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HEALTH AFFAIRS

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

JUL 26 1995

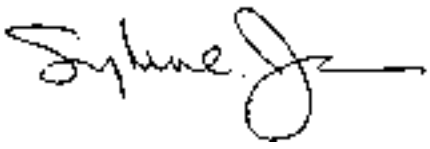
MEMORANDUM FOR:

ASSISTANT SECRETARY OF THE ARMY (MANPOWER & RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER & RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER, RESERVE AFFAIRS, INSTALLATIONS & ENVIRONMENT)

SUBJECT: Tri-Service Pharmacy Policy Guidance

This memorandum transmits the Tri-Service Pharmacy Policy Guidance for Medical Treatment Facility (MTF) commanders and pharmacies. This guidance reflects the expertise of the Ad Hoc Department of Defense Pharmacy Work Group established in 1993 by the Assistant Secretary of Defense (Health Affairs). The WorkGroup's function is to evaluate and recommend standard pharmacy policy with the goal of achieving a consistent, equitable, and quality pharmacy benefit within the Department. This policy guidance is a significant step toward meeting that goal.

Questions concerning related pharmacy issues may be directed to LtCol Patricia Hobbs, Deputy Director, Pharmacy Programs, Health Services and Readiness Support, commercial (703)681-8910 or DSN 761-8910.



Stephen C. Joseph, M.D., M.P.H.

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force

HA POLICY 95-011

PHARMACY POLICY GUIDANCE

SUBJECT

Tri-Service Pharmacy Policy Guidance for MTF commanders and pharmacies

PURPOSE

To establish and provide standardized guidance for all DoD Pharmacy operations.

APPLICABILITY AND SCOPE

This guidance applies to all Department of Defense Medical Treatment Activities that provides pharmaceutical services.

RESPONSIBILITIES

1. Responsibilities of the Commander

a. The Medical Treatment Facility (MTF) Commander will ensure:

1. The pharmacy is operated under the supervision of a registered pharmacist in accordance with Federal Law, service regulations, and accepted standards of practice such as those defined by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), and other professional organizations.

2. Staffing levels and funding are appropriate to meet workload requirements.:

3. Pharmacy technicians function under the supervision of a registered pharmacist or medical officer designated as pharmacy officer.

4. Only drugs approved for general use by the Food and Drug Administration are authorized for use. Investigational drugs approved under appropriate authority may be dispensed.

5. Continuing Education opportunities are available to all pharmacy staff to update and increase their knowledge of the medication they dispense and to keep abreast of current trends in pharmacy practice.

2. Responsibilities of the Pharmacist

a. The Senior pharmacist assigned will ensure:

1. The facility provides pharmaceutical care consistent with Service regulations, medical staffing, and the standards of practice defined by JCAHO and other professional pharmacy organizations.

2. Security measures are adequate to prevent unauthorized entry into the pharmacy.

3. The facility maintains current drug information resources and routinely disseminates drug information to medical staff and patients.

4. Maintenance, and publication of a MTF formulary or drug list,using the Tri-service Formulary as a core, or accepted drugs for use in the facility. MTFs should adopt those drugs which are considered "D-Day Significant" in order to promote the rotation of potency-dated war reserve assets.

5. That programs are established which ensure patient counseling services be provided to beneficiaries.

3. Responsibilities and Functions of the Pharmacy and Therapeutics Committee

a. The Pharmacy and Therapeutics Committee advises the Commander on the selection and use of drugs in the medical treatment facility. This committee is a function of the medical staff and will meet at least quarterly. It will be a multidisciplinary team with representatives from the medical, nursing, pharmacy, administrative and logistics communities. Others may be appointed as needed.

b. Functions of the Pharmacy and Therapeutics Committee

1. Develop and recommend policies and procedures relating to the selection, distribution, handling, use, and administration of drugs, diagnostic materials and protocols of Investigational or experimental drugs.

2. Evaluate clinical data on drugs or preparations requested for use in the MTF.

3. Minimize unnecessary duplication of drugs, drug combinations, or therapeutic equivalents.

4. Review all reported adverse drug reactions and medication errors.

5. Recommend policies to ensure the safe use of drugs in the facility.

6. Oversee drug usage evaluations and reviews.

7. Monitor the use of controlled drugs.

8. Develop a standard list of chemical symbols and abbreviations for use in prescribing medications.

9. Review and recommend prescribing lists for physician extenders.

10. Recommend policies to provide reasonable access to the facility by manufacturers' representatives in order to govern their conduct and activities while in the MTF.

11. Participate in risk management and quality improvement activities related to the clinical aspects of drug usage in patient care and safety.

12. Recommend policy and procedures for evaluation and acquisition of non-formulary medications.

GENERAL POLICIES

1. Prescriptions Policies

a. Prescriptions from MTF credentialzed providers for formulary drugs will be honored.

b. Prescriptions are honored when written by a referral military medical facility acting in a consultant capacity. If the drug is not on the Formulary it will be processed according to subparagraph (3.b.(12)) above. Referral facilities should provide patients with at least a 60-day supply of medications when long-term therapy is indicated. The referring facility will provide the medication after 60 days.

c. Prescriptions from all military Medical Treatment Facilities, regardless of location, should be honored as long as the medication is on the MTF formulary and the patient is eligible for care.

d. Prescriptions from non-referral MTFs for non-formulary drugs need not be honored.

e. Prescriptions for formulary drugs written by civilian practitioners foreligible beneficiaries will be honored.

1. The Pharmacy may not curtail or withdraw civilian prescription service without prior approval of the respective Service Surgeon General.

2. The term civilian practitioner includes doctors of medicine, osteopathy, dentistry or podiatry who are licensed without limitation to practice their specialty.

3. Civilian physician extenders may prescribe medication when authorized by the state in which the MTF pharmacy is located.

f. Prescriptions written by Physician Extenders who are duly credentialed at one medical treatment facility may be filled or refilled for formulary medications at other military medical treatment facilities.

g. As a general rule, prescriptions written by MTF prescribers shall be dispensed from that facility. In

areas where TRICARE is not implemented, sending patients to local civilian pharmacies is at significantly greater expense to the government. It is recognized, however, that in some cases, certain medications not routinely stocked in MTF pharmacies might be important to some beneficiaries. In these individual cases, prescriptions may be written by MTF providers for patients to have filled elsewhere. The MTF Commander and Pharmacy and Therapeutics Committee shall devise and implement a means to review and justify cases where MTF formularies do not meet the needs of MTF patients. Cost-effective formulary management does not include selective deletion of medications commonly prescribed by MTF providers but considered by the MTF as too costly to maintain on the MTF formulary. In areas where TRICARE already exists and in areas covered by the mail order demonstration project, this issue is far less significant. Although the general rule of filling MTF prescriptions at the originating MTF still applies, under the managed care contracts and in the mail order demonstration project, the cost to the government is relatively the same regardless if the prescription is filled within the MTF or through the managed care pharmacy network or mail order demonstration.

h. Prescriptions will be written on DD Form 1289. Multiple Item Prescription forms may be used. The use of electronically transmitted prescriptions from prescriber item entry may be authorized.

i. Providers may not write controlled substances prescriptions for themselves or members of their family.

j. The pharmacy does not collect a fee for medications dispensed.

k. Maintenance medication prescription quantities will be filled as written upto a 90-day supply. Prescribers will maintain the flexibility to determine dispensing quantities up to 90 days for individual patients.

2. Refilling Prescriptions

a. Practitioners may authorize prescription refills on the original prescription when authorized by federal law.

b. Noncontrolled prescriptions originally filled at one MTF may be refilled at an alternate facility as long as the medication is a formulary item. Pharmacies that refill a prescription and who do not share a database must contact the originating pharmacy to void any remaining refills. The originating facility must void any remaining refills and record on the electronic prescription label: "Transferred to (name of MTF)" with the date of transfer.

c. Refills for maintenance medications may be requested when 75 percent or more of a prior prescription has been used.

3. Over-the-Counter (OTC) Self-Care Medications.

The commander may authorize a limited number of OTC drugs to be dispensed from the pharmacy in conjunction with a self-care program. A self-care program is defined as a program which uses a non-physician health care provider or screener to access a patient's symptoms. The provider or screener then either recommends which OTC drugs to select from a list at the pharmacy, or refers the patient for more definitive care. The Pharmacy and Therapeutics Committee recommends medications for the commander's approval using the following guidelines:

a. OTC drug labels must conform to Federal labeling regulations and must be dispensed in the manufacturer's original container.

b. The issue of OTC drugs from the pharmacy must be documented in the computerized patient profile system, if available.

4. A unit does or automated drug distribution system should be used to the maximum extent possible. Inpatient drugs are ordered on a standard doctor's order form or by electronic means. Procedures should follow American Society of Hospital Pharmacy and JCAHO guidelines.

5. Sterile Product Preparation

The pharmacy is responsible for the preparation and admixture of prenteral medications. Procedures should follow ASHP and JCAHO guidelines for the preparation of sterile products. When parenteral medications are compounded and labeled in areas other than the pharmacy, the pharmacy should provide written guidance and nursing education to ensure that a pharmaceutical requirements for aseptic technique and labeling are met.

6. Bulk Compounding

a. The pharmacy may bulk compound pharmaceutical preparations using formulas from official compendiums, other references, or a locally developed formula.

b. A pharmacy compounding control system must be completed for each individual batch prepared.

7. Packaging Prescriptions.

Prescriptions are packaged in accordance with federal laws and the packaging requirements set forth by the United States Pharmacopoeia Convention. Medications stored and dispensed outside the pharmacy will be maintained in a secure area and under the control of authorized personnel.

8. Labeling Prescriptions

a. Label for each prescription is securely fastened to the container before dispensing and must conform to requirements of the Food, Drug, and Cosmetic Act, Section 502 and 503 or 21 USC Sections 352 and 353.

b. At the time of dispensing of outpatient prescriptions, additional information should be made available to the patient to assist the patient in the proper use, and storage of the medication, and to address any other concerns the patient may have with the medication. The information may include but not be limited to patient counseling, product literature, patient compliance questionnaires, and auxiliary labels.

9. Prescription and Bulk Order Records. Files are maintained as follows:

a. A separate series of numbers and a separate file of prescriptions and bulk issues for Schedule II drugs.

b. A series of numbers and a separate file of prescriptions and bulk issues of Schedule III, IV, and V drugs.

c. A series of numbers and a separate file of prescriptions and bulk issues for all other drugs.

d. A separate file of receipts for drugs listed in Schedule II and for III, IV, and V.

e. A hard copy order and prescription file system is not required when an electronic order entry system approved by the Drug Enforcement Agency isused.

10. Controlled Substances

a. The Controlled Substances Act (Title 21, Code of Federal Regulations) prescribes federal controls over narcotics and other drugs subject to abuse. The Drug Enforcement Administration (DEA), US Department of Justice, enforces the law.

b. Biennial Inventory. A complete inventory of controlled substances throughout the facility must be completed in accordance with DEA regulations.

c. Security of Drugs

1. The pharmacist assumes responsibility to reduce the opportunities for theft of controlled drugs and ensures access to the pharmacy is restricted.

2. Medications must be reasonably secure from theft or pilferage throughout the MTF. Medication storage and preparation areas are locked unless personnel working in the area have a continuous, unobstructed view of the area.

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