NOTICES OF FINAL RULEMAKING

The Administrative Procedure Act requires the publication of the final rules of the state's agencies. Final rules are those which have appeared in the Register first as proposed rules and have been through the formal rulemaking process including approval by the Governor's Regulatory Review Council. The Secretary of State shall publish the notice along with the Preamble and the full text in the next available issue of the *Arizona Administrative Register* after the final rules have been submitted for filing and publication.

NOTICE OF FINAL RULEMAKING

TITLE 4. COMMERCE, PROFESSIONS, AND OCCUPATIONS

CHAPTER 16. BOARD OF MEDICAL EXAMINERS

PREAMBLE

1. Sections Affected — Rulemaking Action

R4-16-101	Repeal
R4-16-102	Repeal
R4-16-103	Renumbered
R4-16-104	Repeal
R4-16-105	Repeal
R4-16-106	Renumbered
Article 2	New Article
R4-16-201	New Section
R4-16-202	New Section
R4-16-203	New Section
R4-16-204	New Section
R4-16-205	New Section

2. The specific authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):
   Authorizing statute: A.R.S. §32-1403(A)(8)
   Implementing statute: A.R.S. §32-1491(E)
3. The effective date of the rules:
   September 22, 1995.
4. A list of all previous notices appearing in the Register, addressing the final rule:
   Notice of Proposed Rulemaking:
   1 A.R.S. 91, February 17, 1995
   Vol. # Page # Issue date
5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:
   Name: Elaine Hugunin, Deputy Director
   Address: 1651 East Morton, Suite 210
   Phoenix, Arizona 85020
   Telephone: (602) 255-3751
   Fax: (602) 255-1848
6. An explanation of the rule, including the agency's reasons for initiating the rule:
   In 1989, the Arizona legislature enacted A.R.S. § 32-1491 which authorized physicians to dispense drugs and devices. These rules are being proposed to effect A.R.S. § 32-1491(E), which mandates that the Board of Medical Examiners, hereinafter referred to as the Board, *shall establish rules regarding labeling, recordkeeping, storage and packaging of drugs that are consistent with the requirements of Chapter 18 of this Title.* The new rules set forth the requirements for the dispensing of controlled substances, prescription-only drugs. A current rule regarding anabolic-androgenic steroids is being repealed as it will be covered by the new dispensing rules. Principally, the proposed rules detail the requirements for all physicians who wish to dispense drugs from their offices to be registered with the Board. There are rules which address application for and renewal of registration, packaging, labeling, recordkeeping, prescribing and dispensing requirements, inventory control of the drugs, inspection by the Board and self-reporting of drug thefts or shortages. Finally, three other current rules which address the oral and written examinations required for physician licensure and limited licensure are being repealed because they have been superseded by the enactment of more specific statutory provisions governing examination and licensure of physicians.
   The Board believes that adoption of these rules will benefit the public health and safety by establishing clear standards governing the dispensing of drugs by physicians. The Board further believes that, with this expanded component of a physician's practice, specific regulation and enforcement are necessary to regulate and control the dispensing of drugs and to make physicians accountable for all activities related to dispensing.
7. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of apolitical subdivision of this state:
   Not applicable.

8. The summary of the economic, small business and consumer impact:

The principal impact of these rules will be on physicians, pharmacies, and consumers. For physicians who elect to dispense, the rules will place additional responsibility on them for the dispensing and control of drugs. The requirements are similar to those borne by pharmacists and will add only minimal costs. With authority to dispense, physicians will benefit by being provided clear guidelines for control of controlled substances and prescription-only drugs dispensed from their practices, reducing risk of employee theft, disciplinary action, and malpractice claims. It is anticipated that this could substantially reduce costs for a physician. Physicians who dispense will also benefit through increased revenues.

It is believed that the decrease in business and revenues for pharmacies, wherever located, is and will be minimal, as fewer than 10% of licensed physicians have undertaken to be registered to dispense.

For consumers, there will be a benefit from the physicians' ability to dispense controlled substances, prescription-only drugs in a more controlled environment. The consumer will, if the consumer's physician is registered to dispense, have the option to purchase required medications or devices from either the physician or a pharmacy and will be assured of proper control and supervision in either case. It is anticipated that the rules will facilitate access for patients to drugs in some practice settings, particularly in rural areas where pharmacies may not be located nearby. Any cost impact on consumers is expected to be negligible.

The repeal of the 3 rules which address the oral and written examinations required for licensure as well as limited licensure will have no economic impact as these provisions have not been followed. Rather, the very different and more specific statutory provisions which have been enacted to address examination and licensure have been observed. There will be no change to the manner in which the Board carries out these responsibilities.

9. A description of the changes between the proposed rules, including supplemental notices, and final rules (if applicable):

The changes include:

1. R4-16-201(A)(2): Replaced "intends" with "desires" to be consistent with other language in the Section.
2. R4-16-201(B): Deleted the phrase "finally determined by the agency or as otherwise provided in A.R.S. § 41-1064(B)" and substituted "approved or denied by the board".
3. R4-16-202: Deleted the phrases "and devices" and "or devices" from the Section.
4. R4-16-202(B)(2): Deleted "serial number and".
5. R4-16-202(B)(4): Added ", form, name of the manufacturer" following the word "name".
6. R4-16-202(C): Deleted ", prescription only medications and manufacturers' samples of such substances and medications" at line 1; substituted "controlled" for the word "such" on line 2; deleted "and medications" on line 3; and added the sentence "Prescription-only medications shall be stored so as not to be accessible to patients." at the end of the subsection.
7. R4-16-202(E): Replaced the word "drugs" on line 1 with "controlled substances"; revised the remainder of the paragraph to read ". . . and the prescription-only medications nalbuphine hydrochloride (nubain) and butorphanol tartrate (Stadol) dispensed by the physician which includes separate inventory sheets for each controlled substance, nalbuphine hydrochloride and butorphanol tartrate."; and, in subsection (E)(3) added ", form, name of the manufacturer" following the word "name".
8. R4-16-202(F): Relettered the existing subsection (F) to subsection (G) and added a new subsection (F) to read as follows: "The dispensing log required in subsection (E) may be maintained on computer provided that the log is quickly accessible through either on-screen viewing or printing of a copy."
9. R4-16-202(F): Now relettered as subsection (G), added "prepackaged," before "manufacturer" and deleted "and devices". After the word "drugs" added the phrase ", unless otherwise provided by federal law" to avoid conflict with any federal laws or regulations that might be applicable.
10. R4-16-203(A): Added ", form" after the word "name".
11. R4-16-203(C): Added at the end of the sentence "or a pharmacy holding a current, valid permit from the Arizona Board of Pharmacy".
12. R4-16-204(A): Deleted "or devices" and added the word "controlled" before the word "substances" in the second sentence.
13. R4-16-204(B): Revised the first sentence to read, "A physician shall maintain drug purchase orders and invoices for controlled substances, nalbuphine hydrochloride and butorphanol tartrate which are received, and original prescription orders for all drugs for a period of three years from the date of the order."; added the word "also" after the word "shall" in the second sentence; and, substituted "three" for "ten".
14. R4-16-204(C): Replaced the phrase "an inaccurate drug count or" by "a" and further revised the sentence to read ". . . shall immediately notify a local law enforcement agency and, thereafter, provide that agency with a report in writing, with copies to the Drug Enforcement Administration and the Board within seven days of the discovery."
15. R4-16-205(C)(4): Added after the word "medication" the phrase "including loss or expiration of a physician's Drug Enforcement Administration Certificate of Registration." This change was made to add clarity to the meaning of "restriction of a physician's ability to prescribe or administer medication".

10. A summary of the principal comments and the agency response to them:

A. General Comments

The Board received 63 written comments before the close of record on March 20, 1995. The majority of the commentors, 36 in all, expressed concern that the rules appeared to apply to manufacturer's samples and that would be unreasonably burdensome and would detrimentally affect patients. The next most numerous written comments, 19 in all, were from physicians who misunderstood the rulemaking announcement and wrote to either state that they did not dispense or express that they did not know why they received the notice. There were 2 requests for dispensing physician registration forms. The rest of the comments were more specific and addressed a variety of areas or issues.

Although comments were solicited for the summary economic impact statement, no specific or detailed cost or revenue information was provided by any of the physicians, organizations, or other persons submitting comments to these rules.

RESPONSE: The Board recognizes the confusion over the regulation of the dispensing of drugs and the providing of manufacturers' samples. It was not the intention of the Board to regulate manufactured samples as dispensed drugs. The only intent was to assure that such samples be stored at proper temperatures, as any other drug or controlled substance, and that

samples of drugs be kept out of the reach of patients and that controlled substances be properly secured. The Board did not intend to apply the packaging, labeling, recordkeeping, and other dispensing requirements set forth in the rules. However, in view of the comments and the language of the statutory exclusion relating to manufacturer samples, any requirements applied to these samples have been removed except for an added reference to possible federal laws which might be applicable to samples of controlled substances.

The Board received 5 comments that the inventory and packaging of "devices" was overly burdensome if not impossible because of the types and numbers of such things.

RESPONSE: The Board recognizes that drugs and devices are distinctly different and do not require the same types of controls. To that end, the references to devices were removed from the rules which address packaging, inventory, recordkeeping, and shortage reporting so that these rules are applicable only to the dispensing of prescription medications and controlled substances.

Two commentors did not like the rules at all but did not address any provisions with specificity. Another " stated that doctors should not be allowed to dispense as there is a potential for abuse and that the Board should not promote it as it is only to increase revenues for the doctors. One commentor requested that the rules not be made too onerous while another liked them. A comment was received that the rules were not understandable and plain English was requested. Two commentors also complained that the rules will work a hardship, requiring more time and recordkeeping, causing an increase in costs.

RESPONSE: The Board recognizes that persons rarely like to be regulated and that all or part of these rules will be liked or disliked by most readers. However, every effort has been made to make these rules understandable and to address the concerns of the many commentors. However, like it or not, these rules are required by the dispensing statutes. In addition, while recordkeeping, storage, and other dispensing requirements are being implemented and will result in increased costs, such rules are specifically mandated by the law and must be similar to the rules of the Board of Pharmacy. The Board of Medical Examiners has attempted to make the rules similar to those of the Board of Pharmacy, establishing minimum standards of practice which protect the public health and safety while not significantly increasing costs.

Another commentor suggested that the rules should address Urgent Care and Industrial Medical mills and should be broadened to address the whole medical community.

RESPONSE: The Board is limited in its rulemaking authority by its statutory authority. Its statutory authority is limited to the regulation of practice of physicians and, specifically in the present rulemaking, the authority of physicians to dispense medications and controlled substances. Such rules apply to physicians in any setting who seek to dispense.

Two commentors brought up the issue of the scope of the applicability of the dispensing law vis-a-vis the administration of medications in an office by a physician in the course of treating patients. One commentor suggested that it be clarified that dispensing did not include treatment medication and that the word "delivery" be defined to differentiate and exclude the applicability of the dispensing law and rules from medications used in treating patients in the physician's office.

RESPONSE: The Board feels that its statutory authority for the regulation of dispensing physicians, A.R.S. § 32-1491, is sufficiently clear in its meaning, that it addresses only the dispensing of drugs, i.e. physicians acting in the role of pharmacist, not the administration of drugs to patients in the office setting. No change or definition will be added.

One commentor asserted that the proposed rules, as written, all applied to manufacturers' samples of drugs except for packaging and inventory and that the Board lacks the authority to regulate such samples because the authorizing statute referenced above defines "dispense" as "the delivery by a doctor of medicine of a prescription drug or device to a patient, *except for samples packaged for individual use by licensed manufacturers or repackagers of drugs*"(emphasis added).

EVALUATION: The Board understands the concern expressed regarding the statutory authority for dispensing vis-a-vis manufacturers' samples. The rules as originally proposed were not intended nor is it believed that the rules being proposed applied to such samples to any great degree. Further, it was not intended that the minimal restrictions intended to be put on such samples apply solely to physicians who dispense. It was believed that, under the broad statutory authority of the Board, it would be convenient, in the course of rulemaking addressing drugs, to include some minimal limitations on the handling of manufacturers samples. However, because of the comment and further consideration of the wording of the statutory exclusion for such samples, all requirements applied to such samples have been removed. However, a reference to applicable federal law was added to ensure consistency with any such law which might pertain.

One commentor suggested that the rules set forth the state DEA license fee.

EVALUATION: As the DEA is a federal agency and establishes fees for the licenses it issues, the requested inclusion is outside the scope of authority of the Board.

B. Issues Raised by the Public During the Rulemaking Process

1. **R4-16-202(A)(2)**

ISSUE: Thirty-six commentors addressed the issue of requiring manufacturers' prepackaged samples to meet the same standards as controlled substances and prescription-only drugs, including storage, temperature, recordkeeping, registration, labeling. The "s believed that the imposition of these requirements would make it so burdensome and expensive that physicians would stop providing such samples to the detriment of their patients both monetarily and medically.

EVALUATION: It was never the intention of the Board to apply all of the requirements applied to controlled substances and prescription-only drugs to prepackaged manufacturers' drug samples. The rules regarding the labeling and recordkeeping were not to apply to non-controlled pharmaceutical samples; however, it was intended that certain storage and security measures be adopted. Samples of controlled substances should be kept locked up while samples of prescription-only drugs should not be accessible to patients. In addition, if a medication does not require refrigeration, it should, even if a manufacturers' sample, be stored at no greater than 85°F.

However, the Board understands the concerns expressed by the commentors and, following further consideration and review of the language of the statutory exclusion for manufacturers' samples, has removed all requirements that had been proposed to be applied to such samples. Only a provision referencing applicable federal laws has been added to subsection (G) to assure consistency with any such laws which might pertain.

2. **R4-16-202(C) and (E)**

   ISSUE: Three commentors expressed concerns that physicians who work in county public health facilities could not individually comply with the inventory, storage, and log requirements as drugs and controlled substances are centrally located and controlled.

   EVALUATION: A.R.S. § 32-1921(D) provides, in part, as follows:

   A public health facility operated by the state or county government may dispense medication or devices to their patients at no cost without providing a written prescription provided that the public health facility meets all storage, labeling, safety and record keeping rules promulgated by the state Board of Pharmacy. A person licensed . . . who is practicing at a public health facility and is involved in the dispensing of medication or devices at that facility shall register to dispense with the appropriate licensing board but shall be exempt from paying registration fees.

   The Board believes that this exemption adequately addresses the concerns of the public health physicians. In that county public health facilities must already meet Board of Pharmacy requirements to dispense without written prescriptions, these new Board of Medical Examiner rules add no additional requirements or responsibilities for such facilities.

3. **R4-16-202(E)**

   ISSUE: Four commentors suggested that non-controlled drugs should not be as strictly controlled as controlled drugs; there should be a log only for controlled substances.

   EVALUATION: The Board agrees and has implemented less stringent requirements for non-controlled substances, including storage. In addition, the log requirements have been made applicable only to controlled substances and Nubain and Stadol.

4. **R4-19-204(B)**

   ISSUE: One commentor pointed out that pharmacists are required by their board to keep drug purchase orders only for controlled substances, not all drugs.

   EVALUATION: The Board agrees that the maintaining of drug purchase orders, to be similar to those requirements of the Board of Pharmacy, should be limited only to controlled substances and Nubain and Stadol. The change is being made.

   ISSUE: One commentor noted that pharmacists are required to retain their drug records for only 3 years, not the 10 years required in the proposed dispensing physician rules.

   EVALUATION: The Board agrees that the rules should be similar to those of the Board of Pharmacy and so is changing the 10 years to 3 years for records retention.

5. **R4-19-204(C)**

   ISSUE: One commentor stated that the provision addressing the reporting of drug shortages is too broad in including inaccurate drug counts and in not specifying "significant" losses. In addition, the same commentor suggested that reporting should be consolidated to just one report to local police authorities with copies to the Board and the DEA. Finally, the commentor requested that physicians be allowed 10 rather than 7 days to report such thefts and shortages, consistent with the rules of the Board of Pharmacy.

   EVALUATION: The Board agrees that inaccurate drug counts should be eliminated but will not designate "significant" as the threshold for reporting losses as it does little to clarify and may be too high a limit. The Board believes that this determination is a matter of professional judgment. The Board agrees that the reporting should be consolidated and has changed the rules as requested. Finally, the Board believes that 7 days is more than sufficient time for a dispensing physician to report a theft or shortage after its discovery. While the statute requires the rules to be consistent with those of the Board of Pharmacy, it does not require them to be identical.

11. **Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:**
    Not applicable.

12. **Incorporations by reference and their location in the rules:**
    None.

13. **Was this rule previously adopted as an emergency rule? If so, please indicate the *Register* citation:**
    Not applicable.

14. **The full text of the rules follows:**

TITLE 4. COMMERCE, PROFESSIONS, AND OCCUPATIONS

CHAPTER 16. BOARD OF MEDICAL EXAMINERS

ARTICLE 1. GENERAL PROVISIONS

Section
~~R4-16-101. Written examination~~
~~R4-16-102. Oral examination~~
R4-16-103~~1~~. Continuing Medical Education
~~R4-16-104. Continuing qualification for limited licensure~~
~~R4-16-105. Anabolic-androgenic steroids~~
R4-16-106~~2~~. Rehearing or Review of Board Decision

ARTICLE 2. DISPENSING OF DRUGS

Section
R4-16-201. Registration and Renewal
R4-16-202. Packaging and Inventory; Exception
R4-16-203. Prescribing and Dispensing Requirements
R4-16-204. Recordkeeping and Reporting Shortages
R4-16-205. Inspections; Denial and Revocation

ARTICLE 1. GENERAL PROVISIONS

~~R4-16-101. Written examination~~
~~The written examination required by A.R.S. § 32-1425 shall be the FLEX examination of the Federation of State Medical Boards. All applications to take this examination shall be filed with the Board at least 90 days prior to the examination date and shall be accompanied by all required forms, allied papers and information as well as the examination fee.~~

~~R4-16-102. Oral examination~~
~~The oral examination required by A.R.S. § 32-1426 shall be conducted at least semi-annually on dates and at times and places set by the Board. All applications to take this examination shall be filed with the Board at least 45 days prior to the examination date and shall be accompanied by all required forms, allied papers and information as well as the examination fee.~~

R4-16-103~~1~~. Continuing Medical Education
No change.

~~R4-16-104. Continuing qualification for limited licensure~~
~~Continuing qualification, under A.R.S. § 32-1425.01(B)(3) for a limited license to practice medicine, requires that the licentiate attain a weighted grade average of not less than 70 percent on any written examination of the Board taken in accordance with A.R.S. § 32-1425.01(D). A limited licensee who fails to maintain a weighted grade average of 70 percent or above on his written examination shall be requested to attend an informal interview before the Board to show cause why his license should not be summarily suspended for medical incompetency and referred to a formal hearing for revocation of his license.~~

~~R4-16-105. Anabolic-androgenic steroids~~
~~The Arizona Board of Medical Examiners has determined that the prescribing, dispensing, or administering of anabolic-androgenic steroids by a duly licensed physician to a normal healthy person for other than therapeutic purposes is unprofessional conduct as that term is defined in A.R.S. § 32-1401(8)(j) and (o).~~

R4-16-106~~2~~. Rehearing or Review of Board Decision
No change.

ARTICLE 2. DISPENSING OF DRUGS

R4-16-201. Registration and Renewal
A. A physician who wishes to dispense controlled substances and prescription-only drugs and devices shall be currently licensed to practice medicine in the state of Arizona and shall provide to the Board the following:
1. A completed form for registration, furnished by the Board, which includes the following information:
   a. The physician's name, license number, and field of practice;
   b. A listing of the types of drugs and devices the physician desires to dispense, including prescription-only and controlled substances; and
   c. The location or locations where the physician desires to dispense.
2. A copy of the physician's current Drug Enforcement Administration Certificate of Registration for each dispensing location from which the physician desires to dispense controlled substances.
3. The statutorily required fee.

B. A physician shall renew a registration to dispense drugs and devices by complying with the requirements set forth in subsection (A) on or before June 30 of each year. When a physician has made timely and complete application for the renewal of a registration, the physician may continue to dispense until the application has been approved or denied by the board.

C. If the completed annual renewal form, all required documentation, and the correct fee are not received in the Board's office on or before June 30, the physician shall not dispense drugs and devices until newly registered. The physician shall register by filing for initial registration pursuant to subsection (A) and shall not dispense drugs and devices until receipt of a new registration.

R4-16-202. Packaging and Inventory; Exception
A. A physician shall dispense all drugs in prepackaged containers or in light-resistant containers with a consumer safety cap, unless a patient or a patient's representative requests a non-safety cap.

B. All drugs dispensed shall be labeled with the following information:
1. The physician's name, address, and telephone number;
2. The date the drug is dispensed and its expiration date;
3. The patient's name; and
4. The name, form, name of the manufacturer and strength of the drug, the quantity dispensed, directions for its use, and any cautionary statement necessary for the safe and effective use of the drug.

C. A physician shall secure all controlled substances in a locked cabinet or room and shall control access to the cabinet or room by a written procedure which shall include, at a minimum, designation of the persons who have access to the cabinet or room and procedures for recording requests for access to drugs. This written procedure shall be made available on demand to the Board or its authorized representatives for inspection or copying. Prescription-only medications shall be stored so as not to be accessible to patients.

D. Drugs not requiring refrigeration shall be maintained in an area where the temperature does not exceed 85°F.

E. A physician shall maintain an ongoing dispensing log for all controlled substances and the prescription-only medications nalbuphine hydrochloride (Nubain) and butorphanol tartrate (Stadol) dispensed by the physician which includes separate inventory sheets for each controlled substance, nalbuphine hydrochloride and butorphanol tartrate. The heading of a dispensing log shall include the following information:
1. The date the drug is dispensed;
2. The patient's name;
3. The name, form, name of the manufacturer, and strength of the drug;
4. The number of dosage units dispensed;
5. A running total of medication dispensed; and
6. The signature of the physician or the person authorized by the physician who dispensed the medication, written next to each entry.

F. The dispensing log required in subsection (E) may be maintained on computer provided that the log is quickly accessible through either on-screen viewing or printing of a copy.

G. This Section shall not apply to prepackaged, manufacturer samples of drugs, unless otherwise provided by federal law.

R4-16-203. Prescribing and Dispensing Requirements

A. A physician shall record on the patient's medical record the name, form and strength of the drug or device dispensed, the quantity or volume dispensed, the date the drug or device is dispensed, the medical reasons for dispensing the drug or device, and the number of refills authorized.

B. Prior to delivery to the patient, a physician shall review the prepared drugs and devices to ensure their compliance with the prescription and, additionally, ensure that the patient has been informed of the name of the drug or device, directions for its use, precautions, and storage requirements.

C. A physician shall purchase all dispensed drugs and devices from a manufacturer or distributor approved by the United States Food and Drug Administration, or a pharmacy holding a current, valid permit from the Arizona Board of Pharmacy.

D. The person who prepares drugs and devices for dispensing shall countersign and date the original prescription form for the drugs and devices.

E. For purposes of this Article, "dispense" means the delivery of a drug or device to a patient for use outside the physician's office.

R4-16-204. Recordkeeping and Reporting Shortages

A. All original prescription orders for drugs dispensed from a physician's office shall be dated, consecutively numbered in the order in which they were originally dispensed, and filed separately from the patient medical records. Original prescription orders for Schedule II drugs or other controlled substances shall be maintained separately from other prescription orders.

B. A physician shall maintain drug purchase orders and invoices for controlled substances, nalbuphine hydrochloride, and butorphanol tartrate which are received, and original prescription orders for all drugs, for a period of three years from the date of the order. Dispensing logs and destruction records shall also be maintained for three years.

C. A physician who determines that drugs have been illegally removed from the physician's office, or that a drug shortage exists in controlled substances maintained for dispensing, shall immediately notify a local law enforcement agency and, thereafter, provide that agency with a report in writing, with copies to the Drug Enforcement Administration and the Board within 7 days of the discovery.

D. For purposes of this Section, "Schedule II drugs or other substances" means the controlled substances identified, defined, or listed in A.R.S. § 36-2513 and the following hallucinogenic substances:
1. Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a U.S. Food and Drug Administration-approved drug product,
2. Nabilone.

R4-16-205. Inspections; Denial and Revocation

A. A physician shall cooperate with and allow access by the Board or its authorized representatives to the physician's office and records during periodic inspections of dispensing practices by the Board. Failure to cooperate or allow access shall be grounds for revocation of a physician's registration to dispense or denial of renewal of registration.

B. Failure to comply with A.R.S. § 32-1491 or this Article shall constitute grounds for denial or revocation of registration.

C. A physician's registration to dispense drugs and devices shall be revoked by the Board upon occurrence of the following:
1. Suspension, revocation, or cancellation of the physician's license;
2. Placement of the physician's license on inactive status;
3. Failure to timely renew the physician's license; or
4. Restriction of the physician's ability to prescribe or administer medication, including loss or expiration of a physician's Drug Enforcement Administration Certificate of Registration.

D. A physician denied registration may request a hearing to appeal the decision by filing the request, in writing, with the Board, not later than 10 days after receipt of the notice denying the registration.