IC 25-26-13

Chapter 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 Version a

Definitions

Note: This version of section effective until 7-1-2015. See also following version of this section, effective 7-1-2015.

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 18.5 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; P.L.5-2015, SEC.57.

IC 25-26-13-2 Version b

Definitions

Note: This version of section effective 7-1-2015. See also preceding version of this section, effective until 7-1-2015.

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(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.

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(4) Evaluation of prescriptions or drug orders and patient records for proper utilization and optimal therapeutic outcomes.

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"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.

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

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with the intent to sign the record.

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"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.

"Medication therapy management" means a distinct service or group of services that optimize therapeutic outcomes for individuals that are independent of, but may occur in conjunction with, the provision of a medication or medical device. The term includes the following services:

(1) Performing or obtaining assessments of an individual's health status.

(2) Formulating a medication treatment plan.

(3) Selecting, initiating, modifying, or administering medication therapy.

(4) Monitoring and evaluating an individual's response to therapy, including safety and effectiveness.

(5) Performing a comprehensive medication review to identify, resolve, and prevent medication related problems, including adverse drug events.

(6) Documenting the care delivered and communicating essential information to the patient's other health care providers.

(7) Providing education and training designed to enhance patient understanding and appropriate use of the individual's medications.

(8) Providing information and support services and resources designed to enhance patient adherence with the individual's therapeutic regimens, including medication synchronization.

(9) Coordinating and integrating medication therapy management services within the broader health care services being provided to an individual.

(10) Providing other patient care services allowable by law.

"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.

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(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;

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"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 18.5 of this chapter to do the following acts, services, and operations:

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(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.

(8) Provision of medication therapy management.

"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.

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"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; P.L.5-2015, SEC.57; P.L.89-2015, 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 25-26-13-4.1

Authority to adopt emergency rules concerning synthetic drugs; procedure and mandatory considerations

Sec. 4.1. (a) The board may adopt an emergency rule to declare that a substance is a synthetic drug.

(b) The board may, on its own initiative or under a written request from the state police department, the United States Drug Enforcement Administration, or a poison control center, adopt an emergency rule declaring a substance to be a synthetic drug if the board finds that the substance:

(1) has been scheduled or emergency scheduled by the United States Drug Enforcement Administration;

(2) has been scheduled, emergency scheduled, or criminalized by another state; or

(3) has:

(A) a high potential for abuse; and

(B) no accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision.

(c) In making its determination under subsection (b)(3), the board shall consider the following factors relating to the substance:

(1) The actual or relative potential for abuse.

(2) Scientific evidence of the substance's pharmacological effect, if known.

(3) The state of current scientific knowledge regarding the substance.

(4) The history and current pattern of abuse of the substance.

(5) The scope, duration, and significance of abuse of the substance.

(6) The degree of risk to the public health.

(7) The psychic or psychological dependence liability of the substance.

(d) A rule adopted under this section becomes effective thirty (30) days after it is filed with the publisher under IC 4-22-2-37.1.

(e) A rule adopted under this section expires on June 30 of the year following the year in which it is filed with the publisher under IC 4-22-2-37.1.

(f) The board may readopt under this section an emergency rule that has expired.

As added by P.L.78-2012, SEC.9. Amended by P.L.196-2013, SEC.11.

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, 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
Repealed

(As added by Acts 1977, P.L.276, SEC.1. Amended by Acts 1981, P.L.222, SEC.188. 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 requirements for obtaining a 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

(As added by P.L.242-1995, SEC.4. 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) Subject to IC 25-1-2-6(e), 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) Subject to IC 25-1-2-6(e), 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; P.L.177-2015, SEC.63.

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:

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

Category 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.

Category III. A permit for a pharmacy that provides closed door, central fill, mail order, or other processing operations that are not open to the general public but include:

(A) traditional pharmacy functions; or

(B) nontraditional pharmacy functions, such as infusion, nuclear pharmacy, or sterile compounding.

(b) The board may approve a remote or mobile location for Category I, II, or III permits. Pharmacy practice in a mobile or remote location may include, but is not limited to, telepharmacy, automated dispensing, or delivery of cognitive services.

(c) A hospital or hospital system holding a Category II permit may offer drugs or devices:

(1) to:

(A) an employee, student, or volunteer of the hospital or hospital system;

(B) a retiree who is participating in a retirement, pension, or benefit program administered by the hospital or hospital system;

(C) an independent contractor who has an exclusive relationship with the hospital or hospital system;

(D) a member of the hospital's or hospital system's governing board; or

(E) a member of the hospital's or hospital system's medical staff; and

(2) to dependents of the individuals listed in subdivision (1);

for their own use.

(d) Hospitals holding a Category 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.

(f) After June 30, 2012, a person with:

(1) a Type I permit shall be treated as holding a Category I permit;

(2) a Type II permit shall be treated as holding a Category II permit; and

(3) a Type III, IV, V, or VI permit shall be treated as holding a Category III permit.

The change in the name of the permit does not change the expiration date of the permit.

(g) After June 30, 2012, a reference in any rule or other document to:

(1) a Type I permit shall be treated as a reference to a Category I permit;

(2) a Type II permit shall be treated as a reference to a Category II permit; or

(3) a Type III, IV, V, or VI permit shall be treated as a reference to a Category III permit.

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; P.L.159-2012, SEC.4; P.L.152-2012, SEC.10.

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) 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 drugs 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.2; P.L.1-2009, SEC.142; P.L.159-2012, SEC.5; P.L.58-2014, SEC.10; P.L.5-2015, SEC.58.

IC 25-26-13-18.5

Supervision of licensed pharmacy technicians and pharmacy technicians

Sec. 18.5. (a) As used in this section, "immediate and personal supervision" means within reasonable visual and vocal distance of the pharmacist.

(b) Licensed pharmacy technicians or pharmacy technicians in training who are:

(1) licensed or certified under IC 25-26-19; and

(2) practicing at a pharmacy;

must practice under a licensed pharmacist's immediate and personal supervision at all times.

(c) A pharmacist may not supervise more than six (6) pharmacy technicians or pharmacy technicians in training at any time.

As added by P.L.5-2015, SEC.59.

IC 25-26-13-19

Retail pharmacies; absence of pharmacist; revocation of privilege

Sec. 19. (a) A pharmacy holding a Category I or Category III 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; P.L.152-2012, SEC.11.

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, the applicant 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 Category II pharmacy permit upon the holder of the Category 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 Category 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; P.L.152-2012, SEC.12.

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 the board's 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 (h).

(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) This subsection does not apply:

(1) unless a patient requests a prescription drug supply of more than thirty (30) days;

(2) to the dispensing of a controlled substance (as defined in IC 35-48-1-9); or

(3) if a prescriber indicates on the prescription that the quantity of the prescription may not be changed.

A pharmacist may dispense, upon request of the patient, personal or legal representative of the patient, or guardian of the patient, not more than a ninety (90) day supply of medication if the patient has completed an initial thirty (30) day supply of the drug therapy and the prescription, including any refills, allows a pharmacist to dispense at least a ninety (90) day supply of the medication. However, a pharmacist shall notify the prescriber of the change in the quantity filled and must comply with state and federal laws and regulations concerning the dispensing limitations concerning a prescription drug. The pharmacist shall inform the customer concerning whether the additional supply of the prescription will be covered under the

patient's insurance, if applicable.

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

(i) 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.

(j) A pharmacist may not knowingly dispense a prescription after the demise of the patient.

(k) 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 an individual:

(A) residing in an institutional facility (as defined in 856 IAC 1-28.1-1(6));

(B) in a hospice program under IC 16-25; or

(C) in a county jail or department of correction facility;

(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 Category II permit (as described in section 17 of this chapter).

(l) A pharmacist or a pharmacy shall not resell, reuse, or redistribute medical devices or medical supplies used for prescription drug therapy that have been returned to the pharmacy after being dispensed unless the medical devices or medical supplies:

(1) were dispensed to an individual in a county jail or department of correction facility;

(2) are not expired; and

(3) are returned unopened and in the original sealed packaging.

(m) A pharmacist may use the pharmacist's professional judgment as to whether to accept medication for return under this section.

(n) 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; P.L.174-2011, SEC.4; P.L.152-2012,

SEC.13; P.L.159-2012, SEC.6; P.L.13-2013, SEC.69.

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 the person holds a valid pharmacy permit.

(4) For any person to engage or offer to engage in the practice of pharmacy or to hold himself or herself 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) commits a Level 6 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. Amended by P.L.158-2013, SEC.285.

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; immunization data

Sec. 31.2. (a) A pharmacist may administer an immunization to an individual under a drug order or prescription.

(b) Subject to subsection (c), a pharmacist may administer immunizations for the following to a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician:

(1) Influenza.

(2) Shingles (herpes zoster).

(3) Pneumonia.

(4) Tetanus, diphtheria, and acellular pertussis (whooping cough).

(5) Human papillomavirus (HPV) infection.

(6) Meningitis.

(c) A pharmacist may administer an immunization under subsection (b) 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 and actively practicing with a medical office 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:

(A) except as provided in clause (B), are at least eleven (11) years of age; or

(B) for the pneumonia immunization under subsection (b)(3), are at least sixty-five (65) years of age.

(5) Before administering an immunization to an individual according to a protocol approved by a physician, the pharmacist must receive the consent of one (1) of the following:

(A) If the individual to whom the immunization is to be administered is at least eleven (11) years of age but less than eighteen (18) years of age, the parent or legal guardian of the individual.

(B) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age but has a legal guardian, the legal guardian of the individual.

(C) If the individual to whom the immunization is to be administered is at least eighteen (18) years of age but has no legal guardian, the individual.

A parent or legal guardian who is required to give consent under this subdivision must be present at the time of immunization.

(d) 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 (c)(1) through (c)(3); and

(2) any instructions in the emergency determination.

(e) A pharmacist or pharmacist's designee shall provide immunization data to the immunization data registry (IC 16-38-5) in a manner prescribed by the state department of health unless:

(1) the individual receiving the immunization;

(2) the parent of the individual receiving the immunization, if the individual receiving the immunization is less than eighteen (18) years of age; or

(3) the legal guardian of the individual receiving the immunization, if a legal guardian has been appointed;

has completed and filed with the pharmacist or pharmacist's designee a written immunization data exemption form, as provided in IC 16-38-5-2.

(f) If an immunization is administered under a protocol, then the name, license number, and contact information of the physician who wrote the protocol must be posted in the location where the immunization is administered. A copy of the protocol must be available for inspection by the individual receiving the immunization.

As added by P.L.94-2007, SEC.2. Amended by P.L.197-2011, SEC.109; P.L.113-2013, SEC.1.

IC 25-26-13-31.5

Immunizations by pharmacist interns and pharmacist students; rules

Sec. 31.5. (a) Subject to rules adopted under subsection (c), a pharmacist intern or a pharmacist student may administer an immunization to an individual under a drug order or prescription.

(b) Subject to rules adopted under subsection (c), a pharmacist intern or a pharmacist student may administer an immunization to an individual or a group of individuals under a drug order, under a prescription, or according to a protocol approved by a physician.

(c) The board shall adopt rules under IC 4-22-2 to establish requirements applying to a pharmacist intern or a pharmacist student who administers an immunization to an individual or group of individuals. The rules adopted under this section:

(1) must provide for the direct supervision of the pharmacist intern or pharmacist student by a pharmacist, a physician, a physician assistant, or an advanced practice nurse; and

(2) may not be less stringent than the requirements applying to a pharmacist who administers an immunization to an individual as provided under section 31.2 of this chapter.

As added by P.L.113-2013, 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.

IC 25-26-13-33

Places that require a pharmacy permit; exceptions

Sec. 33. (a) This section does not apply to a mail order or Internet based pharmacy (as defined by IC 25-26-18-1) to the extent that the pharmacy is allowed to operate under IC 25-26-18.

(b) A person may not own or operate a store, facility, or other place of business in Indiana where:

(1) prescriptions are accepted to be filled; or

(2) prescription drugs or devices are:

(A) ordered;

(B) offered or advertised for sale; or

(C) paid for;

unless the person has a pharmacy permit issued under this chapter.

As added by P.L.48-2015, SEC.5.