

Receiving Out of System Medications

Principle

Individuals have the right to participate in the planning of their medical treatment, including choice of pharmacy service, and to be fully informed of any related charges.

Introduction

State law and regulation support an individual's right to participate in the planning of their medical treatment while residing in a nursing facility. That right extends to purchasing medications from a pharmacy external to the nursing facility, referred to in this guideline as "out of system medication." In addition, facilities cannot charge a resident for any service not requested by the resident nor can a facility require a resident to request any service as a condition of admission or continued stay. Therefore, facilities cannot establish policies requiring residents to accept the purchase of medication only through the facility's established pharmacy service. Requirements for receipt of "out of system" medications are clearly listed in the "Rules and Regulations Governing Nursing Facilities," 12 VAC 5-371-300.L.

In an effort to reduce errors during medication passes, many facilities have instituted unit dose systems. Since medications received from an out of system pharmacy would require handling or restocking to unit dose systems, providers are within their rights to charge a fee for restocking "out of system" medications in the facility's unit dose system.

Nothing in this guideline shall exempt a pharmacist or a nursing facility from complying with the "Regulations Governing the Practice of Pharmacy," 18 VAC 110-20 et seq., promulgated by the Board of Pharmacy as required by law.

General Rules

- A. Facilities must provide pharmaceutical services, including acquiring, receiving, dispensing, and administering of all drugs to meet the needs of each resident, including receipt of out of system medications.
- B. Pursuant to 18 VAC 110-20-530.9, a pharmacist shall conduct a drug regimen review, for each resident "to determine any irregularities, which may include but not be limited to drug therapy, drug interactions, drug administration or transcription errors...All significant irregularities shall be brought to the attention of the attending practitioner or other party having authority to correct potential problems."
- C. Facilities should include medication purchase as part of any informed consent processes

Virginia Department of Health

Center for Quality Health Care Services and Consumer Protection

Revised September 2004

during their admission procedures with new residents.

D. Unit dose repackaging systems used by a facility's pharmacy shall comply with the requirements of 18 VAC 110-20-420; compliance packaging shall comply with 18 VAC 110-20-340.B.

E. In accordance with Board of Pharmacy Guidance Document 110-23, the facility's pharmacist may repackage a resident's prescription drugs dispensed by another pharmacy to the facility's unit-dose or compliance packaging system. If a pharmacist chooses to repackage drugs dispensed by another pharmacy, he should comply with the following guidelines:

1. Records shall be maintained of all repackaging of previously dispensed medications to include:

- Date;
- Repackaging pharmacist's initials;
- Issuing pharmacy name and address; and
- Original prescription number.

2. Any portion of a resident's medication *not* placed into unit dose or compliance packaging shall be kept for subsequent repackaging:

- In the originally labeled container;
- Shall be stored within the prescription department separate from any working stock of drugs, and
- Shall be used *only* for the resident for whom the medication was originally dispensed.

F. There should be a duplicate of the required prescription in the resident's medical record, to use as back-up to assure timely administration of prescribed medications should a resident's supply of out of system medications become depleted before refills are delivered to the facility.

G. It is suggested that facility pharmacists develop a log of out of system medications and refill dates by resident name, in order to assure there is no gap in delivery of prescribed medications to a resident. Such a log can be used by the pharmacist to remind residents when refills are needed.

H. Any restocking fees assessed should cover the costs of the labor and supplies for handling/restocking in the facility's unit dose system.

Virginia Department of Health

Center for Quality Health Care Services and Consumer Protection

September 2004

Department of Health Professions

Guidance Document 110-23

Primary Provider Pharmacy To A LTCF Repackaging Medications Dispensed By Another Pharmacy Into Unit Dose Or Compliance Packaging

The primary provider pharmacy for a long term care facility may repackage a resident's prescription drugs, dispensed by another pharmacy, into the unit-dose or compliance packaging system used by the LTCF to assist in maintaining a uniform or more accurate system of administration. Such repackaging may only be done at the provider pharmacy. Unit dose repackaging shall comply with requirements of 18 VAC 110-20-420 and compliance packaging shall comply with 18 VAC 110-20-340 (B). Records shall be maintained of all such repackaging of previously dispensed medications to include date; repackaging pharmacist's initials (or those of the checking pharmacist); and the pharmacy name, address, and prescription number of the original dispensing. Any portion of a resident's medication not placed into unit dose or compliance packaging shall be kept for subsequent repackaging at the provider pharmacy in the original labeled container, shall be stored within the prescription department but separate from any working stock of drugs used for dispensing by the pharmacy, and shall only be used for the patient to whom the medication was originally dispensed.

Adopted by the Board of Pharmacy on June 15, 1999