



**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **CLINIC PHARMACY OUTPATIENT SERVICES**

SUBJECT: **HANDLING PRESCRIPTIONS**

CODE: 2.04.0
DATE: 12/28/84
REVISED: 7/26/19, 4/19/22
APPROVED: Think Tran, Pharm. D.
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A. Accepting Order

1. Staff will scan patient's rancho card and check patient's profile if any prescriptions are available
2. Staff will print out the patient medical record information sticker and attach it to the In-take Rx Slip and claim ticket
3. Staff will document on the In-take Rx slip which medications the patient wishes to have filled along with allergies, primary language, insurance, clinic, and priority (urgent, waiter, or will call)
4. If the patient requests non-child resistant containers, "Easy Open" is stamped on the In-take Rx Slip
5. Staff will document on claim ticket the time patient arrived to the pharmacy and give it to the patient while tearing off the pharmacy portion and attaching it to the In-take Rx Slip

B. Prescription Processing

1. The technician will enter new prescriptions from the data entry queue on Cerner-Etreby
2. The technician will direct prescriptions into the appropriate priority or put them under file only

C. Prescription Label

Computer generated label will include the following information:

1. Pharmacy name, address, and telephone number.
2. Name of patient, Rancho number
3. Date.
4. Prescription number.
5. Medication's generic name, strength, and quantity.
6. Directions for use.
7. Manufacturer.
8. Imprint Description of tablet
9. Expiration date.
10. Name of practitioner.
11. Precautionary information.
12. Regulatory DEA cautionary labels.
13. Number of refills.
14. Initials of the technician typing

D. Filling Prescriptions

1. The technician will fill the prescriptions in this order of urgency: STATs, waiters, same day discharges, next day discharges and then refills.
2. Prior to filling prescriptions, technician will view the image of new prescriptions using Cerner-Etreby and verify the name, medical record number and date of birth of the patient.
3. They will also verify name, strength, quantity and directions of the drug and also the name of the

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physician.

4. Only a California licensed pharmacist, or authorized pharmacy personnel (Pharmacy Technicians)/ Pharmacy Students registered as Interns with the California State Board of Pharmacy, under the supervision of a California licensed pharmacist, may dispense medication, make labeling changes, or transfer medications to different containers.
5. After filling each prescription, the pharmacy technician will initial the prescription label.
6. Prescriptions for controlled substances will be filled only by pharmacists.
 - a. The respective controlled substance storage area(s) are to be secured by lock and key at all times.
 - b. Immediately after filling the controlled substance prescription, inventory is returned to the respective drawer(s) and the drawer(s) locked.
 - c. The maximum quantity limits for controlled substances have been established to meet Medi-Cal dispensing restrictions. Refills are as follows:
 - i. C-II controlled substances: **NO** refills.
 - ii. C-III-V controlled substances: 5 refills not to exceed a 120 day supply .
 - iii. C-II-V controlled substances prescriptions are valid 6 months from the date of the original prescription.
 - d. Opioid prescriptions will have an auxiliary label attached to them that will state: “CAUTION: Opioid medication Risk of overdose and addiction” in English or Spanish.

Only during the time the prescription is filled; during inventory audits; and when replacement inventory is placed in the respective drawer(s) is the pharmacist permitted to unlock the drawer.

E. Checking prescriptions

1. The pharmacist must review the prescription prior to dispensing medication and label for validity and completeness. The pharmacist may dispense up to a 90 day supply with non-controlled drug refills not to exceed 12 months from the date the original prescription was issued. Any questions regarding a prescription/order should be clarified with the prescribing physician by the pharmacist.
2. Warfarin
 - a. The pharmacist will ensure that warfarin prescriptions have a maximum of 2 refills.
 - b. The pharmacist will check if an INR value has been drawn within the past 56 days. If there is no INR within that time frame, the pharmacist will contact the prescriber and document the results of that contact in Cerner.
3. Opioid medications
 - a. The pharmacist will screen the patient for the following:
 - i. The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day
 - ii. An opioid medication is prescribed concurrently with a prescription for benzodiazepine



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- iii. The patient presents with an increased risk for overdose, including a patient with a history of overdose, a patient with a history of substance use disorder, or a patient at risk for returning to high dose of opioid medication to which the patient is no longer tolerant.
 - b. If any of the above applies and there is no naloxone prescription present or documentation that the patient was offered naloxone but denied, the pharmacist will contact the prescriber.
 - c. If the prescriber states that the patient refused naloxone prescription, the pharmacist will document on the prescription that per the prescriber, the patient refused naloxone. Otherwise, the pharmacist will request the provider to send a naloxone prescription
4. After verifying the prescriptions, the pharmacist will place the medications in a bag with a label on the outside with the patient's name, medical record number, date of birth and patient's financial code.
5. The pharmacists will place the medication bag in the designated holding area organized by the patient's date of birth if the patient is not readily available.

F. Issuing Medication

1. The patient's name will appear on the electronic data wall once the prescription is complete.
2. Prior to issuing the medication the technician will ask the patient for their ID card and claim ticket.
3. The technician will verify correct patient identification utilizing two facility approved patient identifiers such as (a) patient name; (b) patient medical record number; and (c) birth date.
4. The staff will use patient's MRUN to retrieve the patient's prescription status.
5. The technician will then retrieve the medication bag from pick up shelf using the birthdate of the patient
6. The technician will verify the accuracy of the content of the medication bag by scanning the bar code of each prescription bottle.
7. When a patient comes to the window to pick-up **ANY** refrigerated medication, the window technician will remove the patient's refrigerated medication that is bagged/boxed in the refrigerator. The window technician verifies that the patient's name and file number is correct for the refrigerated bag/box and matches the patient's name and file number on the outer bag that the patient will be handed. The technician will then scan the bar code of each refrigerated medication prior to dispensing to patient.
8. A pharmacist will provide patient consultation for all new prescriptions or any changes on patient's medications or per patient's request unless patient refuses consultation.

G. Disposition of Unclaimed Prescriptions

Medication left longer than 14 days with no response from the patient in spite of our efforts will be returned to stock.



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H. Refill Compliance

Patients who come to the Pharmacy, requesting refills in a time period that suggests lack of compliance with dosage instructions, require follow-up. If in the professional judgment of the pharmacist, the time period is inordinately out of sequence, the primary physician is to be notified, so that reconciliation can occur.

I. Return Medications

Pharmacy will **not** accept any medication back from patient or refund once it is dispensed and given to the patient (Refer to Health Safety Law.)