

(4) The parties may obtain a copy of a transcript to be used on appeal:

(a) If the proceedings before the hearings examiner or board were recorded by a court reporter, a copy of the transcript can be ordered from the court reporter.

(b) If the proceedings were recorded mechanically, a copy can be ordered from the board for 35 cents a page.

(4) The board shall transmit to the court a certified transcript of the hearing with exhibits. [Statutory Authority: Chapter 41.64 RCW. 85-20-001 (Order 85-2), § 358-30-220, filed 9/19/85. Statutory Authority: RCW 41.64.060. 82-14-007 (Order 82-1), § 358-30-220, filed 6/25/82.]

Title 360 WAC PHARMACY, BOARD OF

Chapters

360-12	Pharmacists.
360-16	Pharmacies.
360-17	Hospital pharmacy standards.
360-18	Licensing periods and fees.
360-19	Patient medication record systems.
360-32	Sales requiring prescriptions.
360-36	Regulations implementing the Uniform Controlled Substances Act.
360-40	Prophylactics.

Chapter 360-12 WAC PHARMACISTS

WAC

360-12-015	Examinations.
360-12-065	Foreign-trained applicants.
360-12-125	Inactive pharmacist license.
360-12-130	Pharmacists—Reinstatement or reactivation of license.

WAC 360-12-015 Examinations. (1) The examination for licensure as a pharmacist shall be known as the full board examination and shall consist of both theoretical and practical sections in such form as may be determined by the board.

(2) The score required to pass the overall examination shall be 75 percent. In addition, the scores achieved in the jurisprudence and written practice of pharmacy sections of the exam shall be no lower than 75 percent and the scores achieved on the other sections of the exam shall be no lower than 60 percent.

(3) An examinee failing any portion of the examination other than the jurisprudence section shall retake the regularly scheduled full board examination.

(4) An examinee failing the jurisprudence portion of the full board examination shall be allowed to retake the jurisprudence portion at a time and place to be specified by the board.

(5) An examinee who fails the jurisprudence examination three times shall not be eligible for further examination until he or she has satisfactorily completed

additional preparation as directed and approved by the board. [Statutory Authority: RCW 18.64.005(1) and 18.64.080. 84-04-029 (Order 183), § 360-12-015, filed 1/25/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-015, filed 3/27/79.]

WAC 360-12-065 Foreign-trained applicants. (1) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries, wishing to be licensed as pharmacists in the state of Washington shall take and pass the foreign pharmacy graduate equivalency examination prepared by the foreign pharmacy graduate education commission and shall have received an educational equivalency certificate from that commission.

(2) In addition, prior to licensure they shall pass the Washington state board of pharmacy full board examination and meet its internship requirements.

(3) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries and whose credentials are such that no further education is necessary must earn a total of 1500 intern hours before licensure. The applicant must earn at least 1200 intern hours before taking the full board examination: *Provided*, That the board may, for good cause shown, waive the required 1500 hours. [Statutory Authority: RCW 18.64.005. 84-03-015 (Order 180), § 360-12-065, filed 1/9/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-065, filed 3/27/79; Order 122, § 360-12-065, filed 9/30/74.]

WAC 360-12-125 Inactive pharmacist license. Any pharmacist who desires to leave the active practice of pharmacy in the state of Washington may request an inactive license from the board. The request for an inactive license must be submitted on a form provided by the board. It must be renewed in the same manner as an active license upon payment of a fee as specified by the board.

The holder of an inactive license shall not practice pharmacy in the state of Washington. The holder of an inactive license need not comply with the continuing education requirements contained in chapter 360-11 WAC.

In order to reactivate an inactive license, the holder of the inactive license must comply with the provisions of WAC 360-12-130. [Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-125, filed 2/22/85.]

WAC 360-12-130 Pharmacists—Reinstatement or reactivation of license. (1) A pharmacist who desires to reinstate or reactivate his or her license after having been out of the active practice of pharmacy must meet the following requirements, as applicable, in addition to paying the fee required by RCW 18.64.140.

(a) If the pharmacist has been unlicensed or the holder of an inactive license for three years or less, he or

she must take and pass the jurisprudence examination given by the board.

(b) If the pharmacist has been unlicensed or the holder of an inactive license for between three and five years, he or she must take and pass the jurisprudence examination given by the board and either serve an internship of 300 hours or take and pass such further written practical examinations as are specified by the board in each individual case.

(c) If the pharmacist has been unlicensed or the holder of an inactive license for over five years, he or she must take and pass the full board examination and serve an internship of 300 hours.

(2) A pharmacist desiring to reinstate or reactivate his or her license must complete such continuing education credits as the board may specify in each individual case. [Statutory Authority: RCW 18.64.140, 85-06-010 (Order 193), § 360-12-130, filed 2/22/85. Statutory Authority: RCW 69.50.201, 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-130, filed 3/27/79; Regulation 2, filed 3/23/60.]

Chapter 360-16 WAC PHARMACIES

WAC

360-16-025	Pharmacy license renewal.
360-16-150	Return or exchange of drugs.
360-16-170	Repealed.
360-16-200	Physical standards for pharmacies—Adequate stock.
360-16-230	Physical standards for pharmacies—Adequate equipment.
360-16-240	General.
360-16-255	Prescription labeling.
360-16-260	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

360-16-170	Drug vending machine for over-the-counter drugs. [Statutory Authority: RCW 18.64.005(11), 79-10-007 (Order 151, Resolution No. 9/79), § 360-16-170, filed 9/6/79; Regulation 17, filed 3/23/60.] Repealed by 85-11-066 (Order 194), filed 5/21/85. Statutory Authority: RCW 18.64.005.
360-16-260	Patient medication record system. [Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290, 83-01-083 (Order 171), § 360-16-260, filed 12/17/82; Order 125, § 360-16-260, filed 1/28/75, effective 7/1/75.] Repealed by 84-03-016 (Order 181), filed 1/9/84. Statutory Authority: RCW 18.64.005.

WAC 360-16-025 Pharmacy license renewal. The state board of pharmacy will not renew any pharmacy license after June 1, 1984 unless the following are submitted:

- (1) A complete renewal application form;
- (2) A completed self-inspection form; and
- (3) The fee as established by WAC 360-18-020. [Statutory Authority: RCW 18.64.043, 84-12-019 (Order 186), § 360-16-025, filed 5/25/84.]

WAC 360-16-150 Return or exchange of drugs. Except as provided in this rule, prescriptions, drugs,

medicines, sick room supplies and items of personal hygiene shall not be accepted for return or exchange by any pharmacist or pharmacy after such prescriptions, drugs, medicines, sick room supplies or items of personal hygiene have been taken from the premises where sold, distributed or dispensed.

(1) Those drugs and sick room supplies legally dispensed by prescription in unit dose forms or in sealed single or multiple dose ampoules or vials in which the pharmacist can readily determine that entry or attempted entry by any means has not been made and which, in the pharmacist's professional judgment, meet the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability may be returned.

(2) Pharmacies serving hospitals and long-term care facilities may accept for return and reuse, unit dose packages or full or partial multiple dose medication cards based on the following criteria;

(a) The pharmacist can readily determine that entry or attempt at entry to the unit dose package or blister card has not been made;

(b) In the pharmacist's professional judgment, the unit dose package or full or partial multiple dose medication card meets the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability;

(c) The drug has been stored in such a manner as to prevent contamination by a means that would affect the efficacy and toxicity of the drug;

(d) The drug has not come into physical possession of the person for whom it was prescribed and control of the drug being returned is known to the pharmacist to have been the responsibility of a person trained and knowledgeable in the storage and administration of drugs;

(e) The drug labeling or packaging has not been altered or defaced so that the identity of the drug, its potency, lot number, and expiration date is retrievable.

(f) If the drug is prepackaged, it shall not be mixed with drugs of different lot numbers and/or expiration dates unless the specific lot numbers are retrievable and the expiration dates accompany the drug. If the drug is extemporaneously packaged, it shall not be mixed with drugs of different expiration dates unless the earliest expiration date appears on the label of the drug.

(3) This rule shall not include items such as orthopedic appliances, crutches, canes, wheelchairs and other similar items unless otherwise prohibited.

(4) Controlled substances shall not be returned to a pharmacy except for destruction in accordance with rules of the drug enforcement administration or the Washington state board of pharmacy. [Statutory Authority: RCW 18.64.005, 84-12-020 (Order 187), § 360-16-150, filed 5/25/84; Regulation 28, filed 3/23/60.]

WAC 360-16-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 360-16-200 Physical standards for pharmacies—Adequate stock. (1) The pharmacy must maintain

at all times a representative assortment of drugs in order to meet the pharmaceutical needs of its patients.

(2) Dated items—All merchandise which has exceeded its expiration date must be removed from stock.

(3) All stock and materials on shelves or display for sale must be free from contamination, deterioration and adulteration.

(4) All stock and materials must be properly labeled according to federal and state statutes, rules and regulations.

(5) Devices that are not fit or approved by the FDA for use by the ultimate consumer shall not be offered for sale and must be removed from stock.

(6) All drugs shall be stored in accordance with USP standards and shall be protected from excessive heat or freezing except as those drugs that must be frozen in accordance with the requirements of the label. If drugs are exposed to excessive heat or frozen when not allowed by the requirements of the label, they must be destroyed. [Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-200, filed 5/21/85; Order 131, § 360-16-200, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 360-16-230 Physical standards for pharmacies—Adequate equipment. (1) All pharmacies shall have in their possession the equipment and supplies necessary to compound, dispense, label, administer and distribute drugs and devices. The equipment shall be in good repair and shall be available in sufficient quantity to meet the needs of the practice of pharmacy conducted therein.

(2) All pharmacies will have in their possession:

(a) One up-to-date copy of the state of Washington statutes, rules and regulations governing the practice of pharmacy, the sale and dispensing of drugs, poisons, controlled substances, and medicines maintained in a binder.

(3) All pharmacies shall have up-to-date references in order for the pharmacist(s) to furnish patients and practitioners with information concerning drugs. [Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-230, filed 5/21/85; 84-03-015 (Order 180), § 360-16-230, filed 1/9/84; Order 131, § 360-16-230, filed 2/4/77; Order 118, § 360-16-230, filed 1/2/74; Order 51 (part), filed 8/15/67.]

WAC 360-16-240 General. (1) A list of antidotes for poisoning shall be posted or otherwise readily available for reference. The telephone number of the nearest poison control center shall be readily available.

(2) The Washington state board of pharmacy shall set standards for the grading of pharmacies in the state of Washington. There shall be three classifications: A, 100-90; B, 89-80; and C, below 80. Each pharmacy being inspected shall receive either a Class A, Class B, or Class C certificate, depending on the extent of compliance with the set standards.

(3) Any pharmacy receiving a Class C rating will have 60 days to raise its standards to a Class B or better.

If after 60 days the pharmacy has failed to raise its standards to a Class B or better, a hearing will be conducted to consider disciplinary action.

(4) Any pharmacy receiving two consecutive B grades will be subject to a hearing to consider disciplinary action.

(5) The certificate of inspection must be posted on the front of the prescription case in conspicuous view of the general public and shall not be removed or defaced.

(6) Noncompliance with the provisions of RCW 18.64A.010 - 900 (Pharmacy assistants) and WAC 360-52-010 - 100 (Pharmacy assistants) shall result in an automatic "C" grade regardless of point scores as found (2) above. Refer to (3) above for specific information on "C" grades. [Statutory Authority: RCW 18.64.043. 84-12-019 (Order 186), § 360-16-240, filed 5/25/84. Statutory Authority: RCW 18.64.005(9) and 69.50.201. 79-02-060 (Order 146, Resolution No. 2-79), § 360-16-240, filed 2/1/79; Order 131, § 360-16-240, filed 2/4/77; Order 51 (part), filed 8/15/67.]

WAC 360-16-255 Prescription labeling. To every prescription container, there shall be fixed a label or labels bearing the following information:

(1) All information as required by RCW 18.64.246, provided that in determining an appropriate period of time for which a prescription drug may be retained by a patient after its dispensing, the dispenser shall take the following factors into account:

(a) The nature of the drug;

(b) The container in which it was packaged by the manufacturer and the expiration date thereon;

(c) The characteristics of the patient's container, if the drug is repackaged for dispensing;

(d) The expected conditions to which the article may be exposed;

(e) The expected length of time of the course of therapy; and

(f) Any other relevant factors.

The dispenser shall, on taking into account the foregoing, place on the label of a multiple unit container a suitable beyond-use date or discard by date to limit the patient's use of the drug. In no case may this date be later than the original expiration date determined by the manufacturer.

(2) The quantity of drug dispensed, for example the volume or number of dosage units.

(3) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed."

(4) The information contained on the label shall be supplemented by oral or written information as required by WAC 360-16-250. [Statutory Authority: RCW 18.64.246. 85-06-010 (Order 193), § 360-16-255, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-22-027 (Order 191), § 360-16-255, filed 11/1/84.]

WAC 360-16-260 Repealed. See Disposition Table at beginning of this chapter.

Chapter 360-17 WAC
HOSPITAL PHARMACY STANDARDS

WAC

360-17-060 Physical requirements.

WAC 360-17-060 Physical requirements. (1) Area. The pharmacy facilities shall include:

(a) Appropriate transportation and communications systems for the distribution and control of drugs within the hospital.

(b) Sufficient space and equipment for secure, environmentally controlled storage of drugs and other pharmaceutical supplies.

(2) In order to meet the medical services' need for drugs throughout the hospital, the pharmacy facilities should include:

(a) Space for the management and clinical functions of the pharmaceutical service.

(b) Space and equipment for the preparation of parenteral admixtures, radiopharmaceuticals, and other sterile compounding and packaging.

(c) Other equipment necessary.

(3) Access to unattended areas. All areas occupied by the hospital pharmacy shall be locked by key or combination in order to prevent access by unauthorized personnel. The director of pharmacy shall designate in writing, by title and/or position those individuals who shall be authorized access to particular areas within the pharmacy, including authorization of access to keys and/or combinations.

(4) Drug storage areas. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security.

(a) It is the joint responsibility of the director of pharmacy and the director of nursing to ensure that drug handling, storage, and preparation are carried out in conformance with established policies, procedures, and accepted standards.

(b) Locked storage or locked medication carts shall be provided for use on each nursing service area or unit.

(5) Flammable storage. All flammable material shall be stored and handled in accordance with applicable local and state fire regulations, and there shall be written policy and procedures for the destruction of these flammable materials. [Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-17-060, filed 5/21/85. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-060, filed 7/29/81.]

Chapter 360-18 WAC
LICENSING PERIODS AND FEES

WAC

360-18-020 Fees.

WAC 360-18-020 Fees. The following fees shall be charged by the board of pharmacy:

(a) PHARMACY LOCATION & CSA	
Original pharmacy fee	\$165.00
Original pharmacy assistant utilization fee	35.00
Renewal pharmacy fee	85.00
Renewal pharmacy assistant utilization fee	35.00
Penalty pharmacy fee	165.00
(b) VENDOR	
Original fee	40.00
Renewal fee	40.00
Penalty fee	40.00
(c) PHARMACIST	
Exam fee (full exam)	125.00
Reexamination fee (jurisprudence portion)	25.00
Original license fee	75.00
Renewal fee, active and inactive license	60.00
Penalty fee	60.00
Reciprocity fee	250.00
Certification of license status to other states	10.00
(d) SHOPKEEPER	
(i) SHOPKEEPER - sixteen or more drugs	
Original fee	10.00
Renewal fee	10.00
Penalty fee	5.00
(ii) SHOPKEEPER - with differential hours	
Original fee	10.00
Renewal fee	10.00
Penalty fee	5.00
(e) DRUG MANUFACTURER	
Original fee	250.00
Renewal fee	250.00
Penalty fee	250.00
(f) DRUG WHOLESALER - full line	
Original fee	250.00
Renewal fee	250.00
Penalty fee	250.00
(g) DRUG WHOLESALER - OTC only	
Original fee	150.00
Renewal fee	150.00
Penalty fee	150.00
(h) DRUG WHOLESALER - export	
Original fee	250.00
Renewal fee	250.00
Penalty	250.00
(i) PHARMACY ASSISTANT - Level "A"	
Original fee	30.00
Renewal fee	20.00
(j) PHARMACY INTERN	
Original registration fee	15.00
Renewal registration fee	15.00

(k) CONTROLLED SUBSTANCES ACT (CSA) REGISTRATIONS

Dispensing registration fee (i.e. pharmacies)	35.00
Dispensing renewal fee (i.e. pharmacies)	30.00
Distributors registration fee (i.e. wholesalers)	50.00
Distributors renewal fee (i.e. wholesalers)	50.00
Manufacturers registration fee	50.00
Manufacturers renewal fee	50.00
Physician assistant registration fee	15.00
Physician assistant renewal fee	10.00
CRN with prescriptive authorization registration fee	15.00
CRN with prescriptive authorization renewal fee	10.00
Sodium pentobarbital for animal euthanization registration fee	20.00
Sodium pentobarbital for animal euthanization renewal fee	15.00

[Statutory Authority: RCW 18.64.005(4). 85-22-033 (Order 196), § 360-18-020, filed 10/31/85; 85-06-010 (Order 193), § 360-18-020, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-17-142 (Order 189), § 360-18-020, filed 8/22/84; 84-04-030 (Order 184), § 360-18-020, filed 1/25/84; 83-22-034 (Order 177), § 360-18-020, filed 10/26/83. Statutory Authority: RCW 18.64.005 and 18.64A.020. 83-18-021 (Order 175), § 360-18-020, filed 8/30/83. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-18-020, filed 5/28/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-08-035 (Order 155, Resolution No. 6/80), § 360-18-020, filed 6/26/80, effective 9/30/80; 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-020, filed 4/28/80.]

Chapter 360-19 WAC

PATIENT MEDICATION RECORD SYSTEMS

WAC	
360-19-010	Purpose.
360-19-020	Definitions.
360-19-030	Minimum required information in an automated patient medication record system.
360-19-040	Minimum required information in a manual patient medication record system.
360-19-050	Minimum procedures for utilization of a patient medication record system.
360-19-060	Auxiliary recordkeeping procedure.
360-19-070	Retrieval of information from an automated system.
360-19-080	Confidentiality and security of data.
360-19-090	Extension of time for compliance.
360-19-100	Effective date.

WAC 360-19-010 Purpose. The purpose of this chapter shall be to insure that a patient medical record system is maintained by all pharmacies and other sites where the dispensing of drugs takes place, in order to insure the health and welfare of the patients served. This system will consist of certain patient and prescription

information, and shall provide the pharmacist within the pharmacy means to retrieve all new prescription and refill prescription information relevant to patients of the pharmacy. It shall be designed to provide adequate safeguards against the improper manipulation or alteration of records, and to provide an audit trail. It may be either a manual system or an automated data processing system for the storage and retrieval of prescription and patient information. If an automated data processing system is utilized, an auxiliary recordkeeping procedure shall be available for documentation of new and refill prescriptions in case the automated system is inoperative for any reason. Establishment of a patient medication record system is intended to insure that the information it contains will be reviewed by the pharmacist in a manner consistent with sound professional practice when each prescription is filled. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-010, filed 1/9/84.]

WAC 360-19-020 Definitions. Terms used in this chapter shall have the meaning set forth in this section unless the context clearly indicates otherwise:

- (1) "Address" means the place of residence of the patient.
- (2) "Audit trail" means all materials and documents required for the entire process of filling a prescription, which shall be sufficient to document or reconstruct the origin of the prescription order, and authorization of subsequent modifications of that order.
- (3) "Auxiliary recordkeeping procedure" means a back-up procedure used to record medication record system data in case of scheduled or unscheduled downtime of an automated data processing system.
- (4) "Hard copy of the original prescription" shall include the prescription as defined in RCW 18.64.011(8) and/or the medical records or chart.
- (5) "Therapeutic duplication" means two or more drugs in the same pharmacological or therapeutic category which when used together may have an additive or synergistic effect. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-020, filed 1/9/84.]

WAC 360-19-030 Minimum required information in an automated patient medication record system. An automated patient medication record system is an electronic system that must have the capability of capturing any data removed on a hard copy of microfiche copy. The hard copy of the original prescription and all documents in the audit trail shall be considered a part of this system.

- (1) All automated patient medication record systems must maintain the following information with regard to ambulatory patients:
 - (a) Patient's full name and address.
 - (b) A serial number assigned to each new prescription.
 - (c) The date of all instances of dispensing a drug.
 - (d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) Any refill instructions by the prescriber.

(g) The prescriber's name, address, and DEA number where required.

(h) The complete directions for use of the drug. The term "as directed" is prohibited pursuant to RCW 18.64.246 and 69.41.050.

(i) Any patient allergies, idiosyncrasies, or chronic condition which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(j) Authorization for other than child-resistant containers pursuant to WAC 360-16-270, if applicable.

(2) All automated patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address, and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-030, filed 1/9/84.]

WAC 360-19-040 Minimum required information in a manual patient medication record system. A manual patient medication record system consists of the hard copy of the original prescription and a card or filing procedure that contains all data on new and refill prescriptions for a patient. This data must be organized in such a fashion that information relating to all prescription drugs used by a patient will be reviewed each time a prescription is filled.

(1) All manual patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) The prescriber's name, address and DEA number where appropriate.

(g) Any patient allergies, idiosyncrasies or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(2) All manual patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-040, filed 1/9/84.]

WAC 360-19-050 Minimum procedures for utilization of a patient medication record system. Upon receipt of a prescription or drug order, a dispenser must examine visually or via an automated data processing system, the patient's medication record to determine the possibility of a clinically significant drug interaction, reaction or therapeutic duplication, and to determine improper utilization of the drug and to consult with the prescriber if needed. Any order modified in the system must carry in the audit trail the unique identifier of the person who modified the order. Any change in drug name, dose, route, dose form or directions for use which occurs after an initial dose has been given requires that a new order

be entered into the system and the old order be discontinued, or that the changes be accurately documented in the record system, without destroying the original record or its audit trail. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-050, filed 1/9/84.]

WAC 360-19-060 Auxiliary recordkeeping procedure. If an automated data processing system is used to maintain a patient's medication record, an auxiliary recordkeeping procedure must be available for use when the automated data system is temporarily inoperative due to scheduled or unscheduled system interruption. The auxiliary recordkeeping procedure shall provide for the maintenance of all patient recordkeeping information as required by this chapter. Upon restoration of operation of the automated system the information placed in the auxiliary recordkeeping procedure shall be entered in each patient's records within two working days, after which the auxiliary records may be destroyed. This section does not require that a permanent dual recordkeeping system be maintained. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-060, filed 1/9/84.]

WAC 360-19-070 Retrieval of information from an automated system. All automated patient medication record systems must provide within 72 hours, via CRT or hard copy printout, the information required by WAC 360-19-030 and by 21 CFR § 1306.22(b) as amended July 1, 1980. Any data purged from an automated patient medication record system must be available within 72 hours. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-070, filed 1/9/84.]

WAC 360-19-080 Confidentiality and security of data. (1) Information contained in patient medication record systems shall be considered to be a part of prescription records maintained in accordance with RCW 18.64.245 and shall be maintained for a period of at least five years in the same manner as provided for all prescription records (see WAC 360-16-096).

(2) The information in the patient medication record system which identifies the patient shall be deemed confidential and may be released to persons other than the patient or a pharmacist, or a practitioner authorized to prescribe only on written release of the patient. If in the judgment of the dispenser, the prescription presented for dispensing is determined to cause a potentially harmful drug interaction or other problem due to a drug previously prescribed by another practitioner, the dispenser may communicate this information to the prescribers.

(3) Security codes or systems must be established on automated medication record systems to prevent unauthorized modification of data. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-080, filed 1/9/84.]

WAC 360-19-090 Extension of time for compliance. The rules regarding patient medication record systems contained in chapter 360-19 WAC shall apply to all pharmacists practicing pharmacy in the state of

Washington upon the effective date of the chapter unless an extension is granted by the board pursuant to this rule. In order to seek an extension that will allow compliance with this chapter to be delayed, good cause for granting such extension must be shown. The board shall consider requests for extensions and if, in the board's judgment good cause is shown, the board may grant an extension for a period of time, specifying those portions of the rules with respect to which an extension is being granted. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-090, filed 1/9/84.]

WAC 360-19-100 Effective date. The effective date of this rule shall be March 1, 1984. All pharmacies must be in compliance after that date unless an extension has been granted by the board. [Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-100, filed 1/9/84.]

Chapter 360-32 WAC SALES REQUIRING PRESCRIPTIONS

WAC

360-32-050 Identification of legend drugs for purposes of chapter 69.41 RCW.

WAC 360-32-050 Identification of legend drugs for purposes of chapter 69.41 RCW. (1) In accordance with chapter 69.41 RCW, the board of pharmacy hereby finds that those drugs which have been determined by the food and drug administration, pursuant to the Federal Food, Drug and Cosmetic Act, to require a prescription under federal law should also be classified as legend drugs under state law for the reasons that their toxicity or other potentiality for harmful effect, the methods of their use and the collateral safeguards necessary to their use, indicate that they are not safe for use except under the supervision of a practitioner.

(2) The board of pharmacy hereby specifically identifies as legend drugs, for purposes of chapter 69.41 RCW, those drugs which have been designated as legend drugs under federal law and are listed as such in the 1985-86 edition of the *American Druggist Blue Book*. Copies of the list of legend drugs as contained in the *American Druggist Blue Book* shall be available for public inspection at the headquarters office of the State Board of Pharmacy, 319 East 7th Avenue, Olympia, Washington 98504. Copies of this list shall be available from the board of pharmacy at the above address upon request made and upon payment of a fee in the amount of \$20 per copy.

(3) There may be changes in the marketing status of drugs after the publication of the above reference. Upon application of a manufacturer or distributor, the board may grant authority for the over the counter distribution of certain drugs which had been designated as legend drugs in this reference. Such determinations will be made after public hearing and will be published as an amendment to this chapter. [Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-32-050, filed 9/4/85. Statutory Authority:

RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-32-050, filed 9/29/83. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-050, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-050, filed 9/5/79.]

Chapter 360-36 WAC

REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

360-36-010	Uniform Controlled Substances Act.
360-36-230	Repealed.
360-36-400	Authority to control.
360-36-410	Schedule I.
360-36-411	Adding MPPP to Schedule I.
360-36-412	Adding PEPAP to Schedule I.
360-36-413	Adding MDMA to Schedule I.
360-36-420	Schedule II.
360-36-430	Schedule III.
360-36-440	Schedule IV.
360-36-450	Schedule V.
360-36-451	Adding buprenorphine to Schedule V.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

360-36-230	Registration. [Statutory Authority: RCW 69.50.301. 80-05-074 (Order 154, Resolution No. 4/80), § 360-36-230, filed 4/28/80. Statutory Authority: RCW 18.64.005(11) and 69.50.301. 79-10-006 (Order 150, Resolution No. 9/79), § 360-36-230, filed 9/6/79; Order 138, § 360-36-230, filed 11/8/77.] Repealed by 85-06-010 (Order 193), filed 2/22/85. Statutory Authority: RCW 18.64.005.
------------	--

WAC 360-36-010 Uniform Controlled Substances Act. (1) Consistent with the concept of uniformity where possible with the federal regulations for controlled substances (21 CFR), the federal regulations are specifically made applicable to registrants in this state by virtue of RCW 69.50.306. Although those regulations are automatically applicable to registrants in this state, the board is nevertheless adopting as its own regulations the existing regulations of the federal government published in the code of federal regulations revised as of April 1, 1979, and all references made therein to the director or the secretary shall have reference to the board of pharmacy, and the following sections are not applicable: Section 1301.11-13, section [1301.31] [131.31], section 1301.43-57, section 1303, section 1308.41-48, and section 1316.31-67. The following specific rules shall take precedence over the federal rules adopted herein by reference, and therefore any inconsistencies shall be resolved in favor of the following specific rules.

(2) Registrations under chapter 69.50 RCW shall be for an annual period with the registration period ending on a date to coincide with those license renewal dates as found in rules promulgated under chapter 18.64 RCW.

(3) A separate registration is required for each place of business (as defined in section 1301.23) where controlled substances are manufactured, distributed or dispensed. Application for registration must be made on

forms supplied by the pharmacy board, and all information called for thereon must be supplied unless the information is not applicable, in which case it must be indicated. An applicant for registration must hold the appropriate wholesaler, manufacturer or pharmacy license provided for in chapter 18.64 RCW.

(4) Every registrant shall be required to keep inventory records required by section 1304.04 (of the federal rules which have been adopted by reference [by] [to] Rule 1) and must maintain said inventory records for a period of five years from the date of inventory. Such registrants are further required to keep a record of receipt and distribution of controlled substances. Such record shall include:

(a) Invoices, orders, receipts, etc. showing the date, supplier and quantity of drug received, and the name of the drug;

(b) Distribution records; i.e., invoices, etc. from wholesalers and manufacturers and prescriptions records for dispensers;

(c) In the event of a loss by theft or destruction, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the board;

(d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to and from whom. Said record must be retained by both the transferee and the transferor. These transfers can only be made in emergencies pursuant to section 1307.11 (federal rules).

(5) The records must be maintained separately for Schedule II drugs. The records for Schedule III, IV and V drugs may be maintained either separately or in a form that is readily retrievable from the business records of the registrant. Prescription records will be deemed readily retrievable if the prescription has been stamped in red ink in the lower right hand corner with the letter "C" no less than one inch high, and said prescriptions are filed in a consecutively numbered prescription file which includes prescription and noncontrolled substances.

(6) A federal order form is required for each distribution of a Schedule I or II controlled substance, and said forms along with other records required to be kept must be made readily available to authorized employees of the board.

(7) Schedule II drugs require that a dispenser have a signed prescription in his possession prior to dispensing said drugs. An exception is permitted in an "emergency." An emergency exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the physician to provide a written prescription for the drug at that time. If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within 72 hours, and further he must note on the prescription that it was filled on an emergency basis. [Statutory Authority: RCW 18.64.005(4). 85-06-010

(Order 193), § 360-36-010, filed 2/22/85. Statutory Authority: RCW 69.50.301, 80-05-074 (Order 154, Resolution No. 4/80), § 360-36-010, filed 4/28/80; 79-10-007 (Order 151, Resolution No. 9/79), § 360-36-010, filed 9/6/79. Statutory Authority: RCW 69.50.301 and chapter 69.50 RCW, 78-02-070 (Order 140), § 360-36-010, filed 1/25/78; Order 132, § 360-36-010, filed 5/4/77; Order 108, § 360-36-010, filed 10/26/71.]

Reviser's note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

WAC 360-36-230 Repealed. See Disposition Table at beginning of this chapter.

WAC 360-36-400 Authority to control. Pursuant to the authority granted to the board of pharmacy in RCW 69.50.201, the board has considered the following factors with regards to each of the substances listed in this chapter and in chapter 69.50 RCW:

- (1) The actual or relative potential for abuse;
- (2) The scientific evidence of its pharmacological effect, if known;
- (3) The state of current scientific knowledge regarding the substance;
- (4) The history and current pattern of abuse;
- (5) The scope, duration, and significance of abuse;
- (6) The risk to the public health;
- (7) The potential of the substance to produce psychic or psychological dependence liability; and
- (8) Whether the substance is an immediate precursor of a substance already controlled under the Uniform Controlled Substances Act (chapter 69.50 RCW). [Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211, 84-22-062 (Order 190), § 360-36-400, filed 11/7/84.]

WAC 360-36-410 Schedule I. The board finds that the following substances have high potential for abuse and have no accepted medical use in treatment in the United States or that they lack accepted safety for use in treatment under medical supervision. The board, therefore, places each of the following substances in Schedule I.

(a) The controlled substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name, are included in Schedule I.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Acetylmethadol;
- (2) Alfentanil;
- (3) Allylprodine;
- (4) Alphacetylmethadol;
- (5) Alphameprodine;

- (6) Alphamethadol;
- (7) Alpha-methylfentanyl (N-[1-alpha-methyl-beta-phenyl] ethyl-4-piperidyl] propionanllide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
- (8) Benzethidine;
- (9) Betacetylmethadol;
- (10) Betameprodine;
- (11) Betamethadol;
- (12) Betaprodine;
- (13) Clonitazene;
- (14) Dextromoramide;
- (15) Diampromide;
- (16) Diethylthiambutene;
- (17) Difenoxin;
- (18) Dimenoxadol;
- (19) Dimepheptanol;
- (20) Dimethylthiambutene;
- (21) Dioxaphetyl butyrate;
- (22) Dipipanone;
- (23) Ethylmethylthiambutene;
- (24) Etonitazene;
- (25) Etoxidine;
- (26) Furethidine;
- (27) Hydroxypethidine;
- (28) Ketobemidone;
- (29) Levomoramide;
- (30) Levophenacymorphan;
- (31) Morpheridine;
- (32) Noracymethadol;
- (33) Norlevorphanol;
- (34) Normethadone;
- (35) Norpipanone;
- (36) Phenadoxone;
- (37) Phenampromide;
- (38) Phenomorphan;
- (39) Phenoperidine;
- (40) Piritramide;
- (41) Propheptazine;
- (42) Properidine;
- (43) Propiram;
- (44) Racemoramide;
- (45) Tilidine;
- (46) Trimeperidine.

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine;
- (2) Acetyldihydrocodeine;
- (3) Benzylmorphine;
- (4) Codeine methylbromide;
- (5) Codeine-N-Oxide;
- (6) Cyprenorphine;
- (7) Desomorphine;
- (8) Dihydromorphine;
- (9) Drotebanol;
- (10) Etorphine (except hydrochloride salt);
- (11) Heroin;
- (12) Hydromorphanol;

- (13) Methyldesorphine;
- (14) Methyldihydromorphine;
- (15) Morphine methylbromide;
- (16) Morphine methylsulfonate;
- (17) Morphine-N-Oxide;
- (18) Myrophine;
- (19) Nicocodeine;
- (20) Nicomorphine;
- (21) Normorphine;
- (22) Pholcodine;
- (23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of paragraph (d) of this section, only, the term "isomer" includes the optical, position, and geometric isomers.):

- (1) 3,4-methylenedioxy amphetamine;
- (2) 5-methoxy-3,4-methylenedioxy amphetamine;
- (3) 3,4,5-trimethoxy amphetamine;
- (4) 4-bromo-2,5-dimethoxy-amphetamine: Some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA;
- (5) 2,5-dimethoxyamphetamine: Some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA;
- (6) 4-methoxyamphetamine: Some trade or other names: 4-methoxy-alpha-methylphenethylamine; paramethoxyamphetamine; PMA;
- (7) 4-methyl-2,5-dimethoxyamphetamine: Some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP";
- (8) Bufotenine: Some trade or other names: 3-(beta-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;
- (9) Diethyltryptamine: Some trade or other names: N,N-Diethyltryptamine; DET;
- (10) Dimethyltryptamine: Some trade or other names: DMT;
- (11) Ibogaine: Some trade or other names: 7-Ethyl-6,6 beta,7,8,9,10,12,13,-octahydro-2-methoxy-6,9-methano-5H-pyrido (1',2'1,2) azepino (5,4-b) indole; Tabernanthe iboga;
- (12) Lysergic acid diethylamide;
- (13) Marihuana;
- (14) Mescaline;
- (15) Parahexyl-7374; some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo[b,d]pyran; synhexyl;
- (16) Peyote, meaning all parts of the plant presently classified botanically as *Lophophora Williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds, or extracts; (interprets 21 USC § 812 (c), Schedule I (c)(12))

- (17) N-ethyl-3-piperidyl benzilate;
- (18) N-methyl-3-piperidyl benzilate;
- (19) Psilocybin;
- (20) Psilocyn;

(21) Tetrahydrocannabinols, synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, specifically, and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:

(i) Delta 1 - cis - or trans tetrahydrocannabinol, and their optical isomers;

(ii) Delta 6 - cis - or trans tetrahydrocannabinol, and their optical isomers;

(iii) Delta 3.4 - cis - or trans tetrahydrocannabinol, and its optical isomers;

(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)

(22) Ethylamine analog of phencyclidine: Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)ethylamine; cyclohexamine; PCE;

(23) Pyrrolidine analog of phencyclidine: Some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP;

(24) Thiophene analog of phencyclidine: Some trade or other names: 1-(1-[2-thenyl]-cyclohexyl)-piperidine; 2-thienylanalog of phencyclidine; TPCP; TCP;

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of mecloqualone having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

(i) Mecloqualone;

(ii) Methaqualone.

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

(i) Fenethyline;

(ii) N-ethylamphetamine. [Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-410, filed 11/7/84.]

Reviser's note: The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

WAC 360-36-411 Adding MPPP to Schedule I. The Washington state board of pharmacy finds that 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and

hereby places that substance in Schedule I. [Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-411, filed 9/4/85.]

WAC 360-36-412 Adding PEPAP to Schedule I. The Washington state board of pharmacy finds that 1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (PEPAP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I. [Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-412, filed 9/4/85.]

WAC 360-36-413 Adding MDMA to Schedule I. The Washington state board of pharmacy finds that 3,4-methylenedioxymethamphetamine (MDMA) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I. [Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-413, filed 9/4/85.]

WAC 360-36-420 Schedule II. The board finds that the following substances have a high potential for abuse and have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions and that the abuse of the following substances may lead to severe psychic or psychological dependence. The board, therefore, places each of the following substances in Schedule II.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule II.

(b) Substances. (Vegetable origin or chemical synthesis.) Unless specifically excepted, any of the following substances, except those listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

- (i) Raw opium;
- (ii) Opium extracts;
- (iii) Opium fluid extracts;
- (iv) Powdered opium;
- (v) Granulated opium;
- (vi) Tincture of opium;
- (vii) Codeine;
- (viii) Ethylmorphine;
- (ix) Etorphine hydrochloride;
- (x) Hydrocodone;
- (xi) Hydromorphone;
- (xii) Metopon;

- (xiii) Morphine;
- (xiv) Oxycodone;
- (xv) Oxymorphone; and
- (xvi) Thebaine.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b)(1) of this section, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine alkaloids of the opium poppy.)

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted:

- (1) Alphaprodine;
- (2) Anileridine;
- (3) Bezitramide;
- (4) Bulk dextropropoxyphene (nondosage forms);
- (5) Dihydrocodeine;
- (6) Diphenoxylate;
- (7) Fentanyl;
- (8) Isomethadone;
- (9) Levomethorphan;
- (10) Levorphanol;
- (11) Metazocine;
- (12) Methadone;
- (13) Methadone—Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;
- (14) Moramide—Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
- (15) Pethidine (meperidine);
- (16) Pethidine—Intermediate—A, 4-cyano-1-methyl-4-phenylpiperidine;
- (17) Pethidine—Intermediate—B, ethyl-4-phenylpiperidine-4-carboxylate;
- (18) Pethidine—Intermediate—C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
- (19) Phenazocine;
- (20) Piminodine;
- (21) Racemethorphan;
- (22) Racemorphan;
- (23) Sufentanil.

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;

(2) Methamphetamine, its salts, isomers, and salts of its isomers;

(3) Phenmetrazine and its salts;

(4) Methylphenidate.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Amobarbital;

(2) Pentobarbital;

(3) Phencyclidine;

(4) Phencyclidine immediate precursors;

(i) 1-phenylcyclohexylamine;

(ii) 1-piperidinocyclohexanecarbonitrile (PCC);

(5) Secobarbital.

(f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

(1) Immediate precursor to amphetamine and methamphetamine:

(2) Phenylacetone: Some trade or other names phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone.

(3) Immediate precursors to phencyclidine (PCP):

(i) 1-phenylcyclohexylamine;

(ii) 1-piperidinocyclohexanecarbonitrile (PCC). [Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-420, filed 11/7/84.]

WAC 360-36-430 Schedule III. The board finds that the following substances have a potential for abuse less than the substances listed in Schedules I and II, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to moderate or low physical dependency or high psychological dependency. The board, therefore, places each of the following substances in Schedule III.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations are referred to as excepted compounds in Schedule III as published in 21 CFR 1308.13(b)(1) as

of April 1, 1984, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

(2) Benzphetamine;

(3) Chlorphentermine;

(4) Clortermine;

(5) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing:

(i) Amobarbital;

(ii) Secobarbital;

(iii) Pentobarbital;

or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

(2) Any suppository dosage form containing:

(i) Amobarbital;

(ii) Secobarbital;

(iii) Pentobarbital;

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid;

(4) Chlorhexadol;

(5) Glutethimide;

(6) Lysergic acid;

(7) Lysergic acid amide;

(8) Methyprylon;

(9) Sulfondiethylmethane;

(10) Sulfonethylmethane;

(11) Sulfonmethane.

(d) Nalorphine.

(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in paragraph (e) of this section:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than 300 milligrams of dihydrocodeine per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than 300 milligrams of dihydrocodeine per 100 milliliters or not more than 15 milligrams

per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts. [Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-430, filed 11/7/84.]

WAC 360-36-440 Schedule IV. The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Alprazolam;
- (2) Barbital;
- (3) Chloral betaine;
- (4) Chloral hydrate;
- (5) Chlordiazepoxide;
- (6) Clonazepam;
- (7) Clorazepate;
- (8) Diazepam;
- (9) Ethchlorvynol;

- (10) Ethinamate;
- (11) Flurazepam;
- (12) Halazepam;
- (13) Lorazepam;
- (14) Mebutamate;
- (15) Meprobamate;
- (16) Methohexital;
- (17) Methylphenobarbital (mephobarbital);
- (18) Oxazepam;
- (19) Paraldehyde;
- (20) Petrichloral;
- (21) Phenobarbital;
- (22) Prazepam;
- (23) Temazepam;
- (24) Triazolam.

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Diethylpropion;
- (2) Mazindol;
- (3) Pemoline (including organometallic complexes and chelates thereof);
- (4) Phentermine;
- (5) Pipradrol;
- (6) SPA ((-)-1-dimethylamino-1, 2-dephenylethane.

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

(1) Pentazocine. [Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-440, filed 11/7/84.]

WAC 360-36-450 Schedule V. The board finds that the following substances have low potential for abuse relative to substances in Schedule IV and have currently accepted medical use in treatment in the United States and that the substances have limited physical dependence or psychological dependence liability relative to the substance in Schedule IV. The board, therefore, places each of the following substances in Schedule V.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule V.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or

their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in this section, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

- (1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
- (2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;
- (3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;
- (6) Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit. [Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-450, filed 11/7/84.]

WAC 360-36-451 Adding buprenorphine to Schedule V. The Washington state board of pharmacy finds that buprenorphine has a low potential for abuse relative to substances in Schedule IV; has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability relative to the substances in Schedule IV, and hereby places that substance in Schedule V. [Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-451, filed 9/4/85.]

Chapter 360-40 WAC PROPHYLACTICS

WAC

360-40-010	Definitions.
360-40-020	Repealed.
360-40-030	Repealed.
360-40-040	Sale of condoms prohibited.
360-40-050	Repealed.
360-40-060	Repealed.
360-40-070	Condom standards.
360-40-080	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

360-40-020	Application for license. [Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-020, filed 12/17/82.] Repealed by 85-06-010 (Order 193), filed 2/22/85. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730].
360-40-030	Display of licenses and identification. [Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-030, filed 12/17/82.] Repealed by 85-06-010 (Order 193), filed 2/22/85. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730].
360-40-050	List of approved condoms. [Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-

083 (Order 171), § 360-40-050, filed 12/17/82.] Repealed by 85-06-010 (Order 193), filed 2/22/85. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730].

360-40-060 Submission of condoms for testing. [Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-060, filed 12/17/82.] Repealed by 85-06-010 (Order 193), filed 2/22/85. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730].

360-40-080 Suspension or revocation of prophylactic licenses. [Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-080, filed 12/17/82.] Repealed by 85-06-010 (Order 193), filed 2/22/85. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730].

WAC 360-40-010 Definitions. (1) The following definitions shall be applicable to these rules.

(1) "Board" shall mean the Washington state board of pharmacy;

(2) "Condom" shall mean a prophylactic consisting of a very thin sheath designed to be placed over the penis to prevent conception or venereal disease during coitus, and is commonly made of rubber, parchment skins, plastic or similar materials;

(3) "Prophylactic" shall mean any device or medical preparation or compound which is or may be used, designed, intended or which has or may have special utility, for the prevention and/or treatment of venereal diseases;

(4) "Sell" and "sale" shall, in addition to their usual and ordinary meanings, include possession in violation of the intent of this chapter, exchange, give away or gift, or any disposal. [Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-010, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-010, filed 12/17/82; Order 108, § 360-40-010, filed 10/26/71.]

WAC 360-40-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 360-40-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 360-40-040 Sale of condoms prohibited. No condoms shall be sold in this state unless the following conditions are met:

(1) All condoms shall be individually sealed in plastic, foil or a comparable type seal to protect the product from deterioration due to exposure to air.

(2) The container in which the condom is sold to the purchaser shall bear the date of manufacture and the condom may not be sold in this state three years after the date of manufacture. [Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-040, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-040, filed 12/17/82.]

WAC 360-40-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 360-40-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 360-40-070 Condom standards. All condoms shall meet the following standards:

(1) Rubber condoms (elastic material) shall be capable of withstanding inflation with one cubic foot of air. They shall be free from holes, imperfect rings and blisters.

(2) Nonrubber condoms (nonelastic material) shall be of suitable length, not patched, and shall be free from grease or any foreign substances that may be used as a filler for hiding imperfections or discolorations. [Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04-.730]. 85-06-010 (Order 193), § 360-40-070, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81-.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-070, filed 12/17/82.]

WAC 360-40-080 Repealed. See Disposition Table at beginning of this chapter.

Title 365 WAC

**COMMUNITY DEVELOPMENT,
DEPARTMENT OF**

(Formerly: Planning and Community Affairs Agency)

Chapters

- 365-12 Regulations regarding recognition and approval of regional planning agencies for comprehensive health planning.**
- 365-14 Funding of regional comprehensive health planning agencies.**
- 365-22 Planning advances program for local government public works.**
- 365-31 Organization and general procedures of the planning and community affairs agency's law and justice planning office and the governor's committee on law and justice.**
- 365-40 Rules and regulations regarding state funding of local head start programs.**
- 365-100 Winter utility moratorium program.**
- 365-110 State Building Code--Building permit surcharges and fees.**

Reviser's note: The department of community development reaffirmed and assumed all rules made by the former planning and community affairs agency by the filing of WSR 84-14-064 on June 30, 1984. The reaffirmed chapters within Title 365 are as follows: Chapters 365-04, 365-06, 365-08, 365-12, 365-14, 365-22, 365-24, 365-31, 365-40, 365-60, 365-70, 365-80, and 365-90 WAC.

Chapter 365-12 WAC

REGULATIONS REGARDING RECOGNITION AND APPROVAL OF REGIONAL PLANNING AGENCIES FOR COMPREHENSIVE HEALTH PLANNING

WAC

365-12-010 through 365-12-100 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 365-12-010 Declaration of public policy. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-010, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-020 Definitions. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-020, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-030 Regional planning agencies--Establishment. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-030, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-040 Functions. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-040, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-050 Recognition and approval. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-050, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-060 Procedure. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-060, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-070 Criteria. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 73-2, § 365-12-070, filed 6/29/73; Order 72-2, § 365-12-070, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-080 Rejection. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-080, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-090 Withdrawal. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-090, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.
- 365-12-100 Notification requirements. [Assumed and reaffirmed by the department of community development in WSR 84-14-064, filed 6/30/84. Order 72-2, § 365-12-100, filed 1/31/72.] Repealed by 85-15-011 (Order 85-06), filed 7/8/85. Statutory Authority: RCW 43.63A.060.

WAC 365-12-010 through 365-12-100 Repealed. See Disposition Table at beginning of this chapter.

Chapter 365-14 WAC

FUNDING OF REGIONAL COMPREHENSIVE HEALTH PLANNING AGENCIES

WAC

365-14-010 through 365-14-210 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

- 365-14-010 General purpose. [Assumed and reaffirmed by the department of community development in WSR 84-14-