**(insert AGENCY name)**

Reproductive Health Program

Clinical Practice Standard

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| **Subject:** Pharmacy - Dispensing Medications | | **No.** |
| **Approved by:** |  | **Effective Date:** |
| **Revised:** January 2018, **January 2021, October 2022** | | |
| **References:** OAR 855-043-0700- 855-043-0750; OAR 855-041-1105 | | |

**POLICY:** This Clinical Practice Standard follows Oregon State Board of Pharmacy rules OAR 855-043-0700 through 855-043-0750 and OAR 855-041-1105.

**PURPOSE:** This Clinical Practice Standard gives guidance for (**insert AGENCY name**) MDs, DOs, PAs, NPs, NDs, and RNs in dispensing medication to their clients in a safe manner consistent with Oregon State Pharmacy rules and regulations and under the standing orders of the Health Officer.

Dispensing of medications shall be pursuant to the order of a person authorized to prescribe a drug or device and in accordance with the scope of the pharmacy license. An annual non-refundable fee must be paid to register and license a Community Health clinic with the Oregon Board of Pharmacy (BOP) to permit a Registered Nurse to dispense medications on-site. The pharmacy license will be posted in the area medications are stored.

Each individual service site who uses a Registered Nurse to dispense medications must pay a fee and register with the BOP for a *Community Health Clinic Drug Outlet license.*

ORS 855-043-0700 describes the *Community Health Clinic Drug Outlet license,* which states that a registered nurse who is an employee of a clinic, which is licensed by the BOP and supported by the Oregon Health Authority for purposes of providing public health family planning services, may dispense a legend or non-prescription drug for the purposes of contraception, caries prevention, the treatment of amenorrhea, the treatment of a communicable disease, hormone deficiencies, urinary tract infections, or sexually transmitted diseases.

The Medical Director or the designated representative must conduct and document an annual review of their pharmacy outlet. The [completed form](https://www.oregon.gov/pharmacy/Documents/CHCSelf-InspectionForm.pdf) must be filed in the clinic and be available to the Board of Pharmacy for inspection for three years.

**DEFINITION:**

**340B Eligible Patient:** An individual is a patient of a 340B covered entity (with the exception of State-operated or funded AIDS drug purchasing assistance programs) only if:

* The covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's healthcare **and**
* The individual receives healthcare services from a healthcare professional who is either employed by the covered entity or provides healthcare under contractual or other arrangements (e.g. referral for consultation) such that responsibility for the care provided remains with the covered entity; **and**
* The individual receives a healthcare service or range of services from the covered entity which is consistent with the service or range of services for which grant funding or Federally-qualified health center look-alike status has been provided to the entity. Disproportionate share hospitals are exempt from this requirement.

An individual will not be considered a patient of the covered entity if the only health care service received by the individual from the covered entity is the dispensing of a drug or drugs for subsequent self-administration or administration in the home setting.

**STANDARD:**

**(insert AGENCY name**) MDs, DOs, PAs, NPs, NDs, and RNs may dispense only those medications which are listed on (**insert AGENCY name**) formulary (see **Attachment 1**), and under a signed standing order from the Health Officer or a current valid documented prescription from (**insert AGENCY name**) prescribing provider.

**PROCEDURE:**

1. Dispensing Medications:
2. Verify current, valid prescription in client’s record which must include:

* Client’s full name;
* Date of issuance;
* Name of medication;
* Strength, dosage form, and quantity prescribed;
* Directions for use;
* Number of refills (if applicable); and
* Prescribing provider’s (the provider who signed the prescription or the standing order/protocol) original signature.

1. Medications may also be dispensed under a signed standing order/protocol.
2. Prepare medication label to include:

* Name of client;
* Name of the prescribing provider;
* Name, address and phone number of the clinic;
* Date of dispensing;
* Name of drug and strength;

1. If a generic name is used, the label must also contain the name of the manufacturer.

* Directions for use;
* Cautionary statements, if any, as required by law; and
* Manufacturer’s expiration date, or an earlier date after which the client should not use the drug.

1. Complete Dispensing Log (see **Attachment 2** for sample):

* All dispensed medication will be recorded on a pharmacy dispensing log - this may be recorded on a paper log or documented through the EHR.
* The dispensing log is established as a continuous record for accountability of all medications dispensed to clients.
* The log must be retained for three years.
* A separate log may be established for satellite clinics.
* All logs contain confidential information and should be handled accordingly.
* The log should contain at a minimum:

1. Client’s name;
2. Name of medication, or generic name and name of manufacturer;
3. Lot number;
4. Quantity dispensed;
5. Date of dispensing;
6. Name of prescribing provider and
7. Name of individual dispensing the medication.
8. Dispense to client:

* Identify client by first and last name.
* Discuss with the client the condition for which the medication is prescribed.
* Review client’s history for any contraindication for the medication.
* Review the client’s history for medication allergies.
* Counsel the client on the proper use of the medication.

1. Route, dosage, administration, and continuity of therapy;
2. Common side effects and actions to take if a problem occurs;
3. When, who, and where to contact in case of an adverse reaction;
4. Proper storage; and
5. Actions to take in the event of a missed dosage.

* Provide a medication information fact sheet which includes:

1. Drug name and class;
2. Proper use and storage;
3. Common side effects;
4. Precautions and contraindications; and
5. Significant drug interactions.

* Only medications on the agency’s formulary may be dispensed.
* 340B-purchased medications may only be dispensed to clients who qualify under the 340B Eligible Patient definition as listed in the DEFINITIONS section above.

1. Document in client’s medical record:

* Current date;
* Name of medication dispensed, dosage, route, frequency, and amount dispensed;
* Signature of person dispensing medication;
* Findings of any assessment performed prior to dispensing which indicate or contraindicate need for medication. If the medication is not dispensed, document the reason why; and
* Adverse reactions reported by client.
* Each individual prescription must be documented in the client record.

1. Nonjudgmental dispensing functions may be delegated to staff assistants when the accuracy and completeness of the prescription is verified by a practitioner who has been given dispensing privileges by their licensing board, or by a Registered Nurse, prior to the medication being delivered or transferred to the client.
2. Medication errors will be documented on an incident report form and will be reviewed by the nursing supervisor/Health Officer within one week of the error’s occurrence.
3. A current issue of at least one pharmaceutical reference with current, properly filed supplements and updates appropriate to and based on the standards of practice for the setting must be accessible.

**TRAINING:**

1. New staff orientation will include:
2. Reviewing the medication dispensing protocol;
3. Reviewing the (**insert AGENCY name**)’s formulary, standing orders, and policies and procedures on the dispensing of medications;

* Information regarding any changes in the formulary, standing orders, and policies and procedures will be provided to and reviewed by all licensed healthcare providers in a timely manner.

1. Information on medication storage procedures; and
2. Information to include when counseling clients:

* The purpose of the medication;
* Possible side effects;
* Contraindications; and
* Special directions and precautions for the preparation and administration of the medication.

1. Competency assessment for dispensing is conducted annually. **(See Attachment 3)**
2. Documentation of training will be placed in the staff’s personnel file or maintained as staff meeting minutes and attendance roster.

**REFERENCES:**

Oregon State Licenses, Permits and Registrations. n.d. Drug Outlet, Family Planning Clinic. <https://www.oregon.gov/pharmacy/Pages/FacilityOutlet.aspx>

Oregon State Board of Pharmacy. 2013. Practitioner Dispensing. <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3977>

**ATTACHMENT 1: Example Contraceptive Formulary**

(*Remove brands your agency doesn’t carry; add brands if not listed below)*

|  |  |
| --- | --- |
| **MUST CARRY AT LEAST ONE HORMONAL IUS** | |
| **Hormonal IUS** | * Mirena® * Skyla® * Liletta® * Kyleena® |
| **MUST CARRY A NON-HORMONAL IUD** | |
| **Copper IUD** | * Paragard® |
| **MUST CARRY A CONTRACEPTIVE IMPLANT** | |
| **Contraceptive Implant** | * Nexplanon® |
| **MUST CARRY A PROGESTIN-ONLY INJECTIBLE** | |
| **Progestin-only Injectable Contraceptive** | * Depo Provera |
| **MUST CARRY AT LEAST ONE COMBINATION PILL WITH 35 MCG OR LESS EE** | |
| **Combined Oral Contraceptive Pills – ?? mcg EE/ ?? mg progestin (e.g. levonorgestrel, norethindrone, drospirenone)** | * List here |
| **Combined Oral Contraceptive Pills – ?? mcg EE/ ?? mg progestin (e.g. levonorgestrel, norethindrone, drospirenone)** | * List here |
| **MUST CARRY AT LEAST ONE PROGESTIN-ONLY PILL** | |
| **Progestin-only Pills** | * List here |
| **MUST CARRY AT LEAST ONE NON-ORAL COMBINED CONTRACEPTIVE**  *(Must offer the one not provided onsite)* | |
| **Transvaginal Contraceptive Ring** | * NuvaRing® * Annovera® |
| **Transdermal Contraceptive Patch** | * Xulane® * Twirla® |
| **MUST CARRY A VAGINAL pH MODULATOR** | |
| **Vaginal pH modulator** | * Phexxi® |
| **MUST CARRY EMERGENCY CONTRACEPTION**  *(both ulipristal acetate and a levonorgestrel EC)* | |
| **Emergency Contraceptive Pills** | * Ella * Plan B One-Step® * Other (list here) |
| **MUST CARRY EXTERNAL CONDOMS** | |
| **External Condom** | * List here |
| **MUST CARRY SPERMICIDE**  *(must carry or offer one that is appropriate to use with a diaphragm or a cervical cap)* | |
| **Spermicides** | * Delfen Jelly/Foam * Encare Suppositories * Gynol Jelly * VCF Foam * VCF Film * Other (list here) |
| **MUST OFFER INTERNAL CONDOMS** | |
| **Internal Condom** | * FC2® |
| **MUST OFFER EITHER THE DIAPHRAGM OR CERVICAL CAP** | |
| **Diaphragm** | * Milex® Omniflex Style Diaphragm * Caya® * Other (list here) |
| **Cervical Cap** | * FemCap |

**ATTACHMENT 2: MEDICATION INVENTORY LOG (Receiving/Dispensing /Expired)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **MEDICATION NAME** | **DOSAGE** | **QUANTITY RECEIVED** | **LOT #** | **EXP DATE** | **MANUFACTURER** | **INITIALS** |
|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **PATIENT NAME/LABEL** | **MEDICATION NAME** | **QUANTITY DISPENSED/ EXPIRED** | **BALANCE** | **MEDICATION FACT SHEET PROVIDED** | **Initials person dispensing** | **Standing order physician** | **RX visit**  **provider** |
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**ATTACHMENT 3: Pharmacy Dispensing Competency Checklist**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C= Competent; NI= Needs Improvement**

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| --- | --- | --- | --- |
| **PROCEDURES FOR COMPETENCY ASSESSMENT** | **C** | **NI** | **OBSERVER** |
| **Verify current, valid prescription contains**:  Patient name, date of issuance, name of medication, strength, dosage form, and quantity prescribed; directions for use, number of refills (if applicable), prescribing provider’s signature/or standing order. |  |  |  |
| **Medication label contains**:  Name of client, name of prescribing provider, name, address and phone number of clinic; date of dispensing; name of drug and strength; directions for use; cautionary statements, if applicable; expiration date. |  |  |  |
| **Complete dispensing log** (if applicable- EHR may self-populate)  Must contain at a minimum: Client name; name of medication; lot number; quantity dispensed; date dispensed; and name of individual dispensing medication |  |  |  |
| **Dispensing to client**:  Identified client by first and last name; discuss the purpose of the medication; review history for medication allergies; review client history for contraindication for medication; providing counseling on the proper use of medications; route, dose and continuity of therapy; common side effects; actions to take if a problem occurs; when, who and where to contact in case of adverse reaction; proper storage; actions to take if missed dosage. |  |  |  |
| **Provided medication information fact sheet** |  |  |  |
| **Document in client’s medical record**:  Current date; name of medication dispensed, dosage, route, frequency and amount dispensed; signature of person dispensing medication; findings of any assessment prior to dispensing which indicate or contraindicate need for medication; if not dispensed document reason why; adverse reactions reported by client. Each individual prescription must be documented in medical record. |  |  |  |

**Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Observer Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**