



State of Alaska
 Department of Commerce, Community and Economic Development
 Division of Corporations, Business and Professional Licensing
BOARD OF PHARMACY
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SHARED PHARMACY SERVICES APPLICATION

INSTRUCTIONS: Complete all sections and return to the Division at the address above.

SECTION A: All applicants complete *either* Requesting Pharmacy *or* Requesting Pharmacist:

REQUESTING PHARMACY – Required in accordance with 12 AAC 52.443.

If the Requesting Pharmacy is providing services with a filling pharmacy (vs. filling pharmacist), do both pharmacies have the same owner or do they have a written contract or agreement with the other pharmacy that outlines the pharmacy services to be provided and each pharmacy’s responsibility to comply with federal and state pharmacy statutes and regulations?

Check One: Same owner Written Contract Filler is a Pharmacist

Requesting Pharmacy Name: _____ AK License # _____

Type: Retail OR Institution PIC: _____ Phone Number: _____

Physical Address: _____

Mailing Address: _____

OR

REQUESTING PHARMACIST – Required in accordance with 12 AAC 52.444.

Does the requesting pharmacist have a written contract or agreement with the filling pharmacy or pharmacist that outlines the services to be provided and the obligations of each pharmacy or pharmacist to comply with federal and state pharmacy statutes and regulations? Yes No

Requesting Pharmacist Name: _____ AK License # _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Section B: All applicants: Complete one of the three correlating areas below based on the appropriate box checked.

The Requesting Pharmacy is contracting with:

A Filling Pharmacy A Filling Pharmacist inside of Alaska A Filling Pharmacist outside Alaska

1. FILLING PHARMACY - Required in accordance with 12 AAC 52.445.

Filling Pharmacy Name: _____ AK License # _____

Phone Number: _____ PIC: _____

Physical Address: _____

Mailing Address: _____

2. FILLING PHARMACIST INSIDE ALASKA – Required in accordance with 12 AAC 52.445.

Filling Pharmacist Name: _____ AK License # _____

Physical Address: _____

Mailing Address: _____

Phone Number: _____

3. FILLING PHARMACIST OUTSIDE ALASKA – Required in accordance with 12 AAC 52.445.

You must have a current Alaska Pharmacist License and a current Pharmacist License in your home jurisdiction. As of this date, the Requesting Pharmacy must be an institution (see Section A).

Filling Pharmacist Name: _____ AK License #: _____

License # in home jurisdiction: _____ Requesting pharmacy is an institution? Yes No

Physical Address: _____

Mailing Address: _____

Phone Number: _____

Section C: ALL PARTICIPANTS: Required in accordance with 12 AAC 52.445

YES NO

1. Do the pharmacies or pharmacist comply with the requirements of 12 AAC 52.445?
2. Do the participants share a common electronic file or other appropriate technology that allows access to the information needed to provide shared pharmacy services in compliance with the Board of Pharmacy requirements?
3. Does the pharmacy participating in shared pharmacy services, or the pharmacist acting independently of a pharmacy and participating in shared pharmacy services, use an identifier on the prescription container that identifies prescriptions to be filled at a filling pharmacy or by the filling pharmacist?
4. Is the patient or patient's agent notified either by an identifier on the label or by written notification that the prescription may be processed or filled by another pharmacy or pharmacist and has been identified?
5. If a prescription medication is delivered directly to the patient or the patient's agent by a filling pharmacy, is the following information provided? Local phone number or toll-free phone number of the filling pharmacy and a statement that conveys the following statement: "Written information about this prescription has been provided for you; Please read this information before you take the medication. If you have questions concerning this prescription, a Pharmacist is available during normal business hours to answer these questions at (insert the filling pharmacy's telephone numbers)".
6. Do the participants maintain manual or electronic records identifying, for each order processed, filled, or dispensed, the name, initials, or identification code of each pharmacist responsible for the final verification of dispensing, which includes interpretation of the order, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention, or refill authorization functions performed at that pharmacy.
7. Do the participants understand that they must report to the Board as soon a practical the results of any license disciplinary action taken by a regulatory agency in another licensing jurisdiction involving a pharmacy or pharmacist participating in shared pharmacy services?

8. Do the participants maintain a mechanism for tracking the order during each step of the processing and filling procedures performed at the pharmacy?.....
9. Do the participants provide for adequate security to protect the confidentiality and integrity of patient information?.....
10. Do the participants provide for inspection of any required record or information within 72 hours of any request by the board or its designee?.....
11. Does the pharmacy have joint policies and procedures for implementation of shared pharmacy services including: responsibilities of each pharmacy; name, address, telephone numbers and all license numbers of the participating pharmacies and pharmacist; patient notification requirements; protection and confidentiality of patient information; dispensing prescription orders when the filled order is not received or the patient comes in before the order is received; maintenance of manual or electronic records; compliance with federal and state laws; continuous quality improvement program that pursues improvement of patient care and resolves problems?.....

Signature of owner or officer of REQUESTING PHARMACY

Signature of owner or officer of FILLING PHARMACY

Print name of owner or officer's signature

Print name of owner or officer's signature

Date

Date

OR

OR

Signature of REQUESTING PHARMACIST

Signature of FILLING PHARMACIST

Print name of pharmacist signature

Print name of pharmacist signature

Date

Date

Definitions:

12 AAC 52.995(a)

(29) "filling pharmacy" means a pharmacy participating in shared pharmacy services that processes or fills a prescription order for a patient.

(30) "requesting pharmacy" means a pharmacy participating in shared pharmacy services that forwards a prescription order to another participating pharmacy to be processed or filled.

(31) "shared pharmacy services" means a system allowing the processing by a participating pharmacist or a pharmacy of a request from another participating pharmacist or pharmacy to process or fill a prescription drug order, or to perform functions such as dispensing, drug utilization review, claims adjudication, refill authorizations, therapeutic interventions and institutional order review.

12 AAC 52.443. APPROVAL FOR SHARED PHARMACY SERVICES BY PHARMACY. (a) A requesting pharmacy in this state that seeks to participate in shared pharmacy services must apply to the board for approval on a form provided by the department.

(b) The board will approve an application by a requesting pharmacy to participate in shared pharmacy services if the pharmacy establishes

- (1) that the pharmacy has a current in-state pharmacy license issued under AS 08.80.157 and this chapter;
- (2) that the pharmacy is able to comply with the requirements of 12 AAC 52.445;
- (3) that the pharmacy either

(A) is owned by the same owner as the filling pharmacy with which pharmacy services are to be shared; or

(B) has a written contract or agreement with the filling pharmacy or filling pharmacist that outlines the pharmacy services to be provided and the obligation of each pharmacy or pharmacist to comply with federal and state pharmacy statutes and regulations; and

(4) that the participants in shared pharmacy services share a common electronic file or other appropriate technology that allows access to the information needed to provide shared pharmacy services in compliance with the requirements of AS 08.80 and this chapter.

Authority: AS 08.80.005 AS 08.80.030 AS 08.80.157

12 AAC 52.444. APPROVAL FOR SHARED PHARMACY SERVICES BY PHARMACIST. (a) A requesting pharmacist in this state that seeks to participate in shared pharmacy services must apply to the board for approval on a form provided by the department.

(b) The board will approve an application by a requesting pharmacist to participate in shared pharmacy services if the requesting pharmacist establishes

(1) that the pharmacist

(A) has a current in-state pharmacy license issued under AS 08.80 and this chapter;

(B) has a written contract or agreement with the filling pharmacy or filling pharmacist that outlines the pharmacy services to be provided and the obligations of each pharmacy or pharmacist to comply with federal and state pharmacy statutes and regulations; and

(C) is able to comply with the requirements of 12 AAC 52.445; and

(2) that the participants in shared pharmacy services share a common electronic file or other appropriate technology that allows access to the information needed to provide shared pharmacy services in compliance with the requirements of AS 08.80 and this chapter.

Authority: AS 08.80.005 AS 08.80.030

12 AAC 52.445. SHARED PHARMACY SERVICES. (a) A pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall use an identifier on the prescription container that identifies prescriptions to be filled at a filling pharmacy or by the filling pharmacist. The requesting pharmacy or requesting pharmacist shall notify the patient or the patient's agent that the patient's prescription order may be processed or filled by another pharmacy or pharmacist, and shall identify the filling pharmacy or filling pharmacist. If the requesting pharmacy is part of a network of pharmacies under common ownership, and the prescription order may be processed or filled at any of the pharmacies in the network, the requesting pharmacy shall notify the patient of this. Notice under this subsection may be provided through an initial written notice to the patient or the patient's agent, or through the use of a sign prominently displayed in the requesting pharmacy or in the public portion of the office of the requesting pharmacist.

(b) Except as provided in (c) of this section, if a filling pharmacy or filling pharmacist delivers a prescription medication directly to the patient or the patient's agent, the filling pharmacy or filling pharmacist shall provide, on the prescription container or on a separate sheet delivered with the prescription container,

(1) the local telephone number and, if applicable, the toll-free telephone number of the filling pharmacy or filling pharmacist; and

(2) a statement that conveys to the patient or patient's agent the following information: "Written information about this prescription has been provided for you; please read this information before you take the medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer these questions at [insert the filling pharmacist or filling pharmacy's telephone numbers]."

(c) The requirements of (b) of this section do not apply to prescription medication delivered to patients in facilities where a licensed health care professional is responsible for administering the prescription medication to the patient.

(d) A pharmacy participating in shared pharmacy services, or a pharmacist acting independently of a pharmacy and participating in shared pharmacy services, shall

(1) maintain manual or electronic records identifying, individually for each order processed, filled, or dispensed, the name, initials, or identification code of each pharmacist responsible for the final verification of dispensing; those records must include descriptions of actions taken in interpretation of the order, order entry verification, drug utilization review, drug compatibility and drug allergy review, final order verification, therapeutic intervention, and refill authorization functions performed at that pharmacy or by that pharmacist;

(2) report to the board as soon as practical the results of any license disciplinary action taken by a regulatory agency in another licensing jurisdiction involving a pharmacy or pharmacist participating in shared pharmacy services;

(3) maintain a mechanism for tracking the order during each step of the processing and filling procedures performed at the pharmacy or by that pharmacist;

(4) provide for adequate security to protect the confidentiality and integrity of patient information;

(5) provide for inspection of any required record or information no later than 72 hours after any request by the board or its designee.

(e) Each pharmacy participating in shared pharmacy services, if a

(1) requesting pharmacy, shall have a current in-state pharmacy license issued under AS 08.80.157 and this chapter;

(2) filling pharmacy, shall either

(A) have a current in-state pharmacy license issued under AS 08.80.157 and this chapter; or

(B) be registered as an out-of-state pharmacy under AS 08.80.158 and this chapter.

(f) Each participant in shared pharmacy services shall jointly develop, implement, review, revise, and comply with joint policies and procedures for shared pharmacy services. Each participant is required to maintain only those portions of the joint policies and procedures that relate to that participant's operations. The policies and procedures must

(1) outline the responsibilities of each participant;

(2) include a list that contains

(A) each pharmacy participating in shared pharmacy services, and each pharmacist acting independently of a pharmacy and participating in shared pharmacy services;

(B) the name, address, and telephone number of each of those participants; and

(C) the license numbers for all licenses held by each of those participants; and

(3) address

(A) patient notification that meets the requirements of this section;

(B) the adequate protection of the confidentiality and integrity of patient information;

(C) dispensing prescription orders when the filled order is not received or the patient comes in before the order is received;

(D) the maintenance of manual or electronic records that meet the requirements of this section;

(E) compliance with federal and state laws; and

(F) the operation of a continuous quality improvement program for shared pharmacy services, designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems.

(g) Nothing in this section prevents an individual pharmacist licensed in this state who is employed by or working under a contract with a pharmacy, or prevents a licensed pharmacy intern or pharmacy technician working under the supervision of that licensed pharmacist, from accessing the electronic database of that pharmacy from inside or outside the pharmacy and processing a prescription order in compliance with AS 08.80 and this chapter if

(1) the pharmacy has established controls to protect the privacy and security of confidential records; and

(2) the pharmacist, pharmacy intern, or pharmacy technician does not duplicate, download, or remove data from the pharmacy's electronic database.

(h) A pharmacist working independently outside of the state may participate in shared pharmacy services with an institutional pharmacy in this state if the pharmacist holds

(1) a current license as a pharmacist issued under AS 08.80 and this chapter; and

(2) a current license to practice as a pharmacist issued by the licensing jurisdiction where the pharmacist is working.

(i) The pharmacist-in-charge of the requesting pharmacy must ensure compliance with the applicable requirements of AS 08.80 and this section.

Authority: AS 08.80.005

AS 08.80.157

AS 08.80.158

AS 08.80.030