SILETZ COMMUNITY HEALTH CLINIC POLICY

PHARMACY

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PART 13
General Pharmacy

I. Policy

The policy of the Siletz Community Health Clinic (SCHC) is to ensure the highest quality of pharmaceutical services to patients and to ensure all aspects of the medication distribution and administration system are safe, rational and economical.

II. General

A. Responsibilities of the Pharmacists

1. The pharmacists are responsible for providing and coordinating comprehensive pharmacy services to include but are not limited to:

    a. Provision of timely and accurate drug information to prescriber, nursing personnel, and patients to assure the correct use of medications, including drug utilization review.

    b. Procurement and storage of drugs approved for use by the Pharmacy and Therapeutics Committee.

2. The pharmacy manager is responsible for the above as well as:

    a. Selection, procurement and storage of drugs approved for use by the Pharmacy and Therapeutics Committee.

    b. Operation of an efficient and accurate distribution system for drug products, including inventory updates for point of sale support as needed.

    c. Participation in the review of procedures for assessing drug utilization and usage.

    d. Formulation and revision of a policy and procedures manual for pharmacy services.

    e. Periodic evaluation of administrative, distributive and clinical aspects of the pharmacy services.

    f. Maintaining membership and participation on the medical staff and Pharmacy and Therapeutics Committees.

g. Assuming administrative duties as requested by the Medical Director including preparation of annual budget, quarterly management reports and QI reports.

h. Ensuring pharmacy staff are adequately licensed and trained to perform their duties to include reviewing certificates and licenses annually.

B. Qualifications of the Pharmacists

1. Each pharmacist is a graduate of an accredited school of pharmacy and is licensed to practice pharmacy in Oregon.

   The license of each pharmacist is prominently displayed in the pharmacy.

2. Each licensed pharmacist receives formal and/or on-the-job training and maintains a level of proficiency appropriate for assigned tasks and responsibilities.

3. Each pharmacist completes a minimum of 3 continuing pharmacy education units (CEU's) per biennial license renewal cycle as required by the Oregon Board of Pharmacy. Ten contact hours equals 1 CEU. A minimum of 2 hours must be related to pharmacy/drug law, a minimum of 2 hours must be in the area of medication error prevention or patient safety and one hour in pain management provided by the Pain Management Commission of the Oregon Health Authority. Two hours in cultural competency, either approved by the Oregon Health Authority or any cultural competency is also required.

4. Documentation of participation in continuing education programs by each pharmacist is kept in the credentials file and CTSI Human Resources.

5. Each pharmacist obtains and maintains membership on the Siletz Community Health Clinic Medical Staff and abides by the Bylaws and rules and regulations of the medical staff.

C. Responsibilities of the Pharmacy Technicians

1. Responsibilities

   a. Procuring and storing drugs approved for use by the Pharmacy and Therapeutics Committee.

   b. Processing data entry including insurance for incoming prescriptions.

   c. Other duties as assigned by Pharmacist-In-Charge including administrative, accounting and other organizational duties as required.

2. Limitations

   Pharmacy technicians cannot be in the pharmacy without a licensed pharmacist.

D. Qualifications of the Pharmacy Technicians

1. Pharmacy Technician licensure.

2. Certified Pharmacy Technician licensure after 1 year.

3. 20 hours of continuing education every 2 years.

E. Eligibility for Services

1. Siletz Tribal Members within the United States, Purchased/Referred Care (PRC) and direct care patients, and employees are eligible to receive pharmaceuticals and supplies dispensed at the pharmacy.

2. CTSI employees and their family members who are covered by employee insurance are eligible for pharmacy services.

   a. Non-native patients are provided a limited formulary as defined by SCHC.

F. Requesting Refills

1. Prescription refills can be requested using the prescription refill line at 1-800-648-0049 (option 8) or 541-444-9624 (x1624). Refills can also be requested using the the smart phone RefillPro application or by calling a pharmacy staff member at 541-444-9625.

2. Patients are asked to allow at least 2 working days to refill prescriptions due to varied contract provider schedules. If a patient is out of a non-controlled chronic medication the pharmacist may offer a 3 day supply until the provider is able to renew the prescription.

3. If the patient is requesting a refill from an outside pharmacy, the patient must contact that pharmacy.

G. Access to the Pharmacy

Only pharmacists shall have keys to the pharmacy by Oregon Board of Pharmacy rules. The Pharmacist-In-Charge provides the code to the lock box to oncoming pharmacist on duty. The code may be changed on a regular basis for security. Locks are maintained on the controlled substance cabinets.

H. Risk Management and Infection Control

The pharmacy staff follows the plan set forth in the Risk Management and Infection Control policies and procedures for fire safety, handling hazardous materials, incident reporting, infection control, etc.

I. Pharmacy Orientation of New Personnel

The Pharmacist-In-Charge orients new employees to explain the function of the pharmacy and its relationship to other departments. A technician-training program shall be developed to document and provide educational development of technicians. This shall be maintained with the technician manual.

J. Drug Information

Drug information is made available to the medical staff, clinic staff and all other interested persons. There are adequate references located in the pharmacy to meet this task.

1. Pharmacy Reference
    a. UpToDate
    b. Drugs.com
    c. Global RPh
    d. Epocrates
    e. Institute for Safe Medication Practices (ISMP)
    f. Pharmacist and Technician Letters
2. Software – Patient drug information
    a. ScriptPro
    b. NextGen
3. Indian Health Services pharmacy regulations
4. Oregon Board of Pharmacy
5. Drug Enforcement Administration (DEA)

K. Pharmacy and Therapeutics Committee

1. The Pharmacy and Therapeutics Committee is a subcommittee of the medical staff and meets at least quarterly.

2. The committee is composed of at least one health care provider, one pharmacist, representative of the nursing staff, representative from CTSI Administration and other members as appointed by the Medical Director.

3. The committee maintains SCHC's formulary, reviews and recommends policies related to medications and provides a communication link between health care providers and the pharmacy.

III. Formulary

A. Description

The formulary is a compilation of those drug products determined to be necessary and effective in the diagnosis, treatment and/or prevention of diseases or health problems. The selection of drug products for inclusion in the formulary is a function of the Pharmacy and Therapeutics Committee. It is not the purpose of the formulary to establish or dictate drug therapy, but rather to provide staff with a compendium of drug products of proven efficacy for meeting a wide range of needs while avoiding unnecessary costs and duplication of therapeutic effects.

B. Special Drug Requests

A Non-Formulary drug is not included in the formulary. Providers requesting a special order drug must complete a non-formulary drug request form. If it is approved by the Pharmacy and Therapeutics Committee or other designee, then the pharmacy will be responsible for obtaining the drug for that particular patient.

C. Requests for Additions To/Or Deletions from the Formulary

1. Requests for additions or deletions may be made by providers via a formulary addition/deletion form available in the pharmacy. The Pharmacist-In-Charge must be notified of any items to be considered for addition or deletion at least two weeks prior to the Pharmacy and Therapeutics Committee meeting at which the item will be considered. A majority vote of members present is required for action either to add or delete items.

    a. Each drug added to the formulary shall be reviewed to determine if it is a high-alert medication or is a medication with a confused drug name.

b. Each drug added to the formulary shall also be reviewed for any potential hazardous drug designation to determine proper handling procedures.

2. Unless formulary deletion is due to sudden market availability, providers will be notified 30 days prior to a drug being omitted or substituted from the formulary so they can prepare their patients as well as appeal the decision.

D. Therapeutic Exchanges

The pharmacist may make a therapeutic exchange to a prescription if there is a cost saving or if the prescription is not on the formulary only if there is a standing order.

E. Amendments and Revisions

A printed copy of the formulary is updated quarterly if applicable and posted on the shared drive.

F. Distribution of Formulary List

The permanent master copy, located in the pharmacy, will be current, up to date and available to all staff and posted on the CTSI website for public review.

IV. Prescriptions

A. Prescription Writing and Pharmacy Notations

Providers write every drug order in the patient's chart utilizing EHR.

1. Drug orders must include:

   a. Date of prescribing (pre-signed and/or post-dated prescriptions are prohibited and will be voided by pharmacy staff)

   b. Drug name (generic name preferred)

   c. Dosage strength

   d. Directions for use

   e. Quantity to be dispensed, duration of treatment (if limited) and number of refills if authorized.

2. Prescriptions are screened by the pharmacist for proper dosage, patient sensitivities and drug interactions.

3. A readily retrievable record of the dispensed medication is kept in the EHR data system, within the Pharmacy Data Management System (PDM) and a hard copy for anything not written electronically for 3 years. Records older than 3 years but not greater than 10 years are retrievable for auditing purposes. The PDM and applicable hardcopy includes:

    a. The pharmacist's initials

    b. Duplicate of prescription label

    c. Any pertinent information regarding therapy changes

4. Documentation of Prescription Pickup

    a. Electronic signature is required from any person picking up prescription. In the event the electronic signature system is down batch labels will be signed and maintained for a period of 3 years in the pharmacy.

    b. Documentation that drug counseling was offered and given or refused is part of the electronic signature.

    c. Electronic code identifying person dispensing medication is part of the electronic signature.

    d. During special circumstances, such as a pandemic, this requirement may be waived for safety reasons.

5. Prescriptions from providers may be filled at an outside pharmacy. The patient is liable for the cost of the medication obtained at the outside pharmacy. The provider has two options:

    a. The provider may electronically prescribe, write or print a prescription on a SCHC prescription blank. These are kept locked in the pharmacy and are provided on a request basis. The provider gives the prescription to the patient. The prescription is noted in the patient's electronic chart.

    b. The provider or authorized staff may call the eligible prescription to a local pharmacy. The prescription is recorded in the patient's electronic chart as called to an outside pharmacy.

6. When a medication is ordered and the supply in the pharmacy is exhausted or the item not stocked, and the patient cannot wait for the pharmacy to order and obtain the drug, a written prescription is given to the patient or called to another pharmacy and noted in the patient's electronic chart. The patient is liable for the cost of the medication obtained at an outside pharmacy

B. Prescriptions from Outside (Non-Clinic) Providers

Outside prescriptions are filled for PRC eligible and direct-only patients registered at SCHC, Siletz Tribal Members in the United States, and employees provided the prescribed medication is included in the prescription formulary. If a prescription is received from a private physician for non-formulary items, the pharmacist has four choices:

1. Contact the private physician for permission to substitute a formulary item.

2. Request examination of the patient by a physician who could then order the appropriate formulary drug.

3. Recommend that the patient obtain the drug from a private pharmacy at his or her own expense.

4. Request that the provider fill out a non-formulary request which will be reviewed by the Pharmacy and Therapeutics Committee for approval.

C. Transfer of Prescription Information to Outside Pharmacies

Prescriptions may be transferred from the SCHC pharmacy to an outside pharmacy for the purpose of refill dispensing provided the prescription is cancelled at SCHC's pharmacy and all information constituting the prescription is communicated to the outside pharmacy in a manner that ensures accuracy and accountability.

D. Over-the-Counter Medications

1. Definition: Approved over-the-counter medications (OTC) are medications available without a prescription. They are dispensed by pharmacy staff and are available to any Siletz Native American registered through SCHC or PRC, who meet the criteria listed below. Non-Siletz Natives are eligible to receive limited OTCs at no cost with a pharmacist consult.

2. Patients requesting OTCs are given a quantity that is consistent with his or her personal needs. Quantities are limited to one episode of care or treatment. The pharmacy will not fill "shopping lists" of medications for any person or group of persons. However, supplies of medications are dispensed to the appropriate community health staff.

3. Patients requesting OTC medications must be at least 18 years of age, except when prescribed or recommended by their health care provider.

4. A person may receive OTC medications for his or her immediate family (him/her, spouse or children). A person may not pick up OTC medication for other family

members or friends except under special circumstances to be approved by the patient's health care provider (e.g. physical disability).

5. Quantities of OTC medicines dispensed shall be at the discretion of the pharmacist according to the patient's needs. If the pharmacist believes that a patient is exceeding recommended doses, or requesting an unusually large quantity of medicine, the pharmacist shall recommend the patient see a provider and/or alert a health care provider about the concern. The provider will review the patient's chart and, if necessary, contact the patient. When applicable, the provider will write a prescription.

6. If the pharmacist and/or provider believe that a patient is misusing a medication then the pharmacist has the right to refuse dispensing a medication to the patient until it has been reviewed and approved by a provider. In this case, the provider should be clear about how much medication the patient may receive per week or per month.

E. Pharmacy Mail Order

1. Eligibility: The pharmacy provides mail order service to Siletz tribal members (Group 129) in the United States (members must be registered at SCHC). Tribal members may receive up to a 90-day supply of maintenance medication. (Please note some insurance may require a maximum fill of 30 days). CTSI employees and family members covered by employee insurance are also eligible for mail order services (employees and family members must be registered at SCHC).

2. Handling: Prescriptions are mailed by USPS. Controlled class II medications and prescriptions requiring special handling are sent by USPS certified/return receipt mail.

3. Using Mail-Order Service

    a. Patient should verify eligibility and enroll in mail order services by calling the pharmacy at 541-444-9625.

    b. Once enrolled, the patient is informed to:

        i. call 1-800-648-0449 (option 8 or (541) 444-9624 (x1624) to refill the prescription or by utilizing the RefillPro application from a smart phone;

        ii. send an order form with the new prescription to the address listed on the mail-order service form; and

        iii. allow 7-10 working days for the order to be processed.

c. Orders are shipped by United States Postal Service. Some medicines may require an adult signature upon receipt. Packaging is confidential.

d. Patient has access to licensed pharmacists for consultation during standard business hours.

4. Mail Order Limited to SCHC Pharmacy Formulary

a. The SCHC's formulary is a list of FDA-approved prescription drug medication, which assists in maintaining the quality of patient care and containing costs. The list is monitored by the medical staff through the Pharmacy and Therapeutics Committee where providers and pharmacists evaluate scientific literature to identify which drugs are best suited to treat specific medical conditions.

b. The mail order service is limited to prescriptions listed on SCHC's formulary. If the patient's provider feels a non-formulary medication is necessary, he or she may request consideration for coverage by completing a non-formulary request which will be reviewed by the Pharmacy and Therapeutics Committee for approval. The patient and provider are notified of the decision.

5. Formulary Limitations

a. Controlled substances for intractable pain may be dispensed only in accordance with the Administration of Controlled Substances for Intractable Pain policy.

b. Controlled substances are not eligible for mail order services outside the state of Oregon.

6. Formulary Exclusions

a. Drugs used for cosmetic purposes

b. Fertility drugs

c. Sexual performance enhancement drugs

d. Investigative drugs

V. Drug Dispensing

A. Filling of Patient Prescriptions

1. New prescriptions shall be dispensed only in the presence of a pharmacist. Pharmacy students and pharmacy technicians may assist in filling prescriptions under the supervision of a pharmacist provided a final check is performed by a pharmacist.

    a. Orders for prescriptions presented to the pharmacy for filling are reviewed for correctness by a technician and then screened by a pharmacist for:

        i. Patient identification

        ii. The correct (current) date present on the entry

        iii. Order signed by the provider

        iv. Medication name and strength

        v. Quantities calculated and written where necessary

        vi. Check made for provider omissions

        vii. Check made for changes in therapy

        viii. Doses calculated and written in where necessary

        ix. Verification that prescribed drugs are rational and appropriate for the patient, e.g. the patient is not allergic to the prescribed medication, no drug interactions are present, dose is correct, etc.

        x. Prescribed drug(s) matching and verification through the pharmacy computer program to the national drug file and checked for drug and drug interactions.

    b. Problems recognized during the screening process are investigated and corrected as necessary in consultation with the provider, patient or other health care personnel. Any changes in the originally intended therapy are written by the ordering provider on the original order in the patient's electronic health record.

    c. Reasons to suspect prescription fraud include, but are not limited to:

        i. A prescription with incomplete or omitted information

ii. Patient unable to answer pertinent questions

iii. Hand writing not similar to last prescription by provider

iv. Quantities not usual or customary or appearing altered

v. Patient's behavior as unusual such as non-stop talking

d. If the pharmacy staff suspects prescription fraud, the pharmacist will:

i. Contact the physician involved for confirmation

ii. Contact the local police department

iii. Retain the fraudulent prescription for legal authorities

iv. Complete an in-house incident report

v. Call the Oregon Board of Pharmacy to alert other pharmacies

e. Pharmacist manages the use of multi-dose vials.

2. Drug allergies are noted in the patient's electronic chart, on a hard copy if applicable, and in the pharmacy's Prescription Drug Management system (PDM). If any drug allergy noted is new or if there is any question the patient is consulted, and both the electronic chart as well as the PDM is updated. A label generated by the pharmacy computer program will be used to document the medications dispensed, the instructions on the prescription label and the quantity dispensed. This shall be affixed to an applicable hard copy on file in the pharmacy.

3. All prescribed medications dispensed shall be entered into the EHR which transfers via SureScripts to the PDM system if the prescription has been electronically sent to the pharmacy.

4. Prescription labels generated by ScriptPro are affixed to each bottle, packet and tube and shall include:

a. Name, address and telephone number of the pharmacy

b. Date of dispensing

c. Pharmacist and technician's initials

d. Patient's health record number

e. Name of patient

f. Name of drug, strength and quantity dispensed (when a generic name is used, the label shall also contain the name of the manufacturer or distributor)

g. Directions for use per provider's signature (instructions) and purpose of prescription if noted from the provider

h. Number of refills

i. Name of practitioner

j. Required precautionary information regarding controlled substances

k. Such other and further accessory cautionary information as required for patient safety

l. Expiration date of drug

m. Physical description of medication, including any identification code that may appear on tablets or capsules

5. Prior to dispensing, the Pharmacy Data Management Point of Sale Program (POS) will be reviewed to assure appropriate dispensing of medications consistent with insurance coverage and the following actions authorized (see Pharmacy Point of Sale procedure for specifics)

a. Non-Matched NDC (National Drug Code): Pharmacist verifies and edits in the POS program.

b. Refill Too Soon: Check for appropriate dosing. Advise patient when the medicine can be dispensed. Pharmacist may provide up to a 3-day emergency supply of a non-controlled substance.

c. Plan Limitations Exceeded: Pharmacist or technician can edit the RX, changing the number of refills and dispense only the amount accepted by the plan (usually 30 days). The patient will be informed.

d. Call Patient Care Coordinator for help regarding the following notices: Coverage Terminated or New Insurance/Managed Care Plan.

e. Call Pharmacy Benefit Manager, patient, or Business Office for help with the following notices: Non-Matched Cardholder ID, Patient Not Eligible on

DOS, Pharmacy Not Contracted, M/I Bin Number/pcn, or any other miscellaneous rejected that the pharmacy staff are not able to rectify.

f. Therapeutic Denial: Patient has already received this medication elsewhere. Advise the patient and do not dispense but consult provider.

g. Lack of Prior Authorization: Pharmacy will process a prior authorization form and notify the provider. The provider can change the therapy to a covered item or authorize a short day supply if medically necessary until the prior authorization is processed completely. Patients will be notified of any decision impacting their medication supply.

6. Sublocade may only be dispensed to a healthcare provider and never directly to the patient.

7. All medications not picked up by the patient or their representative within 14 calendar days of the fill date will be returned to stock. The ordering provider will be notified if certain medications, such as antibiotics, are not picked up in a timely manner.

B. Consultation with Patients About Their Prescription

1. All new prescriptions are fully explained by a licensed pharmacist and patients are given an optional medication information hand out when medications are dispensed to assure that the patient understands:

   a. Name of the medication and what it is used for

   b. How to take the medication

   c. Proper storage conditions needed

   d. What pertinent and common side or adverse effects of the medication may occur

   e. How many refills and how to request if applicable

2. All refill prescriptions shall be dispensed and the patient given the opportunity to ask the pharmacist questions. Verbal information can be given by a pharmacist or technician regarding changes in:

   a. Manufacturer

   b. Partial fills

c. Therapy, including but not limited to a change in directions or strength, which must be conveyed to patient by pharmacist

C. Proper Identification of Patients When Dispensing Medications

To ensure that prescriptions are dispensed to the correct patient, the following procedures are followed.

1. All prescription labels include the patient's medical record number in addition to the patient's name and date of birth.

2. The pharmacy staff, prior to dispensing, verifies the correct patient by requesting full name, date of birth and additional identifiers when necessary.

3. Prior to dispensing the medication, the patient signs for it on the signature pad (ScriptPro). During special circumstances, such as a pandemic, this requirement may be waived for safety reasons.

4. In no instance shall medication be dispensed to persons less than 15 years of age, or less than 12 years of age in case of family planning issues or STD treatment.

D. Look-alike, Sound-alike, and High-alert Medications

The pharmacy shall take precautionary measures to prevent medication errors regarding dispensing of look-alike, sound-alike and high-alert medications.

VI. Medication Fees

A. Due to rising drug costs and the desire to maintain a generous drug formulary the pharmacy will charge a fee for each prescription and over-the-counter drug dispensed.

B. Exemption from Charge

1. Siletz Tribal Member

2. PRC eligible patient

3. Insurance coverage covers prescription cost

C. Diabetes Supplies

Diabetes supplies are provided at no charge to direct-only patients with a diagnosis of diabetes.

D. Fee Schedule

1. Prescription drug cost plus $5 dispensing fee.

2. Cost or $1 for each over-the-counter item, whichever is greater.

VII. Pharmacy Monitoring and Quality Improvement

A. Drug Information

No drug shall be dispensed unless information concerning its actions, side effects, contraindications, etc., is available.

B. Medication and Error Reporting

When a patient reports a medication error it shall be embodied in a Because We Care form following the policy governing the use of this form in the Risk Management policy.

C. Adverse Drug Reactions

When an adverse drug reaction is suspected the prescription is held until the provider can be notified. After consulting with the provider the prescription is stopped or filled with documentation on the prescription electronic or hard copy as to why the provider overrode the reaction concerns.

VIII. Controlled Substances

A. Description

Controlled substances are those drugs the Drug Enforcement Administration (DEA) deemed to demonstrate abuse potential with psychic and/or physical dependence liability. The substances are defined by the Controlled Substances Act of 1970 and subsequent amendments.

B. Outpatient Procedures

1. A prescription for a controlled substance must meet all DEA requirements and may only be issued by a provider who is authorized to prescribe controlled substances.

2. The pharmacist ensures the following is accomplished:

    a. Information on the prescription conforms to the current standards as stated in the Controlled Substances Act of 1970 and subsequent amendments.

b. Verbal orders for Schedule III through V medications are recorded on a pharmacist prescription pad with the appropriate information including provider's DEA and NPI numbers.

c. Rx label is placed onto the back of the hard copy, stamped with a 1" red C, noted with the date last filled if continuing therapy, and filed in one of two files, a file containing Schedule II medications only or a file containing all legend and Schedules III through V medications. These two files are maintained in the pharmacy. After ten years the files may be purged per DEA regulations.

C. Inventory and Audits

1. A perpetual active inventory signed by the pharmacist is maintained for all CII controlled substances. A monthly reconciliation occurs for each substance and variances investigated and noted. A new perpetual inventory starts at the beginning of each calendar year and the previous inventories are kept in the pharmacy for 3 years per state and federal regulations.

2. For Schedule II Drugs, purchase orders and invoices are filed separately per DEA policy.

3. Printouts of all Scheduled III-V drugs purchased are kept in a separate file and signed by the pharmacist.

4. Monthly Schedule III-V drugs are reconciled and a copy kept in the pharmacy.

5. Annual inventories for all medications are taken at the beginning of each calendar year and a copy kept in the pharmacy. A copy of the scheduled CII-V is kept in the Board of Pharmacy binder.

6. Theft or loss of Schedule II drugs from the pharmacy is reported to the DEA within 24 Hours.

D. Schedule II Medications

Any order for a Schedule II medication must be written in EHR or written on a prescription form only by a provider licensed to dispense Schedule II medications. The pharmacy cannot dispense any Schedule II medications on verbal orders.

E. Refills of Controlled Substances

1. Refills of prescriptions for controlled Substances CIII-V are provided by the pharmacy in accordance with current DEA regulations. Prescriptions for Schedule III, IV, and V drugs may not be refilled for more than 6 months after the

prescription was written, nor refilled more than five times, regardless of the time period.

2. Prescriptions for Schedule II drugs cannot be refilled.

F. Lost, Stolen or Misplaced Controlled Substances

Patients presenting requests for refills or replacement of controlled substances that are identified as lost, stolen, or misplaced are documented in EHR and reviewed by the provider. Providers may or may not authorize a refill. If the medication is reported as stolen the patient is responsible for filing a police report with a copy given to medical records for filing in the patient's chart.

G. Controlled Substances Dispensing

Controlled substances are dispensed to the patient or person authorized by the patient to receive medication every time the prescription is filled. Any controlled substance being picked up by anyone other than the patient or patient's parent is placed in a sealed bag.

H. Storage of Controlled Substances

All Scheduled II, III, IV and V substances are kept in a locked cabinet in the pharmacy except for a minimum amount of Scheduled medications that are kept for use in secured medication carts and in the medication room of the clinic area. These medications are tracked in a log kept with the medication.

I. Procurement of Controlled Substances

1. Classes III-V medications are ordered by the normal ordering procedure. Class II medications are ordered utilizing a DEA form 222, and sent to the wholesaler.

2. All Schedule II substances received are checked by the pharmacist and signed off on the DEA form 222 and separate invoices filed and the items added into the computer inventory and the perpetual inventory log book

3. DEA form 222 are attached to the supplier invoice and filed separately in the pharmacy.

4. All records pertaining to the procurement, distribution or disposal of controlled substances are kept on file in the pharmacy for a period of 3 years, per DEA regulations. Copies of invoices are kept in the narcotics procurement file as record of all controlled substances received by SCHC.

J. Disposal of Outdated Controlled Substances

All outdated or otherwise unusable controlled substances are disposed of in the manner recommended by the Regional Office of the Drug Enforcement Administration in Seattle. The drugs are recorded per DEA requirements following the proper procedures.

K. Controlled Drugs for Personal Use

Physicians, dentists and other authorized prescribers may not write medication orders for controlled substances for themselves or members of their families.

IX. Procurement

A. Stock Selections

Pharmacy staff shall:

1. Confirm wholesalers have a current license/registration. Be responsible for procuring and maintaining stocks of drug products listed in the formulary sufficient to meet the usual needs while avoiding situations of excessive overstock. Receive and maintain drug product tracing documentation.

2. Have authority to specify the vendor of multi-source drug products, within the limitations of the procurement systems, in an effort to most economically meet the needs without compromising patient safety. Factors to be considered are drug supply chain records, cost, delivery service and drug quality.

3. Have the authority to reject any suspect drug product obtained through government supply channels, or from any other source, which after investigation is deemed to be of substandard quality and/or does not comply with the Drug Supply Chain Security Act (DSCSA).

X. Drug Recall

A. Description

When notification of a recall of a drug is received, the pharmacist shall remove the drug from any areas of storage. The drug is sent directly to the wholesaler, the drug manufacturing company or as recommended in recall notice.

1. The pharmacist generates a list of patients who may have received the medication in question and those patients affected are contacted by phone or mail to recover any unused medications and monitor for adverse effects thereof. A record of all follow up is maintained for 3 years after the recall notice date. The pharmacy provides a report of any such action to the health director.

XI. Outdated or Defective Drugs

A. Description

All expired medications are returned to the appropriate vendor if possible, for credit, or through a company contracted for pharmaceutical returns. Those expiring in the current month are pulled from stock.

1. During the last week of each month designated pharmacy staff inspects all medications; expired medications are pulled from active stock and placed in labeled bins.

2. Quarterly, expired medications are returned to contracted vender. Medication is secured in pharmacy until courier picks up directly from pharmacy staff.

XII. Inventory Record Keeping

Ongoing review of inventory is regularly conducted to monitor usage and inventory input. An annual physical inventory of all drugs and over-the-counter items is completed at the beginning of each calendar year.

XIII. Returned Drugs and Devices

Drugs or devices previously dispensed may not be returned and re-dispensed once the drugs or devices have been removed from the pharmacy.

XIV. Confidentiality

Pharmacy staff are required to abide by the Health Information Policy and shall not disclose any patient information to a third party without the written consent of the patient except as allowed by HIPAA.

XV. Prescription Drug Monitoring Program Reporting

The Prescription Drug Monitoring Program (PDMP) is a statewide repository of controlled prescription records which can be accessed by medical and pharmacy staff to help reduce the risk of overuse and potential harm. The pharmacy submits a PDMP report from its PDMP at minimum every 24 hours or as law requires.

XVI. Prescription Readers, Translation Services, and Dual Language Labels

The pharmacy will notify each person to whom a prescription drug is dispensed that a prescription reader is available to the person upon request. The prescription reader will be available to the person for at least the duration of the prescription.

Patients have the right to free, competent oral interpretation and translation services, including translated prescription labels.

XVII. Hazardous Drugs (USP 800)

Pharmacy staff shall handle hazardous medications appropriately to eliminate or minimize their exposure. Pharmacy maintains a list of all hazardous drugs currently on formulary and performs a risk assessment on all subsequent hazardous drugs added to formulary.