 7. The board may order a practitioner to submit to a reasonable physical or mental examination, at the practitioner's own expense, if the practitioner's physical or mental capacity to practice safely is at issue in a disciplinary proceeding.
As added by P.L.152-1988, SEC.1. Amended by P.L.158-2003, SEC.2.

IC 25-1-9-8 Failure to submit to examination; summary suspension

Sec. 8. Failure to comply with a board order to submit to a physical or mental examination makes a practitioner liable to summary suspension under section 10 of this chapter.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-9 Sanctions; modification or withdrawal of probation

Sec. 9. (a) The board may impose any of the following sanctions, singly or in combination, if it finds that a practitioner is subject to disciplinary sanctions under section 4, 5, 6, 6.7, or 6.9 of this chapter or IC 25-1-5-4:
(1) Permanently revoke a practitioner's license.
(2) Suspend a practitioner's license.
(3) Censure a practitioner.
(4) Issue a letter of reprimand.
(5) Place a practitioner on probation status and require the practitioner to:
(A) report regularly to the board upon the matters that are the basis of probation;
(B) limit practice to those areas prescribed by the board;
(C) continue or renew professional education under a preceptor, or as otherwise directed or approved by the board, until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or
(D) perform or refrain from performing any acts, including community restitution or service without compensation, that the board considers appropriate to the public interest or to the rehabilitation or treatment of the practitioner.
(6) Assess a fine against the practitioner in an amount not to exceed one thousand dollars ($1,000) for each violation listed in section 4 of this chapter, except for a finding of incompetency due to a physical or mental disability. When imposing a fine, the board shall consider a practitioner's ability to pay the amount assessed. If the practitioner fails to pay the fine within the time specified by the board, the board may suspend the practitioner's license without additional proceedings. However, a suspension may not be imposed if the sole basis for the suspension is the practitioner's inability to pay a fine.
(b) The board may withdraw or modify the probation under subsection (a)(5) if it finds, after a hearing, that the deficiency that required disciplinary action has been remedied, or that changed circumstances warrant a modification of the order.
As added by P.L.152-1988, SEC.1. Amended by P.L.48-1991, SEC.21; P.L.22-1999, SEC.5; P.L.32-2000, SEC.10; P.L.211-2001, SEC.3.

IC 25-1-9-10 Summary suspension of license; opportunity to be heard

Sec. 10. (a) The board may summarily suspend a practitioner's license for ninety (90) days before a final adjudication or during the appeals process if the board finds that a practitioner represents a clear and immediate danger to the public health and safety if the practitioner is allowed to continue to practice. The summary suspension may be renewed upon a hearing before the board, and each renewal may be for ninety (90) days or less.
(b) Before the board may summarily suspend a license that has been issued under IC 15-5-1.1, IC 25-22.5 or IC 25-14, the consumer protection division of the attorney general's office shall make a reasonable attempt to notify a practitioner of a hearing by the board to suspend a practitioner's license and of information regarding the allegation against the practitioner. The consumer protection division of the attorney general's office shall also notify the practitioner that the practitioner may provide a written or an oral statement to the board on the practitioner's behalf before the board issues an order for summary suspension. A reasonable attempt to reach the practitioner is made if the consumer protection division of the attorney general's office attempts to reach the practitioner by telephone or facsimile at the last telephone number of the practitioner on file with the board.
(c) After a reasonable attempt is made to notify a practitioner under subsection (b):
(1) a court may not stay or vacate a summary suspension of a practitioner's license for the sole reason that the practitioner was not notified; and
(2) the practitioner may not petition the board for a delay of the summary suspension proceedings.
As added by P.L.152-1988, SEC.1. Amended by P.L.43-1995, SEC.2; P.L.71-2000, SEC.18; P.L.2-2008, SEC.60.

IC 25-1-9-10.1 Retention of clinical consultants and experts to advise on suspension

Sec. 10.1. The attorney general may retain the services of a clinical consultant or an expert to provide the attorney general with advice concerning the acts that are the subject of a suspension under this chapter.
As added by P.L.43-1995, SEC.3.

IC 25-1-9-11 Reinstatement of suspended license

Sec. 11. The board may reinstate a license which has been suspended under this chapter if, after a hearing, the board is satisfied that the applicant is able to practice with reasonable skill and safety to the public. As a condition of reinstatement, the board may impose disciplinary or corrective measures authorized under this chapter.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-12 Reinstatement of revoked license

Sec. 12. The board may not reinstate a license that has been revoked under this chapter. An individual whose license has been revoked under this chapter

may not apply for a new license until seven (7) years after the date of revocation.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-13 Consistency in application of sanctions

Sec. 13. The board shall seek to achieve consistency in the application of the sanctions authorized in this section. Significant departures from prior decisions involving similar conduct must be explained in the board's findings or orders.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-14 Surrender of license

Sec. 14. A practitioner may petition the board to accept the surrender of the practitioner's license instead of a hearing before the board. The practitioner may not surrender the practitioner's license without the written approval of the board, and the board may impose any conditions appropriate to the surrender or reinstatement of a surrendered license.
As added by P.L.152-1988, SEC.1.

IC 25-1-9-15 Costs in disciplinary proceedings

Sec. 15. Practitioners who have been subjected to disciplinary sanctions may be required by a board to pay for the costs of the proceeding. The practitioner's ability to pay shall be considered when costs are assessed. If the practitioner fails to pay the costs, a suspension may not be imposed solely upon the practitioner's inability to pay the amount assessed. These costs are limited to costs for the following:
(1) Court reporters.
(2) Transcripts.
(3) Certification of documents.
(4) Photoduplication.
(5) Witness attendance and mileage fees.
(6) Postage.
(7) Expert witnesses.
(8) Depositions.
(9) Notarizations.
(10) Administrative law judges.
As added by P.L.152-1988, SEC.1. Amended by P.L.158-2003, SEC.3.

IC 25-1-9-16 Refusal of licensure or grant of probationary license

Sec. 16. (a) The board may refuse to issue a license or may issue a probationary license to an applicant for licensure if:
(1) the applicant has been disciplined by a licensing entity of any state or jurisdiction, or has committed an act that would have subjected the applicant to the disciplinary process had the applicant been licensed in Indiana when the act occurred; and
(2) the violation for which the applicant was, or could have been, disciplined has a direct bearing on the applicant's ability to competently practice in Indiana.
(b) The board may:
(1) refuse to issue a license; or
(2) issue a probationary license;
to an applicant for licensure if the applicant practiced without a license in violation of the law.
(c)Whenever the board issues a probationary license, the board may impose one (1) or more of the following conditions:
(1) Report regularly to the board upon the matters that are the basis of the discipline of the other state or jurisdiction.
(2) Limit practice to those areas prescribed by the board.
(3) Continue or renew professional education.
(4) Engage in community restitution or service without compensation for a number of hours specified by the board.
(5) Perform or refrain from performing an act that the board considers appropriate to the public interest or to the rehabilitation or treatment of the applicant.
(d) The board shall remove any limitations placed on a probationary license under this section if the board finds after a hearing that the deficiency that required disciplinary action has been remedied.
As added by P.L.33-1993, SEC.15. Amended by P.L.32-2000, SEC.11; P.L.197-2007, SEC.23.

IC 25-1-9-17 Applicant appearance before board or controlled substances advisory committee

Sec. 17. The board may require an applicant for licensure to appear before the board before issuing a license.
As added by P.L.33-1993, SEC.17.

IC 25-1-9-18 Fitness determination of health care provider; filing of complaint

Sec. 18. (a) If the insurance commissioner forwards to the board the name of a practitioner under IC 34-18-9-4(a) (or IC 27-12-9-4(a) before its repeal), the board shall consider whether:

(1) the practitioner has become unfit to practice under section 4 of this chapter; and

(2) a complaint should be filed under IC 25-1-7-4.

(b) If the board determines that a complaint should be filed under subsection (a), the board must report to the consumer protection division whether the board will schedule the matter:

(1) for informal negotiation under IC 25-1-7-6;

(2) on the board's agenda for a vote requesting that the attorney general prosecute the matter before the board under IC 25-1-7-7; or

(3) on the board's agenda for a vote on summary suspension of the practitioner's license pending prosecution of the matter before the board under IC 25-1-7-7.

(c) A board may designate a board member or staff member to act on behalf of the board under this section.

As added by P.L.43-1995, SEC.4. Amended by P.L.1-1998, SEC.131.

IC 25-1-9-19 Third party billing notice

Sec. 19. A practitioner that provides to a patient notice concerning a third party billing for a health care service provided to the patient shall ensure that the notice:

(1) conspicuously states that the notice is not a bill;

(2) does not include a tear-off portion; and

(3) is not accompanied by a return mailing envelope.

As added by P.L.178-2003, SEC.12.

IC 25-1-9-20 Authority to adopt rules

Sec. 20. The board may adopt rules under IC 4-22-2, including emergency rules under IC 4-22-2-37.1, to establish procedures to expedite the issuance or renewal of a:

(1) license;

(2) certificate;

(3) registration; or

(4) permit;

of a person whose spouse serves on active duty (as defined in IC 25-1-12-2) and is assigned to a duty station in Indiana.

As added by P.L.144-2007, SEC.25.

IC 25-1-9-21 Rules; management and disposition of health records

Sec. 21. The board may adopt rules under IC 4-22-2 to establish requirements for the management and disposition of health records (as defined in IC 16-18-2-168) on the discontinuation of practice by:

(1) sale;

(2) transfer;

(3) closure;

(4) disciplinary action;

(5) retirement; or

(6) death;

of the practitioner.

As added by P.L.177-2009, SEC.16.

IC 25-23-1 Chapter 1. Licensing of Nurses; Creation of Board; Education Programs
IC 25-23-1-1 Definitions

Sec. 1. As used in this chapter:
(a) "Board" means the Indiana state board of nursing.
(b) "Advanced practice nurse" means:
(1) a nurse practitioner;
(2) a nurse midwife; or
(3) a clinical nurse specialist;
who is a registered nurse qualified to practice nursing in a specialty role based upon the additional knowledge and skill gained through a formal organized program of study and clinical experience, or the equivalent as determined by the board, which does not limit but extends or expands the function of the nurse which may be initiated by the client or provider in settings that shall include hospital outpatient clinics and health maintenance organizations.
(c) "Human response" means those signs, symptoms, behaviors, and processes that denote the individual's interaction with the environment.
(Formerly: Acts 1949, c.159, s.1; Acts 1971, P.L.376, SEC.1; Acts 1974, P.L.119, SEC.1.) As amended by Acts 1981, P.L.228, SEC.1; P.L.169-1985, SEC.63; P.L.185-1993, SEC.2.

IC 25-23-1-1.1 Additional definitions

Sec. 1.1. (a) As used in this chapter, "registered nurse" means a person who holds a valid license issued:
(1) under this chapter; or
(2) by a party state (as defined in IC 25-23.3-2-11); and
who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.
(b) As used in this chapter, "registered nursing" means performance of services which include but are not limited to:
(1) assessing health conditions;
(2) deriving a nursing diagnosis;
(3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;
(4) advocating the provision of health care services through collaboration with or referral to other health professionals;
(5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a licensed chiropractor, a licensed optometrist, or a licensed podiatrist;
(6) teaching, administering, supervising, delegating, and evaluating nursing practice;
(7) delegating tasks which assist in implementing the nursing, medical, or dental regimen; or
(8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.
(c) As used in this chapter, "assessing health conditions" means the collection of data through means such as interviews, observation, and inspection for the purpose of:
(1) deriving a nursing diagnosis;
(2) identifying the need for additional data collection by nursing personnel; and
(3) identifying the need for additional data collection by other health professionals.
(d) As used in this chapter, "nursing regimen" means preventive, restorative, maintenance, and promotion activities which include meeting or assisting with self-care needs, counseling, and teaching.
(e) As used in this chapter, "nursing diagnosis" means the identification of needs which are amenable to nursing regimen.
As added by Acts 1981, P.L.222, SEC.158. Amended by P.L.169-1985, SEC.64; P.L.181-2002, SEC.3; P.L.1-2007, SEC.170; P.L.134-2008, SEC.26.

IC 25-23-1-1.2 "Licensed practical nurse" defined

Sec. 1.2. As used in this chapter, "licensed practical nurse" means a person who holds a valid license issued under this chapter or by a party state (as defined in IC 25-23.3-2-11) and who functions at the direction of:
(1) a registered nurse;
(2) a physician with an unlimited license to practice medicine or osteopathic medicine;
(3) a licensed dentist;
(4) a licensed chiropractor;
(5) a licensed optometrist; or
(6) a licensed podiatrist;
in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.
As added by P.L.169-1985, SEC.65. Amended by P.L.181-2002, SEC.4; P.L.1-2007, SEC.171; P.L.134-2008, SEC.27.

IC 25-23-1-1.3 "Practical nursing" defined

Sec. 1.3. As used in this chapter, "practical nursing" means the performance of services commonly performed by practical nurses, including:
(1) contributing to the assessment of the health status of individuals or groups;

(2) participating in the development and modification of the strategy of care;
(3) implementing the appropriate aspects of the strategy of care;
(4) maintaining safe and effective nursing care; and
(5) participating in the evaluation of responses to the strategy of care.
As added by P.L.169-1985, SEC.66.

IC 25-23-1-1.4 "Certified registered nurse anesthetist" defined

Sec. 1.4. As used in this chapter, "certified registered nurse anesthetist" means a registered nurse who:
(1) is a graduate of a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor;
(2) is properly certified by successfully completing the certification examination administered by the Council on Certification of Nurse Anesthetists or its predecessor; and
(3) is properly certified and in compliance with criteria for biennial recertification, as defined by the Council on Recertification of Nurse Anesthetists.
As added by P.L.185-1993, SEC.3. Amended by P.L.177-2009, SEC.42.

IC 25-23-1-2 Indiana state board of nursing; establishment; members; term of office; vacancies

Sec. 2. (a) There is established the Indiana state board of nursing consisting of nine (9) members appointed by the governor, each to serve a term of four (4) years subject to death, resignation, or removal by the governor.
(b) Six (6) of the board members must be registered nurses who are committed to advancing and safeguarding the nursing profession as a whole. Two (2) of the board's members must be licensed practical nurses. One (1) member of the board, to represent the general public, must be a resident of this state and not be associated with nursing in any way other than as a consumer.
(c) Each appointed board member may serve until the member's successor has been appointed and qualified. Any vacancy occurring in the membership of the board for any cause shall be filled by appointment by the governor for the unexpired term. Members of the board may be appointed for more than one (1) term. However, no person who has served as a member of the board for more than six (6) consecutive years may be reappointed. Reappointments of persons who have served six (6) consecutive years as a member of the board may be made after three (3) years have elapsed.
(Formerly: Acts 1949, c.159, s.2; Acts 1971, P.L.376, SEC.2.) As amended by Acts 1981, P.L.222, SEC.159; P.L.169-1985, SEC.67; P.L.185-1993, SEC.4; P.L.158-2003, SEC.4.

IC 25-23-1-3 Filling vacancies; removal of board members

Sec. 3. On or before December 1 of each year and at any time there is a vacancy, the Indiana State Nurses' Association shall recommend to the Governor a list of qualified registered nurses for appointment to the Board in the number of not less than twice the number of registered nurse vacancies to be filled.
On or before December 1 of each year and at any time there is a vacancy, the Indiana Federation of Licensed Practical Nurses' shall recommend to the Governor a list of qualified licensed practical nurses and nurse educators of Practical Nurse Programs for appointment to the Board in the number of not less than twice the number of vacancies to be filled. The Governor may remove any member from the Board for neglect of any duty required by law or for incompetency or unprofessional or dishonorable conduct.
(Formerly: Acts 1949, c.159, s.3; Acts 1971, P.L.376, SEC.3.)

IC 25-23-1-4 Qualifications of members of board; oath

Sec. 4. (a) Each registered nurse member of the board required by section 2 of this chapter must:
(1) be a citizen of the United States;
(2) be a resident of Indiana;
(3) have:
(A) graduated from an accredited educational program for the preparation of practitioners of professional nursing;
(B) been licensed as a registered nurse in Indiana;
(C) had at least five (5) years successful experience since graduation in administering, teaching, or practicing in an educational program to prepare practitioners of nursing or in administering or practicing in nursing service; and
(D) been actively engaged in the activities described in clause (C) for at least three (3) years immediately preceding appointment or reappointment; and
(4) be actively engaged in the activities described in subdivision (3)(C) throughout the member's term of office.
(b) Each licensed practical nurse member of the board required by section 2 of this chapter must:
(1) be a citizen of the United States;
(2) be a resident of Indiana;
(3) have:
(A) graduated from an accredited educational program for the preparation of practitioners of practical nursing;
(B) been licensed as a licensed practical nurse in Indiana;

(C) had at least five (5) years successful experience as a practitioner of practical nursing since graduation; and
(D) been actively engaged in practical nursing for at least three (3) years immediately preceding appointment to the board; and
(4) be actively engaged in practice throughout the member's term of office.
(c) Before entering upon the discharge of official duties, each member of the board shall file the constitutional oath of office in the office of the secretary of state.
(Formerly: Acts 1949, c.159, s.4; Acts 1971, P.L.376, SEC.4.) As amended by P.L.169-1985, SEC.68.

IC 25-23-1-5 Meetings; officers; quorum

Sec. 5. (a) The board shall meet annually. At its first meeting of the calendar year, it shall elect from the membership a president, a vice president, and a secretary. It shall hold such other meetings during the year as may be necessary for the transaction of its business.
(b) Five (5) members of the board constitute a quorum. An affirmative vote of a majority of the members appointed to the board is required for action of the board.
(Formerly: Acts 1949, c.159, s.5; Acts 1971, P.L.376, SEC.5.) As amended by Acts 1981, P.L.222, SEC.160; P.L.169-1985, SEC.69; P.L.149-1987, SEC.56; P.L.158-2003, SEC.5.

IC 25-23-1-6 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-7 Powers and duties of board

Sec. 7. (a) The board shall do the following:
(1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.
(2) Prescribe standards and approve curricula for nursing education programs preparing persons for licensure under this chapter.
(3) Provide for surveys of such programs at such times as it considers necessary.
(4) Accredit such programs as meet the requirements of this chapter and of the board.
(5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.
(6) Examine, license, and renew the license of qualified applicants.
(7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.
(8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.
(9) Adopt rules under IC 4-22-2 that do the following:
(A) Prescribe standards for the competent practice of registered, practical, and advanced practice nursing.
(B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.
(C) Establish, with the approval of the medical licensing board created by IC 25-22.5-2-1, requirements for the renewal of a practice agreement under section 19.4 of this chapter, which shall expire on October 31 in each odd-numbered year.
(10) Keep a record of all its proceedings.
(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.
(12) Adopt rules and administer the interstate nurse licensure compact under IC 25-23.3.
(b) The board may do the following:
(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.
(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:
(A) Recommendation of rules necessary to carry out the duties of the board.
(B) Recommendations concerning educational programs and requirements.
(C) Recommendations regarding examinations and licensure of applicants.
(3) Appoint nurses to serve on each of the ad hoc subcommittees.
(4) Withdraw from the interstate nurse licensure compact under IC 25-23.2 (repealed).
(5) If requested by the nonprofit corporation formed under IC 12-31-1-3, provide assistance to the public umbilical cord blood bank and umbilical cord blood donation initiative.
(c) Nurses appointed under subsection (b) must:
(1) be committed to advancing and safeguarding the nursing profession as a whole; and
(2) represent nurses who practice in the field directly affected by a subcommittee's actions.
(Formerly: Acts 1949, c.159, s.7; Acts 1971, P.L.376, SEC.6.) As amended by Acts 1977, P.L.172, SEC.29; Acts 1979, P.L.17, SEC.46; Acts 1981, P.L.222, SEC.161; P.L.169-1985, SEC.70; P.L.149-1987, SEC.57; P.L.185-1993, SEC.5; P.L.127-1994, SEC.1; P.L.181-2002, SEC.5; P.L.158-2003, SEC.6; P.L.1-2007, SEC.172; P.L.134-2008, SEC.28.

IC 25-23-1-7.1 Rules and regulations

Sec. 7.1. The board may adopt rules and regulations applicable to nurse practitioners.
As added by Acts 1981, P.L.228, SEC.2.

IC 25-23-1-8 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-9 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-10 Compensation of board members

Sec. 10. (a) Each member of the board who is not a state employee is entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Such a member is also entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency.
(b) Each member of the board who is a state employee but who is not a member of the general assembly is entitled to reimbursement for traveling expenses and other expenses actually incurred in connection with the member's duties, as provided in the state travel policies and procedures established by the department of administration and approved by the state budget agency.
(Formerly: Acts 1949, c.159, s.10; Acts 1971, P.L.376, SEC.9.) As amended by P.L.149-1987, SEC.58.

IC 25-23-1-10.5 Temporary permits

Sec. 10.5. (a) The board may issue a temporary permit to practice as a nurse to a nurse licensed to practice in another state or territory of the United States, who has applied to the board for licensure by endorsement and submitted proof of current licensure to the board. The permit is valid for ninety (90) days after issuance or upon denial of licensure by the board. The permit may be renewed by the board, for a period not to exceed ninety (90) days, if, in the determination of the board, it is not possible to complete the application process in that time period.
(b) Persons holding a temporary permit to practice as a nurse are subject to the disciplinary provisions of this chapter and IC 25-1-9.
(c) The board may establish by rule under IC 4-22-2 application procedures and requirements for the issuance of temporary permits under this section.
As added by P.L.169-1985, SEC.71. Amended by P.L.149-1987, SEC.59; P.L.152-1988, SEC.16; P.L.48-1991, SEC.38; P.L.243-1995, SEC.1.

IC 25-23-1-11 Requirements for registered nurse applicants; endorsement license; fees; use of title

Sec. 11. (a) Any person who applies to the board for a license to practice as a registered nurse must:
(1) not have:
(A) been convicted of a crime that has a direct bearing on the person's ability to practice competently; or
(B) committed an act that would constitute a ground for a disciplinary sanction under IC 25-1-9;
(2) have completed:
(A) the prescribed curriculum and met the graduation requirements of a state accredited program of registered nursing that only accepts students who have a high school diploma or its equivalent as determined by the board; or
(B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
(3) be physically and mentally capable of and professionally competent to safely engage in the practice of nursing as determined by the board.
The board may not require a person to have a baccalaureate degree in nursing as a prerequisite for licensure.
(b) The applicant must pass an examination in such subjects as the board may determine.
(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.
(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:
(1) has completed the English version of the:
(A) Canadian Nurse Association Testing Service Examination (CNAT); or
(B) Canadian Registered Nurse Examination (CRNE);
(2) achieved the passing score required on the examination at the time the examination was taken;
(3) is currently licensed in a Canadian province or in another state; and
(4) meets the other requirements under this section.
(e) Each applicant for examination and registration to practice as a registered nurse shall pay a fee set by the board, a part of which must be used for the

rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fee or fees shall be made by the applicant prior to the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

(1) Twenty-five percent (25%) of the license application fee per license applied for under this section.

(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

(f) Any person who holds a license to practice as a registered nurse in:

(1) Indiana; or

(2) a party state (as defined in IC 25-23.3-2-11);

may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

(Formerly: Acts 1949, c.159, s.11; Acts 1971, P.L.376, SEC.10; Acts 1974, P.L.119, SEC.3; Acts 1975, P.L.272, SEC.1.) As amended by Acts 1981, P.L.222, SEC.163; Acts 1982, P.L.113, SEC.58; P.L.169-1985, SEC.72; P.L.149-1987, SEC.60; P.L.152-1988, SEC.17; P.L.48-1991, SEC.39; P.L.33-1993, SEC.30; P.L.181-1996, SEC.1; P.L.236-1999, SEC.1; P.L.181-2002, SEC.6; P.L.1-2007, SEC.173; P.L.134-2008, SEC.29.

IC 25-23-1-12 Requirements for practical nurse applicants; endorsement license; fees; use of title

Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:

(1) not have been convicted of:

(A) an act which would constitute a ground for disciplinary sanction under IC 25-1-9; or

(B) a crime that has a direct bearing on the person's ability to practice competently;

(2) have completed:

(A) the prescribed curriculum and met the graduation requirements of a state accredited program of practical nursing that only accepts students who have a high school diploma or its equivalent, as determined by the board; or

(B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and

(3) be physically and mentally capable of, and professionally competent to, safely engage in the practice of practical nursing as determined by the board.

(b) The applicant must pass an examination in such subjects as the board may determine.

(c) The board may issue by endorsement a license to practice as a licensed practical nurse to an applicant who has been licensed as a licensed practical nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time of application for an Indiana license by endorsement, the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what shall constitute substantial equivalence under this subsection.

(d) Each applicant for examination and registration to practice as a practical nurse shall pay a fee set by the board, a part of which must be used for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. Payment of the fees shall be made by the applicant before the date of examination. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

(1) Twenty-five percent (25%) of the license application fee per license applied for under this section.

(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.

(e) Any person who holds a license to practice as a licensed practical nurse in:

(1) Indiana; or

(2) a party state (as defined in IC 25-23.3-2-11);

may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

(Formerly: Acts 1949, c.159, s.12; Acts 1951, c.34, s.1; Acts 1971, P.L.376, SEC.11.) As amended by Acts 1981, P.L.222, SEC.164; Acts 1982, P.L.113, SEC.59; P.L.169-1985, SEC.73; P.L.149-1987, SEC.61; P.L.152-1988, SEC.18; P.L.33-1993, SEC.31; P.L.181-2002, SEC.7; P.L.1-2007, SEC.174; P.L.134-2008, SEC.30.

IC 25-23-1-13 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-13.1 Midwives

Sec. 13.1. (a) An applicant who desires to practice midwifery shall present to the board the applicant's license as a registered nurse and a diploma earned by the applicant from a school of midwifery approved or licensed by the board or licensing agency for midwives that is located in any state.

(b) The applicant shall submit to an examination in midwifery prescribed or administered by the board. If the application and qualifications are approved by

the board, the applicant is entitled to receive a limited license that allows the applicant to practice midwifery.
(c) The board shall adopt rules under IC 25-23-1-7:
(1) defining the scope of practice for midwifery; and
(2) for implementing this section.
As added by P.L.185-1993, SEC.6.

IC 25-23-1-14 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-15 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-16 Repealed

(*Repealed by Acts 1981, P.L.222, SEC.296.)*

IC 25-23-1-16.1 Expiration of license; renewal; fee

Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
(b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.
(c) The procedures and fee for renewal shall be set by the board.
(d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay a renewal fee, a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses. The lesser of the following amounts from fees collected under this subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:
(1) Twenty-five percent (25%) of the license renewal fee per license renewed under this section.
(2) The cost per license to operate the impaired nurses program, as determined by the Indiana professional licensing agency.
As added by Acts 1981, P.L.222, SEC.168. Amended by P.L.169-1985, SEC.74; P.L.149-1987, SEC.62; P.L.127-1994, SEC.2; P.L.181-2002, SEC.8; P.L.1-2006, SEC.451; P.L.134-2008, SEC.31.

IC 25-23-1-17 Receipts; use and disposition

Sec. 17. All moneys received shall be deposited with the treasurer of state at the end of each month and be placed by him in the general fund of the state. The expenses of said board shall be paid from the general fund upon appropriation being made therefrom in the manner provided for the making of such appropriations.
(Formerly: Acts 1949, c.159, s.17.) As amended by Acts 1981, P.L.222, SEC.169.

IC 25-23-1-18 Failure to renew license; reinstatement; fee

Sec. 18. (a) Any person who fails to renew a license before it expires shall be reinstated by the board upon meeting the requirements under IC 25-1-8-6.
(b) A person who fails to apply to reinstate a license under this section within three (3) years after the date it expires may be issued a license by the board if the person meets the requirements under IC 25-1-8-6.
(Formerly: Acts 1949, c.159, s.18; Acts 1951, c.34, s.4; Acts 1971, P.L.376, SEC.15; Acts 1975, P.L.272, SEC.4.) As amended by Acts 1981, P.L.222, SEC.170; P.L.169-1985, SEC.75; P.L.48-1991, SEC.40; P.L.33-1993, SEC.32; P.L.269-2001, SEC.17.

IC 25-23-1-19 Repealed

(*Repealed by P.L.149-1987, SEC.120.)*

IC 25-23-1-19.4 Advanced practice nurses; collaboration with licensed practitioner

Sec. 19.4. (a) As used in this section, "practitioner" has the meaning set forth in IC 16-42-19-5. However, the term does not include the following:
(1) A veterinarian.
(2) An advanced practice nurse.
(3) A physician assistant.
(b) An advanced practice nurse shall operate in collaboration with a licensed practitioner as evidenced by a practice agreement, or by privileges granted by the governing board of a hospital licensed under IC 16-21 with the advice of the medical staff of the hospital that sets forth the manner in which an advanced practice nurse and a licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to their patients.
As added by P.L.185-1993, SEC.7. Amended by P.L.105-2008, SEC.43.

IC 25-23-1-19.5 Advanced practice nurses; authority to prescribe legend drugs

Sec. 19.5. (a) The board shall establish a program under which advanced practice nurses who meet the requirements established by the board are authorized to prescribe legend drugs, including controlled substances (as defined in IC 35-48-1).
(b) The authority granted by the board under this section:
(1) expires on October 31 of the odd-numbered year following the year the authority was granted or renewed; and
(2) is subject to renewal indefinitely for successive periods of two (2) years.
(c) The rules adopted under section 7 of this chapter concerning the authority of advanced practice nurses to prescribe legend drugs must do the following:
(1) Require an advanced practice nurse or a prospective advanced practice nurse who seeks the authority to submit an application to the board.
(2) Require, as a prerequisite to the initial granting of the authority, the successful completion by the applicant of a graduate level course in pharmacology providing at least two (2) semester hours of academic credit.
(3) Require, as a condition of the renewal of the authority, the completion by the advanced practice nurse of the continuing education requirements set out in section 19.7 of this chapter.
As added by P.L.185-1993, SEC.8. Amended by P.L.83-2000, SEC.1.

IC 25-23-1-19.6 Advanced practice nurses; prescriptions; identification numbers

Sec. 19.6. (a) When the board grants authority to an advanced practice nurse to prescribe legend drugs under this chapter, the board shall assign an identification number to the advanced practice nurse.
(b) An advanced practice nurse who is granted authority by the board to prescribe legend drugs must do the following:
(1) Enter on each prescription form that the advanced practice nurse uses to prescribe a legend drug:
(A) the signature of the advanced practice nurse;
(B) initials indicating the credentials awarded to the advanced practice nurse under this chapter; and
(C) the identification number assigned to the advanced practice nurse under subsection (a).
(2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs.
(c) An advanced practice nurse may be granted authority to prescribe legend drugs under this chapter only within the scope of practice of the advanced practice nurse and the scope of the licensed collaborating health practitioner.
As added by P.L.185-1993, SEC.9.

IC 25-23-1-19.7 Renewal of prescriptive authority

Sec. 19.7. (a) This subsection applies to an applicant for renewal who has never received a renewal of prescriptive authority under section 19.5 of this chapter and whose prescriptive authority has never lapsed. If the applicant was initially granted prescriptive authority:
(1) less than twelve (12) months before the expiration date of the prescriptive authority, no continuing education is required; or
(2) at least twelve (12) months before the expiration date of the prescriptive authority, the applicant shall, subject to IC 25-1-4-3, attest to the board that the applicant has successfully completed at least fifteen (15) contact hours of continuing education. The hours must:
(A) be completed after the prescriptive authority was granted and before the expiration of the prescriptive authority;
(B) include at least four (4) contact hours of pharmacology; and
(C) be approved by a nationally approved sponsor of continuing education for nurses, approved by the board, and listed by the Indiana professional licensing agency as approved hours.
(b) This subsection applies to an applicant for renewal of prescriptive authority under section 19.5 of this chapter who is not described in subsection (a). The applicant shall, subject to IC 25-1-4-3, attest to the board that the applicant has successfully completed at least thirty (30) contact hours of continuing education. The hours must:
(1) be completed within the two (2) years immediately preceding the renewal;
(2) include at least eight (8) contact hours of pharmacology; and
(3) be approved by a nationally approved sponsor of continuing education for nurses, be approved by the board, and be listed by the Indiana professional licensing agency as approved hours.

As added by P.L.83-2000, SEC.2. Amended by P.L.269-2001, SEC.18; P.L.1-2006, SEC.452.

IC 25-23-1-19.8 Audit; procedure; provide information to board; order to show cause; hearing; divulging records to professional licensing agency; immunity from liability

Sec. 19.8. (a) Before December 31 of an even-numbered year, the Indiana professional licensing agency or the agency's designee shall randomly audit at least one percent (1%) but not more than ten percent (10%) of the practice agreements of advanced practice nurses with authority to prescribe legend drugs under section 19.5 of this chapter to determine whether the practice agreement meets the requirements of this chapter or rules adopted by the board.

(b) The Indiana professional licensing agency shall establish an audit procedure, which may include the following:

(1) Requiring the advanced practice nurse to provide the agency with a copy of verification of attendance at or completion of a continuing education course or program the advanced practice nurse attended during the previous two (2) years.

(2) Requiring the advanced practice nurse and the licensed practitioner who have entered into a practice agreement to submit information on a form prescribed by the agency that must include a sworn statement signed by the advanced practice nurse and the licensed practitioner that the parties are operating within the terms of the practice agreement and the requirements under this chapter or rules adopted by the board.

(3) Reviewing patient health records and other patient information at the practice location or by requiring the submission of accurate copies to determine if the parties are operating within the terms of the practice agreement and the requirements under this chapter or rules adopted by the board.

(4) After a reasonable determination that the advanced practice nurse and the licensed practitioner who have entered into a practice agreement are not operating within the terms of the practice agreement, requiring the parties to appear before the agency or the agency's designee to provide evidence of compliance with the practice agreement.

(c) Not more than sixty (60) days after the completion of the audit required in subsection (a), the Indiana professional licensing agency shall provide the board with the following:

(1) A summary of the information obtained in the audit.

(2) A statement regarding whether an advanced practice nurse and a licensed practitioner who have entered into a practice agreement that is audited under subsection (a) are operating within the terms of the practice agreement.

The agency shall also provide a copy of the information described in this subsection to the board that regulates the licensed practitioner.

(d) The Indiana professional licensing agency may cause to be served upon the advanced practice nurse an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the advanced practice nurse for the advanced practice nurse's failure to comply with:

(1) an audit conducted under this section; or

(2) the requirements of a practice agreement under this chapter.

(e) Except for a violation concerning continuing education requirements under IC 25-1-4, the board shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (d).

(f) The board that regulates the licensed practitioner may cause to be served upon the licensed practitioner an order to show cause to the board as to why the board should not impose disciplinary sanctions under IC 25-1-9-9 on the licensed practitioner for the licensed practitioner's failure to comply with:

(1) an audit conducted under this section; or

(2) the requirements of a practice agreement under this chapter.

(g) The board that regulates the licensed practitioner shall hold a hearing in accordance with IC 4-21.5 and state the date, time, and location of the hearing in the order served under subsection (f).

(h) An order to show cause issued under this section must comply with the notice requirements of IC 4-21.5.

(i) The licensed practitioner may divulge health records and other patient information to the Indiana professional licensing agency or the agency's designee. The licensed practitioner is immune from civil liability for any action based upon release of the patient information under this section.

As added by P.L.158-2003, SEC.7. Amended by P.L.1-2006, SEC.453; P.L.157-2006, SEC.62.

IC 25-23-1-20 Application for nursing education program; employment of registered nurses

Sec. 20. (a) Any institution which desires to conduct a nursing education program shall apply to the board and submit evidence that:

(1) it is prepared to give a minimum curriculum of organized instruction and clinical experience in nursing in conformity to the provisions of this chapter and the rules of the board. Such instruction and experience may be secured in one (1) or more institutions or agencies approved by the board; and

(2) it is prepared to meet other standards established by this chapter and by the board.

(b) An institution that conducts a nursing education program may employ a person who:

(1) is a registered nurse with a bachelor's degree in nursing; and

(2) has at least three (3) years of experience in nursing in the previous six (6) years;

to instruct nursing students on a part-time basis for the purpose of clinical instruction.

(Formerly: Acts 1949, c.159, s.20; Acts 1951, c.34, s.6.) As amended by Acts 1982, P.L.154, SEC.81; P.L.149-1987, SEC.63; P.L.177-2009, SEC.43.

IC 25-23-1-21 Survey of board; approval; surveys of accredited schools

Sec. 21. (a) A survey of the institution or institutions of which the nursing education program is a part and of institutions affiliating with the nursing education program shall be made by the a designated representative of the board. The surveyor shall submit a written report of the survey to the board. If, in

the opinion of the board, the requirements for an accredited school of nursing are met, it shall approve the school as an accredited school of nursing.

(b) From time to time as considered necessary by the board, it shall be the duty of the board, through a designated representative of the board, to survey all nursing education programs in the state. Written reports of such surveys shall be submitted to the board. If the board determines that any accredited nursing education program is not maintaining the standards required by the statutes and by the board, notice in writing specifying the defect or defects shall be immediately given to the nursing education program. A nursing education program which fails to correct these conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited nursing education programs.

(c) The board may elect to utilize a nursing education program's accreditation by a national accrediting body approved by the board and the Council on Postsecondary Accreditation (COPA) as evidence that the program has met all or part of the required state standards and prescribed curricula for continuing accreditation of nursing education programs.

(Formerly: Acts 1949, c.159, s.21.) As amended by Acts 1981, P.L.222, SEC.172; P.L.149-1987, SEC.64.

IC 25-23-1-22 Repealed

(*Repealed by P.L.149-1987, SEC.120.)*

IC 25-23-1-23 Repealed

(*Repealed by P.L.149-1987, SEC.120.)*

IC 25-23-1-24 Repealed

(*Repealed by P.L.169-1985, SEC.97.)*

IC 25-23-1-25 Repealed

(*Repealed by Acts 1981, P.L.222, SEC.296.)*

IC 25-23-1-25.1 Repealed

(*Repealed by P.L.152-1988, SEC.30.)*

IC 25-23-1-26 Duty of attorney general

Sec. 26. It shall be the duty of the attorney-general to represent the board in any court in which an action may be filed for the review of an order of the board. The attorney-general may, at his discretion, call to his assistance in such action, the prosecuting attorney of the county in which such action is filed.

(Formerly: Acts 1949, c.159, s.26.)

IC 25-23-1-27 Violations; penalty

Sec. 27. A person who:

(1) sells or fraudulently obtains or furnishes any nursing diploma, license or record;

(2) practices nursing under cover of any diploma or license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;

(3) practices nursing as a registered nurse or licensed practical nurse unless licensed to do so under this chapter or IC 25-23.3;

(4) uses in connection with the person's name any designation tending to imply that the person is a registered nurse or a licensed practical nurse unless licensed to practice under this chapter or IC 25-23.3;

(5) practices nursing during the time the person's license issued under this chapter or IC 25-23.3 is suspended or revoked;

(6) conducts a school of nursing or a program for the training of practical nurses unless the school or program has been accredited by the board; or

(7) otherwise violates this chapter;

commits a Class B misdemeanor.

(Formerly: Acts 1949, c.159, s.27; Acts 1974, P.L.119, SEC.4.) As amended by Acts 1978, P.L.2, SEC.2543; Acts 1981, P.L.222, SEC.175; P.L.181-2002, SEC.9; P.L.1-2007, SEC.175; P.L.134-2008, SEC.32.

IC 25-23-1-27.1 Limitations on application of chapter; "licensed health professional" defined

Sec. 27.1. (a) As used in this section, "licensed health professional" means:
(1) a registered nurse;
(2) a licensed practical nurse;
(3) a physician with an unlimited license to practice medicine or osteopathic medicine;
(4) a licensed dentist;
(5) a licensed chiropractor;
(6) a licensed optometrist;
(7) a licensed pharmacist;
(8) a licensed physical therapist;
(9) a licensed psychologist;
(10) a licensed podiatrist; or
(11) a licensed speech-language pathologist or audiologist.
(b) This chapter does not prohibit:
(1) furnishing nursing assistance in an emergency;
(2) the practice of nursing by any student enrolled in a board approved nursing education program where such practice is incidental to the student's program of study;
(3) the practice of any nurse who is employed by the government of the United States or any of its bureaus, divisions, or agencies while in the discharge of the nurse's official duties;
(4) the gratuitous care of sick, injured, or infirm individuals by friends or the family of that individual;
(5) the care of the sick, injured, or infirm in the home for compensation if the person assists only:
(A) with personal care;
(B) in the administration of a domestic or family remedy; or
(C) in the administration of a remedy that is ordered by a licensed health professional and that is within the scope of practice of the licensed health professional under Indiana law;
(6) performance of tasks by persons who provide health care services which are delegated or ordered by licensed health professionals, if the delegated or ordered tasks do not exceed the scope of practice of the licensed health professionals under Indiana law;
(7) a physician with an unlimited license to practice medicine or osteopathic medicine in Indiana, a licensed dentist, chiropractor, dental hygienist, optometrist, pharmacist, physical therapist, podiatrist, psychologist, speech-language pathologist, or audiologist from practicing the person's profession;
(8) a school corporation or school employee from acting under IC 34-30-14;
(9) a personal services attendant from providing authorized attendant care services under IC 12-10-17.1; or
(10) an attendant who provides attendant care services (as defined in IC 16-18-2-28.5).
As added by Acts 1981, P.L.222, SEC.176. Amended by P.L.169-1985, SEC.78; P.L.149-1987, SEC.66; P.L.156-1988, SEC.2; P.L.255-2001, SEC.18; P.L.212-2005, SEC.21; P.L.141-2006, SEC.107.

IC 25-23-1-27.2 Injunction from continuing violation of chapter; punishment

Sec. 27.2. The attorney general, the board, the prosecuting attorney, or any citizen of any county in which a person violates this article may maintain an action in the name of the state to enjoin the person from continuing in violation of this article. A person who is enjoined and who violates an injunction shall be punished for contempt of court. An injunction issued under this section does not relieve a person from criminal prosecution but is in addition to any remedy provided under criminal law.
As added by P.L.149-1987, SEC.67.

IC 25-23-1-27.5 Repealed

(*Repealed by Acts 1981, P.L.222, SEC.296.)*

IC 25-23-1-28 Repealed

(*Repealed by P.L.134-2008, SEC.52.)*

IC 25-23-1-29 Practitioners of Church of Christ Scientist

Sec. 29. (a) This chapter does not apply to a nurse practicing in accordance with the practice and principles of the body known as the Church of Christ Scientist.
(b) A sanitarium, nursing home, or rest home provided that it is listed and certified by the Commission for Accreditation of Christian Science Nursing

Organizations/Facilities, Inc. does not have to comply with any rule adopted by the board, except a rule that concerns the following:
(1) The sanitary and safe conditions of the premises.
(2) The cleanliness of operation.
(3) The physical equipment.
(c) The chapter does not apply to a person if:
(1) the person is licensed as a nurse in another jurisdiction;
(2) the person is employed by an individual, an agency, or a legal business entity located in that jurisdiction;
(3) the person's employment responsibilities include transporting a patient between jurisdictions;
(4) no trip made by the person into Indiana for the purpose of transporting a patient lasts more than seventy-two (72) hours; and
(5) the person does not make more than six (6) trips into Indiana for the purpose of transporting a patient during any twelve (12) month period.
s added by P.L.187-1991, SEC.1. Amended by P.L.1-1992, SEC.132; P.L.185-1993, SEC.10; P.L.111-1996, SEC.3.

IC 25-23-1-30 Administration of anesthesia by certified registered nurse anesthetist

Sec. 30. (a) A certified registered nurse anesthetist may administer anesthesia if the certified registered nurse anesthetist acts under the direction of and in the immediate presence of a physician.
(b) Nothing in this chapter shall be construed as requiring a certified registered nurse anesthetist to obtain prescriptive authority to administer anesthesia under subsection (a).
As added by P.L.185-1993, SEC.11. Amended by P.L.177-2009, SEC.44.

IC 25-23-1-31 Rehabilitation of impaired registered nurse or licensed practical nurse; use of information after noncompliance

Sec. 31. (a) As used in this section, "impaired registered nurse or licensed practical nurse" means a registered nurse or licensed practical nurse who has been affected by the use or abuse of alcohol or other drugs.
(b) The board shall assist in the rehabilitation of an impaired registered nurse or licensed practical nurse.
(c) The board may do the following:
(1) Enter into agreements, provide grants, and make other arrangements with statewide nonprofit professional associations, foundations, or other entities specifically devoted to the rehabilitation of impaired health care professionals to identify and assist impaired registered nurses and licensed practical nurses.
(2) Accept and designate grants, public and private financial assistance, and licensure fees to fund programs under subdivision (1) to assist impaired registered nurses and licensed practical nurses.
(d) Except as provided in subsection (f), all:
(1) information furnished to a nonprofit professional association, foundation, or other entity specifically devoted to the rehabilitation of impaired health care professionals, including interviews, reports, statements, and memoranda; and
(2) findings, conclusions, or recommendations that result from a proceeding of the professional association, foundation, or other entity specifically devoted to the rehabilitation of impaired health care professionals;
are privileged and confidential.
(e) The records of a proceeding under subsection (d) may be used only in the exercise of proper functions of the board, and may not become public records or subject to a subpoena or discovery proceeding.
(f) Information received by the board from the board designated rehabilitation program for noncompliance by the registered nurse or licensed practical nurse may be used by the board in any disciplinary or criminal proceedings instituted against the impaired registered nurse or licensed practical nurse.
(g) The board designated rehabilitation program shall:
(1) immediately report to the board the name and results of any contact or investigation concerning an impaired registered nurse or licensed practical nurse who the program believes constitutes a certain, immediate, and impending danger to either the public or the impaired registered nurse or licensed practical nurse; and
(2) in a timely fashion report to the board an impaired registered nurse or licensed practical nurse:
(A) who refuses to cooperate with the program;
(B) who refuses to submit to treatment; or
(C) whose impairment is not substantially or significantly alleviated through treatment, as determined by accepted medical standards.
As added by P.L.185-1993, SEC.12. Amended by P.L.243-1995, SEC.2; P.L.181-2002, SEC.10.

IC 25-23-1-32 Reserved

IC 25-23-1-33 Professing to be nurse practitioner or clinical nurse specialist; use of title

Sec. 33. (a) An individual may not:
(1) profess to be a nurse practitioner; or
(2) use the title "nurse practitioner";
unless the individual is a nurse practitioner.

(b) An individual may not:
(1) profess to be a clinical nurse specialist; or
(2) use the title "clinical nurse specialist";
unless the individual is a clinical nurse specialist.
As added by P.L.185-1993, SEC.13.

IC 25-23-1-34 Impaired nurses account

Sec. 34. (a) The impaired nurses account is established within the state general fund for the purpose of providing money for providing rehabilitation of impaired registered nurses or licensed practical nurses under this article. The account shall be administered by the Indiana professional licensing agency.
(b) Expenses of administering the account shall be paid from money in the account. The account consists of the following:
(1) Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under sections 11(e), 12(d), and 16.1(d) of this chapter.
(2) Funds collected under section 31(c)(2) of this chapter.
(3) Fines collected from registered nurses or licensed practical nurses under IC 25-1-9-9(a)(6).
(c) The treasurer of state shall invest the money in the account not currently needed to meet the obligations of the account in the same manner as other public money may be invested.
(d) Money in the account is appropriated to the board for the purpose stated in subsection (a).
As added by P.L.127-1994, SEC.3. Amended by P.L.181-2002, SEC.11; P.L.1-2006, SEC.454; P.L.1-2007, SEC.176; P.L.134-2008, SEC.33.

ARTICLE 4. ADVANCED PRACTICE NURSING AND PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSING

Rule 1. Definitions

848 IAC 4-1-1 Applicability

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 1. The definitions in this rule apply throughout this article and 848 IAC 5. *(Indiana State Board of Nursing; 848 IAC 4-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

848 IAC 4-1-2 "Board" defined

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 2. "Board" means the Indiana state board of nursing. *(Indiana State Board of Nursing; 848 IAC 4-1-2; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

848 IAC 4-1-3 "Advanced practice nurse" defined

Authority: IC 25-23-1-7
Affected: IC 16-21; IC 25-23-1-1

Sec. 3. (a) "Advanced practice nurse" means a registered nurse holding a current license in Indiana who:

(1) has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the board;

(2) functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings, including, but not limited to:

(A) homes;
(B) institutions;
(C) offices;
(D) industries;
(E) schools;
(F) community agencies;
(G) private practice;
(H) hospital outpatient clinics; and
(I) health maintenance organizations; and

(3) makes independent decisions about the nursing needs of clients.

(b) The three (3) categories of advanced practice nurses as defined in IC 25-23-1-1 are as follows:

(1) Nurse practitioner as defined in section 4 of this rule.
(2) Certified nurse-midwife as defined in 848 IAC 3-1.
(3) Clinical nurse specialist as defined in section 5 of this rule.

(Indiana State Board of Nursing; 848 IAC 4-1-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

848 IAC 4-1-4 "Nurse practitioner" defined

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 4. (a) "Nurse practitioner" means an advanced practice nurse who provides advanced levels of nursing client care in a specialty role, who meets the requirements of an advanced practice nurse as outlined in section 3 of this rule, and who has completed any of the following:

(1) A graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule.

(2) A certificate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation which prepares the registered nurse to practice as a nurse practitioner and meets the requirements of section 6 of this rule. Nurse practitioners who complete a certificate program must be certified and maintain certification as a nurse practitioner by a national organization which requires a national certifying examination.

(3) Prior to the promulgation of this article, the following:

(A) A formal organized program of study and clinical experience which prepares the registered nurse to practice as a nurse practitioner.

(B) The required program of study at a time when there was no credentialing or certification process available in the specialty area of the program of study.

(b) "NP" means nurse practitioner and are the designated authorized initials to be used by the nurse practitioner. *(Indiana State Board of Nursing; 848 IAC 4-1-4; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

848 IAC 4-1-5 "Clinical nurse specialist" defined

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 5. (a) "Clinical nurse specialist" means an advanced practice nurse who does the following:

(1) Meets the requirements of an advanced practice nurse as outlined in section 3 of this rule.

(2) Has completed a graduate program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation designed to train clinical nurse specialists which grants, at a minimum, a master's degree and which meets the requirements of section 6 of this rule.

(3) Provides advanced levels of client care and assists other health professionals in establishing and meeting health goals. Clinical nurse specialists collaborate and consult with other health care providers who may need assistance in dealing with complex client problems.

(b) "CNS" means clinical nurse specialist and are the designated authorized initials to be used by the clinical nurse specialist. *(Indiana State Board of Nursing; 848 IAC 4-1-5; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2874; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

848 IAC 4-1-6 "Formal organized program of study and clinical experience or the equivalent as determined by the board" defined

Authority: IC 25-23-1-7
Affected: IC 25-23-1-1

Sec. 6. "Formal organized program of study and clinical experience or the equivalent as determined by the board" means:

(1) a program offered by a college or university accredited by the Commission on Recognition of Postsecondary Accreditation that includes:

(A) instruction in the biological, behavioral, medical, and nursing sciences relevant to practice as an advanced practice nurse in a specified category;

(B) instruction in the legal, ethical, and professional responsibilities of advanced practice nursing; and

(C) supervised clinical practice of those skills used by the advanced practice nurse in a specialty role; or

(2) experience obtained in collaboration with a physician, prior to the promulgation of this article, which was required by a national organization as a prerequisite for a national certifying examination used to certify a registered nurse in a specialty area.

(Indiana State Board of Nursing; 848 IAC 4-1-6; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2875; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 2. Competent Practice of Nurse Practitioners

848 IAC 4-2-1 Competent practice of nurse practitioners

Authority: IC 25-23-1-7
Affected: IC 25-23-1-19.4

Sec. 1. A nurse practitioner shall perform as an independent and interdependent member of the health team as defined in 848 IAC 2-1-3. The following are standards for each nurse practitioner:

(1) Assess clients by using advanced knowledge and skills to:

(A) identify abnormal conditions;

(B) diagnose health problems;

(C) develop and implement nursing treatment plans;

(D) evaluate patient outcomes; and

(E) collaborate with or refer to a practitioner, as defined in IC 25-23-1-19.4, in managing the plan of care.

(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.

(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.

(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice area, including the following:

(A) State and federal drug laws and regulations.

(B) State and federal confidentiality laws and regulations.

(C) State and federal medical records access laws.

(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care, both acute and ongoing.

(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.

(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.

(8) Maintain current knowledge and skills in the nurse practitioner area.

(9) Conduct an assessment of clients and families which may include health history, family history, physical examination, and evaluation of health risk factors.

(10) Assess normal and abnormal findings obtained from the history, physical examination, and laboratory results.

(11) Evaluate clients and families regarding development, coping ability, and emotional and social well-being.
(12) Plan, implement, and evaluate care.
(13) Develop individualized teaching plans with each client based on health needs.
(14) Counsel individuals, families, and groups about health and illness and promote attention to wellness.
(15) Participate in periodic or joint evaluations of service rendered, including, but not limited to, the following:
(A) Chart reviews.
(B) Client evaluations.
(C) Outcome statistics.
(16) Conduct and apply research findings appropriate to the area of practice.
(17) Participate, when appropriate, in the joint review of the plan of care.
(Indiana State Board of Nursing; 848 IAC 4-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2875; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 3. Competent Practice of Clinical Nurse Specialists

848 IAC 4-3-1 Competent practice of clinical nurse specialists
Authority: IC 25-23-1-7
Affected: IC 16-21; IC 25-23-1-1; IC 25-23-1-33

Sec. 1. A clinical nurse specialist shall perform as an independent and interdependent member of the health care team as defined in 848 IAC 2-1-3. The following are standards for each clinical nurse specialist:
(1) Assess clients by using advanced knowledge and skills to:
(A) identify abnormal conditions;
(B) diagnose health problems;
(C) develop and implement nursing treatment plans; and
(D) evaluate patient outcomes.
(2) Use advanced knowledge and skills in teaching and guiding clients and other health team members.
(3) Use appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the clinical nurse specialist.
(4) Function within the legal boundaries of their advanced practice area and shall have and utilize knowledge of the statutes and rules governing their advanced practice areas, including the following:
(A) State and federal drug laws and regulations.
(B) State and federal confidentiality laws and regulations.
(C) State and federal medical records access laws.
(5) Consult and collaborate with other members of the health team as appropriate to provide reasonable client care.
(6) Recognize the limits of individual knowledge and experience, and consult with or refer clients to other health care providers as appropriate.
(7) Retain professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1 and this title.
(8) Maintain current knowledge and skills in their clinical nurse specialist area.
(9) Provide direct nursing care utilizing advanced scientific knowledge, nursing theory, and nursing skills in the assessment, planning, implementation, and evaluation of health and nursing care of individual clients.
(10) Provide indirect nursing care through planning, guiding, evaluating, and directing nursing care delivered by nursing and ancillary personnel as authorized by IC 25-23-1 and this title.
(11) Conduct nursing research, including methods of nursing intervention and healthcare in the area of specialization, and apply research findings appropriate to the area of practice.
(12) Teach and counsel individuals or groups by utilizing communication skills and teaching or learning theories to increase knowledge or functioning of individuals or groups, nursing personnel, students, and other members of the health care team.
(13) Serve as a consultant and as a resource, utilizing advanced health knowledge and skills, to those who are directly and indirectly involved in patient care.
(14) Participate in periodic evaluation of services rendered, including, but not limited to, the following:
(A) Chart reviews.
(B) Case reviews.
(C) Patient evaluations.
(D) Outcome of case statistics.
(Indiana State Board of Nursing; 848 IAC 4-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)

Rule 4. Limitations of Rules

848 IAC 4-4-1 Limitations of rules *(Repealed)*

Sec. 1. *(Repealed by Indiana State Board of Nursing; filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329)*

ARTICLE 5. PRESCRIPTIVE AUTHORITY FOR ADVANCED PRACTICE NURSING

Rule 1. Prescriptive Authority

848 IAC 5-1-1 Initial authority to prescribe legend drugs

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 1. (a) An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the advanced practice nurse does the following:

(1) Submits an application on a form prescribed by the board with the required fee, including, but not limited to, the following information:

(A) Complete name, residence and office addresses with zip codes, and residence and business telephone numbers with area codes.

(B) All names used by the applicant, explaining the reasons for any name change or use.

(C) Date and place of birth.

(D) Citizenship and visa status, if applicable.

(E) A complete statement of all nursing education received, providing the following:

(i) Names and locations of all colleges, schools, or universities attended.

(ii) Dates of attendance.

(iii) Degrees obtained or received.

(F) Whether the applicant has ever had any disciplinary action taken against the applicant's nursing license by the board or by the licensing agency of any other state or jurisdiction and the details and dates thereof.

(G) A complete list of all places of employment, including the following:

(i) The names and addresses of employers.

(ii) The dates of each employment.

(iii) Employment responsibilities held or performed that the applicant had since graduation from nursing school.

(H) Whether the applicant is, or has been, addicted to any narcotic drug, alcohol, or other drugs and, if so, the details thereof.

(I) Whether the applicant has been convicted of any violation of law relating to drug abuse, controlled substances, narcotic drugs, or any other drugs.

(J) Whether the applicant has previously been licensed to practice nursing in any other state or jurisdiction and, if so, the following:

(i) The names of such states or jurisdictions that previously licensed the applicant.

(ii) The dates of such licensure.

(iii) The license number.

(iv) The current status of such licensure.

(K) Whether the applicant has been denied a license to practice nursing by any state or jurisdiction and, if so, the details thereof, including the following:

(i) The name and location of the state or jurisdiction denying licensure.

(ii) The date of denial of such licensure.

(iii) The reasons relating thereto.

(L) A certified statement that the applicant has not been convicted of a criminal offense (excluding minor traffic violations) or a certified statement listing all criminal offenses of which the applicant has been convicted. This listing must include the following:

(i) The offense of which the applicant was convicted.

(ii) The court in which the applicant was convicted.

(iii) The cause number in which the applicant was convicted.

(M) All information in the application shall be submitted under oath or affirmation, subject to the penalties for perjury.

(2) Submits proof of holding an active, unrestricted:

(A) Indiana registered nurse license; or

(B) registered nurse license in another compact state and having filed a Multi-state Privilege Notification Form with the health professions bureau.

(3) Submits proof of having met the requirements of all applicable laws for practice as an advanced practice nurse in the state of Indiana.

(4) Submits proof of a baccalaureate or higher degree in nursing.

(5) If the applicant holds a baccalaureate degree only, submits proof of certification as a nurse practitioner or certified nurse-midwife by a national organization recognized by the board and which requires a national certifying examination.

(6) Submits proof of having successfully completed a graduate level pharmacology course consisting of at least two (2) semester hours of academic credit from a college or university accredited by the Commission on Recognition of Postsecondary Accreditation:

(A) within five (5) years of the date of application; or

(B) if the pharmacology course was completed more than five (5) years immediately preceding the date of filing the application, the applicant must submit proof of the following:

(i) Completing at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding the date of the application, including a minimum of at least eight (8) actual contact hours of pharmacology, all of which must be approved by a nationally approved sponsor of continuing education for nurses.

(ii) Prescriptive experience in another jurisdiction within the five (5) years immediately preceding the date of the application.

(7) Submits proof of collaboration with a licensed practitioner in the form of a written practice agreement that sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate, and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse. Specifically, the written practice agreement shall contain at least the following information:

(A) Complete names, home and business addresses, zip codes, and telephone numbers of the licensed practitioner and the advanced practice nurse.

(B) A list of all other offices or locations besides those listed in clause (A) where the licensed practitioner authorized the advanced practice nurse to prescribe.

(C) All specialty or board certifications of the licensed practitioner and the advanced practice nurse.

(D) The specific manner of collaboration between the licensed practitioner and the advanced practice nurse, including how the licensed practitioner and the advanced practice nurse will:

(i) work together;

(ii) share practice trends and responsibilities;

(iii) maintain geographic proximity; and

(iv) provide coverage during absence, incapacity, infirmity, or emergency by the licensed practitioner.

(E) A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority.

(F) A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The description shall include provisions that the advanced practice nurse must submit documentation of the advanced practice nurse's prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

(G) A list of all other written practice agreements of the licensed practitioner and the advanced practice nurse.

(H) The duration of the written practice agreement between the licensed practitioner and the advanced practice nurse.

(8) Written practice agreements for advanced practice nurses applying for prescriptive authority shall not be valid until prescriptive authority is granted by the board.

(b) When the board determines that the applicant has met the requirements under subsection (a), the board shall send written notification of authority to prescribe to the advanced practice nurse, including the identification number and designated authorized initials to be used by the advanced practice nurse.

(c) Advanced practice nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

(d) Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration and a federal Drug Enforcement Administration registration. *(Indiana State Board of Nursing; 848 IAC 5-1-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2876; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1571; readopted filed Nov 17, 2010, 9:50 a.m.: 20101215-IR-848100406RFA)*

848 IAC 5-1-2 Prescribing legend drugs; use of forms *(Repealed)*

Sec. 2. *(Repealed by Indiana State Board of Nursing; filed Dec 19, 1996, 10:00 a.m.: 20 IR 1122)*

848 IAC 5-1-3 Renewal of authority to prescribe legend drugs

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 3. (a) Prescriptive authority for the advanced practice nurse expires on October 31 in each odd-numbered year. Failure to renew the prescriptive authority on or before the expiration date will automatically render the authority invalid without any action by the board.

(b) A notice of expiration and instructions for renewal of the authority to prescribe legend drugs will be mailed in odd-numbered years with the renewal for registered nurse licensure.

(c) Applicants for renewal of the prescriptive authority shall pay a renewal fee in addition to the fee for renewal of the registered nurse license.

(d) The notice of expiration for renewal of the prescriptive authority shall be mailed to the last known address of the licensee. Failure to receive the application for renewal shall not relieve the licensee of the responsibility for renewing the registered nurse license and the authorization to prescribe by the renewal date.

(e) Applicants for renewal of prescriptive authority shall submit the following to the board along with the renewal form and fee:

(1) Proof of at least thirty (30) actual contact hours of continuing education during the two (2) years immediately preceding renewal, including at least eight (8) actual contact hours of pharmacology, approved by a nationally approved sponsor of continuing education for nurses.

(2) A current signed and dated written collaborative practice agreement that contains all of the information required under section 1 of this rule.

(Indiana State Board of Nursing; 848 IAC 5-1-3; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; readopted filed Nov 6, 2001, 4:18 p.m.: 25 IR 940; filed Dec 24, 2003, 10:45 a.m.: 27 IR 1573; readopted filed Nov 17, 2010, 9:50 a.m.: 20101215-IR-848100406RFA)

Rule 2. Limitations of Rules

848 IAC 5-2-1 Limitations of rules

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 1. No written practice agreement shall be necessary unless the advanced practice nurse seeks prescriptive authority. *(Indiana State Board of Nursing; 848 IAC 5-2-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2878; readopted filed Nov 21, 2001, 10:23 a.m.: 25 IR 1329; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

Rule 3. Fees for Prescriptive Authority

848 IAC 5-3-1 Fees for prescriptive authority

Authority: IC 25-23-1-7
Affected: IC 25-23-1

Sec. 1. (a) The application fee for an advanced practice nurse to receive prescriptive authority shall be fifty dollars ($50).

(b) The fee for renewal of advanced practice nurse prescriptive authority shall be ten dollars ($10).

(c) The penalty fee for late renewals is as established by the health professions bureau.

(d) The fee for a duplicate wall certificate for advanced practice nurse prescriptive authority shall be ten dollars ($10).

(e) The fee for written verification of advanced practice nurse prescriptive authority shall be ten dollars ($10). *(Indiana State Board of Nursing; 848 IAC 5-3-1; filed Jul 29, 1994, 5:00 p.m.: 17 IR 2879; filed Jun 6, 1996, 9:00 a.m.: 19 IR 3105; readopted filed Jul 30, 2001, 2:07 p.m.: 24 IR 4237; readopted filed Jul 19, 2007, 12:54 p.m.: 20070808-IR-848070058RFA)*

IC 25-27.5-5 [Physician Assistant] Scope of Practice

IC 25-27.5-5-1 Application of chapter; prohibitions

Sec. 1. (a) This chapter does not apply to the practice of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

(b) This chapter does not allow the independent practice by a physician assistant, including any of the activities of other health care professionals set forth under IC 25-22.5-1-2(a)(1) through IC 25-22.5-1-2(a)(19).

(c) This chapter does not exempt a physician assistant from the requirements of IC 16-41-35-29.

As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.23.

IC 25-27.5-5-2 Practice with supervising physician; examination by physician; supervisory agreement

Sec. 2. (a) A physician assistant must engage in a dependent practice with physician supervision. A physician assistant may perform, under the supervision of the supervising physician, the duties and responsibilities that are delegated by the supervising physician and that are within the supervising physician's scope of practice, including prescribing and dispensing drugs and medical devices. A patient may elect to be seen, examined, and treated by the supervising physician.

(b) If a physician assistant determines that a patient needs to be examined by a physician, the physician assistant shall immediately notify the supervising physician or physician designee.

(c) If a physician assistant notifies the supervising physician that the physician should examine a patient, the supervising physician shall:

(1) schedule an examination of the patient in a timely manner unless the patient declines; or

(2) arrange for another physician to examine the patient.

(d) If a patient is subsequently examined by the supervising physician or another physician because of circumstances described in subsection (b) or (c), the visit must be considered as part of the same encounter except for in the instance of a medically appropriate referral.

(e) A supervising physician or physician assistant who does not comply with subsections (b) through (d) is subject to discipline under IC 25-1-9.

(f) A physician assistant's supervisory agreement with a supervising physician must:

(1) be in writing;

(2) include all the tasks delegated to the physician assistant by the supervising physician;

(3) set forth the supervisory plans for the physician assistant, including the emergency procedures that the physician assistant must follow; and

(4) specify the name of the drug or drug classification being delegated to the physician assistant and the protocol the physician assistant shall follow in prescribing a drug.

(g) The physician shall submit the supervisory agreement to the board for approval. The physician assistant may not prescribe a drug under the supervisory agreement until the board approves the supervisory agreement. Any amendment to the supervisory agreement must be resubmitted to the board for approval, and the physician assistant may not operate under any new prescriptive authority under the amended supervisory agreement until the agreement has been approved by the board.

(h) A physician or a physician assistant who violates the supervisory agreement described in this section may be disciplined under IC 25-1-9.

As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.24; P.L.177-2009, SEC.55.

IC 25-27.5-5-3 Agents of supervising physicians

Sec. 3. A physician assistant is the agent of the supervising physician in the performance of all practice related activities, including the ordering of diagnostic, therapeutic, and other medical services.

As added by P.L.227-1993, SEC.11.

IC 25-27.5-5-4 Prescribing, dispensing, and administering drugs and medical devices

Sec. 4. (a) Except as provided in this section, a physician assistant may prescribe, dispense, and administer drugs and medical devices or services to the extent delegated by the supervising physician.

(b) A physician assistant may not prescribe, dispense, or administer ophthalmic devices, including glasses, contact lenses, and low vision devices.

(c) As permitted by the board, a physician assistant may use or dispense only drugs prescribed or approved by the supervising physician. A physician assistant may not prescribe or dispense the following drugs:

(1) A schedule I substance listed in IC 35-48-2-4.

(2) A schedule II substance listed in IC 35-48-2-6.

(3) A schedule III, schedule IV, or schedule V drug if the drug contains oxycodone.

However, a physician assistant may prescribe one (1) dose of a drug listed in subdivision (2) or (3) for immediate administration if the patient is in an inpatient hospital post-operative setting and the physician is unavailable to make the prescription.

(d) A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients if the

samples are within the scope of the physician assistant's prescribing privileges delegated by the supervising physician.
(e) A physician assistant may not prescribe drugs unless the physician assistant has successfully completed at least thirty (30) contact hours in pharmacology from an educational program that is approved by the committee.
(f) A physician assistant may not prescribe, administer, or monitor general anesthesia, regional anesthesia, or deep sedation as defined by the board. A physician assistant may not administer moderate sedation:
(1) if the moderate sedation contains agents in which the manufacturer's general warning advises that the drug should be administered and monitored by an individual who is:
(A) experienced in the use of general anesthesia; and
(B) not involved in the conduct of the surgical or diagnostic procedure; and
(2) during diagnostic tests, surgical procedures, or obstetric procedures unless the following conditions are met:
(A) A physician is physically present in the area, is immediately available to assist in the management of the patient, and is qualified to rescue patients from deep sedation.
(B) The physician assistant is qualified to rescue patients from deep sedation and is competent to manage a compromised airway and provide adequate oxygenation and ventilation by reason of meeting the following conditions:
(i) The physician assistant is certified in advanced cardiopulmonary life support.
(ii) The physician assistant has knowledge of and training in the medications used in moderate sedation, including recommended doses, contraindications, and adverse reactions.
(g) Before a physician assistant may prescribe drugs, the physician assistant must have been continuously employed as a physician assistant for not less than one (1) year after graduating from a physician assistant program approved by the committee. To be considered to have been continuously employed as a physician assistant for a year for purposes of this subsection, a person must have worked as a physician assistant more than one thousand eight hundred (1,800) hours during the year.
As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.25.

IC 25-27.5-5-5 Display of license; name tags

Sec. 5. A physician assistant licensed under IC 25-27.5 shall:
(1) keep the physician assistant's license available for inspection at the primary place of business; and
(2) when engaged in the physician assistant's professional activities, wear a name tag identifying the individual as a physician assistant.
As added by P.L.227-1993, SEC.11. Amended by P.L.90-2007, SEC.26.

IC 25-27.5-5-6 Delegation of authority to prescribe drugs and medical devices

Sec. 6. (a) Except as provided in section 4(d) of this chapter, a supervising physician may delegate authority to a physician assistant to prescribe:
(1) legend drugs, except as provided in section 4(c) of this chapter; and
(2) medical devices (except ophthalmic devices, including glasses, contact lenses, and low vision devices).
(b) Any prescribing authority delegated to a physician assistant must be expressly delegated in writing by the physician assistant's supervising physician, including:
(1) the name of the drug or drug classification being delegated by the supervising physician; and
(2) the protocols the physician assistant shall use when prescribing the drug.
(c) A physician assistant who is delegated the authority to prescribe legend drugs or medical devices must do the following:
(1) Enter the following on each prescription form that the physician assistant uses to prescribe a legend drug or medical device:
(A) The signature of the physician assistant.
(B) The initials indicating the credentials awarded to the physician assistant by the NCCPA.
(C) The physician assistant's state license number.
(2) Comply with all applicable state and federal laws concerning prescriptions for legend drugs and medical devices.
(d) A supervising physician may delegate to a physician assistant the authority to prescribe only legend drugs and medical devices that are within the scope of practice of the licensed supervising physician or the physician designee.
(e) A physician assistant who is delegated the authority to prescribe controlled substances under subsection (a), and in accordance with the limitations specified in section 4(c) of this chapter, must do the following:
(1) Obtain an Indiana controlled substance registration and a federal Drug Enforcement Administration registration.
(2) Enter the following on each prescription form that the physician assistant uses to prescribe a controlled substance:
(A) The signature of the physician assistant.
(B) The initials indicating the credentials awarded to the physician assistant by the NCCPA.
(C) The physician assistant's state license number.
(D) The physician assistant's federal Drug Enforcement Administration (DEA) number.
(3) Comply with all applicable state and federal laws concerning prescriptions for controlled substances.
(f) A supervising physician may only delegate to a physician assistant the authority to prescribe controlled substances:
(1) that may be prescribed within the scope of practice of the licensed supervising physician or the physician designee;
(2) in an amount that does not exceed:
(A) a seven (7) day supply for treatment of a single acute episode of a condition or injury; or

(B) if a controlled substance cannot be dispensed in an amount that is small enough to meet the requirement of clause (A), the smallest dispensable amount; and

(3) in accordance with the limitations set forth in section 4(c) of this chapter.

As added by P.L.90-2007, SEC.27.

ARTICLE 2.2. PHYSICIAN ASSISTANTS

Rule 1. Definitions (Repealed)

(Repealed by Medical Licensing Board of Indiana; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

Rule 1.1. Definitions

844 IAC 2.2-1.1-1 Applicability
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1

Sec. 1. The definitions in this rule apply throughout this title. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-1; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-2 "Anesthesia" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 2. For purposes of IC 25-27.5, "anesthesia" includes the following:
(1) Moderate sedation/analgesia.
(2) Deep sedation/analgesia.
(3) General anesthesia.
(4) Regional anesthesia.
(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-2; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-1.1-3 "Board" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1

Sec. 3. "Board" refers to the medical licensing board of Indiana. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-3; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-4 "Committee" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1; IC 25-27.5-3-1

Sec. 4. "Committee" refers to the physician assistant committee established by IC 25-27.5-3-1. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-4; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-5 "Contact hour" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1

Sec. 5. "Contact hour" includes fifty (50) to sixty (60) minutes of instruction in pharmacology in either an institutional setting or Category I continuing medical education. One (1) credit hour obtained through an educational institution approved by the committee is equal to ten (10) contact hours. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-5; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-6 "Deep sedation/analgesia" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 6. (a) For purposes of IC 25-27.5, "deep sedation/analgesia" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. For purposes of this rule, reflex withdrawal from a painful stimulus is not considered a purposeful response.
(b) The following are conditions that a patient under deep sedation/analgesia may experience:
(1) The ability to independently maintain ventilatory function may be impaired.
(2) Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate.
(3) Cardiovascular function is usually maintained.
(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-6; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-1.1-7 "Drug classification" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5

Sec. 7. "Drug classification" means the broad general category of drug products defined by their primary clinical role, for example, antihypertensive or antibiotic. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-7; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-8 "General anesthesia" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 8. (a) For purposes of IC 25-27.5, "general anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by pain stimulation.

(b) The following are conditions that a patient under general anesthesia may experience:

(1) The ability to independently maintain ventilatory function is often impaired.

(2) Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required due to depressed spontaneous ventilation or drug-induced depression of neuromuscular function.

(3) Cardiovascular function may be impaired.

(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-8; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-1.1-9 "Local anesthesia" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 9. For purposes of IC 25-27.5, "local anesthesia" means a transient and reversible loss of sensation in a circumscribed portion of the body produced by a local anesthetic agent or by cooling a circumscribed area of the skin. The term includes subcutaneous infiltration of an agent. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-9; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-10 "Minimal sedation/anxiolysis" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 10. For purposes of IC 25-27.5, "minimal sedation/anxiolysis" means a drug-induced state during which a patient responds normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are usually not affected. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-10; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-11 "Moderate sedation/analgesia" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 11. (a) For purposes of IC 25-27.5, "moderate sedation/analgesia" (also referred to as "conscious sedation") means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

(b) The following are conditions that a patient under moderate sedation/analgesia may experience:

(1) No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate.

(2) Cardiovascular function is usually maintained.

(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-11; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-1.1-12 "NCCPA" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1

Sec. 12. "NCCPA" refers to the National Commission on Certification of Physician Assistants. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-12; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-13 "Physician assistant" defined

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1

Sec. 13. "Physician assistant" means an individual who has:

(1) graduated from an approved physician assistant or surgeon assistant program; and
(2) passed the certifying examination and maintains certification by the NCCPA.
(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-13; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-1.1-14 "Protocol" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1

Sec. 14. "Protocol" means general directions under standard practice for prescribing a drug or medical device. The term includes clinical practice guidelines and reference texts or other sources. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-14; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-15 "Regional anesthesia" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5; IC 25-27.5

Sec. 15. (a) For purposes of IC 25-27.5, "regional anesthesia" means the administration of anesthetic agents to a patient to interrupt nerve impulses without the loss of consciousness and includes the following:
(1) Major conduction blocks, such as:
(A) epidural;
(B) spinal; and
(C) caudal;
blocks.
(2) Peripheral nerve blocks, such as:
(A) brachial;
(B) lumbar plexus;
(C) peribulbar; and
(D) retrobulbar;
blocks.
(3) Intravenous regional anesthesia, such as Bier blocks.
(b) A superficial nerve block or application of a local anesthetic agent in which the total dosage administered exceeds the recommended maximum dosage per body weight described in the manufacturer's package insert shall be considered regional anesthesia for purposes of this rule. *(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-15; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-1.1-16 "Supervisory agreement" defined
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5

Sec. 16. "Supervisory agreement" means a written document signed by the supervising physician or physicians and the physician assistant that:
(1) includes the tasks delegated to the physician assistant;
(2) describes the supervisory plan for the physician assistant, including emergency procedures that the physician assistant must follow;
(3) specifies the names of the drug or drug classification the physician assistant is delegated to prescribe and the protocol the physician assistant shall follow in prescribing a drug;
(4) specifies the names of medical devices the physician is delegated to prescribe;
(5) includes the:
(A) name;
(B) address; and
(C) phone number;
of the physician or physicians who will be supervising the physician assistant; and
(6) includes a description of the setting or settings in which the physician assistant will be working.
(Medical Licensing Board of Indiana; 844 IAC 2.2-1.1-16; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

Rule 2. General Provisions

844 IAC 2.2-2-1 Applications
Authority: IC 25-22.5-2-7; IC 25-27.5-3-5
Affected: IC 25-22.5-1-2; IC 25-27.5

Sec. 1. (a) The application for licensure of a physician assistant must be made upon forms supplied by the committee.
(b) Each application for licensure as a physician assistant or for a temporary permit shall include all of the following information:

(1) Complete names, address, and telephone number of the physician assistant.
(2) Satisfactory evidence of the following:
(A) Completion of an approved educational program.
(B) Passage of the Physician Assistant National Certifying Examination administered by the NCCPA.
(C) A current NCCPA certificate.
(D) Official transcripts or a notarized copy of transcripts or a notarized copy of CE certificates indicating completion of thirty (30) contact hours of pharmacology.
(E) A letter signed by an employer, past or present, listing the time frame of full-time employment resulting in one thousand eight hundred (1,800) hours in a twelve (12) month period.
(F) Must possess a current Indiana physician assistant license or have submitted an application in conjunction with prescribing authority application.
(3) All names used by the physician assistant, explaining the reason for such name change or use.
(4) The date and place of birth of the physician assistant and age at the time of application.
(5) Citizenship and visa status, if applicable.
(6) Whether the physician assistant has been licensed, certified, or registered in any other jurisdiction and, if so, the dates thereof.
(7) Whether the physician assistant has had disciplinary action taken against the license, certificate, or registration by the licensing or regulatory agency of any other state or jurisdiction and the details and dates thereof.
(8) A complete listing of all places of employment, including:
(A) the name and address of the employers;
(B) the dates of each employment; and
(C) employment responsibilities held or performed;
that the applicant has had since becoming a physician assistant in any state or jurisdiction.
(9) Whether the physician assistant is, or has been, addicted to, or is chemically dependent upon, any narcotic drugs, alcohol, or other drugs and, if so, the details thereof.
(10) Whether the applicant has been denied licensure, certification, approval, or registration as a physician assistant by any other state or jurisdiction and, if so, the details thereof, including the following:
(A) The name and location of the state or jurisdiction denying:
(i) licensure;
(ii) certification;
(iii) approval; or
(iv) registration.
(B) The date of the denial.
(C) The reasons relating to the denial.
(11) Whether the physician assistant has been convicted of, or pleaded guilty to, any violation of federal, state, or local law relating the:
(A) use;
(B) manufacturing;
(C) distributing;
(D) sale;
(E) dispensing; or
(F) possession;
of controlled substances or of drug addiction and, if so, all of the details relating thereto.
(12) Whether the physician assistant has been convicted of, or pleaded guilty to, any federal or state criminal offense, felony, or misdemeanor, except for traffic violations that resulted only in fines and, if so, all of the details thereto.
(13) Whether the physician assistant was denied privileges in any hospital or health care facility, or had such privileges revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitation, and, if so, all of the details relating thereto, including the:
(A) name and address of the hospital or health care facility;
(B) date of the action; and
(C) reasons therefor.
(14) Whether the physician assistant has ever been admonished, censured, reprimanded, or requested to withdraw, resign, or retire from any hospital or health care facility in which the physician assistant was employed, worked, or held privileges.
(15) Whether the physician assistant has had any malpractice judgments entered against him or her or settled any malpractice action or cause of action and, if so, a complete, detailed description of the facts and circumstances relating thereto.
(16) One (1) passport-type photo taken of the applicant within the last eight (8) weeks.
(c) All information in the application shall be submitted under oath or affirmation, subject to the penalties of perjury.
(d) Each applicant for licensure as a physician assistant shall submit an executed authorization and release form supplied by the committee that:
(1) authorizes the committee or any of its authorized representatives to inspect, receive, and review all documents, records, or other information pertaining to the applicant;
(2) authorizes and directs any:
(A) person;

(B) corporation;
(C) partnership;
(D) association;
(E) organization;
(F) institute;
(G) forum; or
(H) officer thereof;
to furnish, provide, and supply to the committee all relevant documents, records, or other information pertaining to the applicant; and
(3) releases the committee, or any of its authorized representatives, and any:
(A) person;
(B) corporation;
(C) partnership;
(D) association;
(E) organization;
(F) institute;
(G) forum; or
(H) officer thereof;
from any and all liability regarding such inspection, review, receipt, furnishing, or supply of any such information.

(e) Application forms submitted to the committee must be complete. All supporting documents required by the application must be submitted with the application.

(f) Applicants for a temporary permit to practice as a physician assistant while waiting to take the examination or awaiting results of the examination must submit all requirements of subsection (b), except for subsection (b)(2)(B) and (b)(2)(C), in order to apply for a temporary permit.

(g) A temporary permit becomes invalid if the temporary permit holder fails to sit or fails to register for the next available examination.

(h) Prior to beginning practice as a physician assistant, the physician assistant must submit a supervisory agreement to the committee, which must be approved by the board. The supervisory agreement must:
(1) be submitted on employer's letterhead;
(2) be written specifically for the applicant; and
(3) contain the original signature of both the applicant and supervising physician and the date signed.

(Medical Licensing Board of Indiana; 844 IAC 2.2-2-1; filed May 26, 2000, 8:52 a.m.: 23 IR 2498; errata filed Sep 21, 2000, 3:21 p.m.: 24 IR 382; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1558; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA) NOTE: Expiration postponed by Executive Order #09-12, posted at 20100113-IR-GOV100002EOA.

844 IAC 2.2-2-2 Registration of supervising physician

Authority: IC 25-22.5-2-7; IC 25-27.5-3-5
Affected: IC 25-27.5-6

Sec. 2. (a) A physician licensed under IC 25-22.5 who intends to supervise a physician assistant shall register his or her intent to do so with the board on a form approved by the board prior to commencing supervision of a physician assistant. The supervising physician shall include the following information on the form supplied by the board:
(1) The:
(A) name;
(B) business address; and
(C) telephone number;
of the supervising physician.
(2) The:
(A) name;
(B) business address;
(C) telephone number; and
(D) certification number;
of the physician assistant.
(3) The current license number of the physician.
(4) A statement that the physician will be supervising not more than two (2) physician assistants, and the name and certificate numbers of the physician assistants he or she is currently supervising.
(5) A description of the setting in which the physician assistant will practice under the supervising physician, including the specialty, if any, of the supervising physician.
(6) A statement that the supervising physician:
(A) will exercise continuous supervision over the physician assistant in accordance with IC 25-27.5-6 and this article;
(B) shall review all patient encounters maintained by the physician assistant within twenty-four (24) hours after the physician assistant has seen a patient; and
(C) at all times, retain professional and legal responsibility for the care rendered by the physician assistant.

(7) A detailed description of the process maintained by the physician for evaluation of the physician assistant's performance.

(b) The supervising physician may not:

(1) be the designated supervising physician for more than two (2) physician assistants; or

(2) supervise more than two (2) physician assistants at one (1) time as the primary or designated supervising physician.

(c) The designated supervising physician is to accept responsibility of supervising the physician assistant in the absence of the primary supervising physician of record. Protocol is to be established by the physician practice.

(d) The supervising physician shall, within fifteen (15) days, notify both the board and the committee that the supervising relationship with the physician assistant is terminated. The notification shall state the reason for the termination. *(Medical Licensing Board of Indiana; 844 IAC 2.2-2-2; filed May 26, 2000, 8:52 a.m.: 23 IR 2499; errata filed Sep 21, 2000, 3:21 p.m.: 24 IR 382; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1559; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA) NOTE: Expiration postponed by Executive Order #09-12, posted at 20100113-IR-GOV100002EOA.*

844 IAC 2.2-2-3 License renewal

Authority: IC 25-22.5-2-7
Affected: IC 25-27.5-5-2

Sec. 3. (a) Every physician assistant holding a license issued by the committee shall renew his or her license every two (2) years, in even-numbered years.

(b) On or before April 30 of a renewal year, the committee, or its duly authorized agent, shall notify each license holder that the license holder is required to renew with the committee. The committee, or its agent, shall furnish a license holder a form to be completed for renewal.

(c) Applications for all renewals must be made under oath or affirmation.

(d) Each license holder shall do the following:

(1) Submit the following:

(A) Evidence of current NCCPA certification.

(B) A fee as determined by the committee, in the form of a:

(i) check;

(ii) certified check;

(iii) cashier's check; or

(iv) postal money order;

payable to the order of the "Indiana Professional Licensing Agency".

(2) Inform the committee, in writing, of all changes in address or name within thirty (30) days of the change.

(e) A license holder's failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not:

(1) constitute an error on the part of the committee or the Indiana professional licensing agency; or

(2) exonerate or otherwise excuse the license holder from renewing the license.

(f) A physician assistant who is less than three (3) years delinquent in renewing a license may be reinstated upon receipt of the:

(1) renewed application;

(2) renewal fees; and

(3) penalty fee.

(g) If more than three (3) years have elapsed since the expiration of a license to practice as a physician assistant, prior to reinstatement, the applicant may be required by the committee to take and pass examination approved by the committee. *(Medical Licensing Board of Indiana; 844 IAC 2.2-2-3; filed May 26, 2000, 8:52 a.m.: 23 IR 2500; readopted filed Nov 16, 2006, 10:49 a.m.: 20061129-IR-844060239RFA; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA) NOTE: Expiration postponed by Executive Order #09-12, posted at 20100113-IR-GOV100002EOA.*

844 IAC 2.2-2-4 Reporting requirements

Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1-2

Sec. 4. If for any reason a physician assistant discontinues working at the direction or under the supervision, or both, of the physician under which the physician assistant is registered with the board, the physician assistant shall inform both the board and the committee, in writing, within fifteen (15) days of the event. The physician assistant shall not commence practice under a new supervising physician until that physician registers his or her intent to supervise the physician assistant to the board under section 2 of this rule. The physician assistant, in the written report, shall state the specific reason for the discontinuation of supervision. *(Medical Licensing Board of Indiana; 844 IAC 2.2-2-4; filed May 26, 2000, 8:52 a.m.: 23 IR 2500; readopted filed Nov 16, 2006, 10:49 a.m.: 20061129-IR-844060239RFA; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-2-5 Privileges and duties

Authority: IC 25-22.5-2-7; IC 25-27.5-3-5
Affected: IC 25-22.5-1-2; IC 25-27.5

Sec. 5. (a) When engaged in the physician assistant's professional activities, a physician assistant shall:

(1) wear a name tag identifying the individual as a physician assistant; and
(2) inform patients that he or she is a physician assistant.
A physician assistant shall not portray himself or herself as a licensed physician.
(b) A physician assistant shall make available for inspection at his or her primary place of business:
(1) the physician assistant's license issued by the committee; and
(2) a statement from the supervising physician that the physician assistant is, or will be, supervised by that physician.
(c) The physician assistant may perform, under the supervision of the supervising physician, such duties and responsibilities that are:
(1) delegated by the supervising physician; and
(2) within the supervising physician's scope of practice.
(Medical Licensing Board of Indiana; 844 IAC 2.2-2-5; filed May 26, 2000, 8:52 a.m.: 23 IR 2500; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1560; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-2-6 Competent practice of physician assistants
Authority: IC 25-22.5-2-7
Affected: IC 25-22.5-1-2; IC 25-27.5-5-4; IC 35-48-2

Sec. 6. It shall be deemed willful misconduct or the incompetent practice as a physician assistant under IC 25-27.5 if a physician assistant licensed by the committee has committed any of the following acts:
(1) Held himself or herself out or permitted another to represent him or her as a licensed physician.
(2) Performed a task other than under the direction or supervision of a physician licensed by the board.
(3) Been delegated a task or performed a task beyond his or her competence unless under mitigating circumstances, such as the physician assistant attending to a patient in a life-threatening emergency with no physician immediately available.
(4) Used intoxicants or drugs to such an extent that he or she is unable to perform competently and with safety as a physician assistant.
(5) Been convicted of a felony or other criminal offense involving moral turpitude in this state or any other state, territory, or country. As used in this subdivision, "conviction" includes:
(A) a conviction of an offense that, if committed in this state, would be deemed a felony or other criminal offense without regard to its designation elsewhere; or
(B) a criminal proceeding in which a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered thereon.
(6) Been adjudicated as mentally or physically incompetent or his or her condition renders him or her unable to safely perform as a physician assistant, or both.
(7) Failed to:
(A) while on duty, wear a name tag with a designation of physician assistant thereon;
(B) make available for inspection his or her license as a physician assistant in the office of his or her primary employment as a physician assistant; or
(C) be of good moral character and to abide by ethical standards.
(8) Engaged in independent practice or received remuneration for medical services directly from the patient or a third party except as provided by federal or state law.
(9) Failed to work under the supervision of the supervising physician designee.
(10) Advertised himself or herself in any manner that would mislead the public generally or the patients of the supervising physician as to the physician assistant's role and status.
(11) Failed to maintain certification issued by the NCCPA.
(12) Neglected or failed to keep adequate patient records of services performed by the physician assistant or not submitted those encounters for review by the supervising physician within twenty-four (24) hours of the time services were performed.
(13) Failed to follow the request of a patient to be seen, examined, or treated by a physician. In the event a patient makes such a request, the physician assistant and supervising physician shall take all necessary and appropriate actions to comply with the patient's request.
(14) Prescribed the use of a drug or medicine outside of those drugs included in the prescribing authority delegated by the supervising physician as identified in the supervisory agreement and prohibited under IC 25-27.5-5-4.
(15) Made a diagnosis or instituted a treatment without the authorization of the supervising physician or physician designee.
(Medical Licensing Board of Indiana; 844 IAC 2.2-2-6; filed May 26, 2000, 8:52 a.m.: 23 IR 2501; readopted filed Nov 16, 2006, 10:49 a.m.: 20061129-IR-844060239RFA; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)

844 IAC 2.2-2-7 Discipline of physician assistants (Repealed)

Sec. 7. *(Repealed by Medical Licensing Board of Indiana; filed Apr 6, 2010, 2:52 p.m.: 20100505-IR-844090164FRA)*

844 IAC 2.2-2-8 Certification of physician assistants; fees
Authority: IC 25-22.5-2-7; IC 25-27.5-3-5
Affected: IC 25-22.5-1-1.1; IC 25-22.5-1-2; IC 25-27.5

Sec. 8. (a) A nonrefundable fee of one hundred dollars ($100) shall accompany the initial application for certification.

(b) A nonrefundable fee of fifty dollars ($50*)* shall accompany an application for changing supervising physicians.

(c) A fee of fifty dollars ($50) shall accompany each biennial application for renewal of the physician assistant certificate. A fee of fifty dollars ($50) shall accompany each request for a temporary permit in addition to the fee for initial certification.

(d) A fee of ten dollars ($10) shall accompany each request for verification of licensure to another state.

(e) All such fees are nonrefundable. *(Medical Licensing Board of Indiana; 844 IAC 2.2-2-8; filed May 26, 2000, 8:52 a.m.: 23 IR 2501; filed Jan 2, 2003, 10:38 a.m.: 26 IR 1560; readopted filed Dec 1, 2009, 9:13 a.m.: 20091223-IR-844090779RFA; readopted filed Jun 16, 2010, 12:14 p.m.: 20100630-IR-844090779RFA)*