CHAPTER 23
LONG-TERM CARE PHARMACIES

657—23.1(155A) Definitions. For purposes of this chapter, the following definitions shall apply:

"Consultant pharmacist" in a long-term care facility means a pharmacist licensed to engage in the practice of pharmacy in this state who is responsible for developing, coordinating, and supervising pharmaceutical services in a long-term care facility on a regularly scheduled basis. A consultant pharmacist:

1. Reviews the distribution and storage of medications and assists facilities in establishing the policies and procedures for the distribution and storage of medications and makes appropriate recommendations to the facility and the provider pharmacist;
2. Monitors the therapeutic response and utilization of all medications prescribed for the resident. The following shall be used as minimum guidelines supplementing the pharmacist's professional expertise:
   - Regulations and interpretive guidelines of the Health Care Financing Administration, if applicable;
   - Rules of the Iowa department of inspections and appeals; and
   - Other state rules and regulations;
3. Serves as a resource for pharmacy-related education services within the facility;
4. Participates in quality management of resident care in the facility;
5. Communicates with the provider pharmacist regarding areas of mutual concern and resolution thereof.

"Long-term care facility" or *"facility"* means:

1. A facility licensed by the Iowa department of inspections and appeals under Iowa Code chapter 135C or Iowa Code chapter 135H;
2. A hospital-based long-term care unit certified under 42 CFR, Part 483, Subpart B; or
3. A freestanding inpatient hospice certified under 42 CFR, Part 418.

"Long-term care pharmacy" or *"provider pharmacy"* means a hospital pharmacy, a general pharmacy, a limited use pharmacy, or a nonresident pharmacy in which medications, chemicals, or poisons are prepared, compounded, dispensed, vended, distributed, or sold on a regular and recurring basis to or for the use of residents of a long-term care facility and from which related pharmacy services are delivered.

"Medication order," as used in these rules, means a written order from a practitioner or an oral order from a practitioner or the practitioner's authorized agent for administration of a drug or device. For purposes of this chapter, *"medication order"* includes a prescription.

"Patient med pak" means a customized patient medication package prepared in accordance with rule 657—8.13(155A,126) for a specific resident which comprises a series of immediate containers containing two or more prescribed solid oral dosage forms, each container being labeled with the time or the appropriate period for the patient to take its contents. Use of patient med paks is permitted only when the prescriber's orders specifically indicate that the resident is capable of self-administering the medications contained therein.

"Provider pharmacist" means a pharmacist licensed to engage in the practice of pharmacy, who is employed by or contracted to a long-term care pharmacy or a provider pharmacy and who is responsible for supervising the accurate dispensing and proper delivery of medications to a long-term care facility located within this state. These services shall include, at a minimum, proper medication labeling, storage, transport, record keeping, and prospective drug utilization review in compliance with all federal, state, and local laws and regulations.

"Single unit package" means a package which contains one discrete pharmaceutical dosage form.

"Unit dose dispensing system" means those medication distribution systems determined by the board to be pharmacy based and which involve single unit, unit dose, or unit of issue packaging in a manner which helps reduce or remove traditional medication stocks from resident care areas and enables the selection and distribution of medications to be pharmacy based and controlled.

"Unit dose package" means a package which contains that particular dose of a medication ordered for the patient for one administration time. A unit dose package is not always a single unit package.

"Unit of issue package" means a package which provides multiple units or doses attached to each other but separated in a card or specifically designed container.

657—23.2(124,155A) Applicability of rules. Nothing in these rules shall be deemed to constitute a waiver or abrogation of any of the provisions of board rules or other applicable provisions of state and federal laws and rules, nor should these rules be construed as authorizing or permitting any person not licensed as a pharmacist to engage in the practice of pharmacy.

657—23.3(124,155A) Freedom of choice. Pursuant to 657—subrule 8.5(6), no pharmacist shall participate in any agreement or plan which infringes on any resident's right to freedom of choice as to the provider of pharmacy services. A resident in a long-term care facility shall have a choice of long-term care pharmacy so long as the pharmacy's medication delivery system provides for the timely delivery of medications compatible with the established system currently used by the facility. Determination of compatibility may consider medication administration, accessibility, and payment system.

657—23.4(124,155A) Pharmacy responsibilities. The long-term care pharmacy shall be responsible for:

1. Providing medications pursuant to a medication order for an individual resident, properly labeled for that resident, as addressed in rule 657—23.12(124,126,155A) or 657—23.13(124,155A).
2. Providing medications for the long-term care resident, dispensed in a form consistent with the medication distribution system described in the facility's policies and procedures.
3. Affixing labels to each container of medication for residents in long-term care facilities, in compliance with rule 657—23.12(124,126,155A) or 657—23.13(124,155A).
4. Maintaining records of all transactions of the long-term care pharmacy as may be required by law and maintaining accurate control over and accountability for all medications and prescription devices.
5. Developing a medication recall procedure that protects the health and safety of the resident including immediate discontinuation of any recalled medication and subsequent notification of the prescriber and director of nursing of the facility.
6. Providing a 24-hour emergency service procedure either directly or by contract with another pharmacy.
7. Reviewing patient profiles to ensure the appropriateness of therapy for that resident and the compatibility of the medication and dosage for that patient when processing new medication orders.
8. Providing sufficient and accurate information to facility staff regarding the appropriate administration and use of all dispensed medications.
9. Communicating with the consultant pharmacist and the facility regarding concerns and resolution thereof.

657—23.5(124,155A) Emergency medications. A supply of emergency medications may be provided by one long-term care pharmacy to the facility pursuant to rule 657—8.32(124,155A).

23.5(1) *Emergency medication order—pharmacist review.* When an emergency medication is provided pursuant to rule 657—8.32(124,155A), the medication order shall be reviewed by the patient's dispensing pharmacist prior to the administration of a second dose.

23.5(2) *Facilities in which licensed personnel administer medications.* In addition to an emergency box or stat medication box, a long-term care facility staffed by one or more persons licensed to administer medications may maintain a stock of intravenous fluids, irrigation fluids, heparin flush kits, medicinal gases, sterile water and saline, and prescription devices. Such stock shall be limited to a listing to be determined by the provider pharmacist in consultation with the consultant pharmacist and the medical director and director of nursing of the facility.

657—23.6(124,155A) Minimum requirements of a long-term care pharmacy. Each pharmacy serving a long-term care facility shall have adequate space, equipment, and supplies for the professional and administrative functions of the pharmacy.

23.6(1) *Prescription department equipment.* The pharmacy shall have, as a minimum, the following:

a. Measuring devices such as syringes or graduates capable of measuring 1 ml to 250 ml;

b. Suitable refrigeration unit. The temperature of the refrigerator shall be maintained within a range compatible with the proper storage of medications requiring refrigeration;

c. Other equipment as necessary for the particular practice of pharmacy.

23.6(2) *Clean and orderly.* The pharmacy shall be arranged in an orderly fashion and kept clean. All required equipment shall be in good operating condition and maintained in a sanitary manner.

23.6(3) *Reference library.* References may be printed or computer accessed. The pharmacy shall maintain a reference library which includes, as a minimum, one reference from each of the following:

a. Current Iowa pharmacy laws, rules, and regulations.

b. A patient information reference, updated at least annually, such as:

(1) United States Pharmacopeia Dispensing Information, Volume II (Advice to the Patient);

(2) Facts and Comparisons Patient Drug Facts; or

(3) Leaflets which provide patient information in compliance with rule 657—8.20(155A).

c. A current reference on medication interactions, such as:

(1) Phillip D. Hansten's Drug Interactions; or

(2) Facts and Comparisons Drug Interactions.

d. A general information reference, updated at least annually, such as:

(1) Facts and Comparisons with current supplements;

(2) United States Pharmacopeia Dispensing Information, Volume I (Drug Information for the Healthcare Provider); or

(3) American Hospital Formulary Service with current supplements.

e. A current drug equivalency reference, including supplements, such as:

(1) Approved Drugs Products With Therapeutic Equivalence Evaluations (FDA Orange Book);

(2) ABC - Approved Bioequivalency Codes; or

(3) USP DI, Volume III.

f. Basic antidote information or the telephone number of a poison control center.

g. Additional references as may be necessary for the pharmacist to adequately meet the needs of the patients served.

23.6(4) *Sink.* The pharmacy shall have a sink with hot and cold running water within the prescription department, available to all pharmacy personnel, and maintained in a sanitary condition.

23.6(5) *Lighting and ventilation.* The pharmacy shall be properly lighted and ventilated.

23.6(6) *Temperature.* The temperature of the pharmacy shall be maintained within a range compatible with the proper storage of medications.

657—23.7(124,155A) Policies and procedures. Policies and procedures shall be formulated to cover the provider pharmacy's packaging and dispensing responsibilities to the residents of the long-term care facility. The policies and procedures shall be maintained at the provider pharmacy and shall be available to the facility and the consultant pharmacist. Policies and procedures shall include, at a minimum:

1. Methods used to dispense and deliver medications to the facility in a timely fashion;
2. Proper notification to the facility when a medication is not readily available;
3. Proper labeling requirements to meet the needs of the facility which are consistent with state and federal laws and regulations;
4. Appropriate medication destruction or return of unused medication, or both, which is consistent with state and federal laws and regulations.

657—23.8(124,155A) Training and utilization of pharmacy technicians. Long-term care pharmacies utilizing pharmacy technicians shall develop, implement, and periodically review written policies and procedures for the training and utilization of pharmacy technicians. Pharmacy policies shall specify the frequency of review. Technician training shall be documented and maintained by the pharmacy for the duration of employment. Policies and procedures and documentation of technician training shall be available for inspection by the board or an agent of the board.

23.8(1) *Functions authorized.* Pursuant to the requirements of 657—Chapter 22, properly trained pharmacy technicians may transcribe a prescriber's medication orders to a patient profile, fill the medication orders, and perform other such duties related to a medication distribution system, including any of the functions identified in 657—22.14(155A), provided these duties are performed under the supervision of a pharmacist or as authorized in 657—6.6(155A).

23.8(2) *Pharmacist responsible.* The ultimate responsibility for the actions of a pharmacy technician working under a supervising pharmacist shall remain with the supervising pharmacist.

657—23.9(124,155A) Medication orders. Medications may be dispensed only upon orders of an authorized prescriber.

23.9(1) *Requirements.* New orders transmitted to the pharmacy for medications for residents of the facility shall, at a minimum, contain resident name, medication name and strength, directions for use, date of order, and name of prescriber. Orders for Schedule II controlled substances shall comply with the requirements of 657—23.17(124,155A).

23.9(2) *Abbreviations.* Orders employing abbreviations or chemical symbols shall be only those which are customarily used in the practice of medicine and pharmacy or those on a list of approved abbreviations developed by the appropriate committee or representative of the facility.

23.9(3) *Who may transmit medication orders.* Any person who is employed by a long-term care facility and who is authorized by the facility's policies and procedures may transmit to the long-term care pharmacy a medication order lawfully ordered by a practitioner authorized to prescribe medications and devices.

657—23.10(124,155A) Stop orders. The consultant pharmacist, in consultation with the provider pharmacist, the medical director, and the appropriate committee or representative of the facility, shall develop and implement an automatic stop order policy.

657—23.11(124,155A) Medications dispensed to residents in a care facility—general requirements.

23.11(1) *Labeling.* All prescription containers, other than those dispensed pursuant to rule 657—23.12(124,126,155A) or 657—23.13(124,155A), shall be properly labeled in accordance with 657—subrule 8.14(1).

a. If a label change is required to reflect a change in directions, the pharmacy shall be responsible for affixing the correct label to the container. Long-term care facility personnel shall not be authorized to affix such a label to the medication container.

b. Direction change labels that notify long-term care facility personnel that a change in directions for the medication has taken place may be used and affixed to the container by facility personnel so as not to deface the original label.

23.11(2) *Medication order required.* Dispensing of all medications to the facility shall be pursuant to a medication order for an individual resident.

23.11(3) *Prescription containers.* All prescription containers, including, but not limited to, single unit, unit dose, and unit of issue containers utilized for distribution within a long-term care facility, shall meet minimum requirements as established by the United States Pharmacopoeia. Where applicable, light-resistant packaging shall be used.

23.11(4) *Floor stock.* Prescription drugs, as defined by Iowa Code section 155A.3(30), shall not be floor stocked in a long-term care facility except as provided in this subrule or in subrule 23.5(2). Bulk supplies of nonprescription medications may be maintained as provided in subrule 23.13(5). Any pharmacy which utilizes a floor stock distribution system pursuant to this subrule shall develop and implement procedures to accurately establish proof of use of prescription medications and shall maintain a perpetual inventory, whether by electronic or manual means, of all prescription medications so dispensed. A floor stock distribution system for prescription drugs may be permitted in either of the following circumstances:

a. A licensed pharmacy under the direct supervision and control of a pharmacist is established in the facility, or

b. The facility and the hospital wherein the licensed pharmacy is located are both licensed under Iowa Code chapter 135B with a single hospital license.

23.11(5) *Emergency medications.* An emergency/first dose drug supply may be maintained in a long-term care facility as provided in 657—23.5(124,155A). No consultant pharmacist or provider pharmacist shall utilize a floor stock distribution system for prescription medications except as provided in subrule 23.11(4) or subrule 23.5(2). Bulk supplies of nonprescription medications may be maintained as provided in subrule 23.13(5).

657—23.12(124,126,155A) Unit dose dispensing systems. All medications dispensed to individual residents, other than those dispensed pursuant to 657—subrule 8.14(1), shall be dispensed in compliance with the requirements of this rule or 657—23.13(124,155A).

23.12(1) *Packaging requirements.* Packaging for all nonsterile drugs stored and dispensed in single unit, unit dose, or unit of issue packages shall:

a. Preserve and protect the identity and integrity of the drug from the point of packaging to the point of patient administration.

b. When packaged by the manufacturer or distributor, be in accordance with federal Food and Drug Administration (FDA) requirements.

c. When in single unit and unit dose packages prepackaged by the pharmacy for use beyond 24 hours, be in accordance with 657—subrule 8.3(1).

d. When in containers used for packaging, be clean and free of extraneous matter when the dosage unit(s) is placed into the package.

23.12(2) *Labeling requirements.*

a. Labeling for single unit or unit dose packaging shall comply with the following:

(1) Doses packaged by the manufacturer or distributor shall be properly labeled according to federal Food and Drug Administration (FDA) requirements.

(2) Doses packaged by the pharmacy shall be properly labeled according to 657—subrule 8.3(2) if used beyond a 24-hour period.

b. Labeling for unit of issue packages shall contain the following information:

(1) Name, strength, and expiration date of drug when the packages are utilized for floor stock in an institutional setting.

(2) Name and room or bed number of patient, the name of prescribing practitioner, the name and strength of drug, directions for use, and name and address of the dispensing pharmacy, when the packages are utilized for patients in an institutional setting. Room or bed number, the name of prescribing practitioner, and the name and address of the dispensing pharmacy are not required if this information appears on a medication administration record used by the institution.

(3) Unit of issue packages dispensed to patients on an outpatient basis or in a noninstitutional setting shall be considered prescription containers and shall be labeled in accordance with 657—subrule 8.14(1).

c. If a pharmacist selects a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the label must identify the generic drug and may identify the brand name drug for which the selection is made. The dual identification allowed under this paragraph must take the form of the following statement on the label: "(generic name) Generic for (brand name product)".

23.12(3) *General procedures.* The following will apply when a unit dose dispensing system is employed:

a. The pharmacist shall be responsible for determining the classification for containers set by USP Standard 671 used by the pharmacy to repackage nonsterile drugs into single unit, unit dose, or unit of issue packaging. This classification shall be used to determine maximal expiration dating for repackaging set forth in subrule 23.12(4).

b. Established written policies and procedures shall be available in the pharmacy for inspection by the board or its agents which:

(1) Specify the categories of drugs or drug dosage forms which will or will not be dispensed under the particular unit dispensing system employed.

(2) Specify the pharmacy's recall policy for drugs returned upon a particular manufacturer's or FDA recall.

c. Those drugs not dispensed under a unit dose dispensing system shall be dispensed in accordance with the packaging requirements of the federal Food and Drug Administration (FDA) and labeling requirements of 657—subrule 8.14(1).

23.12(4) *Expiration dating.* Expiration dating for nonsterile drugs repackaged by the pharmacy into single unit, unit dose, or unit of issue packages shall meet the following conditions:

a. Not exceed 90 days from the date of repackaging except as provided in paragraph 23.12(4)"*c.*"

b. Not exceed the manufacturer's original expiration date.

c. May exceed 90 days from the date of repackaging provided that each of the following conditions is met:

(1) The container is classified according to USP Standard 671 as being Class A or Class B for oral solid dosage forms or is a tight container for liquid dosage forms.

(2) The container is light-resistant when the manufacturer has labeled the product "sensitive to light."

(3) The expiration date is not greater than 12 months.

d. Drugs or dosage forms having known stability problems are assigned an expiration date of less than 90 days or are not repackaged as determined by policies developed by the pharmacy.

23.12(5) *Return of drugs.* Under no circumstances shall a pharmacist accept for reuse, except to the same patient, any previously dispensed controlled substances. Drugs, excluding controlled substances, dispensed in single unit, unit dose, or unit of issue packaging in compliance with 657—subrules 23.12(1) to 23.12(4) may be returned to the pharmacy stock and reissued provided that:

a. The expiration dating information is retrievable and identifiable.

b. Drugs returned from unit of issue packaging are kept separate according to manufacturer's lot number and the pharmacy's repackaged expiration date unless the pharmacy's recall policy states that all lots of a drug will be returned upon recall. In this instance, drugs returned to stock shall be kept separate according to the pharmacy's repackaged expiration date as determined in 657—subrule 23.12(4).

c. The drugs were stored under proper storage conditions.

d. The drugs are returned to the pharmacy in the original packaging as when dispensed.

e. The pharmacy includes in written policies and procedures the manner in which returned medications will be recorded or identified.

657—23.13(124,155A) Labeling medications under special circumstances.

23.13(1) *Insulin, ophthalmics, and otic preparations.* These medications shall be dispensed with a label affixed to the immediate container showing at least the resident's name and location.

23.13(2) *Biologicals and other injectables.* Biologicals and other injectables prescribed and dispensed for an individual resident shall meet the labeling requirements of subrule 23.11(1). Labeling of biologicals and other injectables supplied to a facility for a health immunization or ongoing screening program, such as influenza vaccine, tuberculin skin test, or hepatitis B, and intended for use in the facility, shall include the following information and such label shall be affixed so as not to obscure the manufacturer's label:

a. Identification of pharmacy;

b. Name of facility;

c. Name of biological or medication;

d. Route of administration when necessary for clarification;

e. Strength of biological or medication;

f. Auxiliary labels as needed;

g. Expiration date;

h. Date dispensed;

i. Lot number.

23.13(3) *Legend solutions—irrigation and infusion.* Legend irrigation solutions and infusion solutions supplied by a licensed pharmacy may be stored in the locked medication area of a long-term care facility provided that:

a. The facility uses the solution only within the confines of the facility and under the orders of an authorized prescriber;

b. Upon use, the container is identified by resident name;

c. The container is dated and initialed upon opening;

d. The solution is stored appropriately after opening according to facility policy.

23.13(4) *Medications added to parenteral, enteral, or irrigation solutions.* Whenever any medications are added to such solutions, whether within or outside the direct and personal supervision of a licensed pharmacist, such admixture shall be labeled with a distinctive supplementary label indicating the patient's name; the drug name, dosage, and strength per unit/volume of the medication added; the date and time of addition or dilution; the expiration date, administration time, and infusion rate when applicable; and the identity of the person so adding. If the medication is intended for addition, dilution, or reconstitution in the facility by a licensed nurse outside the direct and personal supervision of the pharmacist, specific directions for such dilution, reconstitution, or addition shall accompany the medication.

23.13(5) *Floor stocked, nonprescription medication containers.* All such nonprescription medications intended for use within the facility shall be in appropriate containers and adequately labeled as to identify, at a minimum, brand name or generic name and manufacturer, strength, lot number, and expiration date. An internal code which centrally references manufacturer and lot number may be utilized.

23.13(6) *Leave meds.* Labeling of prescription medications for residents on leave from the facility for a period in excess of 24 hours shall comply with 657—subrule 8.14(1). The pharmacy shall be responsible for packaging and labeling leave meds in compliance with this subrule.

23.13(7) *Discharge meds.* Medications authorized for a resident being discharged from the facility shall be labeled in compliance with 657—subrule 8.14(1) before the resident removes those medications from the facility premises. The pharmacy shall be responsible for packaging and labeling discharge meds in compliance with this subrule.

657—23.14(124,155A) Return and reuse of medications and devices. Pharmacists and pharmacies shall not accept from residents or their agents for reuse or resale any drugs, prescribed medications, chemicals, poisons or medical devices unless, in the professional judgment of the pharmacist, the integrity of the prescription drug has not in any way been compromised. Under no circumstances shall a pharmacist accept from a patient or patient's agent any controlled substances for return, exchange, or resale except to the same patient. Prescription drugs, excluding controlled substances, dispensed in unit dose, unit of issue, or single unit packaging pursuant to 657—23.12(124,126,155A) may, however, be returned and reused as authorized in subrule 23.12(5). No items of personal contact nature which have been removed from the original package or container after sale shall be accepted for return, exchanged, or resold by any pharmacist.

657—23.15(124,155A) Destruction of outdated and improperly labeled medications. The consultant pharmacist, in consultation with the provider pharmacist, shall develop and implement policies and procedures to ensure that all discontinued, outdated, deteriorated, or improperly labeled medications or containers with worn, illegible or missing labels are destroyed or disposed of so as to render them unusable. Such medications shall be destroyed by means that will ensure protection against unauthorized possession or use.

657—23.16(124,155A) Accountability of controlled substances.

23.16(1) *Proof of use.* Documentation of use of Schedule II controlled substances shall be upon proof-of-use forms. A committee or representative of the facility may also require that Schedule III, IV, or V controlled substances or any other medications be accounted for on proof-of-use forms. Proof-of-use forms shall specify at a minimum:

a. Name of medication;

b. Dose;

c. Name of ordering prescriber;

d. Name of resident;

e. Date and time of administration to resident;

f. Signature and title of individual administering;

g. Documentation of destruction, return to the pharmacy, or other disposition of all unused portions of single doses including two signature verifications, at least one of which is a licensed healthcare professional.

23.16(2) *Container requirement.* Any medication required to be counted and accounted for with proof-of-use forms shall be dispensed in a container that allows verification of individual doses. Containers for solid oral doses must allow visual identification of individual doses and individual accountability.

657—23.17(124,155A) Schedule II orders. This rule shall not apply to Schedule II controlled substances orders in facilities which utilize a floor stock distribution system as provided in subrule 23.11(4). Schedule II controlled substances in all other facilities shall be dispensed only upon receipt of an original written order signed by the prescribing individual practitioner or upon receipt of a facsimile transmission of an original written order signed by the prescribing individual practitioner pursuant to rule 657—21.9(124,155A). In emergency situations as defined in 657—subrule 10.13(5), Schedule II controlled substances may be dispensed in compliance with the requirements of rule 657—10.13(124) or rule 657—21.7(124,155A), as applicable. In all cases, any order for a Schedule II controlled substance shall specify the total quantity authorized by the prescriber.

657—23.18(124,155A) Dispensing Schedule II controlled substances. A pharmacy that dispenses Schedule II controlled substances shall advise facility personnel that federal and state laws and regulations governing such medications require that accurate records be kept of their administration or their ultimate disposition in compliance with rule 657—23.16(124,155A). The pharmacy shall further advise facilities that stored Schedule II substances shall be double locked in accordance with rules of the Iowa department of inspections and appeals. The requirement for double locking Schedule II controlled substances shall not apply to periods during which medications are being administered to residents; however, these substances shall be secured during such administration periods.

657—23.19(124,155A) Partial filling of Schedule II controlled substances. A medication order for a Schedule II controlled substance written for a resident in a long-term care facility (LTCF) may be filled in partial quantities to include individual dosage units. The pharmacist must record on the medication order that the patient is an "LTCF patient." A medication order that is partially filled and does not contain the notation "LTCF patient" shall be deemed to have been filled in violation of the controlled substances Act.

23.19(1) *Partial filling record.* For each partial filling, the dispensing pharmacist shall record on the back of the medication order (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.

23.19(2) *Total dispensed.* The total quantity of Schedule II controlled substances dispensed in all partial fillings must not exceed the total quantity prescribed.

23.19(3) *Duration.* Schedule II medication orders for residents in a long-term care facility shall be valid for a period not to exceed 60 days from the issue date unless sooner terminated by the discontinuance of medication.

23.19(4) *Requirements of computerized system.* Information pertaining to current Schedule II medication orders for residents in a long-term care facility may be maintained in a computerized system if this system has the capability to permit:

a. Output (display and printout) of the original prescription number, date of issue, identification of prescribing individual practitioner, identification of resident, address of the long-term care facility, identification of medication authorized (to include dosage form, strength and quantity), listing of the partial fillings that have been dispensed under each medication order, and the information required in this rule.

b. Immediate (real-time) updating of the medication order record each time a partial filling of the medication order is conducted.

c. Retrieval of partially filled Schedule II medication order information as required in 657—subrule 21.11(6).

657—23.20(124,155A) Destruction of controlled substances. Controlled substances dispensed to a resident in a long-term care facility and subsequently requiring destruction due to discontinuance of the medication, death of the resident, or other reasons necessitating destruction shall be destroyed by one of the following methods.

23.20(1) *Destruction or other disposition of controlled substances in facility.* In facilities staffed by one or more persons licensed to administer medications, controlled substances may be destroyed by a licensed healthcare professional (pharmacist, registered nurse, licensed practical nurse) in witness of one other responsible adult. The professional destroying or otherwise disposing the medication shall prepare and maintain a readily retrievable record of the destruction or other disposition which shall be clearly marked to indicate the destruction or other disposition of resident medications. The record shall include, at a minimum, the following:

a. Resident name;

b. The name, strength, and dosage form of the substance;

c. The quantity destroyed or otherwise disposed;

d. The date the substance is destroyed or disposed;

e. The signature or uniquely identifying initials or other unique identification of the professional and the witness.

23.20(2) *Destruction or other disposition of controlled substances in long-term care pharmacy.* Controlled substances returned to the pharmacy for destruction or other disposition may be destroyed or otherwise disposed by a pharmacist in witness of one other person. The pharmacist shall prepare and maintain in the pharmacy a readily retrievable record of the destruction or other disposition which shall be clearly marked to indicate the destruction or other disposition of noninventory or resident medications. The record shall include, at a minimum, the following:

a. Source of the controlled substance (resident name, identification of resident facility, and date of return from the facility);

b. The name, strength, and dosage form of the substance;

c. The quantity returned and destroyed or otherwise disposed;

d. The date the substance is destroyed or otherwise disposed;

e. The signature or uniquely identifying initials or other unique identification of the pharmacist and the witness.

These rules are intended to implement Iowa Code sections 124.301, 124.306, 124.308, 126.10, 155A.2, 155A.13, 155A.13A, 155A.15, 155A.21, 155A.27, 155A.28, 155A.33, 155A.35, and 155A.36.

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CHAPTER 24
Reserved