Objectives:
At the completion of this program, participants will be able to:
1. Recognize the changes made to prescription requirements by the rule changes effective December 2013.
2. Recognize the changes made to record keeping and Michigan Automated Prescription System (MAPS) reporting requirements by the rule changes effective December 2013.
3. Describe the impact on practice regarding the new laws on pilot projects, unused prescription drugs and auto injectable epinephrine.
4. Identify requirements for the pharmacist in charge.
5. Describe the potential impact on pharmacy compounding with the passage of the Drug Quality and Security Act and the Michigan compounding legislation.
6. Proposed Administrative Rule changes by Board of Pharmacy.
7. Possible new laws by end of the calendar year.

Recent Board of Pharmacy Rule Changes
1. Licensure
   - Interns1, 2, 3, 4
   - Updated pharmacist renewal for lapsed license5, 6, 7
   - Updated foreign graduate requirements8

2. Prescription requirements
   - Added to rules9
     - Definition for manual signature
   - Deleted from rules10, 11

3. Pharmacy Record Keeping
   - Paper to electronic records10, 11
   - Initialing original prescription12
   - Acquisition records11

4. Prescription Labels and Receipts13, 14
   - Label requirements added
   - Receipt changes

5. Controlled Substance Scheduling
   - Updated scheduling of controlled substances
   - Bath salts went from emergency rules to permanent rules

6. Michigan Automated Prescription System (MAPS) changes15
   - Report by the end of the next business day all CS data since the previous transmission
• Transmit corrected data to the department within 7 calendar days of being notified of the error

7. Pharmacy requirements\textsuperscript{16, 17}

8. Rescinded rules

• Standard Clinical Thermometer rule 338.488
• Label rule 338.3169

9. Fines\textsuperscript{18, 19}

• Limit on fines removed in the Board rule
• $25,000 fine shall be imposed if violation of 16221(a) or (b) results in death would include for example:
  o Negligence or failure to exercise due care
  o Incompetence
  o Substance abuse
  o Mental or physical inability reasonably related to and adversely affecting the licensee's ability to practice in a safe and competent manner
  o Lack of good moral character
  o Certain misdemeanor or felony convictions

10. Program for Utilization of Unused Prescription Drugs\textsuperscript{20}

• Final Rule effective
• Voluntary program
• No controlled substances
• From eligible facility or manufacturer to pharmacy or charitable clinic
• Drug in original sealed, tamper-evident packaging or unopened unit dose or unit of use packaging
• MCL 333.17775 and 333.17776

11. Rule to schedule tramadol as schedule IV

• Effective August 18, 2014
• Inventory all tramadol on August 18, 2014
• Tramadol prescriptions written before August 18, 2014
  • “Upon the effective date of this rule, tramadol prescriptions may be filled up to six months after the date prescribed, and may be refilled up to five times within six months after the date on which such prescription was issued.”\textsuperscript{21}
• The RX prior to August 18, 2014 must meet the requirements for a schedule IV

Recent Law Additions and Changes
1. Pilot Projects Public Act 267 of 2013

   * Effective March 30, 2014
   * Maximum of 10 pilot projects
   * May charge a fee
   * Department to establish process
   * There can be restrictions on pilots
   * Department can grant an exception to a rule for the pilot
   * Pilot period is 18 months with one extension
   * May be required to notify patients affected by the pilot project


   * Effective March 14, 2014
   * Pharmacist can dispense to a school board on a prescription from prescriber
   * School board is the patient name
   * RPh not liable civilly if properly stored and dispensed

3. OTC Tax Public Act 211 of 2013

   Effective March 14, 2014
   “The following are exempt from the tax under this act:
   (a) The sale of a prescription drug for human use, an over-the-counter drug for human use pursuant to a prescription, or food or food ingredients, except prepared food intended for immediate human consumption. As used in this subdivision, “prescription” and “prescription drug” mean those terms as defined in section 17708 of the public health code, 1978 PA 368, MCL 333.17708.”


   * Makes “pharmaceutical-grade cannabis” a Schedule II if authorized by federal authority
   * Creates new Article 8 Pharmaceutical-Grade Cannabis
   * Effective December 30, 2013 but Implementation and enforcement of Article 8 no sooner than 180 days after rescheduling by feds
   * Marijuana currently a federal schedule one

5. MAC Transparency PA 167 of 2014

   * Effective sometime in 2015 (90 days after adjournment of 2104 Session)
   * Department of Community Health and contracted health plans
   * MAC pricing reconsideration include 3 NDC codes, if 3 available if not, all
   * Available and deliverable by State licensed wholesaler
   * Fall into plan’s MAC pricing
   * 10 days to complete reconsideration process

6. Public Act 95 of 2014

   * Effective July 1, 2014
   * Approval of investigation now a 3 member panel, chair and 2 members
• Permits an investigation of an allegation made more than 4 years after an alleged violation

• Brand new effective July 1, 2014
• Establish conflict of interest disclosure requirements for members of regulatory boards in the Department of Licensing and Regulatory Affairs (LARA).
• Require a board member to abstain from voting on, and refrain from discussing with the board, a matter in which he or she has a conflict of interest.
• Require a board member to refrain from taking certain actions.

8. Public Act 97 of 2014
• Effective July 1, 2014
• Removes community service as an option for a Board sanction.
• Adds in 333.16227(1) “For an offense committed within 2 years after a previous offense of the same kind, a disciplinary subcommittee shall suspend the license or registration for a period of at least 180 days or revoke the license or registration...”

• Effective July 1, 2014
• Permit Department of Licensing and Regulatory Affairs (LARA) to review a final decision of a disciplinary subcommittee and, under certain circumstances, to set aside the decision.
• Provide that the final action of LARA will as serve the final action on the matter and be subject to judicial review.
• Require LARA to post on its website each final decision in which disciplinary action is taken.

• Effective
• Pharmacist in charge
  o PIC to be licensed in Michigan
  o PIC and pharmacy will be jointly responsible for compliance
  o May be PIC for more than 1 pharmacy
  o Work at least 8 hours per week at the pharmacy for which she/he is PIC
  o PIC shall maintain appropriate records and demonstrate compliance upon request of Board
• Notify of change in PIC no later than 30 days
• Supervise the practice of pharmacy for all locations duties include:
  o Supervision of all activities of pharmacy employees as they relate to practice of pharmacy
  o Enforcement and oversight of policies and procedures
  o Establishment and supervision of method and manner for storage and safekeeping of drugs
  o Establishment and maintenance of security provisions to be used when pharmacy is closed
o Establishment of policies and procedures for individuals who are delegated responsibilities for any of the tasks described in this subsection by the PIC

11. Drug Quality and Security Act
   A. Title 1 “Compounding Quality Act”
      1. Traditional Compounding (503A)
         • Compounding by licensed pharmacist in state licensed pharmacy
         • Compound per prescription
         • Limited quantities before receipt of prescription based on history
         • Compounded in compliance with USP chapters on pharmacy compounding
         • Drug substances:
             o Until final rules use bulk drug substances with USP/NF monograph or a component of a FDA approved drug
         • Cannot be compounded using bulk drug substances:
             o Withdrawn or removed from market for safety or not effective
             o On “demonstrably difficult” list
         • Cannot compound regularly or inordinate amounts “copies” of commercially available products
         • Mixing of two or more drugs is compounding
         • Compounding does not include mixing, reconstituting, or other acts performed with directions in approved labeling
         • If ships more than 5% across state lines the state located in has signed a memorandum of understanding (MOU) with FDA
         • State Boards to continue oversight and regulation
         • State Boards to report to FDA compounding violations and others
      2. Outsourcing facility
         • Voluntary FDA registration
         • May compound sterile products
         • Comply with current good manufacturing practices (CGMP)
         • Report adverse events
         • Provide FDA with certain information about the products they compound
         • Not required to be licensed as a pharmacy by the FDA
         • Will be inspected by FDA according to a risk-based schedule
         • Labeling requirements and to have statement “This is a compounded drug.”
         • Can’t compound copies of drugs unless they are on shortage list
         • Fees

   B. Title II Drug Supply Chain Security Act
      • “Outlines critical steps to build an electronic, interoperable system to identify and trace certain prescription drugs as they are distributed in the United States”
• System will:
  o Enable verification of the legitimacy of the drug product identifier down to the package level
  o Enhance detection and notification of illegitimate products in the drug supply chain
  o Facilitate more efficient recalls of drug products
• Development of the system will be phased in over a 10-years to include:
  o Product and transaction information at each sale with lot level information
  o Paper or electronic format
  o Placing unique product identifiers on individual drug packages

12. Compounding Pharmacy Public Act 280 of 2014\textsuperscript{31-33}
• Prescription for a specific patient
• In anticipation of prescriptions
• What is not compounding
  o A copy of a commercially available product
  o Reconstitution or mixing per approved labeling of commercial product
• Require a pharmacy to notify within 30 days
  o Of a complaint filed by another state
  o An investigation by federal authorities
  o An investigation of an agency into compounding accreditation standards
• Adds extensive record keeping for sterile products (exempts distribution within hospital)
• Shall not offer excess compounded pharmaceuticals to other pharmacies for resale
• Shall not distribute samples of a compounded pharmaceutical to a health professional
• May advertise or otherwise promote the fact that they provide compounding services
• Cannot compound and manufacture drug products at same location
• Department may promulgate rules
• If provides compounding services be licensed as pharmacy or manufacturer
• Outsourcing facility to be licensed as a pharmacy
  o Compound without a prescription apply to the Department
  o Outsourcing facility must comply with FDA requirements
• Report adverse events attributed to the integrity of compounded product no later than 10 days after becoming aware
• Compounding Sterile Products
  o New pharmacy accredited by national accrediting organization or be in process or be in compliance with USP standards (how?)
  o If already licensed comply in 1 year
Recent DEA Scheduling Change

- With the issuance of this final rule, the Deputy Administrator of the Drug Enforcement Administration places the substance 2-[(dimethylamino)methyl]-1-(3-methoxyphenyl)cyclohexanol (tramadol), including its salts, isomers, and salts of isomers, into schedule IV of the Controlled Substances Act. This scheduling action is pursuant to the Controlled Substances Act which requires that such actions be made on the record after opportunity for a hearing through formal rulemaking. This action imposes the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule IV controlled substances on persons who handle (manufacture, distribute, dispense, import, export, engage in research, conduct instructional activities with, or possess) or propose to handle tramadol.

- **DATES:** Effective August 18, 2014.\(^{34}\)

- In order to ensure compliance with state and federal controlled substance requirements, all pharmacists and prescribing practitioners should adhere to the following requirements:

  - All pharmacies, prescribing practitioners and other licensed locations must take an inventory of their current stock of tramadol and other products containing tramadol on or before August 18, 2014. From then on, all tramadol products must be a part of every controlled substance inventory pursuant to Michigan Administrative Rules.

  - Any location possessing tramadol or products containing tramadol that is not currently registered with the D.E.A. must have applied for a D.E.A. registration prior to August 18, 2014. If they do so, they may continue their activities until D.E.A. acts on the application. Alternatively, those locations not wishing to seek D.E.A. registration must remove all tramadol products from their possession prior to August 18, 2014.

  - If a prescription for a tramadol product was issued prior to August 18, 2014 and refills were authorized, as of August 18, 2014 those refills must be limited to no more than five and must be dispensed no later than six months after the date the prescription was initially issued. To ensure compliance with this requirement some possible solutions include:
    - Changing the prescription number to a “controlled” number format that your pharmacy utilizes. This would mean discontinuing the non-controlled prescription and referencing the discontinued script to the “new” controlled prescription number.
    - Discontinuing the current prescription and obtaining a new controlled prescription directly from the prescriber.
    - No electronic prescriptions for tramadol or products containing tramadol may be sent to a pharmacy using an electronic prescription transmission.
system unless the prescriber’s and the receiving pharmacy’s system meets the DEA requirements noted in section 21 C.F.R. 1311.

- All current prescriptions for tramadol and products containing tramadol must be treated as controlled substance prescriptions on and after August 18, 2014.
- Prior to filling/refilling a tramadol prescription on or after August 18, 2014, ensure that the prescriber has a valid D.E.A. registration, as required for all controlled substance prescriptions. All prescribers who do not have a valid D.E.A. registration will not be able to issue prescriptions or personally furnish tramadol or tramadol containing products in the state of Michigan.

**Hydrocodone rescheduling**

- The rescheduling of HCPs was initiated by a petition from a physician in 1999. The DEA submitted a request to HHS for a scientific and medical evaluation of HCPs and a scheduling recommendation. In 2013, the U. S. Food and Drug Administration held a public Advisory Committee meeting on the matter, and the committee voted to recommend rescheduling HCPs from Schedule III to Schedule II by a vote of 19 to 10. Consistent with the outcome of that vote, in December of 2013 HHS sent such a recommendation to the DEA. Two months later, on February 27, the DEA informed Americans of its intent to move HCPs from Schedule III to Schedule II by publishing a Notice of Proposed Rulemaking in the *Federal Register*, outlining its rationale and the proposed changes in detail and soliciting public comments on the proposal, of which almost 600 were received. A small majority of the commenters supported the proposed change.\(^{35}\)

- With the issuance of this final rule, the Administrator of the Drug Enforcement Administration reschedules hydrocodone combination products from schedule III to schedule II of the Controlled Substances Act. This scheduling action is pursuant to the Controlled Substances Act which requires that such actions be made on the record after opportunity for a hearing through formal rulemaking. This action imposes the regulatory controls and administrative, civil, and criminal sanctions applicable to schedule II controlled substances on persons who handle (manufacture, distribute, dispense, import, export, engage in research, conduct instructional activities with, conduct chemical analysis with, or possess) or propose to handle hydrocodone combination products.

- This rule is effective October 6, 2014.

- While courts have recognized that prescribing an “inordinately large quantity of controlled substances” can be evidence of a violation of the CSA, [12] generally
neither the CSA nor DEA regulations impose a specific quantitative minimum or maximum limit on the amount of medication that may be prescribed on a single prescription, or the duration of treatment intended with the prescribed controlled substance. The quantity prescribed and dispensed is limited in an emergency situation as defined by 21 CFR 290.10 when dispensing a schedule II controlled substance upon oral authorization in accordance with 21 CFR 1306.11(d). The CSA and implementing regulations require all controlled substance prescriptions to be “valid.” A prescription is not “valid” unless it is issued for a legitimate medical purpose and within the usual course of professional practice. 21 CFR 1306.04(a). A pharmacist who fills a prescription has a corresponding responsibility, and the person who fills an illegitimate prescription is subject to penalty. Id. 36

- Long term care patients may be affected, as prescriptions for these products will now require either a prescription or faxed medication order signed by the prescriber. Agents of the prescriber can no longer transmit the prescription.

**Latest and Greatest?**

- **SB 92 Pharmacy Technician Licensure**

  - License fees – application fee $25 and annual license $30; temporary license $15 and limited license $10.

  - “Pharmacy Technician” means an individual who is required to hold a health profession subfield license under this part to serve as a pharmacy technician.

  - Restricted titles: “Pharmacy Technician, CPHT and Certified Pharmacy Technician”

  - Requires continuing education, 20 hours or the passage of a board approved proficiency examination.

  - Functions restricted to technicians:
    - Assisting in the dispensing process
    - Handling transfer of prescriptions, except controlled substance Rxs.
    - Compounding drugs
    - Preparing or mixing intravenous drugs for injection into a human patient
    - Contacting prescribers concerning order clarification, does not include drug regimen review or clinical or therapeutic interpretation
    - Receiving verbal orders for prescription drugs, except for controlled
substances
  o Subject to §333.16215 (delegation) performing other functions under rules promulgated by the department in consultation with the board.
  o Function only under personal charge of the pharmacist or dispensing prescriber
- Pharmacy technician must:
  o Submit an application to the department
  o Graduated from an accredited high school, comparable school or educational institutions or passed the GED.
  o Satisfy the requirements of § 333.16174
    ▪ 18 years or more of age
    ▪ Good moral character
    ▪ Have specific education or experience
    ▪ Working knowledge of the English language
    ▪ Pay appropriate fees
  o Pass certification pharmacy technician examination by PTCB or
  o Certified Pharmacy Technician Examination give by the National Healthcareer Association.
  o Other nationally recognized and administered certification examination approved by the board
  o Employer-based training program approved by the board and covers subject areas as elicted in the legislation.
- An individual who is not a pharmacist, pharmacist intern, or pharmacy technician shall not perform any of the functions described in § 333.17739(1)
- Temporary license – enrolled in a board approved program.
- Temporary license – individual preparing for the examination
- Limited license – employed as a pharmacy technician by a pharmacy on the effective date and continuously employed by that pharmacy since the effective date of the act
  o Documentation that employed for a minimum of 1,000 hours in a 2-year preceding the act.
  o Only act as a pharmacy technician for that pharmacy until 1 of the following occurs:
    ▪ No longer employed by that pharmacy
    ▪ Performs any of those functions for another pharmacy
    ▪ Limited pharmacy technician license term is the same as a pharmacy technician license.37

Lame Duck

- SB 2
  - The bill would amend Part 172 (Nursing) of the Public Health Code to provide for the licensure of advanced practice registered nurses, who would include certified nurse midwives, certified nurse practitioners, and clinical nurse specialist-certifieds; and eliminate provisions regarding the specialty certification of nurse midwives and
nurse practitioners. The bill also would do the following:

- Prescribe A.P.R.N. license fees, and a method for review and adjustment.
- Authorize a licensed A.P.R.N. to prescribe and administer nonscheduled prescription drugs and Schedule 2 through 5 controlled substances if he or she met certain criteria.
- Require an A.P.R.N. to enter into a mentorship agreement if he or she had been licensed or certified for less than four years.
- Allow an A.P.R.N. to issue a complementary starter dose of a prescription drug or Schedule 2 to 5 controlled substance.
- Create the A.P.R.N. Task Force.
- Revise the membership of the Michigan Board of Nursing.
- Allow the Board of Nursing to require a licensee under Part 172 (Nursing) to provide evidence of the completion of continuing education or competency courses, for license renewal.

- In addition, the bill would amend the Code to include a licensed A.P.R.N. among the individuals who may refer a patient for speech-language pathology services or occupational therapy, and among those who may prescribe physical therapy.
References:

19. 1978 PA 368, as amended by 2014 PA 97, MCL 333.16226.
22. 1978 PA 368, as amended by 2013 PA 267, MCL 333.17723.
23. 1933 PA 167, as amended by 2013 PA 211, MCL 205.54g.
25. 1978 PA 368, as amended by 2014 PA 97, MCL 333.16227.
27. 1978 PA 368, as amended by 2014 PA 280, MCL 333.17748.
31. 1978 PA 368, as amended by 2014 PA 280, MCL 333.17748A.
32. 1978 PA 368, as amended by 2014 PA 280, MCL 333.17748B.
33. 1978 PA 368, as amended by 2014 PA 280, MCL 333.17748C.
34. 21 CFR Part 1308
36. 21 CFR Part 1306.04
Appendix A

Finding Rules and the Public Health Code (PHC) on the Internet

Rules:
Go to www.michigan.gov/lara select “Licensing & Regulation” found on the left hand side then from middle of page “Bureau of Health Care Services” then toward bottom of page “Administrative Rules for Health Boards”. Selecting this will bring up all the rules. Scroll down to Board of Pharmacy and all the Pharmacy rules are listed underneath. This is also where you will find Board of Medicine rules and Board of Osteopathic rules. Selecting those rules will have the rules for delegation of prescribing to physician assistants, nurse practitioners and nurse midwives.

Public Health Code:
Go to www.michigan.gov/lara select “Licensing & Regulation” then “Bureau of Health Care Services” then toward bottom of page “Public Health Code for Health Professions”. This part of the PHC only covers Article 15 Occupations.

For Article 7, the controlled substance section of the PHC, or other articles you will need to follow these steps. Starting with www.michigan.gov select “State Web Site Index” then “Legislature” under Legislative Branch then “Chapter Index” (left side) then “Chapter 333” (scroll down) then “Act 368 of 1978”. This brings up the entire PHC. Here again is Article 15 Occupations, Article 7 Controlled Substances and remaining articles in the PHC.

Looking for a single section in the PHC such as 333.17708 go to www.michigan.gov select “State Web Site Index” under Featured Links, then “Legislature” under Legislative Branch then type in 333.17708 in the box under MCL Section and select search.
Appendix B

Administrative Rules Board of Medicine

**R 338.2304 Delegation to physician’s assistants; written authorization; requirements.**

Rule 4. (1) A physician who supervises a physician’s assistant under sections 17048 and 17049 of the code shall establish a written authorization that delegates to a physician’s assistant the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The written authorization shall contain all of the following information:

(a) The name, license number, and signature of the supervising physician.
(b) The name, license number, and signature of the physician’s assistant.
(c) The limitations or exceptions to the delegation of any medical care services or prescription of schedule 2 to 5 controlled substances.
(d) The effective date of the delegation.

(2) A delegating physician shall review and update a written authorization prior to the renewal of a physician’s assistant’s license or in the interim as needed. A delegating physician shall note the review date on the written authorization.

(3) A delegating physician shall maintain a written authorization in each separate location of the physician's office where the delegation occurs.

(4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1)(a) to (d) of this rule.

(5) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 1998-2000 AACS; 2012 AACS.

**R 338.2305 Delegation of prescribing of controlled substances to nurse practitioners or nurse midwives; limitation.**

Rule 5. (1) A physician may delegate the prescription of controlled substances listed in schedules 3 to 5 to a registered nurse who holds specialty certification under section 17210 of the code, with the exception of a nurse anesthetist, if the delegating physician establishes a written authorization that contains all of the following information:

(a) The name, license number, and signature of the delegating physician.
(b) The name, license number, and signature of the nurse practitioner or nurse midwife.
(c) The limitations or exceptions to the delegation.
(d) The effective date of the delegation.

(2) A delegating physician shall review and update a written authorization on an annual basis from the original date or the date of amendment, if amended. A delegating physician shall note the review date on the written authorization.

(3) A delegating physician shall maintain a written authorization in each separate location
of the physician's office where the delegation occurs.

(4) A delegating physician shall ensure that an amendment to the written authorization is in compliance with subrule (1) (a) to (d) of this rule.

(5) A delegating physician may delegate the prescription of schedule 2 controlled substances only if all of the following conditions are met:

(a) The delegating physician and nurse practitioner or nurse midwife are practicing within a health facility as defined in section 20106(d), (g), or (i) of the code; specifically, freestanding surgical outpatient facilities, hospitals, and hospices.

(b) The patient is located within the facility described in subdivision (a) of this subrule.

(c) The delegation is in compliance with this rule.

(6) A delegating physician may not delegate the prescription of schedule 2 controlled substances issued for the discharge of a patient for a quantity for more than a 7-day period.

(7) A delegating physician shall not delegate the prescription of a drug or device individually, in combination, or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

History: 1998-2000 AACS.

Administrative Rules Board of Osteopathic Medicine and Surgery
R 338.108a Delegation to physician’s assistants; written authorization; requirements.
R 338.108b Delegation of prescribing of controlled substances to nurse practitioners or nurse midwives; limitation.

Appendix C
PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978
Part 174
OPTOMETRY

333.17401 Definitions; principles of construction.
Sec. 17401

e) “Drug” means that term as defined in section 17703, but does not include a controlled substance as defined in section 7104 and included in schedule 2 under section 7214, an oral cortical steroid, or a prescription drug. However, drug does include a controlled substance included in schedules 3, 4, and 5 under sections 7216, 7218, and 7220, respectively, and dihydrocodeinone combination drugs.

(f) “Prescription drug” means that term as defined in section 17708, but does not include a controlled substance as defined in section 7104 and included in schedule 2 under section 7214 or an oral cortical steroid. However, prescription drug does include a controlled substance included in schedules 3, 4, and 5 under sections 7216, 7218, and 7220, respectively, and dihydrocodeinone combination drugs.
Questions:
1. Which of the following is true?
   a. Manual signature includes a rubber stamp signature.
   b. MAPS reporting changed to weekly effective July 1, 2014.
   c. Controls and non-controlled drugs may be on the same prescription form.
   d. Prescribers may not add a handwritten prescription to a preprinted prescription.

2. Which of the following is true?
   a. The pharmacist must initial controlled substance invoices manually.
   b. Internet versions of the Public Health Code and Board rules are now allowed.
   c. An electronic duplicate of a paper prescription may be the original prescription after 2 years.
   d. Any pharmacist involved in the dispensing of the prescription may initial the original prescription.

3. A pharmacist can dispense a prescription made out to patient: Houghton School Board, for which of the following?
   a. Glucose tablets
   b. Epinephrine vials
   c. Auto-injectable epinephrine
   d. Any non-controlled drug for emergency use

4. Which of the following are true regarding pharmacist in charge (PIC)?
   a. Can be the PIC for more than 1 pharmacy.
   b. A change in PIC must be reported to the department within 30 days.
   c. The PIC must work an average of 8 hours per week at each pharmacy for which they are a PIC.
   d. PIC and pharmacy are jointly responsible for the pharmacy’s compliance with public health code and rules.
   e. All of the above are true.

5. Which of the following is true?
   a. Compounding pharmacies must follow CGMP.
   b. Pharmacies can compound drugs withdrawn from the market.
   c. Pharmacies that compound non sterile topical must be accredited.
   d. Outsourcing facilities are required by Michigan to be a state licensed pharmacy.

6. Which of the following is true?
   a. A pharmacy may advertise that it compounds.
   b. A pharmacy may compound anything in anticipation of a prescription.
   c. A pharmacy may sell compounded drugs to another pharmacy for resale.
d. It is considered compounding when a pharmacy reconstitutes a drug according to manufacturers directions and labeling.