

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

1. Type of Estimate and Analysis <input checked="" type="checkbox"/> Original <input type="checkbox"/> Updated <input type="checkbox"/> Corrected	2. Date 06/20/24
3. Administrative Rule Chapter, Title and Number (and Clearinghouse Number if applicable) Phar 8 (Emergency Rule)	
4. Subject Controlled Substances Requirements	
5. Fund Sources Affected <input type="checkbox"/> GPR <input type="checkbox"/> FED <input checked="" type="checkbox"/> PRO <input type="checkbox"/> PRS <input type="checkbox"/> SEG <input type="checkbox"/> SEG-S	6. Chapter 20, Stats. Appropriations Affected 20.165 (1) (g)
7. Fiscal Effect of Implementing the Rule <input type="checkbox"/> No Fiscal Effect <input type="checkbox"/> Increase Existing Revenues <input checked="" type="checkbox"/> Increase Costs <input type="checkbox"/> Decrease Costs <input type="checkbox"/> Indeterminate <input type="checkbox"/> Decrease Existing Revenues <input type="checkbox"/> Could Absorb Within Agency's Budget	
8. The Rule Will Impact the Following (Check All That Apply) <input type="checkbox"/> State's Economy <input type="checkbox"/> Specific Businesses/Sectors <input type="checkbox"/> Local Government Units <input type="checkbox"/> Public Utility Rate Payers <input type="checkbox"/> Small Businesses (if checked, complete Attachment A)	
9. Estimate of Implementation and Compliance to Businesses, Local Governmental Units and Individuals, per s. 227.137(3)(b)(1). \$0	
10. Would Implementation and Compliance Costs Businesses, Local Governmental Units and Individuals Be \$10 Million or more Over Any 2-year Period, per s. 227.137(3)(b)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
11. Policy Problem Addressed by the Rule This rule project revises ch. Phar 8 to reduce regulatory burdens on pharmacies, while maintaining public safety. These revisions include the addition of language regarding changes to controlled substances prescriptions, amendments to remove language regarding suspicious controlled substances orders, and amendments to clarify that partial dispensing of controlled substances is allowed. The Pharmacy Examining Board finds that an emergency exists and that this rule is necessary for the immediate preservation of the public peace, health, safety, or welfare. A statement of facts constituting the emergency is: Clearinghouse Rule 21-071 went into effect on October 1, 2022. This rule repealed and recreated all of Wisconsin Administrative Code Chapter Phar 8. Upon receiving feedback and completing an additional review, the Pharmacy Examining Board has determined that additional changes are needed to Phar 8 to address areas where requirements are no longer in effect or do not match federal regulations. Emergency rules are needed to ensure that these requirements can be updated to protect patient safety and allow effective regulation of the profession until permanent rules can be promulgated.	
12. Summary of the Businesses, Business Sectors, Associations Representing Business, Local Governmental Units, and Individuals that may be Affected by the Proposed Rule that were Contacted for Comments. N/A	
13. Identify the Local Governmental Units that Participated in the Development of this EIA. N/A	
14. Summary of Rule's Economic and Fiscal Impact on Specific Businesses, Business Sectors, Public Utility Rate Payers, Local Governmental Units and the State's Economy as a Whole (Include Implementation and Compliance Costs Expected to be Incurred)	

ADMINISTRATIVE RULES

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DSPS estimates a total of \$5,025 in one-time costs for implementing this rule. The estimated funds support the equivalent of a 0.1 limited term employee and their associated overhead for rulemaking activities and form and website updates. The one-time costs cannot be absorbed in the currently appropriated agency budget.

15. Benefits of Implementing the Rule and Alternative(s) to Implementing the Rule

The benefits of implementing this rule are alignment of Wisconsin requirements for controlled substances with DEA requirements and standards.

16. Long Range Implications of Implementing the Rule

The long range implications of implementing this rule is clear requirements for practicing Pharmacy in the area of controlled substances..

17. Compare With Approaches Being Used by Federal Government

The practice of pharmacy is not regulated by the federal government and Wisconsin has its own controlled substances schedules. However, the federal government does regulate federally controlled substances and the vast majority of Wisconsin controlled substances are also federally controlled substances. Title 21 CFR Chapter II governs federally scheduled controlled substances, including: registration of manufacturers, distributors and dispensers of controlled substances; prescriptions; orders for schedule I and II controlled substances; requirements for electronic orders and prescriptions; and disposal.

18. Compare With Approaches Being Used by Neighboring States (Illinois, Iowa, Michigan and Minnesota)

Illinois: 225 Illinois Compiled Statutes 85 outlines Illinois' Pharmacy Practice Act. These statutes are further described in the Illinois Administrative Code Title 68 Part 1330. Included in both are requirements for pharmacy standards and pharmacy operation [225 Illinois Compiled Statutes 85, Illinois Administrative Code Title 68 Chapter VII Subchapter b Part 1330 Sections 1330.600 to 1330.800]. Illinois law also requires a pharmacist to report theft or loss of controlled substances to the board at the same time it is reported to the DEA [Illinois Administrative Code Title 68 Chapter VII Subchapter b Part 1330 Sections 1330.710].

In the Illinois Controlled Substances Act, partial filling of schedule III to V controlled substances is allowed within 6 months after the date the prescription was issued, as long as the total quantity dispensed does not exceed the total quantity prescribed and each partial fill is recorded in the same manner as a refill. Schedule II partial refills are allowed under certain circumstances. Those circumstances include if the pharmacist is unable to provide the full quantity of a prescription, then the remaining quantity may be filled within 72 hours. If the remaining quantity is not filled within 72 hours, the pharmacist shall notify the prescribing practitioner and a new prescription is required to dispense any further quantity of that medication. Other circumstances include requirements for partial filling of schedule II controlled substance prescriptions for patients in long term care facilities with a terminal illness [Illinois Administrative Code Title 77 Chapter XV Part 3100 Section 3100.420]. Illinois also allows certain changes to schedule II controlled substance prescriptions. Outside of the changing or adding the date, name of the patient, name of the prescriber or adding a signature, and the name of the drug, any other components of a schedule II controlled substance prescription may be changed after consultation with the prescriber [Illinois Administrative Code Title 77 Chapter XV Part 3100 Section 3100.400].

Iowa: The Iowa Pharmacy Board requires pharmacist to report theft or loss of controlled substances to the Iowa Board if there is reason to believe that the theft was committed by a pharmacy board licensee, otherwise it is sufficient to report the theft to the DEA [657 Iowa Administrative Code Chapter 10 Section 10.21]. Iowa allows the partial filling of schedule II controlled substance prescriptions if there is an insufficient supply on hand for the pharmacist, for a long-term care or terminally patient, or a patient or prescriber request [657 Iowa Administrative Code Chapter 10 Section 10.27]. Changes to schedule II controlled substances are allowed after consultation with the prescriber or prescriber's agent in the areas of drug strength, dosage form, drug quantity, directions for use, date the prescription was issued, or the prescriber's address or DEA registration number. The pharmacist is not allowed to change the patient's name, the

ADMINISTRATIVE RULES Fiscal Estimate & Economic Impact Analysis

controlled substance prescribed except for generic substitution, or the name or signature of the prescriber [657 Iowa Administrative Code Chapter Section 10.30].

Michigan: Michigan requires theft or diversion of a controlled substance to be reported to the Michigan Department of Licensing and Regulatory Affairs within 15 days of completion of an investigation regarding a suspected theft or significant loss of a controlled substance, whether or not it is also reported to the DEA [Michigan Administrative Rules R 338.3141]. Michigan allows partial dispensing of schedule II controlled substances when the pharmacist is unable to supply the full quantity, at the request of the patient or prescriber, or for a patient in a long-term care facility or one who has a terminal illness. When the pharmacist is unable to supply the full quantity of a schedule II controlled substance prescription, the remaining quantity must be dispensed within 72 hours. If the remaining quantity is not dispensed within 72 hours, the pharmacist is required to notify the prescriber and a new prescription is required to dispense any further quantity. When a patient or prescriber requests a partial refill of a schedule II controlled substance prescription, the remaining portion may be dispensed within 30 days after the date of the on which the prescription was written. When the schedule II controlled substance prescription is for a patient in a long-term care facility or for one with a terminal illness, individual dosage units may be dispensed and the prescription is valid for 60 days from the issue date. Partial filling of schedule III to V controlled substances prescriptions is also allowed as long as each partial fill is recorded as the same manner as a refill, the total quantity dispensed is not more than the total prescribed, and no dispensing can occur after 6 months for the date the prescription was issued [Michigan Administrative Rules R 338.3166]. Michigan Administrative Rules do not appear to mention requirements for changes to controlled substance prescriptions.

Minnesota: Minnesota allows the partial filling of schedule II controlled substances for patients in long term care facilities or those that are terminally ill [Minnesota Administrative Code Section 6800.4300]. Pharmacists, drug wholesalers, drug manufacturers, and controlled substance researchers must report loss or theft of controlled substances to the DEA immediately [Minnesota Administrative Code Section 6800.4800]. Minnesota Administrative Rules do not appear to mention requirements for changes to controlled substance prescriptions.

19. Contact Name Nilajah Hardin, Administrative Rules Coordinator	20. Contact Phone Number (608) 267-7139
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ADMINISTRATIVE RULES
Fiscal Estimate & Economic Impact Analysis

ATTACHMENT A

1. Summary of Rule's Economic and Fiscal Impact on Small Businesses (Separately for each Small Business Sector, Include Implementation and Compliance Costs Expected to be Incurred)

2. Summary of the data sources used to measure the Rule's impact on Small Businesses

3. Did the agency consider the following methods to reduce the impact of the Rule on Small Businesses?

- Less Stringent Compliance or Reporting Requirements
 - Less Stringent Schedules or Deadlines for Compliance or Reporting
 - Consolidation or Simplification of Reporting Requirements
 - Establishment of performance standards in lieu of Design or Operational Standards
 - Exemption of Small Businesses from some or all requirements
 - Other, describe:
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4. Describe the methods incorporated into the Rule that will reduce its impact on Small Businesses

5. Describe the Rule's Enforcement Provisions

6. Did the Agency prepare a Cost Benefit Analysis (if Yes, attach to form)

- Yes No
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