

APA-1

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control: 680
Department or Agency: Alabama State Board of Pharmacy
Rule No.: 680-X-2-.45
Rule Title: Noncontrolled Prescription Requirements
Intended Action: Amend

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved? No

To what degree?: N/A

Is the increase in cost more harmful to the public than the harm that might result from the absence of the proposed rule? NA

Are all facets of the rule-making process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

Does the proposed action relate to or affect in any manner any litigation which the agency is a party to concerning the subject matter of the proposed rule? No

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Services Agency.

Signature of certifying officer

Anne Marie Nolen
Anne Nolen

Date

Friday, March 28, 2025

REC'D & FILED
MAR 28, 2025
LEGISLATIVE SVC AGENCY

ALABAMA STATE BOARD OF PHARMACY

NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama State Board of Pharmacy

RULE NO. & TITLE: 680-X-2-.45 Noncontrolled Prescription Requirements

INTENDED ACTION: Amend

SUBSTANCE OF PROPOSED ACTION:

The following amendment is proposed to relocate subsection (1) to a more appropriate placement within the Administrative Code for improved coherence.

TIME, PLACE AND MANNER OF PRESENTING VIEWS:

The public hearing will be June 25, 2025 during the Business meeting beginning at 9:00 am CDT. Comments may be submitted to Anne Marie Nolen via email to anolen@albop.com by no later than June 20, 2025 at 4:00 pm CDT.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:

Friday, June 20, 2025

CONTACT PERSON AT AGENCY:

Anne Marie Nolen
anolen@albop.com

Anne Marie Nolen

Anne Nolen

(Signature of officer authorized
to promulgate and adopt
rules or his or her deputy)

Noncontrolled Prescription
RequirementsTransferring Prescriptions.

~~(1) Original prescriptions for noncontrolled substances shall contain the following:~~

- ~~(a) Name of the patient;~~
- ~~(b) Date the original prescription was issued;~~
- ~~(c) Name, strength and, if needed, dosage form of drug to be dispensed;~~
- ~~(d) Directions for use by the patient;~~
- ~~(e) Total number of refills authorized by the prescriber, if any;~~
- ~~(f) Prescribing practitioner's name;~~
- ~~(g) A prescription number assigned by the pharmacist;~~
- ~~(h) Any additional information as deemed essential for proper communication of the prescription.~~

~~(2)~~ The transfer of prescription information for a noncontrolled substance for the purpose of dispensing is permissible between pharmacies. Transfer prescriptions are subject to the following requirements:

(a) Transfers received orally must be communicated between licensed pharmacists or intern/externs under direct supervision of licensed pharmacists.

1. The transferring pharmacist/intern/extern must record:

- (i) Date of the transfer
- (ii) Name of the pharmacist/intern/extern transferring the information
- (iii) Name and address of the pharmacy to where the prescription was transferred
- (iv) Name of the pharmacist/intern/extern receiving the information

2. The pharmacist/intern/extern receiving the transfer must document the following:

- (i) Date of the transfer
- (ii) Name of the pharmacist/intern/extern transferring the information
- (iii) Name and address of the pharmacy from where the prescription was transferred
- (iv) Name of the patient
- (v) Date the original prescription was issued
- (vi) Name and strength of drug to be dispensed
- (vii) Directions for use
- (viii) Total number of refills and/or quantity remaining
- (ix) Prescribing practitioner's name
- (x) Date of last fill by transferring pharmacy
- (xi) Any additional information as deemed essential for proper communication of the prescription.

(b) Transfers may be performed electronically when the following conditions are met:

1. The transferring pharmacy must provide the receiving pharmacy with the following information in addition to the original prescription data:

- (i) Total number of refills and/or quantity remaining
- (ii) Name and address of the pharmacy from which the prescription was transferred.

2. The pharmacy receiving the transfer must create an electronic record for the prescription that includes the transferring pharmacy's name and the original prescription data.

Author: ~~Donna C. Yeatman, R.Ph., Executive Secretary~~ [Alabama State Board of Pharmacy](#)

Statutory Authority: Code of Ala. 1975, ~~§34-23-92.~~ [34-23-70](#)

History: New Rule: Published August 31, 2020; effective October 15, 2020. 6 [Amended: Published ; effective .](#)