DEPARTMENT OF REGULATORY AGENCIES

State Board of Pharmacy

STATE BOARD OF PHARMACY RULES AND REGULATIONS

3 CCR 719-1

[Editor's Notes follow the text of the rules at the end of this CCR Document.]

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2.00.00 ORDERS.

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2.01.20 Additional Information. The following shall also appear on the prescription or LTCF chart order, or corresponding readily available and retrievable electronic record of the prescription or LTCF chart order, when appropriate:

a. Any change in or clarification of an order shall be documented on the order and shall bear the initials or unique identifier of the responsible pharmacist, or intern, the date contacted and the name of the individual conveying such change or clarification.

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3.00.00 DISPENSING.

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3.00.30 Labeling.

a. When a prescription drug is dispensed pursuant to an order, the name of the drug that appears on the container label shall correspond with the identity of the drug contained therein unless otherwise requested by the practitioner.

b. When a prescription drug is dispensed to a patient for outpatient use and contains an opioid that is not prescribed for the treatment of a substance use disorder or is a partial opioid antagonist, the label or container shall bear a notification that states, or is substantially equivalent to: "Caution: Opioids carry a risk of overdose and addiction."

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3.00.90 Prescriptions Dispensed but Not Delivered. When a drug has been dispensed pursuant to a prescription or LTCF chart order but has not been delivered to the ultimate consumer, the drug may be returned to stock for subsequent redispensing provided that:

a. It is stored in the container in which it was dispensed, with the original prescription label intact;

b. A separate written record or a separate record printable upon request is maintained for prescriptions returned to stock. Such record shall indicate only prescriptions returned to stock and shall list at minimum the following:

(1) Prescription number;

(2) Drug name and strength;

(3) Quantity returned to stock;

(4) Date of return; and

(5) If centrally filled, the location where filled.

c. The expiration date of the drug shall not be more than one year from the date it was dispensed. Unless it was dispensed in the manufacturer's original container and bears the manufacturer's original label and expiration date; and

d. The drug remains under the same ownership from which it was originally dispensed or is dispensed from a pharmacy in which the pharmacy has a contractual affiliation for central fill processing;

e. If the drug was delivered to another prescription drug outlet for delivery to the ultimate consumer, the following apply:

(1) The lot number and manufacturer's expiration date must be placed on the label of the drug container by the original dispensing prescription drug outlet; or

(2) The original dispensing prescription drug outlet can access and provide the expiration date and lot number upon request.

(3) No controlled substance prescriptions may be returned to stock.

(4) No compounded or flavored prescriptions may be returned to stock.

3.00.91 Prescriptions dispensed by prescription drug outlets for delivery to consumers in other other outlet settings. When a drug has been dispensed pursuant to prescription order at a prescription drug outlet but has not been delivered to the ultimate consumer at another outlet, the drug may be returned to stock only at the originating Prescription Drug Outlet, for subsequent redispensing provided that:

a. The prescription drug outlet complies with Rules 3.00.90(a), (b), and (c);

b. The storage conditions during the transport of the prescription to and from the other outlet do not in any way compromise the integrity or stability of the drug;

c. No controlled substance prescriptions may be returned to stock; and

d. No compounded or flavored prescription may be returned to stock.

3.01.00 Packaging.

3.01.10

a. In a prescription drug outlet packaging shall only be done by a pharmacist, or by an intern or pharmacy technician under the supervision of a pharmacist. In another outlet, packaging may be done by a person not licensed as a pharmacist pursuant to protocols approved by the Board.

b. Such packaged drugs shall only be dispensed or distributed from the premises where packaged. Such packaged drugs shall only be distributed as provided in Rule 3.01.10(d).

c. Any container used for packaging shall meet compendia requirements.

d. The following prescription drug outlets may distribute packaged medications without limitation to prescription drug outlets and other outlets under common ownership:

1. Prescription drug outlets owned and operated by a hospital that is accredited by the joint commission on accreditation of healthcare organizations or a successor organization pursuant to 12-280-120(15)(b), C.R.S;

2. Prescription drug outlets operated by a health maintenance organization as defined in section 10-16-102, C.R.S.; and

3. The Colorado Department of Corrections.

3.01.20 Each packaged container, whether for use in a unit dose distribution system or a traditional dispensing system, shall be labeled in accordance with this Rule. Any packaged unit dose, single dose or unit of issue container for which return for restocking and redispensing, pursuant to Rule 3.00.80, is anticipated, shall be labeled in accordance with this Rule. Additionally, any packaged container from which subsequent dispensing may occur, shall be labeled in accordance with this Rule. Such labeling shall include at least the following:

a. If a suitable internal record is maintained in the prescription drug outlet or other outlet, the requirements of (d), (e), (f), (g), and (h) of this Rule may be omitted from the labeling and maintained in such record. An internal lot number shall be assigned and shall appear in the labeling. In a prescription drug outlet the record shall be signed by the pharmacist responsible for each lot packaged. In another outlet the record shall be signed by the person specified in the Board approved protocol. The record shall be retained for two years from the date of packaging unless otherwise required by law or rule.

b. Name and strength of the medication, and, in the case of a single dose package, the total number of individual tablets or capsules per dose;

c. A suitable expiration date, which shall be not later than the expiration date on the manufacturer’s container, or one year from the date the drug is packaged, whichever is less. Sterile packaged product beyond-use dating shall comply with Rule 3.01.34(h)(3));

d. The identity of the manufacturer or distributor;

e. The manufacturer's or distributor's lot number;

f. The manufacturer's or distributor's expiration date;

g. The date the product was packaged;

h. The identity of the pharmacist responsible for packaging in a prescription drug outlet, or, in the case of another outlet, the identity of the non-pharmacist permitted to do so pursuant to protocols approved by the Board.

i. The name and address of the packaging pharmacy if the drug is distributed by a prescription drug outlet owned and operated by a hospital that is accredited by the Joint Commission of Accreditation of Healthcare Organizations or a successor organization or by a prescription drug outlet operated by a health maintenance organization as defined in section 10-16-102, C.R.S. Such drugs may only be distributed to prescription drug outlets under common ownership.

3.01.21 If the unit dose package or unit of issue package is obtained from the manufacturer or distributor and complies with applicable federal requirements, such package may be dispensed without additional labeling as required in Rule 3.01.20 above.

3.01.22 Filling of automated cassettes.

a. If a multi-source drug, the outlet may not use drugs in the same cassette from multiple manufacturers or distributors;

b. Automated cassettes, without electronic maintenance or records, shall be labeled with the following:

1. If a suitable internal record is maintained in the prescription drug outlet or other outlet, the requirements of 4, 5, 6, 7, and 8 of this Rule may be omitted from the labeling and maintained in such record. The record shall be retained for two years from the date of packaging, unless otherwise required by law or rule.

2. Name and strength of the medication;

3. A suitable expiration date, which shall be not later than the expiration date on the manufacturer's container, or one year from the date the drug is packaged, whichever is sooner;

4. The identity of the manufacturer or distributor;

5. The manufacturer's or distributor's lot number(s);

6. The manufacturer's or distributor's expiration date;

7. The date the product was packaged;

8. The identity of the individual responsible for packaging, or in the case as provided in this Rule 3.01.22(f), the identity of the persons responsible for packaging;

9. All records detailing item 1-8 above, shall be retained at the pharmacy for at least two years.

d. In the event that the automation associated with the cassettes deactivates the cassette when the suitable expiration date is reached, and the outlet either prints packaging printouts on a daily basis or is capable of electronically maintaining the packaging information, the cassette need only be labeled with the name and strength of the drug.

e. In the event of a product recall, the pharmacist manager shall reasonably ensure that all recalled drug has been removed from the cassette.

f. A pharmacy technician may replenish automated cassettes without the need for a pharmacist's verification as long as the pharmacy technician uses bar code technology that checks the accuracy of the medication or a second pharmacy technician performs the verification.

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3.01.26 Responsibility for unit-dose medications packaged with automated cassettes is the responsibility of the pharmacist responsible for loading the cassette.

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11.00.00 RECORDS AND RECORDKEEPING.

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11.04.10 A hard copy of every prescription order shall be readily retrievable, legible, and available for inspection for a period of two years from the date of any transaction relating to such prescription order unless the prescription drug outlet has received written Board approval to not retain the original prescription order for non-controlled substance prescription drugs and Schedule II, III, IV, and V controlled substances. Prescription orders will be deemed to be readily retrievable, legible, and available if they are filed according to the numerical sequence of the serial numbers assigned pursuant to Rule 2.01.10, and are easily readable without the aid of any special device. If Board-approval for the electronic maintenance of prescription orders is granted, the affected prescription drug outlet shall maintain all hard copy controlled substance prescription orders in accordance with section 12-280-134(1)(a), C.R.S., Rules 11.01.00 and 11.02.00(a)(3) and (4), and Title 21 CFR 1304.04. In addition to being filed in numerical sequence, three different prescription files shall be maintained: one file shall consist only of Schedule II controlled substance prescription orders; the second file shall consist only of Schedule III, IV and V controlled substance prescription orders; and the third file shall consist of all non-controlled substance prescription drug prescription orders. Filing of prescription orders in any manner other than by numerical sequence will result in such prescription orders being deemed not readily retrievable and available.

A hard copy of every LTCF chart order shall be readily retrievable and available for inspection for a period of two years from the date of any transaction relating to such order. The LTCF chart orders will be deemed to be readily retrievable and available if they are filed according to the date of dispensing. LTCF chart orders for Schedule III, IV, and V controlled substances shall be readily identifiable from non-controlled substance prescription drug LTCF chart orders. Schedule II controlled substance LTCF chart orders shall be retained separately from all other LTCF chart orders.

If a prescription drug outlet utilizes both prescription orders and chart orders, assigning serial numbers to both with the same computer system, the orders must be filed sequentially by serial number.

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14.00.00 OTHER OUTLETS.

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14.03.00 Dispensing records.

a. At minimum, dispensing records must include the following information for every transaction:

(1) Unique serial number;

(2) Patient name;

(3) Prescriber;

(4) Date dispensed;

(5) Name and strength of drug dispensed;

(6) Quantity dispensed;

(7) Whether the transaction is a new or refill transaction;

(8) If refill transaction, the date of the initial order;

(9) Number of refills authorized;

(10) Number of refills dispensed to date;

(11) Identification of individual responsible for dispensing;

(12) If a controlled substance, the Drug Enforcement Administration registration number of the prescriber;

Records must be current and show all dispensing transactions, new and refill.

14.03.10 Computer use for dispensing transactions. Another outlet may utilize a computer (automated data processing system) for storage and retrieval of information regarding dispensing transactions. The following requirements shall be met:

a. All new and refill transactions shall be entered into the system at the time of the transaction, except as provided in Rule 14.03.10 i.

b. Every twenty-four hours, except as provided in Rule 14.03.20, the system must produce a hard-copy document which, for the purposes of these Rules, shall be known as the "daily printout". It shall consist of a single, uniform, complete document, except as otherwise permitted by this Rule. The daily printout shall list, separately, each prescription order transaction for the previous twenty-four hours and shall contain all information required by this Rule. Daily printouts shall be retained in a chronological manner. If the printouts are bound, the sheets shall be separated into individual pages which are then placed in the same order as printed and bound uniformly. If the pages are bound in any other manner so that they are not uniform in placement or appearance, they shall be deemed not readily retrievable and available.

c. The daily printout shall contain all of the following information for each dispensing transaction and shall differentiate between new and refill transactions. As an alternative, new and refill transactions may be separated into two separate uniform and complete documents which contain the following:

(1) The serial number;

(2) The name of the patient;

(3) The name of the practitioner;

(4) For each controlled substance dispensed, the practitioner's Drug Enforcement Administration registration number;

(5) The date of issue by the practitioner. If the date is omitted by the practitioner, the date dispensed shall be presumed to be the date of issue;

(6) The total number of refills authorized;

(7) The date dispensed;

(8) The initials, name, or secure electronic identifier of the individual making the final evaluation;

(9) The name and strength of the drug dispensed;

(10) The quantity of the drug dispensed;

(11) In the case of a refill, the total number of refills dispensed to date.

d. Records of dispensing transactions involving controlled substances shall be identifiable from those involving non-controlled substances. Alternatively, a separate complete printout listing only controlled substance transactions may be produced.

e. The daily printout shall be available for inspection by the Board within seventy-two hours from the most recent date recorded on the printout.

f. Documentation of the fact that the refill information entered into the automated data processing system each time a person refills an original prescription order for a schedule

III, IV, or V controlled substance is correct must be provided by the individual who makes the final evaluation. This documentation may be retained in the following manner:

(1) If such a system provides a hard-copy printout of each day's controlled substance prescription order refill data, the controlled substance refill information shall be verified, dated, and signed by the person making the final evaluation. This individual shall verify that the date indicated is correct and then sign this document in the same manner as he/she should sign a check or legal document. This document shall be maintained in a separate file at the other outlet for a period of two years from the dispensing date. The printout of the day's controlled substance dispensing transaction must be generated by the other outlet within seventy-two hours of the date on which the refill was dispensed. It must be verified and signed by each person who is involved in dispensing controlled substance refills.

OR

(2) The other outlet shall maintain a bound log book, or separate file, in which each person involved in dispensing controlled substance refills shall sign attesting to the fact that the refill information entered into the computer that day has been reviewed by him/her and is correct as shown. Such a book or file must be maintained at the other outlet for a period of two years after the date of dispensing the appropriately authorized refill.

g. The daily printout shall contain all information as required by this Rule except that the identity of the person who makes the final evaluation may appear either on the daily printout or on another separate, uniformly maintained and readily retrievable record. The consultant pharmacist shall determine which of the two methods for identifying the responsible person is more appropriate for the outlet, and only that method for recording such information shall be used.

h. Because of the potential for a system malfunction or failure, the other outlet must have a manual procedure for recording all dispensing transactions during the system failure or malfunction. All recoverable transaction data and all manually recorded transaction data shall be entered or restored into the system within a reasonable period of time not to exceed seven days following the restoration of operation of the system.

i. Any automated data processing system used by an outlet shall maintain the confidentiality of records in accordance with applicable laws, rules and regulations.

14.03.20 Electronic maintenance of dispensing records. An other outlet which utilizes a computer (automated data processing system) for storage and retrieval of information regarding dispensing transactions need not print the daily printout required by Rule 14.03.10 if the other outlet and the computer system utilized are capable of complying with the following requirements:

a. The other outlet must be able to provide on-line retrieval of all information required by this Rule for all dispensing transactions during the two years preceding the request.

b. The other outlet must ensure a daily (i.e., every twenty-four hours) back up is performed for use in restoring required information in case of a system failure.

c. The other outlet must:

(1) Have and maintain a complete on-line transaction file that is printable on the inspector's request,

or

(2) Have a “lock-out” feature that prevents editing of dispensing information.

d. The Board or its inspectors must be able to inspect and review the dispensing transactions of the other outlet. Therefore, immediately upon the oral or written request of the Board or its inspectors, the other outlet shall either:

(1) Print a report of all dispensing transactions for such period of time as the Board or its inspector(s) may specify. The system must be capable of retrieving and printing such a report within a limited time not to exceed two hours. Additionally, the system must be capable of retrieving and printing the information sorted according to variables which include, but are not limited to, date dispensed; drug name, strength and dosage form; patient name, and practitioner name;

or

(2) Provide a computer terminal and monitor for the sole use of the Board or its inspector(s) to inspect and review dispensing transactions, and, if necessary, provide a person to assist the Board or its inspector(s) for a period of time not to exceed two hours in operating the system. If the other outlet elects to comply with this subparagraph (d), the system must also be capable of printing the same reports described in subparagraph (1).

(3) It is the responsibility of the consultant pharmacist to ensure that all outlet staff are aware of the requirements of subparagraphs (1) and (2). Any failure or refusal by the consultant pharmacist and/or outlet staff to comply with a request by the Board or its inspector(s) will be deemed to be a willful violation of these Rules.

e. Whether the other outlet elects to comply with Rule 14.03.20(d), the system and any reports printed on request shall contain, as a minimum, the following information for each transaction:

(1) The prescription order serial number;

(2) The name of the patient;

(3) The name of the practitioner;

(4) For each controlled substance dispensed, the practitioner’s Drug Enforcement Administration registration number;

(5) The date of issue by the practitioner; if the date is omitted by the practitioner, the date dispensed shall be presumed to be the date of issue;

(6) The total number of refills authorized;

(7) Date dispensed;

(8) The initials or other means of identification of the individual dispensing the order;

(9) The name and strength of the drug dispensed;

(10) The quantity of the drug dispensed;

(11) In the case of a refill, the total number of refills dispensed to date;

(12) Whether the prescription order is a new or refill transaction;

(13) In the case of a controlled substance, a means of visually identifying orders for such substances and differentiating them from non-controlled substances.

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15.00.00 WHOLESALERS.

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15.01.11 Minimum required information for registration.

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(9) Wholesalers that distribute animal health medicines exclusively must have a designated representative. However, the requirement of 15.01.11a(8) is not required. For the purpose of this Rule 15.00.00, an "animal health medicine" means a prescription drug, regardless of whether the drug is originally intended for humans or animals, that will be distributed by a wholesaler only to an animal pursuant to an order issued by a veterinarian or directly to a veterinarian authorized by law to prescribe the drug.

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15.10.14 A wholesaler may sell or deliver to a person responsible for the control of an animal a drug intended for veterinary use provided the following conditions are met:

a. A licensed veterinarian has issued, prior to such sale or delivery, either a written or oral prescription order for the drug in the course of an existing, valid veterinarian-client-patient relationship. If the order is for a Schedule III, IV or V controlled substance and it is transmitted orally, it must be immediately transcribed to writing and the practitioner's written prescription order shall be transmitted to the wholesaler within three business days of the oral order;

b. If the order was transmitted orally, the practitioner's written prescription order shall be attached to the oral order and retained as the original order;

c. The drugs, prior to distribution, may not be packaged or dispensed by the registrant;

d. The drugs, once distributed, may not be returned to the registrant for resale or redistribution;

e. The prescription order issued by the veterinarian becomes void after one year if for a non-controlled drug or a schedule II controlled substance, unless the veterinarian specifies a shorter expiration date. The registrant may not distribute larger quantities than the order authorizes.

f. If a schedule III, IV, or V controlled substance, the prescription order becomes void after six months from date of issue, unless the veterinarian specifies a shorter expiration date. The registrant may not distribute larger quantities than the order authorizes.

g. The original order must be retained on the premises of the registrant filed by client name. The invoices for each distribution authorized by the order must be attached to the order.

h. A drug distribution log must be retained on the premises of the registrant. It shall include the following information:

(1) Date sold/delivered;

(2) Client and patient name;

(3) Veterinarian name;

(4) Veterinarian's Drug Enforcement Administration registration if a controlled substance;

(5) Drug sold/delivered;

(6) Quantity drug;

(7) Date of issue of order;

(8) Expiration of order; and

(9) Invoice number.

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17.00.00 COLLABORATIVE PHARMACY PRACTICE.

17.00.10 Definitions.

a. "Collaborative pharmacy practice agreement," or "collaborative practice agreement" (CPA), means a written and signed agreement or electronically approved if version and approval histories are available entered into voluntarily between one or more Colorado-licensed pharmacists and one or more physicians or advanced practice nurses licensed in this state, which statement grants authority to the pharmacist or pharmacists to provide evidence-based healthcare services to one or more patients pursuant to a specific treatment protocol delegated to a pharmacist or pharmacists by the physician or advanced nurse with prescriptive authority. Either party may withdraw from an agreement at any time.

1. "Collaborative drug therapy management" (CDTM) is a collaborative practice agreement involving a higher level of disease complexity and/or decision making. CDTM means the review and evaluation of drug therapy regimens for patients undertaken by a pharmacist in order to provide drug therapy, monitor progress, and initiate, modify, or discontinue drug therapy. Drug therapy management may only be undertaken pursuant to an initial diagnosis made by a physician or advanced practice nurse and a written agreement, which delineates proper protocols to be used and the type of interaction that must occur between the pharmacist and the physician or advanced practice nurse. Therapeutic interchange programs in inpatient and group model integrated closed HMO settings that are approved by medical staff committees are not considered drug therapy management for purposes of these rules.

b. "Collaborative pharmacy practice agreement," or "collaborative practice agreement," may also mean a statewide drug therapy protocol, or "statewide protocol," developed by the Board, the Colorado Medical Board, and the Colorado State Board of Nursing in collaboration with the Colorado Department of Public Health and Environment for public healthcare services under which a pharmacist may have prescriptive authority as a practitioner.

c. "Evidence-based healthcare service" means a healthcare service provided by a Colorado-licensed pharmacist pursuant to a collaborative practice agreement with a Colorado-licensed prescriber or prescribers which is guided by or based on current, objective, supportive scientific evidence as published in scientific literature as opposed to anecdotal observations. Evidence-based healthcare services may include:

1. Specific services as agreed upon and defined under Rule 17.00.70(c), including but not limited to:

a. chronic disease management and optimization of therapeutic outcomes using medication therapies based on published clinical guidelines;

b. preventative services;

c. medication management and monitoring; and

d. services intended to achieve outcomes related to the cure or prevention of a disease, elimination or reduction of patients' symptoms, or arresting or slowing of a disease process, and include efforts to prevent, detect, and resolve medication-related problems.

2. Prescribing and consultative services pursuant to statewide protocols as defined under Rule 17.00.50 and Appendices, including but not limited to:

a. Prescribing contraceptives;

b. Prescribing smoking cessation products; and

c. Prescribing human immunodeficiency virus infection prevention medications.

d. "Prescriber", for the purpose of this Board Rule 17.00.00, means a physician, who is actively and unconditionally licensed by the Colorado Medical Board or an advanced practice registered nurse with prescriptive authority who is actively and unconditionally licensed by the Colorado State Board of Nursing.

e. "Protocol" means a specific written plan for a course of medical treatment containing a written set of specific directions created by a prescriber or groups of prescribers in conjunction with the participating pharmacist(s).

17.00.30 Pharmacist Qualifications.

a. A pharmacist may enter into a collaborative pharmacy practice agreement with one or more prescriber if:

1. The pharmacist holds a current license to practice in Colorado;

2. The pharmacist is engaged in the practice of pharmacy;

3. The pharmacist has earned a Doctor of Pharmacy degree or completed at least five (5) years of experience as a licensed pharmacist;

4. The pharmacist agrees to devote a portion of his or her practice to collaborative pharmacy practice;

5. There is a process in place for the physician, advanced practice registered nurse and pharmacist to communicate and document changes to the patient's medical record; and

6. The pharmacist carries adequate professional liability insurance in coverage of at least $1,000,000 per incident and at least $3,000,000 in aggregate.

7. Pharmacists practicing under CDTM protocols must also:

a. Meet one of the following qualifications:

1. Proof of completion of a pharmacy residency accredited by the American Society of Health Systems Pharmacists in the specialty being practiced or;

2. Proof of completion of one year of practice experience in pharmacotherapy, and forty hours of onsite supervised clinical practice and training in each area in which the pharmacist is choosing to practice; or

3. Completion of a certificate program accredited by the Accreditation Council for Pharmacy Education ("ACPE") in each area of practice, and forty hours of on-site supervised clinical practice and training in each area in which the pharmacist is choosing to practice; or

4. Completion of at least forty hours of ACPE approved continuing education regarding clinical practice and 40 hours of on-site supervised clinical practice and training in the area in which the pharmacist is choosing to practice; or

5. Current Board specialty certification from the Board of Pharmaceutical Societies; or

6. In an inpatient or group model integrated closed HMO setting, all of the following criteria shall be met:

a. Forty hours of on-site supervised clinical practice and training in the area(s) in which the pharmacist is choosing to practice;

b. Protocols must be approved by the health-system's medical committee, or pharmacy and therapeutics committee; and

c. Documented competency in each area of practice in which the pharmacist is choosing to practice shall be maintained on site.

b. Licensed Colorado pharmacists practicing collaborative drug therapy management prior to August 1, 2005, must attest and certify that they were provided clinical training, experience, and oversight practicing in the disease state(s) that they work in, and the physician with whom they are currently practicing must attest that they are practicing the standard of care required for management of the specific disease. Such attestations must be on file at the site of practice. Documentation of their employment dates must be on file as proof of practice prior to August 2, 2005.

b. This Board Rule 17.00.00 shall not prevent a pharmacist or pharmacy intern from administering vaccines and immunizations pursuant to the authorization of a physician as permitted pursuant to Board Rule 19.00.00.

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21.00.00 COMPOUNDING.

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21.00.20 Casual Sales/Distribution of Compounded Products.

a. Unless otherwise allowed by state and federal law, nonresident prescription drug outlets shall not distribute compounded products into Colorado pursuant to 21 U.S.C. secs. 331(a), 353(b) and 355(a).

b. Unless otherwise allowed by state and federal law, nonresident prescription drug outlets registered in Colorado may dispense compounded products and ship them into Colorado only pursuant to valid, patient-specific prescription orders.

c. A nonresident prescription drug outlet may distribute a compounded product to a Colorado-licensed veterinarian who is located in Colorado and authorized by law to prescribe the drug only if:

i) The nonresident prescription drug outlet provides the Board with a copy of the outlet's most recent report detailing an inspection by the National Association of Boards of Pharmacy Verified Pharmacy Program, for which third-party inspection the nonresident prescription drug outlet shall obtain and pay for on an annual basis, and the Board approves the inspection report as satisfactorily demonstrating proof of compliance with the Board's own inspection procedures and standards;

ii) The nonresident pharmacy provides a copy of the most recent inspection of the nonresident pharmacy by the agency that regulates pharmaceuticals in the state of residence; and

iii) The nonresident prescription drug outlet provides the Board, on an annual basis, with a copy of the outlet's current manufacturer registration obtained from the Drug Enforcement Administration.

d. Distribution of a compounded product to a Colorado-licensed veterinarian may be for the purpose of dispensing by the receiving veterinarian only if:

i) The compounded product is necessary for the treatment of an animal patient's emergency medical condition; and

ii) As determined by the veterinarian, the veterinarian cannot access, in a timely manner, the compounded product from a prescription drug outlet or nonresident prescription drug outlet.

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23.00.00 ELECTRONIC PRESCRIPTION MONITORING PROGRAM.

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23.00.30 Data Submission Timeline.

a. Every prescription drug outlet must ensure that all controlled substance dispensing transactions are reported to the PDMP on a daily basis by no later than the outlet's next regular business day.

b. Prescription drug outlets that did not complete any controlled substance dispensing transactions for a date where the prescription drug outlet was open for business are required to submit a Zero Report to the Colorado PDMP for that date by no later than the next regular business day.

c. Within 14 days of receiving its Out of State Prescription Drug Outlet (OSP) registration, out-of-state prescription drug outlets must submit a written attestation to the Board using the Board's approved Attestation form to exempt the out-of-state prescription drug outlet from prescription data reporting and Zero Reporting requirements.

d. Within 14 days of receiving its DEA license, In-state prescription drug outlets (PDO registration) must submit a written attestation to the Board using the Board's approved Attestation form to exempt the prescription drug outlet from prescription data and zero report requirements.

e. Prescription drug outlets that fail to report controlled substance dispensing transaction data or Zero Reports to the Colorado PDMP twice within a 30-day period will be referred to the Board of Pharmacy for possible discipline.

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31.00.00 Telepharmacies.

31.00.05 Definitions.

a "Area of need" means any health facility licensed or certified by the Department of Public Health and Environment pursuant to section 25-1.5-103(1), C.R.S., or any area where a demonstration of need is approved by the Board.

b. "Central pharmacy" means a registered prescription drug outlet located in Colorado which is responsible for overseeing the operation of no more than two (2) telepharmcies.

c. "Telepharmacy" has the same meaning as set forth in section 12-280-103(50), C.R.S.

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Appendix A

Colorado State Board of Pharmacy Approved Statewide Protocol for Prescribing Contraceptives

(Appendix A)

This collaborative pharmacy practice statewide protocol authorizes qualified Colorado-licensed pharmacists ("Pharmacists") to perform the pertinent physical assessments and prescribe contraceptives

under the conditions of this protocol and according to and in compliance with all applicable state and federal laws and rules.

Definitions

(1) "Clinical visit" means a consultation with a healthcare provider, other than a pharmacist, for women's health, which should address contraception and age-appropriate screening.

(2) "Hormonal contraceptive patch" means a transdermal patch applied to the skin of a patient, by the patient or by a practitioner, that releases a drug composed of a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy.

(3) "Oral hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may take orally.

(4) "Vaginal ring" means a plastic ring, inserted vaginally by the patient that releases a combination or hormones that is approved by the United States Food and Drug Administration to prevent pregnancy.

(5) "DPMA" means Depot Medroxyprogesterone Acetate, an injection, administered every three months by a pharmacist of patient that is approved by the United States Food and Drug Administration to prevent pregnancy.

Training Program

Only a Colorado-licensed pharmacist, who has completed an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to the prescribing of contraceptives by a pharmacist may, if clinically appropriate, prescribe, dispense, or administer hormonal contraceptives to a patient. In addition, pharmacists shall comply with the most current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use as adopted by the U.S. Centers for Disease Control and Prevention (CDC).

Age Requirements

A pharmacist may prescribe hormonal contraceptives to a person who is at least 18 years of age.

Further Conditions

(1) For each new patient requesting a contraceptive service and, at a minimum of every twelve months for each returning patient, a participating pharmacist must:

  (a) Obtain a completed patient self-screeningrisk- assessment questionnaire;

  (b) Assess what contraceptive options are appropriate for the patient through a consistent and standardized process;

  (c) May prescribe, if clinically appropriate, the hormonal contraceptive patch, self-administered oral hormonal contraceptive, DMPA, Vaginal Ring, or refer to a healthcare practitioner;

  (d) Provide the patient with a visit summary;

  (e) Advise the patient to consult with a primary care practitioner or women's health care practitioner;

(f) Refer any patient that may be subject to abuse to an appropriate social services agency; and

(g) Ensure that the pharmacy provides appropriate space to prevent the spread of infection and provide appropriate consultation and ensure confidentiality.

(2) If the contraceptive is dispensed or administered, it must be done as soon as practicable after the pharmacist issues the prescription and shall include any relevant educational materials.

(3) A pharmacist must not:

(a) Require a patient to schedule an appointment with the pharmacist for the prescribing or dispensing of a hormonal contraceptive;

(b) Continue to prescribe and dispense a hormonal contraceptive to a patient beyond three years from the initial prescription without evidence of a clinical visit; or

(c) Prescribe in instances when referral to a primary care provider is more appropriate.

(4) Records:

(a) Pursuant to Pharmacy Rule 17.00.50, a process shall be in place for the pharmacist to communicate with the patient's primary care provider and document changes to the patient's medical record. If the patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult an appropriate health care professional of the patient's choice.

(b) Pharmacists shall comply with all aspects of Pharmacy Rules 17.01.00 and 17.02.00 with respect to the maintenance of proper records.

Remove all subsequent pages. Consider where additional resources might exist. Consider linking to the US MEC.

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Appendix E

Colorado State Board of Pharmacy Statewide Protocol Statin Therapy

This collaborative pharmacy practice statewide protocol authorizes qualified, Colorado-licensed, pharmacists ("Pharmacists") to provide pertinent assessment of patients with or at high-risk for cardiovascular (CV) events and prescribe HMG CoA reductase inhibitor therapy (henceforth known as "statin therapy") for the purpose of reducing the risk for new or recurrent CV events according to, and in compliance with, all applicable state and federal laws and rules.

Pharmacists may prescribe and dispense FDA approved medication(s) to eligible patients according to indications and contraindications recommended in current guidelines from the American Heart Association and American College of Cardiology (AHA/ACC) 1 or subsequent updated published

guidelines recognized as the national standard of practice. Request for updates to this protocol shall be considered through the Board of Pharmacy rulemaking process.

Prior to prescribing and dispensing statin therapy per this protocol, the pharmacist must:

(1) Hold a current license to practice pharmacy in Colorado

(2) Be engaged in the practice of pharmacy

(3) Have earned a Doctor of Pharmacy degree or completed at least 5 years of experience as a licensed pharmacist

(4) Carry adequate professional liability insurance as determined by the Board

(5) Complete a training program accredited by the Accreditation Council for Pharmacy Education, or its successor entity, pursuant to the protocol (in compliance with Board Rule 17.00.50 b.2.)

(6) Pharmacists must also follow all board rules for statewide protocols in section 17.00.00.

If services are provided in a pharmacy, the pharmacy shall ensure that appropriate space is available to provide counseling and ensure confidentiality.

Records:

A. Pursuant to Pharmacy Board Rule 17.00.50, a process shall be in place for the pharmacist to communicate with the patient's primary care provider and document changes to the patient's medical record. If the patient does not have a primary care provider or is unable to provide contact information for his or her primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished, and laboratory test(s) ordered, and any test results.

B. Pharmacists shall comply with all aspects of Pharmacy Board Rules 17.01.00 and 17.02.00 with respect to the maintenance of proper records.

C. Statin Therapy Protocol

Under this protocol, pharmacists may assess patients with or at high-risk for a CV event who are not currently on but in whom statin therapy is identified as a Class I recommendation according to AHA/ACC guidelines1.

1. High-risk primary prevention

a. 10-Year Atherosclerotic Cardiovascular Disease (ASCVD) Risk ≥20%, using the American College of Cardiology risk calculator (found at http://tools.acc.org/ASCVD-Risk-Estimator-Plus/#!/calculate/estimate/) age 40-

75; or

b. LDL ≥190 mg/dL tested using a fasting lipid panel, age 20-75

2. Primary prevention patients with diabetes mellitus

a. Type 2 diabetes mellitus (DM) age 40-75 as determined by patient report, medical records, or prescription history.

3. Secondary prevention

a. Prior history of acute myocardial infarction, acute coronary syndrome, stable or unstable angina, coronary or arterial revascularization by coronary artery bypass graft (CABG) surgery and /or stenting, non-cardioembolic ischemic stroke, transient ischemic attack, aortic aneurysm, or peripheral artery disease all stemming from atherosclerotic origins, as confirmed by patient report, medical records, or prescription history.

Ineligibility Criteria: Patients who should NOT be prescribed statin therapy under this protocol and should be referred to primary care provider for further action:

1. Patients who have a history of serious statin-associated side effects defined as a serum creatine kinase elevation >3 times the upper limit of normal, documented rhabdomyolysis from statin therapy, or hepatic transaminase elevations 3 times the upper limit of normal during prior treatment with statin therapy.

2. Patients who have active liver disease defined by medical history or by hepatic transaminases greater than 3 times the upper limit of normal.

3. Women who are pregnant or are of childbearing age and not using highly effective forms of contraception.

4. Patients with end stage renal disease (ESRD) or who are undergoing hemodialysis or peritoneal dialysis.

5. Patients with severe hypertriglyceridemia (fasting triglycerides ≥ 1000 mg/dL).

TABLE 1 – MEDICATION OPTIONS

Other FDA approved and guideline recommended medications or regimens can be used if they become available.

Formulations cautions and dose adjustments for statin medications shall minimally follow the AHA/ACC guidelines and package insert information for all regimens.

Pharmacist must screen for potential statin drug/drug interactions with patient's other known medications. If interactions are identified, appropriate selection of a safe statin regimen and counseling should be performed to mitigate risk.

Patient Category	Medication and Dosage	Renal Adjustment	Frequency

High risk primary prevention* **or secondary prevention**	**Atorvastatin 40-80 mg**	**No adjustment needed**	**Once daily**
	Rosuvastatin 20-40 mg	**CrCl < 30 ml/min/1.73m2: 5-10 mg or consider atorvastatin 40-80mg**	**Once daily**
Primary prevention patients with DM and not "high Risk"	**Atorvastatin 10-20 mg**	**No adjustment needed**	**Once daily**
	Fluvastatin 40 mg	**No adjustment needed**	**Twice daily**
	Fluvastatin XL 80 mg	**No adjustment needed**	**Once daily**
	Lovastatin 4080 mg	**CrCl <30 ml/min: 20 mg max dose**	**Once daily in evening**
	Pitavastatin 14 mg	**GFR 15-59 ml/min/1.73m^2: 1-2 mg**	**Once daily**
	Pravastatin 4080 mg	**Severe impairment: 10 mg**	**Once daily in the evening**
	Rosuvastatin 5-10 mg	**No adjustment needed**	**Once daily**
	Simvastatin 20-40 mg	**Severe impairment: start at 5 mg (titrate as needed up to 20mg daily)**	**Once daily in the evening**

*** High risk primary prevention patients include: baseline LDL-C ≥190 mg/dL, diabetes age 40-75 years with LDL-C < 190 mg/dL and multiple ASCVD risk factors, or age 40-75 with LDL-C 70-189 mg/dL and 10-year ASCVD risk ≥20%.**

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TABLE 2 – ROUTINE REQUIRED MONITORING OF TREATMENT

Labs:

Test	Frequency	Guideline recommendations	Notes
Fasting Lipid Panel (FLP)	**Every 3-12 months**	**Get FLP at baseline and then 4-12 weeks after therapy initiation, then every 3-12 months as needed to assess adherence and improvement**	**Guidelines allow for non-fasting lipid panels for baseline LDL-C but recommend fasting lipid panels for follow-up monitoring.** **Point of care (POC) testing acceptable.** **Baseline labs from PCP can be accepted if within 3 months of statin initiation.**
ALT / LFTs	**Baseline required - Ordered by pharmacist or accepted documentation from PCP within 3 months of statin initiation**	**Routine monitoring not needed.**	**Patients presenting with signs or symptoms suspicious of liver disease should be referred for medical evaluation**
Renal function	**Baseline and yearly**	**Not in guidelines**	**Yearly monitoring is recommended to determine if dose adjustment is necessary (as for all medications).** **This will be ordered by pharmacists, or communicated to patient for ordering and follow up by primary care provider.**

Counseling (at minimum):

- The importance of medication adherence with relation to efficacy of statin therapy and reduction in CV event risk, and what to do if patient misses a dose.
- Importance of therapeutic lifestyle changes in reducing lipids and CV risk.
- Proper use of medication, storage, dosage, schedule, and potential common and serious side effects (and how to mitigate).
- Signs/symptoms of myalgia and liver dysfunction, educate that side effects are not common
- Potential food and medication interactions (primarily with lovastatin and simvastatin)
- The necessity of follow up care with a primary care provider for usual care and lipid testing at least yearly.

Documentation:

- The pharmacist will notify the patient's primary care provider of a record of all medications prescribed. If a patient does not have a primary care provider, the pharmacist will provide the patient with a list of providers and clinics for which they may seek ongoing care.
- The pharmacist will also follow all documentation rules in Rule 17.

Referrals to primary care provider:

- Prior history of statin use with noted severe intolerance. Pharmacist encouraged to work collaboratively with PCP on options.
- On therapy, if patient experiences moderate to severe statin associated muscle symptoms that do not resolve with stopping medication
- On therapy, if patient experiences symptoms consistent with muscle weakness or rhabdomyolysis (dark brown urine with severe muscle symptoms) – patient should stop statin and be referred.
- On therapy, if the patient develops symptoms suggestive of liver disease (severe abdominal pain, yellow-colored eyes or skin) – patient should stop statin and be referred.
- On therapy if patient becomes pregnant – patient should stop statin and be referred.
- Suboptimal response to maximum tolerated statin therapy – patient continues statin and referred for further workup.

[1] **Grundy SM, Stone NJ, . 2018AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019 Jun 25;73(24):e285e350. doi: 10.1016/j.jacc.2018.11.003. Epub 2018 Nov**

10. Erratum in: J Am Coll Cardiol. 2019 Jun25;73(24):3237-3241.

PMID: 30423393. 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines | Journal of the American College of Cardiology (jacc.org)

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Editor's Notes

History

Rules 2.01.10; 2.01.30; 3.00.50; 3.00.70, 6.00.20; 6.00.30; 6.00.40; 8.00.10; 11.04.20; 14.03.10 eff. 07/30/2007.

Rules 8.00.10; 11.04.10; 20.00.00 eff. 09/30/2007.

Rule 4.00.00 eff. 11/30/2007.

Rules 3.01.20, 10.00.00 eff. 03/01/2008.

Rules 5.01.31; 15.01.11; 15.01.12; 15.09.11; 15.09.14; 22.00.00 eff. 05/30/2008.

Rules 4.02.00 (c), 21.00.00, 23.00.00 eff. 06/30/2008.

Rules 1.00.00, 2.00.00, 3.00.00, 5.00.00, 7.00.00, 11.00.00, 12.00.00, 14.00.00 eff. 11/30/2008.

Rule 15.09.11 eff. 01/31/2009.

Rules 6.00.30, 11.06.00, 22.00.00 eff. 03/02/2009.

Rule 9.00.00 eff. 04/30/2009.

Rules 5.00.55, 5.01.31(a), 6.00.20(f), 14.00.40, 15.01.17, 15.01.18, 15.08.19(f), 15.09.11(d), 15. 09.15, 15.09.19, 15.09.20(g-h), 15.09.23, 15.09.24, 15.10.10, 16.00.20(d), 19.01.10(b), 19.01.30(a) eff. 12/30/2009.

Rules 4.00, 18.00 eff. 03/17/2010.

Rules 3.00.80 – 3.00.90; 5.00.55; 15.01.12; 19.00.00 – 19.01.50. Rule 22.00.00 repealed eff. 07/15/2010.

Rules 1.00.21, 5.01.31(e), 5.01.50 eff. 08/30/2010.

Rules 5.00.55, 21.11.10 (a), 21.21.70 (a) eff. 11/14/2010.

Rules 1.00.18, 2.01.50 – 2.01.53, 3.00.50 – 3.00.51, 5.00.50, 5.00.60, 5.01.31.a, 11.04.10, 15.01.11, 15.09.11.e eff. 06/14/2011.

Rules 3.01.24, 4.00.00, 11.04.20, 11.04.30, 21.00.00 - 21.11.20, 23.00.00 eff. 04/14/2012.

Rule 14.00.10 eff. 05/15/2012.

Entire rule eff. 01/01/2013. Rule 17.00.00 repealed eff. 01/01/2013.

Rules 3.00.21 – 3.00.22, 3.00.55, 3.00.90.e.(4), 3.01.20.c, 3.01.30, 3.01.32, 3.01.34, 4.00.10.f, 4.00.20, 5.01.31.a.(1)(C), 15.10.14.a, 23.00.90 eff. 09/14/2013.

Rules 2.01.10, 3.00.25, 3.00.91, 5.00.15, 6.00.30, 10.00.00, 11.03.00, 11.07.10, 14.00.05.k-l, 14.00.80.e.(2), 14.00.80.j, 16.00.00, 18.00.00, 20.00.00, 21.00.20, 21.10.80, 21.11.00.a.(12), 21.11.10.c, 21.20.20, 21.20.30.b(14), 21.21.40.c, 21.21.70.c, 21.22.00.b(1), 23.00.30, 23.00.50, 23.00.65, 23.00.70, eff. 10/15/2014.

Rules 3.00.22, 3.00.81.l-o, 3.00.82-3.00.84, 3.00.85.a(3), 3.00.86, 3.00.88.a(2), 3.00.88.b(10), 4.06.00, 6.00.10-6.00.20, 6.00.40.a, 6.00.50, 6.00.60.a, 6.00.60.b.10, 6.00.70.a, 6.00.90.b, 6.01.10.a, 19.01.40.c, 21.00.10, 21.00.20.b, 21.10.60.b, 21.10.80.b(4), 21.11.10.a(5), 21.11.10.c(9), 21.20.10.d, 21.20.20.b(2)(a), 21.20.25.b, 21.20.70.f, 21.20.90.b-c, 21.21.10.b, 21.21.70.a(6), 21.21.70.c(10), 23.00.40.y-z, 23.00.70.h-j eff. 09/14/2015.

Rules 3.00.21, 3.00.27, 19.01.10(1), 21.00.20, 21.11.20.d, 21.20.16, 21.20.20.b.(2), 21.20.60.b, 21.20.60.e, 21.21.90.d eff. 03/16/2016.

Rules 3.00.20, 3.00.22 e, 3.00.81 g, 3.00.84, 3.01.10 d, 4.00.10, 4.00.25, 4.05.00, 5.00.15 d, 5.01.31, 6.00.20 e, 7.00.10, 8.00.10, 14.00.80 i-k, 19.01.10 b.(2), 20.00.80 a.1, 21.00.20, 21.00.30, 21.20.20 b, 27.00.00, 28.00.00 eff. 11/14/2016. Rule 10.00.51 repealed eff. 11/14/2016.

Rule 17 eff. 03/17/2017. Rule 18 repealed eff. 03/17/2017.

Rules 3.01.10 d, 7.00.30 b.4, 21.00.20, 21.00.30, 23.00.10, 23.00.70 eff. 11/14/2017. Rules 1.00.15, 5.00.55 a.(6) repealed eff. 11/14/2017.

Rules 3.05.00, 5.01.31 m, 5.01.31 r, 5.01.40 a, 5.01.50 a-f, 11.03.05, 11.04.10, 11.06.10 j, 14.02.30 d, 20.00.90 c, 20.01.00 a.2.iv, 21.00.20 d.ii, 21.20.70 g, 25.00.12 d-e, 25.00.14 c-d, 25.00.16 e eff. 09/17/2018.

Rules 1.00.24, 2.01.50, 2.01.52, 2.01.53, 2.01.56, 2.01.80, 3.00.23, 3.00.30, 3.05.10-3.05.30, 3.05.80, 7.00.30 c, 11.03.00 a, 11.07.10 a, 14.00.05 m, 14.00.40 f.1, 14.00.80 e, 15.01.11 a.(8)(i), 15.01.11 a.(9), 15.09.14 a, 19.01.10 b.-c, 23.00.10, 23.00.70, 29.00.00 eff. 11/30/2019.

Rule 30.00.00 emer. rule eff. 05/01/2020; expired 08/28/2020.

Rules 17.00.10, 17.00.30 a.7, 17.00.50 b.2, 17.00.70, 17.00.80, 17.01.00, 17.02.00 a, 17.03.00 b, 17.04.00 eff. 05/15/2020. Rule 6.00.00 repealed eff. 05/15/2020.

Rule 30.00.00 eff. 08/30/2020. Rule 3.04.00 repealed eff. 08/30/2020.

Rules 2.01.20, 3.00.81 a, 3.01.22 b, 5.00.40, 5.00.50 a, 7.00.30 b, 10.00.60, 11.08.00, 11.08.50, 14.00.05 b, 14.00.40 b-c, 14.05.11, 15.05.20, 15.01.11 b-d, 15.01.14 a-b, 15.01.17, 17.00.50 c, 24.00.50, Appendix C eff. 11/14/2020.

Rule 19.00.00 emer rule eff. 11/19/2020.

Rule 1.00.25, Appendix D eff. 12/30/2020.

Rules 5.01.31 j-k, 17.00.10 d, 19.01.10, 19.01.20, 19.01.30 a, 19.01.40 a.(5)-(9), 19.01.50 a.(3) eff. 03/17/2021.

Rule 1.00.25 E-F eff. 05/15/2021.

Rules 1.00.18, 1.00.24, 2.01.10 d-f, 2.01.20, 3.00.21, 3.00.22, 3.03.10 a(2), 3.03.10 a(7), 3.03.10 b(2), 5.00.01, 5.00.10, 5.00.17, 5.00.19, 5.00.40, 5.00.50, 5.00.55 b, 5.00.60, 7.00.30, 9.00.10 e, 14.00.05, 14.00.80 e(1), 15.01.00 a, 15.02.10, 15.09.11, 15.09.12 c, 15.09.14 a, 15.10.10 l, 17.00.10, 21.00.10, 21.00.20, 21.11.10 c, 21.21.70 a, 23.00.10 n, 23.00.30, 23.00.40, 23.00.50, 23.00.90 a.2, 23.00.90 c, 29.00.50, Appendix C eff. 11/30/2021.

Rules 32.00.00, 33.00.00 emer. rules eff. 09/29/2022.

Rules 3.00.22, 4.00.30 e, 4.00.40 e.-f, 5.00.19 a, 7.00.10 a, 14.00.05 l.-o, 14.00.40 f.(1), 14.00.80 e, 16.00.10, 16.00.20 d.(2), 16.00.80, 16.02.00, 16.02.01, 16.02.03, 17.00.70, 17.00.80, 17.01.00 a, 25.00.10, 25.00.12 a, 25.00.18, 25.00.24 a, 31.00.00, 33.00.00, 34.00.00, Appendices A, C, E, F eff. 11/30/2022.

Rules 5.00.01 g, 5.00.21 emer. rules eff. 07/20/2023.

Rules 5.00.01 g, 5.00.21 eff. 09/14/2023.

Rule 33.00.00 emer. rule eff. 10/01/2023. Rule 33.00.00 eff. 11/14/2023.

Rules 1.00.25, 2.01.20, 2.01.50, 3.00.51, 5.00.01, 5.00.21, 5.00.60, 5.01.31, 5.01.40, 7.00.10, 11.03.00, 11.06.10, 11.06.30-11.06.50, 11.10.00, 11.11.00, 12.00.32, 14.00.20, 14.00.40, 14.00.60, 14.00.80, 14.02.30, 17.00.10, 17.00.70, 17.00.80, 19.01.10, 20.01.20, 21.00.30, 21.10.00-21.10.40, 21.10.60-21.10.90, 21.11.00, 21.11.10, 21.11.20, 21.11.25, 21.20.10-21.20.23, 21.20.30, 21.20.50-21.20.90, 21.21.10, 21.21.20-21.21.80, 21.22.00, 21.22.10, 23.00.70, 26.00.10, 26.00.20, 27.00.10, 27.00.20, 27.00.40, 31.06.00, Appendix A eff. 11/30/2023.

Rules 2.01.58, 3.01.30-3.01.34, 14.00.30, 14.00.50, 21.10.70, 21.10.90, 21.11.00, 21.11.10, 21.20.40, 30.00.00, 32.00.00, 33.00.00 repealed eff. 11/30/2023. Rules 14.03.00 a.(13), 14.03.10 c.(12), 14.03.10 e, 14.03.30 eff. 03/16/2024.

Annotations

Rules 33.00.00 D. and 33.00.00 E. (adopted 09/29/2022) were not extended by Senate Bill 23-102 and therefore expired 05/15/2023.