FACILITY REQUEST TO REPACKAGE A RESIDENT'S BULK PRESCRIPTION INTO BINGO CARDS

480-9-.04 Redispensing by a Different Pharmacy.

(b) Whenever a pharmacy receives a written request, as described above in 480-9-.04(a) to redispense drugs in a multi-drug single-dosing container(s), and such drugs have been previously dispensed by another pharmacy, the pharmacy choosing to redispense must maintain a redispensing log using the following record keeping guidelines in addition to

any record keeping already required by state and federal law or rules/regulations. The pharmacy is then considered the dispensing pharmacy. For each drug redispensed, this log must include at a minimum:

1. **The name, address, and telephone number of the redispensing pharmacy;**
2. **The date the drug was redispensed;**
3. **The name and address of the patient;**
4. **The serial number on the label of the originally dispensed prescription drug container;**
5. **The name, address, and telephone number of the pharmacy originally dispensing the drug;**
6. **The serial number assigned to the drug by the redispensing pharmacy;**
7. **The name, quantity, and identifying logo or numbers of the drug as it was originally dispensed and is now being redispensed;**
8. **The expiration date assigned to the drug being redispensed, with such date being no longer than one (1) year from the date of redispensing;**
9. **The name of the prescribing practitioner;**
10. **The directions for administration or taking as written by the prescribing physician;**
11. **Any special labeling information or instructions;**

Please note in order to repack any medication all of the criteria above is required by law, thus any bulk OTC not previously dispensed and labeled by a different pharmacy, samples from a MD office or any non-labeled medication will not be eligible for repack.

****Please remember to keep at least 2 days of medication to ensure the patient does not run out****

Patient Name: _____ **Date:** _____

Medication:	Quantity sent:

Signature of Facility Nurse: _____ Date: _____