State Regulatory Developments Compilation January - August 2017

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National Association of State Controlled Substances Authorities

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State	*Description*
Arizona	Final rule of the Board of Pharmacy adopts regulations under R4-23-407.1 regarding the dispensing of opioid antagonists. The rule allows licensed pharmacists to dispense opioid antagonists without a prescription order under certain conditions. The rule also requires pharmacists to complete an opioid prevention and treatment training program prior to dispensing opioid antagonists and sets forth requirements for written policies and procedures for dispensing of such drugs. The rule is effective June 3, 2017.
Kansas	Temporary rule of the State Board of Pharmacy adopts regulations under KAR 68-7-23 regarding dispensing and administration of emergency opioid antagonists without a prescription. The rule establishes requirements for pharmacists dispensing naloxone to patients, bystanders, first responder agencies, and school nurses without a prescription, including labeling, counseling, wholesale sales, reporting, and recordkeeping requirements. The rule also requires school nurses and first responder agencies to complete training and education necessary to receive, carry, and administer emergency opioid antagonists. The rule is effective July 1, 2017, and expires Oct. 29, 2017.
Nevada	Notice announces the intention of the State Board of Pharmacy to amend regulations under NAC 639 concerning requirements for pharmacists furnishing opioid antagonists. The rule removes recordkeeping and reporting requirements.
Nevada	Proposed rule of the State Board of Pharmacy amends regulations under NAC 453C regarding opioid antagonists. The rule makes the requirement for pharmacies to implement standardized procedures for furnishing opioid antagonists optional. The rule also removes certain recordkeeping and reporting requirements.
New York	Notice of the Department of Health announces an extension of a May 24, 2017, emergency rule that amended regulations under 10 NYCRR 80.84 regarding standards for narcotics addiction prescriptions and treatment. The rule allows nurse practitioners and physicians assistants to treat patients with buprenorphine in office-based settings. The rule also increases the limit on the number of patients doctors can treat with buprenorphine to 275. The rule is effective Aug. 1, 2017, and expires Sept. 29, 2017.

Oregon	Final rule of the Medical Board amends regulations under OAR 847-050-0041 to set forth requirements for physician assistants (PAs) to prescribe and dispense buprenorphine for medication-assisted opioid dependency treatment. The rule specifies that PAs must be authorized to prescribe Schedule III-V medication, be granted dispensing authority, and hold a Drug Enforcement Agency buprenorphine waiver. The rule also requires that the scope of practice of the supervising physician include prescribing and dispensing buprenorphine for medication-assisted treatment for opioid dependency, that the practice agreement includes buprenorphine as a delegated medical service, and that PAs comply with all recordkeeping requirements for buprenorphine treatment. The rule is effective July 14, 2017.
Wyoming	Emergency rule of the Department of Administration and Information, Board of Pharmacy, adopts regulations under Chapter 18 to set forth standards and procedures for prescribing opiate antagonists. The rule allows pharmacists without a prescriber-patient relationship to prescribe opiate antagonists to persons at risk of experiencing an opiate related drug overdose, persons in a position to assist others at risk, and persons who in the course of their official duties may encounter those at risk of overdose. The rule also establishes related counseling, recordkeeping, and continuing education requirements. A pending proposed rule seeks to establish these provisions on a permanent basis. The rule is effective July 28, 2017, and expires Nov. 25, 2017.

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California	Final rule of the Board of Pharmacy adopts regulations under 16 CCR 1776 through 1776.6 to allow pharmacies, hospitals/clinics with on-site pharmacies, distributors, and reverse distributors to establish prescription drug take-back services. The rule also sets forth registration and recordkeeping requirements for licensees that provide prescription drug take-back services. In addition, the rule addresses take back by mail and via collection receptacles in pharmacies and skilled nursing facilities. The rule is effective June 6, 2017.
Georgia	Final rule of the Department of Public Health adopts regulations under GAC 511-5-12 to implement the Donated Drug Repository Program to allow authorized entities to accept and dispense donated over-the-counter and prescription drugs. The rule sets forth criteria for donated drugs and for eligible patients to receive donated drugs, including priorities for patients who are indigent, uninsured or overinsured, or enrolled in a public assistance health benefits program. The rule also establishes requirements for storage and dispensing donated drugs, recordkeeping and handling fees. The rule is effective March 6, 2017.
Georgia	Proposed rule of the Board of Pharmacy amends regulations under GAC 480-24-.06 regarding the destruction of drugs. The rule provides methods of destruction for controlled and noncontrolled substances and allows the use of collection receptacles under specified conditions. The rule also removes provisions concerning methods of off-side destruction. A hearing is scheduled for April 12, 2017, in Atlanta.
Georgia	Final rule of the State Board of Pharmacy repeals regulations under GAC 480-10-.18 regarding the utilization of unused prescription drugs. The provisions are being removed to comply with recent statutory changes. The rule is effective June 13, 2017.

Illinois	Proposed rule of the Illinois EPA adopts regulations under 35 IAC 889.100 through .220 to establish the medication takeback program. The rule sets forth the application process for individuals that seek disposal of pharmaceutical products at takeback locations and specifies that the agency may provide for the disposal of pharmaceutical products accepted at one or more medication takeback locations and that the agency will review applications. The rule also specifies operating requirements for takeback locations, recordkeeping and operator termination.
Missouri	Final rule of the Department of Insurance, Financial Institutions and Professional Registration, State Board of Pharmacy, adopts regulations under 20 MCSR 2220-2.095 to allow pharmacies to collect noncontrolled medication for destruction. The rule also sets forth requirements for collection receptacles, mail-back programs, long-term care facilities, destruction methods, records and law enforcement return programs. The rule is effective March 30, 2017.
New Mexico	Final rule of the Department of Health, Bureau of Infectious Diseases, repeals and readopts regulations under 7.4.6.1 through 7.4.6.11 NMAC regarding the Harm Reduction/Syringe Exchange Program. The rule updates authorized harm reduction provider application and practitioner requirements. The rule also updates client eligibility and enrollment requirements and definitions. The rule is effective Dec. 30, 2016.
Washington	Notice of the Department of Health announces the withdrawal of a Nov. 18, 2015, notice of intent to adopt regulations under WAC 246-801 regarding donated prescription drugs and supplies. The rule would have established forms and procedures for eligibility verification and prioritization of patients seeking to receive donated drugs and supplies. The rule also would have set forth requirements for disclosure to recipients of the donated and redistributed nature of such drugs and supplies. The withdrawal is dated Jan. 12, 2017.

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California	Final rule of the Board of Pharmacy amends regulations under 16 CCR 1744 to require pharmacists to include a written label on a prescription drug container indicating that the drug may impair a person's ability to operate a vehicle or vessel. The rule also updates the drug classes requiring the written label. The rule is effective April 1, 2017.

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Florida	Final rule of the Department of Health, Board of Medicine, amends regulations under FAC 64B8-8.0012 regarding probation variables for physicians. The rule clarifies procedures for the supervision of physician assistants and nurse practitioners when physicians have had restrictions placed on their licenses with regard to the prescribing of controlled substances. The rule is effective May 1, 2017.
Florida	Final rule of the Department of Health, Board of Osteopathic Medicine, amends regulations under FAC 64B15-19.005 to prohibit physicians who have had their prescribing of controlled substances restricted from delegating such prescribing to any physician assistants or nurse practitioners that they supervise. The rule is effective Aug. 24, 2017.

Georgia	Proposed rule of the Composite Medical Board amends regulations under GAC 360-15-.01 regarding requirements for physicians. The rule specifies that, effective Jan. 1, 2018, physicians, who have an active Drug Enforcement Administration certificate and prescribe controlled substances, must complete at least three or more hours of specified continuing education courses specific to controlled substance prescribing practices, with certain exceptions. A hearing is scheduled for Aug. 10, 2017, in Atlanta.
Hawaii	Proposed rule of the Department of Public Safety amends regulations under HAR 23-200-4 through -201-8 regarding controlled substances and chemicals. The rule increases fees for controlled substance registrants, expands change of name requirements to include change of locations and addresses, and clarifies what constitutes failing to pay the applicable fees. A hearing is scheduled for July 17, 2017, in Honolulu.
Iowa	Final rule of the Board of Pharmacy amends regulations under 657 IAC 11.1 through .34 (nonconsecutive) concerning drugs in emergency medical services (EMS) programs. The rule requires any entity, regardless of location, whose controlled substances are stored or handled at any primary program site of an EMS program that services state residents to maintain Iowa Controlled Substances Act registration at the primary program site location. The rule also updates provisions concerning controlled substances recordkeeping, annual inventories, and transfers of ownership. The rule is effective July 12, 2017.
Nevada	Proposed rule of the Board of Medical Examiners adopts regulations under NAC 630 regarding continuing education requirements for physicians and physician assistants. The rule requires those registered to prescribe or dispense controlled substances to complete at least two hours of continuing medical education relating to the abuse and misuse of controlled substances or pain management prior to the biennial license renewal date. The rule also entitles licensees who complete such a program to receive credit for those hours towards certain existing continuing medical education requirements.
New Mexico	Final rule of the Regulation and Licensing Department, Board of Pharmacy, amends regulations under 16.19.2.8, 16.19.2.14, 16.20.46, 16.20.65 and 16.20.68 NMAC regarding pharmacist licensure examinations and controlled substances. The rule clarifies that the board may require the use of the pharmacist assessment remediation evaluation to reinstate a license. The rule also clarifies procedures for the partial filling of a Schedule II prescription and adds substances to the state Schedule I list. The rule is effective March 29, 2017.
New Mexico	Proposed rule of the Board of Nursing amends regulations under 16.12.2, 16.12.3, and 16.12.9 NMAC regarding nurse licensure, nursing educational programs, and management of chronic pain with controlled substances. The rule revises fees for initial licensure by examination or endorsement, license renewal, inactive license renewal, re-examinations, temporary licenses, license verification, and nursing lists. The rule also establishes nursing program director requirements and provides additional guidelines to advanced nurse practitioners prescribing opioids and monitoring patient opioid use through the prescription monitoring program. A hearing is scheduled for July 27, 2017, in Albuquerque.

Ohio	Final rule of the Board of Pharmacy amends regulations under OAC 4729-9-14 and -9-22 and adopts regulations under OAC 4729-9-30, -18-01, -18-02, -18-03 and -18-04 concerning controlled substance recordkeeping and office-based opioid treatment requirements. The rule establishes a broker classification for wholesale distributor of dangerous drugs licenses to authorize marketing, offering and contracting for wholesale distribution and sale by distributors that do not take possession of the drugs. The rule also establishes an exemption on request to the requirement that a holder of a terminal distributor license with an office-based opioid treatment classification be owned and operated solely by one or more physicians practicing medicine and surgery or osteopathic medicine and surgery. In addition, the rule sets forth responsible person, criminal record check and compliance requirements for such terminal distributors. Finally, the rule sets forth recordkeeping requirements for noncontrolled dangerous drugs personally furnished for prescribers. The rule is effective May 12, 2017.
Tennessee	Emergency rule of the Department of Health, Division of Pain Management Clinics, repeals and readopts RRT 1200-34-01-.01 through .17 to replace the current certification system for pain management clinics with a licensure system. The rule establishes the responsibilities for medical directors under the licensure system, procedures for discipline and how to obtain an order of compliance thereafter, and guidance for licensure inactivation. The rule also provides a grace period whereby a pain clinic can operate in the unplanned absence of the licensed medical director and specifies acts and conditions that will result in the commissioner suspending admissions or treatment at a clinic. In addition, the rule clarifies what evidence must be submitted by unlicensed clinics to avoid a presumption that they are operating without a license. Finally, the rule addresses license applications and renewals, exemptions, fees, training requirements and advertising. The rule is effective May 25, 2017, and expires Nov. 21, 2017.
Utah	Final rule of the Department of Commerce, Division of Occupational and Professional Licensing, amends regulations under R156-37-402 regarding continuing professional education for controlled substance prescribers. The rule updates references concerning division-approved continuing education courses for controlled substance prescribers and specifies that controlled substance prescribing classes are posted on the division website. The rule also allows the division to waive the required half hour of continuing education for the online tutorial and test concerning the controlled substance database for a prescriber renewing a license under specified conditions. The rule is effective Dec. 22, 2016
Virginia	Notice announces the intention of the Department of Health Professions, Board of Pharmacy, to amend regulations under 18 VAC 110-20-690, -700, -710 and -732 concerning controlled substance registrations. The rule provides for issuance of a controlled substances registration to persons trained in administration of naloxone in order to possess and dispense the drug to persons receiving training. The rule also provides for issuance of a controlled substances registration to an entity for the purpose of establishing a bona fide practitioner-patient relationship for prescribing when treatment is provided via telemedicine pursuant to federal requirements. In addition, the rule addresses recordkeeping, security and storage requirements. A concurrent emergency rule adopts the provisions, effective May 8, 2017, and expiring Nov. 7, 2018.

Virginia	Notice announces the intention of the Department of Health Professions, Board of Nursing, to amend regulations under 18 VAC 90-30-220 and -40-10 and adopts regulations under 18 VAC 90-40-150 through -290 regarding prescriptive authority for nurse practitioners. The rule addresses acute pain management including patient evaluation, limitations on quantity and dosage, and medical recordkeeping. The rule also addresses chronic pain management including evaluation and treatment, informed consent and agreement, consultation with other providers and medical recordkeeping. In addition, the rule addresses the prescribing of buprenorphine, including patient assessment and treatment planning, limitations on prescribing the buprenorphine monoproduct without naloxone, dosages, the coprescribing of other drugs, consultation and medical records for opioid addiction treatment. Finally, the rule defines "acute pain" and "chronic pain" and provides additional grounds for unprofessional conduct regarding confidentiality. A concurrent emergency rule adopts the provisions, effective May 8, 2017, and expiring Nov. 7, 2018.
Wisconsin	Notice of the Department of Safety and Professional Services, Medical Examining Board, announces the extension of a Nov. 14, 2016, emergency rule that amends regulations under WAC Med 13.02 and .03 to establish requirements for the completion of continuing education relating to the opioid prescribing guidelines as a portion of the biennial training requirements for physicians. The rule also specifies requirements for continuing education courses and programs. The extension is effective April 9, 2017, and expires June 7, 2017.
Wisconsin	Emergency rule of the Department of Safety and Professional Services, Dentistry Examining Board, amends regulations under WAC DE 13.03 regarding continuing education for dentists. The rule requires completion of two of the 30 required credit hours on the topic of responsible prescribing of controlled substances for treatment of acute dental pain for the bienniums ending 2019 and 2021. The rule is effective Oct. 1, 2017, and expires Feb. 27, 2018.

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District of Columbia	Final rule of the Department of Health amends regulations under 22 DCMR 300 and 5620 regarding medical marijuana. The rule prohibits the use of butane by qualifying patients and caregivers to extract or separate resin from marijuana or tetrahydrocannabinol from marijuana. The rule also requires cultivation centers to obtain approval from the department before using butane and other explosive gases for such extraction or separation. The rule is effective Aug. 4, 2017.
District of Columbia	Proposed rule of the Department of Health amends regulations under 22-C DCMR 800 through 9900 (nonconsecutive) and adopts regulations under 22-C DCMR 806 regarding medical marijuana. The rule establishes requirements for advanced practice registered nurses, dentists, naturopathic physicians, and physician assistants to recommend the use of medical marijuana to qualifying patients. The rule also clarifies that a referral or request for a consultation from a patient's primary care provider or specialist for determining whether the patient will benefit from the use of medical marijuana is within the scope of a bona fide authorized practitioner-patient relationship. In addition, the rule requires board audits and review of recommendations and clarifies prohibited conduct.
District of Columbia	Final rule of the Department of Health amends regulations under 22 DCMR 5607, 5608, and 9900 regarding the labeling and packaging of medical marijuana. The rule prohibits the use of the terms "candy" and "candies" on labeling or packing of medical marijuana products. The rule is effective Aug. 4, 2017.

Montana	Proposed rule of the Department of Public Health and Human Services adopts regulations under Rules I, II, and III to establish standards and procedures for the Medical Marijuana Program. The rule specifies allowable amounts for cardholders and providers and establishes standards for the temporary licensure of marijuana testing laboratories. The rule also establishes procedures for the issuance of temporary chemical manufacturing endorsements to medical marijuana providers and marijuana-infused product providers. The rule is currently in effect as an emergency rule. A hearing is scheduled for Aug. 24, 2017, in Helena.
New York	Notice of the Department of Health announces revisions to a Sept. 14, 2016, proposed rule to amend regulations under 10 NYCRR 55-2.15 and 1004.2 through 1004.25 (nonconsecutive) regarding medical use of marijuana. The rule specifies that a state nondriver identification card is acceptable proof of residence for a caregiver, revises requirements for practitioner certification, and clarifies application procedures for registration of certified patients. The rule also revises manufacturing requirements for approved medical marijuana products and application procedures for initial and amended registration as a registered organization. In addition, the rule revises security requirements for manufacturing and dispensing facilities, updates laboratory testing standards, and provides for proper disposal of medical marijuana products by patients or designated caregivers. Finally, the rule allows physicians, nurse practitioners, and physician assistants employed by registered organizations to counsel certified patients or designated caregivers at a registered organization's dispensing facility on medical marijuana product use, administration, and risks. The revisions affect provisions regarding practitioner issuance of certification, applications for registration as a certified patient, consideration of registered organization applications, and general requirements for registered organizations. The revisions also affect medical marijuana marketing and advertising by registered organizations, proper disposal of medical marijuana products by patients or designated caregivers, and general prohibitions.
Pennsylvania	Temporary rule of the Department of Health adopts regulations under 29 PAC 1171.21 through .37 to set forth requirements for medical marijuana laboratories responsible for identifying, collecting, handling and testing medical marijuana and other items used by medical marijuana organizations. The rule establishes procedures for lab applications, staffing, suspensions and revocations, and renewals. The rule also adds standards concerning marijuana testing and samples, requires labs to establish a quality assurance program, and adds advertising standards and ownership prohibitions. The rule is effective Dec. 24, 2016, and expires Dec. 24, 2018.

Pain Management

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Alabama	Final rule of the State Board of Medical Examiners adopts regulations under AAC 540-X-4-.09 regarding controlled substances certificates. The rule requires physicians who prescribe controlled substances for the treatment of pain to incorporate medically appropriate risk and abuse mitigation strategies. The rule also incorporates the Centers for Disease Control and Prevention's Morphine Milligram Equivalency daily standard for calculating the morphine equivalence of opioid dosages and updates continuing medical education requirements for holders of a state controlled substances certificate. The rule is effective March 9, 2017.
Delaware	Final rule of the Department of State, Controlled Substance Advisory Committee, amends Uniform Controlled Substances Act regulations, Rules 9 and 10, regarding the safe prescribing of opioid analgesics. The rule establishes exemptions to the medical evaluation requirement for subsequent prescriptions of opioids for acute pain. The rule also makes permanent a Jan. 1, 2017, emergency rule that added the synthetic opioid U-47700 to Schedule I. The rule is effective April 11, 2017.

Kentucky	Proposed rule of the Board of Medical Licensure amends regulations under 201 KAR 9:260 regarding professional standards for prescribing and dispensing controlled substances by physicians. The rule limits prescriptions of Schedule II drugs to a three-day supply for acute medical condition pain treatment unless the physician determines and documents that a larger supply is medically necessary. The rule also clarifies professional standards for titration of controlled substances consistent with the 2016 CDC Guideline for the Prescribing of Opioids for Chronic Pain. A hearing is scheduled for Aug. 28, 2017, in Louisville.
Maine	Proposed rule of the Department of Professional and Financial Regulation, Board of Licensure in Medicine, State Board of Nursing, Board of Osteopathic Licensure, and Board of Licensure of Podiatric Medicine, repeals and readopts regulations under MAC Chapter 21 regarding the use of controlled substances for the treatment of pain. The joint rule specifies requirements for clinicians subscribing controlled substances for control pain, including that clinicians conduct a risk assessment on patients, obtain informed consent, and conduct proper documentation. The rule also requires clinicians to consider the use of nonpharmacologic methods and noncontrolled drugs in treatment of pain prior to prescribing controlled substances. In addition, the rule requires clinicians to maintain current clinical knowledge by complying with continuing education requirements.
New Hampshire	Final rule of the Office of Professional Licensure and Certification, Board of Naturopathic Examiners, adopts regulations under NHAR Nat 501.01 through .07 to set forth standards for opioid prescribing to patients with noncancerous and nonterminal conditions. The rule requires licensees to conduct a risk assessment, to document a pain treatment plan, and to use informed consent agreements for acute and chronic pain. The rule also requires licensees to query the Prescription Drug Monitoring Program for each initial opioid prescription and then throughout treatment, except in certain circumstances. The rule is effective Feb. 22, 2017.
New Hampshire	Final rule of the Office of Professional Licensure and Certification, Board of Podiatry, adopts regulations under NHAR Pod 404 regarding opioid prescribing to patients with noncancerous and nonterminal conditions. The rule requires podiatrists who prescribe opioids to query the Controlled Drug Prescription Health and Safety Program for each initial opioid prescription and throughout treatment, except in limited circumstances. The rule also requires podiatrists who treat chronic medical conditions with opioids to provide 24-hour per day clinical coverage. The rule is effective March 25, 2017.
New Jersey	Emergency rule of the Department of Law and Public Safety, State Board of Dentistry, amends regulations under NJAC 13:30-8.18 regarding limitations on prescribing, administering or dispensing of controlled dangerous substances by dentists. The rule establishes special requirements for prescribing Schedule II controlled dangerous substances for pain or any opioid drug, for the treatment of chronic pain, and for prescribing opioid drugs for the treatment of acute pain. The rule is issued concurrently as a proposed rule. The rule is effective March 1, 2017, and expires April 30, 2017.
New Jersey	Emergency rule of the Department of Law and Public Safety, State Board of Optometrists, adopts regulations under NJAC 13:38-2.5 regarding limitations on prescribing, administering or dispensing of controlled dangerous substances by optometrists. The rule establishes special requirements for prescribing Schedule II controlled dangerous substances for pain or any opioid drug, for the treatment of chronic pain, and for prescribing opioid drugs for the treatment of acute pain. The rule is issued concurrently as a proposed rule. The rule is effective March 1, 2017, and expires April 30, 2017.
New Jersey	Final rule of the Department of Law and Public Safety, Board of Nursing, adopts regulations under NJAC 13:37-7.9A to establish requirements for advanced practice nurses prescribing, administering, or dispensing controlled dangerous substances. The rule also establishes special limitations on prescribing Schedule II controlled dangerous substances and opioid drugs on any schedule. In addition, the rule establishes requirements for treatment of chronic pain. The rule is effective June 5, 2017.

New Jersey	Final rule of the Department of Law and Public Safety, State Board of Dentistry, amends regulations under NJAC 13:30-8.18 to establish requirements for dentists when prescribing, administering, or dispensing of controlled dangerous substances. The rule also establishes special limitations on prescribing Schedule II controlled dangerous substances and opioid drugs on any schedule. In addition, the rule establishes requirements for treatment of chronic pain. The rule is effective June 5, 2017.
New Jersey	Final rule of the Department of Law and Public Safety, State Board of Medical Examiners, amends regulations under NJAC 13:35-2A.14, -2B.12, and -7.6 to establish requirements for physicians, podiatrists, physician assistants, and certified nurse midwives when prescribing, administering, or dispensing of controlled dangerous substances. The rule also establishes special limitations on prescribing Schedule II controlled dangerous substances and opioid drugs on any schedule. In addition, the rule establishes requirements for treatment of chronic pain. The rule is effective June 5, 2017.
New Jersey	Final rule of the Department of Law and Public Safety, State Board of Optometrists, adopts regulations under NJAC 13:38-2.5 to establish requirements for optometrists when prescribing, administering, or dispensing of controlled dangerous substances. The rule also establishes special limitations on prescribing Schedule II controlled dangerous substances and opioid drugs on any schedule. In addition, the rule establishes requirements for treatment of chronic pain. The rule is effective June 5, 2017.
Ohio	Proposed rule of the Medical Board amends regulations under OAC 4731-29-01 concerning standards and procedures for the operation of pain management clinics. The rule clarifies that a medical practice will be considered a pain management clinic if the majority of patients are being treated for “chronic pain.” The rule also adds clinical research facilities and nursing homes to the list of facilities excepted from the definition of pain management clinic. In addition, the rule clarifies the board's authority to inspect such facilities. A hearing is scheduled for May 3, 2017, in Columbus.
Ohio	Proposed rule of the State Dental Board amends regulations under OAC 4715-3-01 and adopts regulations under OAC 4715-6-02 to establish requirements for dentists prescribing opiate analgesics for acute pain. The rule limits prescriptions to a seven-day supply for adults and a five-day supply for minors and to a 30 total morphine equivalent dose per day. The rule also requires patients or their guardians be informed of benefits and risks of opioid analgesics, provides exceptions to dosage limits, and specifies that prescriptions exceeding limits are subject to additional review by the board. In addition, the rule specifies exemptions from provisions for opioid analgesics prescribed to hospice patients, individuals receiving palliative care or that have been diagnosed with a terminal condition or cancer, and individuals undergoing medication-assisted treatment for a substance use disorder. A hearing is scheduled for July 26, 2017, in Columbus.
Ohio	Proposed rule of the Medical Board amends regulations under OAC 4731-11-01 and -02 and adopts regulations under OAC 4731-11-13 to establish requirements for physicians prescribing opiate analgesics for acute pain. The rule limits prescriptions to a seven-day supply for adults and a five-day supply for minors and to a 30 total morphine equivalent dose per day. The rule also requires patients or their guardians be informed of benefits and risks of opioid analgesics, provides exceptions to dosage limits, and specifies that prescriptions exceeding limits are subject to additional review by the board. In addition, the rule specifies exemptions from provisions for opioid analgesics prescribed to hospice patients, individuals receiving palliative care or that have been diagnosed with a terminal condition or cancer, and individuals undergoing certain opioid addiction treatment. A hearing is scheduled for July 26, 2017, in Columbus.

Ohio	Notice of the Medical Board announces changes to a June 19, 2017, proposed rule to amend regulations under OAC 4731-11-01 and -02 and adopt regulations under OAC 4731-11-13 to establish requirements for physicians prescribing opiate analgesics for acute pain. The rule limits prescriptions to a seven-day supply for adults and a five-day supply for minors and to a 30 total morphine equivalent dose per day. The rule also requires patients or their guardians be informed of benefits and risks of opioid analgesics, provides exceptions to dosage limits, and specifies that prescriptions exceeding limits are subject to additional review by the board. In addition, the rule specifies exemptions from provisions for opioid analgesics prescribed to hospice patients, individuals receiving palliative care or that have been diagnosed with a terminal condition or cancer, and individuals undergoing certain opioid addiction treatment. The changes correct the type of subspecialty certification required from the American Board of Preventive Medicine for the holder to be regarded as a "board certified addictionologist."
Ohio	Final rule of the State Dental Board amends regulations under OAC 4715-3-01 and adopts regulations under OAC 4715-6-02 to establish requirements for dentists prescribing opiate analgesics for acute pain. The rule limits prescriptions to a seven-day supply for adults, a five-day supply for minors, and a 30 total morphine equivalent dose per day. The rule also requires patients or their guardians be informed of benefits and risks of opioid analgesics, provides exceptions to dosage limits, and specifies that prescriptions exceeding limits are subject to additional review by the board. In addition, the rule specifies exemptions from requirements for opioid analgesics prescribed to hospice patients, individuals receiving palliative care or that have been diagnosed with a terminal condition or cancer, and individuals undergoing medication-assisted treatment for a substance use disorder. The rule is effective Aug. 31, 2017.
Rhode Island	Final rule of the Department of Health amends regulations under R21-28-CSD regarding pain management, opioid use and the registration of distributors of controlled substances. The rule updates the minimum requirements for pain management and opioid use in acute pain management and sets forth the prescriber training requirement for best practices regarding opioid prescribing. The rule also describes long-acting and extended-release opioids. The rule is effective March 22, 2017.
Vermont	Emergency rule of the Agency of Human Services, Department of Health, amends regulations regarding the prescribing of opioids for pain. The rule specifies requirements for prescribing opioids for patients in end-of-life care. The rule is effective July 1, 2017, and expires Oct. 29, 2017.
Virginia	Emergency rule of the Department of Health Professions, Board of Medicine, adopts regulations under 18 VAC 85-21-10 through -170 regarding opioid and buprenorphine prescriptions for acute and chronic pain management. The rule establishes requirements for patient evaluations, specifies limitations on quantity and dosage, and addresses medical recordkeeping for acute pain management. The rule also specifies evaluation and treatment requirements for chronic pain management, including a treatment plan, informed consent and agreement, and consultation with other providers. In addition, the rule addresses prescribing the buprenorphine mono-product, which does not contain naloxone, co-prescribing of other drugs, and medical records for opioid addiction treatment. The rule is effective March 15, 2017, and expires Sept. 14, 2018. A concurrent notice announces the intention of the agency to adopt the provisions permanently.

Virginia	Emergency rule of the Department of Health, Board of Veterinary Medicine, adopts regulations under 18 VAC 150-20-174 to establish requirements for veterinarians prescribing controlled substances containing opioids. The rule, which is intended to prevent abuse and diversion for sale of opioids, is issued in response the declaration of a public health emergency by the state health commissioner. The rule establishes requirements for patient evaluation, limitations on quantity and dosage, and recordkeeping. The rule also provides requirements for prescribing an opioid beyond 14 days for certain chronic conditions and allows animal species and size appropriate prescriptions of buprenorphine. A concurrent notice announces the intention of the agency to adopt the amendments on a permanent basis. The rule is effective June 26, 2017, and expires Dec. 25, 2018. Comments are due Aug. 9, 2017.
Virginia	Notice of the Department of Health Professions, Board of Dentistry, announces changes to a May 15, 2017, emergency rule that adopted regulations under 18 VAC 60-21-101 through -106 to establish standards for dentists prescribing medications containing opioids for pain management. The rule sets forth requirements for patient evaluations, limitations on quantity and dosage, and recordkeeping. The rule also requires dentists who manage patients with chronic pain to refer patients to a pain management specialist or to adhere to the Board of Medicine regulations. In addition, dentists who prescribe schedules II through IV controlled substances are required to complete two hours of continuing education in pain management. The changes specify that dentist prescribing schedules II through IV controlled substances after April 24, 2017, must meet the two hour continuing education requirement by March 31, 2019. The changes also specify that after March 31, 2019, such prescribing dentists must complete two hours of continuing education on pain management every two years.

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Arkansas	Proposed rule of the State Board of Pharmacy amends Regulation 7 regarding prescription drug products. The rule clarifies language regarding pharmacists' ability to substitute products that are either generically equivalent, interchangeable biological products, or manufacturer authorized generics. The rule also prohibits pharmacists from dispensing more of a schedule II narcotic medication than what they are authorized to prescribe. In addition, the rule adds definitions of "biological product," "biosimilar," "biosimilar product," "drug," "generic drug," and "interchangeable biological product." A hearing is scheduled for Sept. 26, 2017, in Little Rock.
California	Notice of the Department of Consumer Affairs, Board of Pharmacy, announces changes to a Sept. 16, 2016, proposed rule to adopt regulations under 16 CCR 1715.65 to require pharmacies and clinics to perform a physical count inventory at least every three months of all Schedule II controlled substances. The rule sets forth inventory and recordkeeping requirements and specifies that losses must be identified in writing and reported to the board. The rule also requires new pharmacists-in-charge to complete an inventory within 30 days and establishes additional requirements for inpatient hospital pharmacies with satellite locations or the automated drug delivery systems. The revisions require loss reports be made within 30 days, or within 14 days if the cause of the loss is theft, diversion or self-use, and eliminate the requirement to report losses to the Drug Enforcement Administration.

Florida	Proposed rule of the Department of Business and Professional Regulation, Division of Drugs, Devices and Cosmetics, adopts regulations under FAC 61N-2.012 regarding the application for out-of-state prescription drug wholesale distributor permits. The rule requires any person, located outside the state, that engages in the wholesale distribution of prescription drugs to have an out-of-state prescription drug wholesale distributor permit. The rule also incorporates by reference the application for an out-of-state prescription drug wholesale distributor form (DBPR-DDC-214).
Florida	Notice of the Department of Health, Board of Pharmacy, announces a workshop on proposed amendments to regulations under FAC 64B16-28.141 and .608 regarding requirements for automated pharmacy systems in community pharmacies and automated filing systems within pharmacies. The workshop is scheduled for June 6, 2017, in Kissimmee.
Idaho	Final rule of the Board of Pharmacy amends regulations under IDAPA 27.01.01.011 through .635 (nonconsecutive) regarding pharmacy standards. The rule expands the types of facilities at which emergency medication kits can be housed to include specialty infusion clinics and allows regional behavioral health clinics to donate and receive donated medications to dispense to medically indigent patients. The rule also allows delegate access to the Prescription Monitoring Program, exempts investigational drugs and patient assistant drugs from the products that require registration as a prescriber drug outlet, and allows prescription medications to be labeled in the name of an authorized entity. In addition, the rule provides that pharmacies may list an expiration date that coincides with the original manufacturer's expiration date. Finally, the rule sets forth standards for outpatient telepharmacy with remote dispensing sites. The rule is effective March 29, 2017.
Idaho	Final rule of the Board of Pharmacy amends regulations under IDAPA 27.01.01.114 to revise requirements for Schedule II controlled substances to comply with federal law. The rule allows patients to receive fewer Schedule II controlled substance pills than written by a prescriber while not forfeiting the balance if picked up within a certain time frame. The rule is effective March 29, 2017.
Idaho	Final rule of the Board of Pharmacy amends regulations under IDAPA 27.01.01.071, .710, .711 and .712 regarding telepharmacy. The rule allows registration of remote dispensing sites to applicants who meet certain criteria and additional technology to be used at a remote dispensing site beyond use of the automated dispensing system. The rule also removes the requirement that a remote dispensing site be co-located with a medical care facility and deletes duplicative language. In addition, the rule updates limits on the oversight of multiple remote dispensing sites, replaces references to “retail telepharmacy” with “outpatient telepharmacy,” and clarifies that pharmacists must use the HIPAA-compliant video and audio communication system to counsel patients. The rule is effective March 29, 2017.
Indiana	Notice announces the intention of the Board of Pharmacy to adopt regulations under 856 IAC 1-43 to establish requirements concerning the sale of products containing ephedrine or pseudoephedrine by pharmacists. The rule also addresses requirements for conversion resistant and extraction resistant products containing ephedrine or pseudoephedrine.
Iowa	Final rule of the Board of Pharmacy amends regulations under 657 IAC 10.32 and 100.1 through 100.5 concerning controlled substances and the Real-Time Electronic Pseudoephedrine Tracking System. The rule authorizes pharmacy technicians to approve a purchase under the direct supervision of a pharmacist and deletes references to the discontinued Pseudoephedrine Advisory Council. The rule is effective July 12, 2017.

Iowa	Final rule of the Board of Pharmacy amends regulations under 657 IAC 8.35 and adopts regulations under 657 IAC 13.1 through .23 to establish standards for the licensure and practice of telepharmacy. The rule establishes application requirements for a limited use pharmacy license as a telepharmacy site and specifies audiovisual technology requirements, responsibilities, and terms. The rule also requires a written agreement between a managing pharmacy and telepharmacy site and specifies the contents of written agreements and the process for termination of the agreement or closure of either pharmacy. In addition, the rule addresses recordkeeping and reporting requirements and specifies the minimum required information in a request for waiver of the minimum distance between a proposed telepharmacy site and an existing pharmacy that dispenses prescription drugs to outpatients. The rule is effective Sept. 6, 2017.
Massachusetts	Final rule of the Department of Public Health amends regulations under 105 CMR 700.000, 721.000 and 722.000 and repeals regulations under 105 CMR 701.000 regarding standards for prescription format and security and dispensing procedures for pharmacists. The rule revises dispensing procedures for pharmacists, registration requirements, and provisions concerning registration of persons for a specific activity or activities. The rule also revises requirements for records, inventories and reports, and adds provisions concerning emergency situations in which controlled substances in Schedule II may be dispensed upon orally or electronically transmitted prescription. In addition, the rule modifies provisions concerning research involving controlled substances, the Prescription Monitoring Program and prescription formats. Finally, the rule revises definitions and removes requirements concerning hypodermic instruments. The rule is effective May 5, 2017.
Massachusetts	Proposed rule of the Department of Public Health, Board of Registration in Pharmacy, amends regulations under 247 CMR 6.00, 9.00 and 15.00; adopts regulations under 247 CMR 20.00; and repeals regulations under 247 CMR 5.00 and 12.00 regarding pharmacy standards. The rule updates requirements and procedures for pharmacy licensure, professional standards of conduct for pharmacy practice and requirements for continuous quality improvement programs. The rule also adds reporting requirements and deletes provisions concerning orally and electronically transmitted prescriptions and reporting requirements to the Prescription Monitoring Program and standards for restricted pharmacies. A hearing is scheduled for June 29, 2017, in Boston.
Nevada	Notice announces the intention of the Board of Pharmacy to amend regulations under NAC 453.440 concerning requirements for content, additions, and changes of prescriptions. The rule requires the inclusion of the date of birth with patient information and specifies that a prescription with multiple preprinted practitioners must also include all applicable Drug Enforcement Administration registrations. The rule also adds requirements for reporting the number of days supply and the ICD-10 classification for which the substance is prescribed.
New Mexico	Proposed rule of the Regulation and Licensing Department, Board of Pharmacy, amends regulations under 16.19.6, 16.19.26 and 16.19.33 NMAC regarding pharmacies, prescriptive authority for pharmacists, and telepharmacy and remote dispensing. A hearing is scheduled for April 20-21, 2017, in Albuquerque.
Ohio	Final rule of the Board of Pharmacy adopts regulations under OAC 4729:-5-14, -5-25, -9-13, and -17-07 and rescinds regulations under OAC 4729:-6-01, -6-02, -6-03, -6-05, and -6-10 regarding licensure of pharmacists. The rule sets forth requirements for return to stock in a pharmacy and laboratory testing by pharmacy interns and technicians. The rule also addresses distribution of dangerous drugs samples and complimentary supplies and temporary absences of pharmacists in institutional pharmacies. In addition, the rule removes provisions related to impaired pharmacists, approved treatment providers for impaired pharmacists, and summary suspension of impaired pharmacists' licenses, because the provisions have been relocated to OAC 4729:6 in a concurrent final rule. The rule is effective Sept. 15, 2017.

Ohio	Final rule of the Board of Pharmacy amends regulations under OAC 4729:17-01 and adopts regulations under OAC 4729:-17-06 regarding licensure of pharmacists. The rule sets forth requirements for drug stocks at point of care locations, including requirements for secure storage of dangerous drugs, designation of those who may access the drug stock, and controls to prevent drug diversion. The rule also establishes requirements for storage of controlled substances, revises the definition of "institutional facility," and adds definitions of "point of care location" and "outpatient institutional pharmacy." The rule is effective Nov. 1, 2017.
Oregon	Final rule of the Board of Pharmacy amends regulations under OAR 855-019-0120 and -080-0021 and adopts regulations under OAR 855-019-0450, -019-0455, -019-0460 and -041-2340 regarding the practice of pharmacy. The rule reduces the number of days before eligibility to retake the North American Pharmacist Licensure Examination (NAPLEX) and limits the number of retakes for the NAPLEX and Multistate Pharmacy Jurisprudence Examination. The rule also allows pharmacists to prescribe and distribute unit-of-dose packages of naloxone to individuals who conduct or complete state approved training. In addition, the rule allows trainers to possess and distribute naloxone to trainees, and allows trainees to possess and administer naloxone to an individual experiencing an opiate overdose. Finally, the rule adds synthetic opioids/fentanyl derivatives (U-47700 and W-18) to the state's Schedule CI drugs. The rule is effective Dec. 14, 2016.
Oregon	Final rule of the Board of Pharmacy amends regulations under OAR 855-007-0060 through -044-0030 (nonconsecutive) and adopts regulations under OAR 855-019-0123 and -041-1046 regarding the practice of pharmacy. The rule updates requirements for drug rooms to address oversight of long-term storage of state and federal emergency medications, clarifies that secondary storage areas related to retail pharmacies can register as a drug room, and allows drug rooms to be affiliated with an institutional pharmacy. The rule also provides limitations on liability for pharmacist volunteers and specifies that pharmacists who provide care without compensation are not liable for injuries unless they stem from gross negligence. In addition, the rule requires outlets to notify the board of resident pharmacy termination or resignation in lieu of termination within 10 days, sets forth requirements for pharmacies to participate in drug take-back initiatives, and allows for remote dispensing machines in licensed residential facilities. Finally, the rule specifies that the charitable prescription drug program is a state-specific program and prohibits charitable pharmacies from accepting Food and Drug Administration risk evaluation and mitigation strategy drugs. The rule is effective Feb. 23, 2017.
Texas	Proposed rule of the State Board of Pharmacy amends regulations under 22 TAC 315.3 regarding prescriptions for controlled substances. The rule specifies that a schedule II prescription must be dispensed within 21 days of being issued or, if it is part of a set of prescriptions, within 21 days of the earliest date a pharmacy may dispense the prescription. The rule also removes language requiring the official prescription order form to be signed by the requesting advanced practice registered nurse or physician assistant and by the delegating physician.
Texas	Final rule of the State Board of Pharmacy amends regulations under 22 TAC 315.3 regarding prescriptions for controlled substances. The rule specifies that a schedule II prescription must be dispensed no later than 21 days after the date of being issued or, if it is part of a set of prescriptions issued on the same day, no later than 21 days after the earliest date a pharmacy may dispense the prescription as indicated. The rule also removes language requiring the official prescription order form to be signed by the requesting advanced practice registered nurse or physician assistant and by the delegating physician. The rule is effective June 11, 2017.

Virginia	Emergency rule of the Department of Health Professions, Board of Pharmacy, adopts regulations under 18 VAC 110-60-10 through -330 to establish procedures and requirements for providing cannabidiol oil or THC-A oil to patients with intractable epilepsy. The rule establishes the registration process for patients who have been certified for the use of cannabidiol oil or THC-A oil and the process for issuing permits for pharmaceutical processors to manufacture and provide cannabidiol oil and THC-A oil to be used for the treatment of intractable epilepsy. The rule establishes fees for application, registration, and permitting; requirements for issuance or denial of registration for certifying physicians, patients, parents, or legal guardians; and requirements for issuing conditional and final approvals to processors. The rule also establishes requirements for personnel at pharmaceutical processors, including supervision requirements. In addition, the rule sets standards for pharmaceutical processor operations and requirements for the cultivation, production, and dispensing of cannabidiol oil, including labeling, laboratory and testing standards, dispensing errors and quality assurance, and proper disposal. A concurrent notice announces the intention of the agency to adopt the amendments on a permanent basis. The rule is effective Aug. 7, 2017, and expires Feb. 6, 2019.
Washington	Final rule of the Department of Health, Pharmacy Quality Assurance Commission, adopts regulations under WAC 246-874-010 through -070 and repeals regulations under WAC 246-869-120 and -872-010 through -872-050 regarding pharmacy and technology, including automated drug distribution devices (ADDDs). The rule sets forth requirements for installing and operating ADDDs and specifies supervision, access, security, recordkeeping, accountability and quality assurance standards. The rule also eliminates the requirement for commission approval for use of ADDDs and removes provisions concerning mechanical devices in hospitals. The rule is effective April 7, 2017.
Wyoming	Proposed rule of the Department of Administration and Information, Board of Pharmacy, amends regulations regarding pharmacy standards. The rule updates requirements for electronic records for dispensed prescriptions, disposal of medications, prescription transfers and returns, and ancillary drug supplies for nursing homes and other facilities. The rule also adds requirements for pharmacy closures, updates application and complaint procedures, and incorporates by reference the Uniform Rules for Contested Case Practice and Procedures. In addition, the rule adds licensure standards for medical oxygen distributors, outsourcing facilities, third-party logistics providers and wholesale distributors of prescription drugs for nonhuman use. Finally, the rule clarifies requirements for the restocking of automated dispensing devices, incorporates by reference federal sterile compounding standards, and updates definitions. A hearing is scheduled for March 29, 2017.

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Florida	Final rule of the Department of Health, Prescription Drug Monitoring Program, amends regulations under FAC 64K-1.004 regarding the prescription drug monitoring program database. The rule requires submission of zero activity reports for dispensers with no dispensing transactions to report for a preceding seven-day period and modifies the filing schedule for renewal of notification of exemption from reporting to coincide with the biennial license renewal cycle. The rule also requires dispensers directly dispensing a

	controlled substance to provide the telephone number of the person the prescription is written for when submitting information to the program database. The rule is effective Jan. 12, 2017.
Florida	Final rule of the Department of Health, Prescription Drug Monitoring Program, amends regulations under FAC 64K-1.003 regarding the Prescription Drug Monitoring Program database. The rule provides for designee and impaired practitioner consultant access to the database on behalf of prescribers and dispensers. The rule also updates and adds forms and adds training courses. The rule is effective Feb. 14, 2017.
Florida	Notice announces the intention of the Department of Health, Prescription Drug Monitoring Program, to amend regulations under FAC 64K-1.003 and .004 regarding the Prescription Drug Monitoring Program database. The rule revises reporting requirements for dispensers of controlled substances and allows U.S. Department of Veterans Affairs employees to access certain information.
Illinois	Proposed rule of the Department of Human Services amends regulations under 77 IAC 2080.20, .190, .210 and .230 and adopts regulations under 77 IAC 2080.320 and .325 concerning the electronic prescription monitoring program. The rule updates definitions and criteria regarding personal information reports and specifies how the prescription information library is accessed. The rule also designates other drugs that may be included on the schedule of controlled substances and establishes the Prescription Monitoring Program Advisory Committee and the Peer Review Subcommittee.
Iowa	Final rule of the Board of Pharmacy amends regulations under 657 IAC 37.2, .3, .4, .5, and .9 concerning the Prescription Monitoring Program (PMP). The rule establishes provisions concerning integration of the PMP into electronic health records, the health information exchange, and e-pharmacy systems and clarifies the PMP record information deemed to be confidential. The rule also clarifies the required data elements and procedures for submission by a pharmacy of records of dispensed prescriptions or of a report specifying that no qualifying prescriptions were dispensed during a reporting period. In addition, the rule clarifies provisions concerning the exemption from reporting of dispensed prescriptions and the process for requesting such exemptions, increases the number of agents that a practitioner may authorize to access the PMP, and updates the procedures for registration of such agents. Finally, the rule addresses provisions for a regulatory agency or board, law enforcement agency, or researcher to request data from the PMP; provides that the board may charge a fee for such access; and adds definitions. The rule is effective July 12, 2017.
Maine	Proposed rule of the Department of Health and Human Services, Substance Abuse and Mental Health Services, amends regulations under MAC Chapter 11 regarding the controlled substances prescription monitoring program and the prescription of opioid medications. The rule specifies limits on opioid medication prescribing; requires prescribers, dispensers and veterinarians to register as prescription monitoring program data requesters; and requires prescribers to acquire and include Drug Enforcement Administration numbers on each prescription. The rule also specifies exceptions to prescriber limits and addresses electronic prescriptions. In addition, the rule establishes civil violations for prescribers and dispensers, specifies standards for immunity from liability for disclosure of information, and adds definitions. The rule currently is in effect as an emergency rule. A hearing is scheduled for Feb. 13, 2017, in Augusta

Massachusetts	Notice of the Department of Public Health, Board of Registration in Pharmacy, announces the issuance of circular letter (BHPL-DCP 17-5-101) to update the Prescription Drug Monitoring Program Data Submission Dispenser Guide (Version 3.0). The update requires state pharmacies to report gabapentin, a Schedule VI medication, via the program clearinghouse. The notice specifies that as of Aug. 1, 2017, pharmacies must report all required data for dispensed prescriptions of gabapentin except the customer ID, which will be required beginning Aug. 1, 2018. The notice also specifies that reporting is to comply with the American Society for Automation in Pharmacy 4.2 standards. In addition, the notice provides additional reporting requirements for all substances in Schedule II through V.
Nevada	Notice announces the intention of the Board of Pharmacy to amend regulations under NAC 639.926 concerning the prescription monitoring program. The rule extends the scope and applicability of reporting requirements to all practitioners and to schedule V substances. The rule also adds requirements for reporting the number of days supply and the ICD-10 classification for which the substance is prescribed.
Ohio	Proposed rule of the Board of Pharmacy amends regulations under OAC 4729-5-30, -37-04, and -37-05 concerning requirements for issuance of prescriptions and reporting to the Ohio Automated Rx Reporting System (OARRS). The rule requires diagnosis codes and number of days' supply on all controlled substance prescriptions; specifies portions of prescriptions that pharmacists can modify; and updates electronic prescribing requirements and "dispense as written" requirements for generic substitutions, interchangeable biologics and combined refills. The rule also requires reporting of diagnosis codes to OARRS and requires pharmacies to adopt the American Society for Automation in Pharmacy 4.2A Standard for reporting dispensing data. A hearing is scheduled for July 19, 2017, in Columbus.
Ohio	Notice of the Board of Pharmacy announces changes to a June 19, 2017, proposed rule to amend regulations under OAC 4729-5-30, -37-04, and -37-05 concerning requirements for issuance of prescriptions and reporting to the Ohio Automated Rx Reporting System (OARRS). The rule requires diagnosis codes and number of days' supply on all controlled substance prescriptions; specifies portions of prescriptions that pharmacists can modify; and updates electronic prescribing requirements and "dispense as written" requirements for generic substitutions, interchangeable biologics, and combined refills. The rule also requires reporting of diagnosis codes to OARRS and requires pharmacies to adopt the American Society for Automation in Pharmacy 4.2A Standard for reporting dispensing data. The changes clarify that electronic prescribing systems may use electronic-to-fax transmission methods only in the event of a temporary telecommunications outage and address situations in which a pharmacy must dispense a different quantity than what is originally indicated on the prescription.
Oregon	Final rule of the Oregon Health Authority, Public Health Division, amends regulations under OAR 333-023-0805 and -0820 and adopts regulations under OAR 333-023-0830 regarding the Prescription Drug Monitoring Program (PDMP). The rule allows authorized practitioners or pharmacists and their delegates to access PDMP information through health information technology systems and addresses related privacy and security requirements. The rule is effective Jan. 10, 2017.
Texas	Final rule of the Board of Pharmacy amends regulations under 15 WVCSR 8 regarding the Controlled Substances Monitoring Program. The rule requires opioid antagonist dispensing to be reported to the program. The rule also specifies that the date to be reported into the system for "date filled" is the date the controlled substance dispensed is actually delivered to the patient or the patient's agent. In addition, the rule clarifies provisions concerning filling "zero reports" when there are no controlled substance dispensings from a reporter and accounts for the reporting of corrections to the system within seven days of finding any error by a reporter. The rule is effective April 28, 2017.

Utah	Final rule of Department of Commerce, Division of Occupational and Professional Licensing, adopts regulations under R156-37f-302 and -303 regarding the controlled substance database. The rule provides that deposition testimony is included in prohibited testimony concerning controlled substance data from any individual with access to the database. The rule also specifies procedures for an electronic data system (EDS) and an EDS user to access opioid prescription information in the database. In addition, the rule allows the division to suspend without notice an EDS's or an EDS user's access to the database if the division determines that such access may compromise the database opioid prescription information. The rule is effective Dec. 22, 2016.
Virginia	Final rule of the Department of Health Professions amends regulations under 18 VAC 76-20-40 regarding the prescription monitoring program. The rule updates the required version for reporting data electronically to the Prescription Monitoring Program and includes several data elements to the report. The rule also allows dispensers 90 days from notification by the director to comply when a new file layout with new data elements is prescribed. The rule is effective Jan. 25, 2017.
Washington	Proposed rule of the Department of Health amends regulations under WAC 246-470-010 and -050 and adopts regulations under WAC 246-470-052 to allow licensed medical test sites, prescribers of legend drugs, health care facilities licensed by the department, and provider groups of five or more to access data in the prescription monitoring program database. A hearing is scheduled for June 27, 2017, in Tumwater.
Washington	Notice announces the intention of the Department of Health to amend regulations under WAC 246-270 regarding the prescription monitoring program. The rule expands the exchange of program data to additional department personnel, health care entities, and other stakeholders to support patient safety, coordinated care, and qualify improvement initiatives.
West Virginia	Proposed rule of the Board of Pharmacy amends regulations under 15 WVCSR 8 regarding the Controlled Substances Monitoring Program (CSMP). The rule designates gabapentin as a drug of concern and allows access to the CSMP by representatives of the Department of Health and Human Resources' Office of Health Facility Licensure and Certification. The rule also allows deans of medical schools or their designee located in the state to monitor prescribing practices of faculty, prescribers, and residents of the school and allows physician reviewers designated by employers of medical providers to monitor prescriber level data of their employees. In addition, the rule allows a chief medical officer of a hospital or a physician designated by the chief executive officer of a hospital that does not have a chief medical officer to review prescribers with admitting privileges to the hospital. Finally, the rule revises the information to be reported on a person picking up a prescription on behalf of a patient. A concurrent emergency rule adopts the provisions, effective July 27, 2017.

Wisconsin	Emergency rule of the Department of Safety and Professional Services, Controlled Substances Board, amends regulations under WAC CSB 4.01 through .14 (nonconsecutive) and adopts regulations under WAC CSB 4.093, .097 and .105 regarding the prescription drug monitoring program (PDMP). The rule requires practitioners to review the PDMP before prescribing a drug and specifies exceptions to review requirements. The rule also requires pharmacists or practitioners to submit dispensing data to the PDMP by no later than 11:59 p.m. the next business day, provides for corrections to submissions, and specifies that dispensing data need not be submitted when a drug is prepared for delivery but not yet delivered. In addition, the rule removes Schedule IV and V substances from the list of drugs that have a substantial potential for abuse; requires submissions to include a DEA registration number rather than dispenser and practitioner identifiers; and addresses access to monitored prescription drug history reports, PDMP data and audit trails. Finally, the rule specifies grounds for denying, suspending, revoking, or restricting or limiting access to the PDMP and updates definitions and references. The rule is effective April 1, 2017, and expires the sooner of Jan. 1, 2018, or the date permanent rules take effect.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, amends regulations under WAC CSB 4.01 through .15 and adopts regulations under WAC CSB 4.093, .097 and .105 regarding the prescription drug monitoring program (PDMP). The rule requires practitioners to review the PDMP before prescribing a drug and specifies exceptions to review requirements. The rule also requires pharmacists or practitioners to submit dispensing data to the PDMP by no later than 11:59 pm the next business day, provides for corrections to submissions, and specifies that dispensing data need not be submitted when a drug is prepared for delivery but not yet delivered. In addition, the rule removes Schedule IV and V substances from the list of drugs that have a substantial potential for abuse; requires submissions to include a DEA registration number rather than dispenser and practitioner identifiers; and addresses access to monitored prescription drug history reports, PDMP data and audit trails. Finally, the rule specifies grounds for denying, suspending, revoking, or restricting or limiting access to the PDMP and updates definitions and references. A March 27, 2017, emergency rule adopted the provisions, effective April 1, 2017, and expires the sooner of Jan. 1, 2018, or the date permanent rules take effect. A hearing is scheduled for May 12, 2017, in Madison.
Wyoming	Proposed rule of the Department of Administration and Information, Board of Pharmacy, amends regulations regarding pharmacy standards and the Prescription Drug Monitoring Program. The rule allows pharmacies to maintain written or electronic records of dispensed prescriptions for Schedules II, III, IV or V controlled substances. The rule also clarifies partial filling requirements for Schedule II controlled substances, including for long-term care facility residents, and incorporates by reference federal standards concerning administrative inspections. In addition, the rule describes inspection notice requirements, requires pharmacies to report methods of payment, and describes the 24-hour reporting requirement. Finally, the rule describes criteria for the appointment of delegates to request patient reports; requires patient reports to be kept by the board for two years; and adds gabapentin, cyclobenzaprine and naloxone to program reporting requirements. A hearing is scheduled for March 29, 2017, in Casper.
Wyoming	Final rule of the Department of Administration and Information, State Board of Pharmacy, amends regulations under Chapters 4, 6, 7 and 8 regarding pharmacy standards and the Prescription Drug Monitoring Program. The rule allows pharmacies to maintain written or electronic records of dispensed prescriptions for Schedules II, III, IV or V controlled substances. The rule also clarifies partial filling requirements for Schedule II controlled substances, including for long-term care facility residents, and incorporates by reference federal standards concerning administrative inspections. In addition, the rule specifies inspection notice requirements, requires pharmacies to report methods of payment and describes the 24-hour reporting requirement. Finally, the rule provides criteria for the appointment of delegates to request patient reports; requires patient reports to be kept by the board for two years; and adds gabapentin, cyclobenzaprine and naloxone to program reporting requirements. The rule is effective May 16, 2017.

Alabama	Notice of the Department of Public Health, Board of Health, amends regulations under AAC 420-7-2 to add furanyl fentanyl, its isomers, esters, ethers, salts and salts of isomers, esters and ethers to the list of Schedule I controlled substances. The action is effective Dec. 28, 2016.
Alabama	Final rule of the Department of Public Health amends regulations under AAC 420-7-2, Appendix, regarding the controlled substances list. The rule reschedules Alprazolam to Schedule II, all benzodiazepines and Zolpidem to Schedule III, and Pregabalin to Schedule IV due to potential for abuse as recommended by the State Board of Medical Examiners. The rule is effective Jan. 19, 2017.
Alabama	Notice of the Department of Public Health, Board of Health, announces revisions to the Controlled Substances List under AAC 420-7-2. The list provides the name and DEA code number of each controlled substance. The revisions include the addition of brivaracetam to Schedule V. The action is effective April 8, 2017.
Alabama	Notice announces the disapproval by the Joint Committee on Administrative Regulation Review of a Nov. 30, 2016, proposed rule of the Department of Public Health that would have amended regulations under 420-7-2, Appendix, regarding the controlled substances list. The rule would have rescheduled Xanax (alprazolam) to Schedule II, all benzodiazepines and Zolpidem to Schedule III, and Pregabalin to Schedule IV. The proposal was published as a final rule March 31, 2017.
Alabama	Notice of the Department of Public Health, Board of Health, announces a revision to the Controlled Substances List under AAC 420-7-2. The revision adds acryl fentanyl to Schedule I. The action is effective Aug. 13, 2017.
Delaware	Proposed rule of the Department of State, Controlled Substance Advisory Committee, amends Uniform Controlled Substances Act regulations, Rules 9 and 10, regarding the safe prescribing of opioid analgesics. The rule establishes exemptions to the medical evaluation requirement for subsequent prescriptions of opioids for acute pain. The rule also makes permanent a Jan. 1, 2017, emergency rule that added the synthetic opioid U-47700 to Schedule I.
District of Columbia	Proposed rule of the Department of Health amends regulations under 22-B DCMR 1201 and 1205 to add synthetic opioid agonists or antagonists to the list of Schedule I drugs and remove propylhexedrine from the list of Schedule V drugs.
Illinois	Final rule of the Department of Human Services adopts regulations under 77 IAC 2070.271 to add the opioid analog U-47700 to the list of Schedule I controlled substances. The rule is effective Jan. 25, 2017.
Illinois	Peremptory rule of the Department of Human Services adopts regulations under 77 IAC 2070.619 to add the synthetic opioid 4-fluoroisobutyryl fentanyl and its isomers, esters, ethers, salts and salts of isomers, esters, and ethers to the list of Schedule I controlled substances. The rule is effective June 1, 2017.
Indiana	Emergency rule of the Board of Pharmacy amends regulations under 856 IAC 2-2-2 to add the synthetic drug compound Acrylfentanyl to the list of Schedule I controlled substances. The rule is effective July 16, 2017.
Kentucky	Final rule of the Cabinet for Health and Family Services, Office of Inspector General, amends regulations under 902 KAR 55:035 to add gabapentin and brivaracetam to the list of Schedule V controlled substances. The rule is effective March 3, 2017.

Kentucky	Proposed rule of the Cabinet for Health and Family Services, Office of Inspector General, amends regulations under 902 KAR 55:095 regarding prescriptions for Schedule II controlled substances. The rule allows pharmacists to dispense Schedule II substances upon receiving oral authorization for immediate administration to hospice patients and long-term care facility residents in conformance with federal standards and adds a written prescription delivery requirement. The rule also removes the requirement for delivery of the original written prescription to the dispensing pharmacy within seven days of transmitting a facsimile prescription. In addition, the rule adds requirements for the partial filling of prescriptions for patients who are not terminally ill or long-term care facility residents. A hearing is scheduled July 21, 2017, in Frankfort.
Kentucky	Proposed rule of the Cabinet for Health and Family Services, Office of the Inspector General, adopts regulations under 902 KAR 55:041 to repeal regulations under 902 KAR 55:020, :025, :030, and :035 regarding schedules of controlled substances. A concurrent proposed rule addresses the subject matter under 902 KAR 55:015. A hearing is scheduled for July 21, 2017, in Frankfort.
Kentucky	Proposed rule of the Cabinet for Health and Family Services, Office of the Inspector General, amends regulations under 902 KAR 55:015 to align the state's schedules of controlled substances with those of the federal government, with specified exceptions. A hearing is scheduled for July 21, 2017, in Frankfort.
Louisiana	Emergency rule of the Department of Health, Office of Public Health, amends regulations under 46 LAC LIII.2704 to add acrylfentanyl and etizolam to the list of Schedule I controlled dangerous substances. The rule is effective Jan. 6, 2017, and expires May 6, 2017
Missouri	Final rule of the Department of Health and Senior Services, Division of Regulation and Licensure, amends regulations under 19 MCSR 30-1.002 to update the Schedules I, II, III, IV and V lists of controlled substances to reflect statutory revisions and actions taken by the Drug Enforcement Administration. The rule is effective May 30, 2017.
Nevada	Notice of the State Board of Pharmacy announces a workshop on a proposal to amend regulations under NAC 453.510 to add 10 synthetic cathinones, or bath salts, to the Schedule I list of controlled substances to reflect the Drug Enforcement Agency's placement of the substances under Schedule I. The rule also adds CBD, which is currently defined to mean cannabidiol and is a primary phytocannabinoid compound found in marijuana, to the list. The workshop is scheduled for April 13, 2017, in Las Vegas.
Nevada	Proposed rule of the State Board of Pharmacy amends regulations under NAC 453.510 to add the synthetic cathinones alpha-PBP, 4-methyl-alpha-pyrrolidinopropiophenone, naphyrone, and pentedrone to the Schedule I list of controlled substances to reflect the Drug Enforcement Agency's placement of the substances under Schedule I. The rule also incorporates additional trade names for currently listed substances.
Nevada	Proposed rule of the State Board of Pharmacy amends regulations under NAC 453.510 to revise the list of Schedule III controlled substances. The rule specifies that chorionic gonadotropin is not considered a controlled substance if used solely for an FDA-approved implantation or injection in cattle or any other nonhuman species.
New Jersey	Proposed rule of the Division of Consumer Affairs, Office of the Director, amends regulations under NJAC 13:45H-10.1 to add seven fentanyl analogs to Schedule I under the Controlled Dangerous Substances Act.
New Jersey	Final rule of the Division of Consumer Affairs, Office of the Director, amends regulations under NJAC 13:45H-10.1 to add seven fentanyl analogs to Schedule I of the state's controlled and dangerous substances. The rule is effective June 5, 2017.

Pennsylvania	Notice announces the intention of the Department of Health to temporarily schedule the synthetic opioid U-47700 as a Schedule I controlled substance to conform with federal standards. The notice specifies that the order will not be issued before Feb. 18, 2017.
Tennessee	Final rule of the Department of Mental Health and Substance Abuse Services, Division of Substance Abuse Services, repeals and readopts regulations under RRT 0940-06-01-.01 through -.13 regarding the list of controlled substances. The rule updates the controlled substances in Schedules I through VII and addresses excluded substances, including non-narcotic substances, chemical preparations, anabolic steroid products and veterinary anabolic steroid implant products, certain prescription products and cannabis plant materials. The rule is effective June 19, 2017.
Texas	Notice of the Department of State Health Services announces an amendment to the schedule of controlled substances to temporarily place the opioid analgesic furanyl fentanyl, including its isomers, esters, ethers, salts and salts of isomers into Schedule I. The action is effective April 7, 2017.
Texas	Notice of the Department of State Health Services announces an amendment to the schedule of controlled substances to place marihuana extract into Schedule I and extend the temporary scheduling of the synthetic cannabinoid substances THJ-2201, AB-PINACA and AB-CHMINACA into Schedule I. The action is effective June 9, 2017.
Texas	Notice of the Department of State Health Services announces an amendment to the schedule of controlled substances to temporarily place the synthetic opioid para-fluoroisobutyryl fentanyl and its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers into Schedule I. The federal Drug Enforcement Administration issued a scheduling order for the substances on May 3, 2017. The action is effective July 14, 2017.
Vermont	Final rule of the Agency of Human Services, Department of Health, amends regulations regarding regulated drugs. The rule adds drugs and chemical substance to the lists of stimulants, narcotics, and hallucinogenics that are illegal and or judged to be potentially fatal or harmful to human consumption unless prescribed and dispensed by a licensed professional. The rule also establishes benchmark dosages for certain drugs to provide a baseline for use by prosecutors to seek enhanced penalties for possession of higher quantities of the drug. The rule is effective July 15, 2017.
Virginia	Notice of the Department of Health Professions, Board of Pharmacy, announces a hearing to consider placement of eight chemical substances into Schedule I under the Drug Control Act. The notice specifies that if the compounds are approved for inclusion into Schedule I, the placement will remain in effect for 18 months from the date of the board action or until placed into Schedule I by legislative action. A Jan. 23, 2017, final rule added the substances into Schedule I, effective Feb. 22, 2017.
Virginia	Notice of the Department of Health Professions, Board of Pharmacy, announces a hearing on the possible placement of several chemical compounds in Schedule I of the Drug Control Act. The affected compounds are the research chemical 25B-NBOH, the cannibimimetic agent MMB-CHMICA, and the synthetic opioid tertrahydrofuran fentanyl. The hearing is scheduled for June 27, 2017, in Richmond.
Virginia	Notice of the Department of Health Professions, Board of Pharmacy, announces a hearing on the possible placement of several chemical substances in Schedule I of the Drug Control Act. The affected compounds are classified as research chemicals and synthetic opioids. The hearing is scheduled for Sept. 26, 2017, in Richmond.

Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.43 to add brivaracetam to the list of Schedule V controlled substances to conform to federal standards. An affirmative action order adopted the revision, effective Sept. 26, 2016, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.45 to add the synthetic cannabinoids AB-FUBINACA and ADB-PINACA to the list of Schedule I controlled substances to conform to federal standards. An affirmative action order adopted the revision, effective Oct. 10, 2016, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.45 to add the synthetic cannabinoids AB-FUBINACA and ADB-PINACA to the list of Schedule I controlled substances to conform to federal standards. An affirmative action order adopted the revision, effective Oct. 10, 2016, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.48 to classify the opioid eluxadoline as a Schedule IV controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 21, 2016, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.46 to classify the synthetic opioid acetyl fentanyl as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 21, 2016, and expires upon adoption of a final rule
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.47 to classify the synthetic opioid AH-7921 as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 21, 2016, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2.49 to classify the synthetic opioid U-47700 as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Dec. 19, 2016, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations to add brivaracetam to the list of Schedule V controlled substances to conform to federal standards. An affirmative action order adopted the revision, effective Sept. 26, 2016, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.45 to add the synthetic cannabinoids AB-FUBINACA and ADB-PINACA to the list of Schedule I controlled substances to conform to federal standards. An affirmative action order adopted the revision, effective Oct. 10, 2016, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations to add the synthetic opioid thiafentanil to the list of Schedule II controlled substances to conform to federal standards. An affirmative action order adopted the revision, effective Oct. 3, 2016, and expires upon adoption of a final rule.

Wisconsin	Notice of the Department of Safety and Professional Services, Controlled Substances Board, announces an order to adopt regulations under WAC CSB 2.51 to classify the synthetic cannabinoid MAB-CHMINACA as a Schedule I controlled substance to reflect federal scheduling of the substance. The order is effective March 27, 2017, and expires upon adoption of a final rule.
Wisconsin	Notice of the Department of Safety and Professional Services, Controlled Substances Board, announces an order to adopt regulations under WAC CSB 2.52 to classify the synthetic cathinones 4-MePPP and a-PBP as Schedule I controlled substances to reflect federal scheduling of the substances. The order is effective April 10, 2017, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt regulations under WAC CSB 2 to add the synthetic opioid acryl fentanyl to the list of Schedule I controlled substances. The notice specifies that rule is proposed for adoption on a permanent and emergency basis and is necessary to avoid an imminent hazard to public safety. A comment due date is not specified.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.48 to classify the synthetic opioid eluxadoline as a Schedule IV controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 21, 2016, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.47 to classify the synthetic opioid AH-7921 as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 21, 2016, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.46 to classify the synthetic opioid acetyl fentanyl as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 21, 2016, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.49 to classify the synthetic opioid U-47700 as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective Nov. 19, 2016, and expires upon adoption of a final rule.
Wisconsin	Emergency rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.53 to add the synthetic opioid acryl fentanyl to the list of Schedule I controlled substances. The rule is necessary to avoid an imminent hazard to public safety. The rule is effective May 2, 2017, and expires April 28, 2018.
Wisconsin	Final rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.42 to classify the synthetic opioid furanyl fentanyl as a Schedule I controlled substance to conform to federal standards. The rule is scheduled to be effective June 1, 2017.
Wisconsin	Final rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.40 to exclude [123I]ioflupane from the list of Schedule II controlled substances to match federal listing of the substance. The rule is scheduled to be effective June 1, 2017.

Wisconsin	Notice of the Department of Safety and Professional Services, Controlled Substances Board, announces an order to adopt regulations under WAC CSB 2.56 to classify the synthetic opioid 4-fluoroisobutyryl fentanyl as a Schedule I controlled substance to reflect federal scheduling of the substance. The order is effective June 12, 2017, and expires upon adoption of a final rule.
Wisconsin	Proposed rule of the Department of Safety and Professional Services, Controlled Substances Board, adopts regulations under WAC CSB 2.53 to add the synthetic opioid acryl fentanyl to the list of Schedule I controlled substances. The rule is necessary to avoid an imminent hazard to public safety. The rule is currently in effect on an emergency basis, expiring April 28, 2018. A hearing is scheduled for July 14, 2017, in Madison.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to amend regulations under WAC CSB 2.56 to classify the synthetic opioid 4-fluoroisobutyryl fentanyl as a Schedule I controlled substance to reflect federal scheduling of the substance. An affirmative action order adopted the revision, effective June 12, 2017, and expires upon adoption of a final rule.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to adopt emergency and permanent regulations under WAC CSB 2.57 to classify the synthetic opioid cyclopropyl fentanyl as a Schedule I controlled substance. The rule is necessary to avoid an imminent hazard to public safety.
Wisconsin	Notice announces the intention of the Department of Safety and Professional Services, Controlled Substances Board, to amend regulations under WAC CSB 2.55 to classify the synthetic cannabinoids 5F-ADB, 5F-AMB, ADB-FUBINACA, MDMB-CHMICA, and MDMB-FUBINACA as Schedule I controlled substances to reflect federal scheduling of the substances. An affirmative action order adopted the revision, effective May 15, 2017, and expires upon adoption of a final rule.
Wyoming	Proposed rule of the Office of the Attorney General amends regulations under Chapter 1 to add the synthetic opioids butyryl fentanyl, beta-hydroxythiofentanyl and funanyl fentanyl to the list of Schedule I controlled substances. The substances butyryl fentanyl and beta-hydroxythiofentanyl are currently scheduled under a Jan. 9, 2017, emergency rule, and an emergency rule to add furanyl fentanyl is forthcoming.
Wyoming	Emergency rule of the Office of the Attorney General amends regulations under Chapter 1 to add various analgesics and synthetic cannabinoids, opioids and opioid analgesics to the list of Schedule I controlled substances. The rule is effective April 27, 2017, and expires Aug. 25, 2017.
Wyoming	Proposed rule of the Office of the Attorney General amends regulations under Chapter 1 to add one anti-epileptic substance (Brivaracetam) to the list of Schedule V controlled substances to conform to federal requirements.

Ohio	Proposed rule of the Board of Pharmacy rescinds regulations under OAC 4729-16-07 and -10 regarding drug compounding. The rule removes provisions that allow pharmacies to provide limited nonpatient specific medication for in-office use and to engage in nonpatient specific drug compounding in the event of a drug shortage. A hearing is scheduled for June 28, 2017, in Columbus.
Texas	Proposed rule of the State Board of Pharmacy amends regulations under 22 TAC 291.106 regarding nonresident pharmacies compounding sterile preparations (Class E-S pharmacies). The rule specifies that such pharmacies may not renew a pharmacy license unless the pharmacy has been inspected by the board or its designee within the last two-year renewal cycle.

Ohio	Final rule of the Medical Board amends regulations under OAC 4731-11-01 and rescinds and readopts regulations under OAC 4731-11-09 concerning controlled substances and telemedicine. The rule addresses the prescriptive authority of physicians with respect to patients they have not physically examined and who are at a location remote from the physician. The rule also addresses cross-coverage, which allows a state-licensed physician to provide medical services for an active patient of another physician who is temporarily unavailable. The rule is effective March 23, 2017.