Basic License Data - PSD

INV 387 - Dispensing Practitioners

Dispensing Practitioner Requirements

Practitioner properly registered with the board. [465.0276(2)(a), F.S.]
Dispensing area clean and safe. [64B16-28.102(4), F.A.C.]
Generic drug sign displayed. [465.025(7), F.S.][64B8-8.011(3)(b)10, F.A.C.]
Stock medications appropriately labeled for dispensing from a licensed manufacturer. [499.007(2), F.S.]
Medications purchased from a Florida licensed wholesaler/distributor. [499.005(14), F.S.]
Outdated medications removed from stock. [64B16-28.110, F.A.C.]
Medications dispensed being placed in childproof container. [16CFR 1700.14][64B8-8.011(3)(b)16., F.A.C.]
Medication labels properly completed for dispensing. [893.04(1)(e), F.S.][64B16-28.108, F.A.C.]
Practitioner providing a written or electronic prescription for medication to be dispensed. [465.0276(2)(c), F.S.]
Practitioner offers that the prescription may be filled on premise or at any pharmacy of the patients' choice. [465.0276(2)(c), F.S.]
Practitioner uses counterfeit-resistant prescription blanks for all controlled substances. [893.065, F.S.]
Prescriptions are written with the quantity of the drug prescribed in both textual and numerical formats and must be dated with the abbreviated month written out on the face of the prescription. [465.42(1)(2), F.S.]
Label affixed to each container dispensed to a patient shall include expiration date. [64B16-28.108(3)(h), F.A.C.]
Practitioner is present when dispensing occurs. [64B16-27.1001, F.A.C.]
Practitioner is personally certifying (checking) filled prescription for accuracy prior to patient receiving. [64B16-27.1001, (2)(c) F.A.C.]
Patient records are maintained for prescriptions dispensed. [64B16-27.800(4)]
Daily written or electronic printout or log of all prescriptions dispensed or refilled. [64B16-28.140(3)(d)(e), F.A.C.]

Dispensing Controlled Substances

Dispensing of controlled substances is in compliance with [465.0276, F.S.].
Dispensing of schedule II or III controlled substances is being performed pursuant to exemptions under [465.0276(1)(b), F.S.].
Practitioner is reporting to the PDMP within 24 hours of dispensing controlled substances. [893.055(4), F.S.]
Controlled substances securely maintained and stored in a locked cabinet. [21CFR 1301.75]
Controlled substance prescriptions signed and dated by practitioner. [893.04(1)(b), F.S.]
Controlled substance prescriptions provide patient's name and address. [893.04(1)(c) 1., F.S.]
Controlled substance prescriptions provide practitioner's name/address and DEA number. [893.04(1)(c) 2., F.S.]
Controlled substance prescription refills signed and dated by practitioner. [893.04(1)(b), F.S.]
Controlled substance prescriptions properly maintained. [893.04, F.S][893.07, F.S.]
Controlled substance purchase records properly maintained. [893.07, F.S.]
Controlled substance records readily retrievable. [893.07(4)(b), F.S.][21CFR 1304.04]
Controlled substance biennial inventory conducted. [893.07(1)(a), F.S.]

DEA 222 forms properly completed. [893.07(2), F.S.] [21CFR 1305.09]

Schedule II controlled substance prescriptions for the treatment of acute pain do not exceed the 3-day supply and up to 7-day supply unless the words “ACUTE PAIN EXCEPTION” are written on the prescription. [456.44 (5)(a)2 F.S.]

Schedule II controlled substance prescriptions for the treatment of pain other than acute pain indicate “NONACUTE PAIN” on the prescription. [456.44 (5)(b)2 F.S.]

Schedule III controlled substance prescriptions in connection with the performance of a surgical procedure do not exceed a 14-day supply. [465.0276 (1)(b)(3) (a)]

Emergency opioid antagonist is concurrently prescribed for the treatment of pain related to a traumatic injury. [456.44 (5)(b)2 F.S.]

Buprenorphine is dispensed for the treatment of opiate addictions. [465.0276(1)(b)(7) F.S]

Remarks:

I have read and have had this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge. I have received a copy of the Licensee Bill of Rights.

Investigator/Sr. Pharmacist Signature: ___________________________  Representative: ___________________________

Date: ___________________________  Date: ___________________________