



**LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER**

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

CATEGORY: Provision of Care	EFFECTIVE DATE: 6/87
POLICY CONTACT: Jennie Ung, PharmD	UPDATE/REVISION DATE: 8/21
REVIEWED BY COMMITTEE(S): Pharmacy & Therapeutics	

PURPOSE:

To describe the outpatient prescription dispensing process.

POLICY:

The outpatient pharmacies (OPD, N-22, and Family Medicine Clinic) are responsible for dispensing medications and supplies to outpatients at Harbor-UCLA Medical Center.

The interpretation and evaluation of all prescription orders and the dispensing of appropriate materials will be the direct responsibility of a registered pharmacist.

Medications dispensed shall comply with applicable Local, State, and Federal statutes and regulations.

PROCEDURE:

1. PRESENTATION OF PRESCRIPTION

A. Validation of Patient Identity

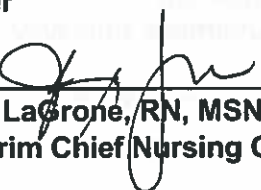
1. Prescription orders are sent electronically or brought to the outpatient pharmacies by patients or agents acting on the patient's behalf.
2. The Outpatient Pharmacy personnel will verify the identity of the patient by means of his/her identification card or other forms of patient identifiers. Two (2) identifiers (name, date of birth or social security number) will be used.
 - a. Agent acting on behalf of a patient must be in possession of the patient's government issued identification document. Alternatively, the patient can provide a signed written statement, or give a verbal consent personally.
 - b. Licensed hospital staff acting on behalf of a patient must fill out Hospital Drop-Off Form and have the entry validated by a pharmacy member.
3. The Outpatient Pharmacy personnel will verify that prescriptions meet 340B Drug Pricing Program criteria:
 - a. Eligible patient – prescription for an outpatient who has an established relationship with Harbor-UCLA and receives care from an eligible provider seen at a covered entity

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APPROVED BY: 
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 Anish Mahajan, MD
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LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

- b. Eligible provider - Prescription is prescribed by a qualified Harbor provider (employed by or an independent contractor of the covered entity)
- c. Covered entity - Patient seen at a clinic that appears on most recent Harbor's CMS Cost Report.

B. Financial Screening

1. Outpatient Pharmacy personnel will identify the patient's financial eligibility or methods of payments by the financial eligibility code displayed in the electronic health record, submit claims and collect co-pay as appropriate for each prescription filled.
2. Patients meeting 340B requirements, but who self-pay or do not have a contracted third-party payer, may elect to pay the discounted rate to have their prescriptions filled at Harbor.
3. Uninsured patients who are unable to pay out of pocket for their prescriptions and do not qualify for a Patient Assistance Program (PAP) will receive selected medications free of charge for ONE month and be referred to Patient Financial Services for financial screening and assistance. (Refer to Hospital Policy 335B: Pharmacy Safety Net Services).

II. PRESCRIPTIONS

A. Required Prescription Information

Prescriptions have the following information:

1. Name and address of the patient (unless available in Outpatient Pharmacy system)
2. Name, address and telephone number of the prescriber
3. Prescriber's NPI and California License number
4. Allergy information
5. Name of drug, strength, and quantity
6. Directions for the use of the drug
7. Date of issue
8. Originating Clinic (unless available in electronic health record)
9. Refills, when applicable
10. DEA number if a controlled drug is prescribed
11. Signature of prescriber (hard copy prescriptions)
12. Age, weight, and dose (dosing unit/kg) per interval (for all pediatric patients)

B. Controlled Substances

1. Prescription for a controlled substance classified in Schedule II, III, IV or V may be written or electronically submitted in accordance to the State of California:
 - a. By using an approved e-Prescribing of controlled substances (EPCS) software system, or
 - b. By the prescriber using an approved tamper-resistant security prescription. Prescription must be signed and dated by the prescriber.
2. The controlled substance prescription is valid for six (6) months from the date of issuance.
3. The prescription must contain:
 - a. Name and address for whom prescribed
 - b. Name, quantity, strength of the controlled substance prescribed, and number of refills.
 - c. The directions for use
 - d. Address and telephone number of the prescriber



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

- e. Controlled substance Drug Enforcement Administration registration number of the prescriber
- f. The quantity check-off boxes for the quantity, number of prescriptions, and refills must be properly marked (only for tamper-resistant security prescription forms).
4. Prescription orders for controlled substance classified in Schedule II:
 - a. Cannot be refilled
 - b. May be ordered by using EPCS, a tamper-resistant security prescription form approved by the State of California, or a regular prescription blank provided that:
 - Prescriber certifies that the patient is terminally ill by writing the words "11159.2 Exemption" on the prescription blank.
5. Prescribers are prohibited from allowing other prescribers to use or sign their controlled substance prescription or share their EPCS user access.
6. Pharmacist verifies on Substance Abuse and Mental Health Services Administration (SAMHSA) website if provider has a DATA 2000 waiver to treat opioid withdrawal.

C. Hospital and Third-Party Drug Formulary

1. Prescriptions must conform to Department of Health Services (DHS) and third-party Formulary
2. Prescriptions for a restricted or a non-formulary drug must be accompanied by a Prior Authorization Medication Request Form.
3. DHS Prior Authorization Medication Request Form is submitted to DHS Office of Pharmacy Affairs for review and approval. Approval may be granted by the Hospital Chief Medical Officer or a designee during afterhours as deemed appropriate.

III. PROCESSING PRESCRIPTIONS

A. Data Entry

1. Verify patient name, date of birth (DOB), and medical record number (MRN)
2. Check electronic health record for encounter and financial eligibility
3. Add or update allergies
4. Enter all prescription data elements include patient, provider, date written, drug written, direction/instruction, quantity, refills, day supply, and Clinic.

B. Data Entry Verification (PV-1)

1. Review all prescriptions for completeness and appropriateness.
2. Verify patient name, DOB, MRN
3. Ensure accurate data entry includes patient, provider, date written, drug written, direction/instruction, quantity, refills, day supply.
4. Review all clinical, quality, and drug utilization review (DUR) alerts.
5. Contact prescriber to clarify questionable prescriptions and document as required by Board of Pharmacy on original prescription.
6. Check patient's profile and electronic health record to clarify any potential ambiguity, missing information or therapy conflicts (allergy, drug-drug or disease-drug interactions) with the provider before processing the prescription.
 - a. To ensure patient safety, pharmacy will escalate unresolved issues through the prescriber, the on-call provider, the service attending, and the Department Chair as needed.
7. Prescriptions that do not meet 340B Drug Pricing Program requirements, require clarification, or that are incomplete will not be processed.
8. Prescriptions not meeting specific formulary restrictions/requirements (e.g., denied PA or NF



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

status) will not be processed.

C. Dispensing Quantities

1. Dispense 90-day supply using DHS Maintenance Medication List as a guideline with the following EXCEPTION (Maximum of 30-day supply unless limited by Insurance or DHS):
 - a. Controlled drugs (Schedule II, III, IV, & V)
 - b. Injectable drugs
 - c. AIDS Drug Assistance Program (ADAP)
 - d. Topical, otic, and ophthalmic medications
 - e. Psychotropic drugs
 - f. Warfarin (see below in section VI: Discharge Prescriptions Section)
2. Initial prescription and refills not to exceed 12-month supply for non-controlled and 6-month supply for controlled (refills up to 5 times or a total of 120-day supply).
3. Over-the-counter (OTC) products to be dispensed in manufacturer's container in quantities closest to prescribed amount or limitation set by third-party payor. (Example: Acetaminophen 325mg, prescribed quantity is #30; pharmacy dispenses bottle of #100).

D. Refill Quantity Adjustment

1. A pharmacist may dispense not more than a 90-day supply of a medication other than a controlled substance pursuant to a valid prescription that specifies an initial quantity of less than a 90-day supply followed by periodic refills of that amount if all of the following requirements are satisfied:
 - a. The patient has completed an initial 30-day supply of the medication.
 - b. The total quantity of dosage units dispensed does not exceed the total quantity of dosage units authorized by the prescriber on the prescription, including refills.
 - c. The prescriber has not specified on the prescription that dispensing the prescription in an initial amount followed by periodic refills is medically necessary.
 - d. The pharmacist is exercising his or her professional judgment.
2. If a subsequent prescription continues the same medication as previously dispensed in a 90-day supply, dispensing an initial 30-day supply is not required.
3. In no case shall a pharmacist dispense a greater supply of a medication if the prescriber indicates, either orally or in his or her own handwriting, "No change to quantity," or words of similar meaning.
4. This section shall not apply to psychotropic medication or psychotropic drugs as described in subdivision (d) of Section 369.5 of the Welfare and Institutions Code.

E. Prescription Filling and Compounding

Registered pharmacist, or pharmacy technician under the supervision of a registered pharmacist fills/compounds medication.

1. After completing a Non-Sterile Compounding Competency Evaluation at least annually.
2. Selects medication(s) to be dispensed or compounded on the Master Formulary list.
3. A pharmacist pre-check will be done before any medication is compounded. For all sterile compounds, pharmacist prints prescription label, coordinates with inpatient pharmacist, and provides ingredients and a completed "Records of Compounded Drug Products" for drug to be compounded.
4. Scans the product barcode and verifies the name of manufacturer and NDC number of the medication on the prescription.



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

5. Counts, pours, weighs, compounds, and/or reconstitutes medication(s).
6. Checks prescription label for accuracy.
7. Indicates expiration date of medication on the prescription label, and if compounding, also completes the compounding log.
8. Attaches prescription label to container and collates all printed Consumer Medical Information (CMI) and medication guides.
9. Attaches appropriate auxiliary labels.

F. Quality Assurance (PV-2)

Reviews and ensures that the correct medication was placed onto the correct patient label and vial.

1. Pharmacist verifies the name of the patient, patient identification number, DOB, prescriber name of drug, NDC number of drugs, and physical description of the dispensed medication on prescription label and prescription order.
2. The physical description of the dispensed medication, including its color, shape, and any identification code that appears on a tablet or capsule, except as follows:
 - a. New drugs for the first 120 days that the drug is on the market and for the 90 days during which the National Reference File has no description on file.
 - b. Dispensed medications for which no physical description exists in any commercially available database.
3. For compounded medications, sign the compounding log sheet.
4. Provides appropriate drug literature/information to the patient.
5. Attaches pharmacy record portion of the prescription label to the prescription order form, if any.

IV. Point of Sale (POS) and Medication Counseling for Outpatients

- A. Validate patient identity: Licensed hospital staff may also pick up prescriptions on behalf of the patient provided that they also provide his/her hospital badge, job title and contact information.
- B. Check patient's electronic health record (eHR) if patients have prescriptions for pick-up, and
 1. Confirms patient identity (see patient ID).
 2. Checks patient record and retrieve all prescriptions intended for the patient.
- C. Verifies patient receives only the medications prescribed for his/her by scanning the barcode on the label and entering the patient's hospital medical record number (MRN) using patient Hospital card, ID bracelet, or paperwork provided by patient.

NOTE: Prohibited to use the MRN from any portion of a prescription label.

- D. Alerts pharmacist(s) for:
 1. A written or an electronic pop-up message
 2. Patient consultation for patients receiving new prescriptions or medication changed in dose, strength or direction, pharmacist indicating counseling is needed, or patients requesting.
 - a. The consulting pharmacist will consider the patient's disease state, age, education, and any limitations that may hinder the consultation process, and overcome these barriers, and language barriers of the patient/agent.
 - b. Pharmacists will ask open-ended questions to assess patient's knowledge of:
 - i. What the medication is for.
 - ii. How to take or use the medication.
 - iii. What conditions to watch out for and possible side effects.
 - iv. Other pertinent information such as medication storage, monitoring parameters in a way understandable to patient/agent.



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

- v. When appropriate, consulting pharmacist will inform provider, nurse, or ancillary service of recommendations that would enhance proper use of medication.
 - c. Counseling pharmacist initials Point of Sale (POS) log sheet and enters into eHR for "Counseling".
 - E. If the providers or nurses pick up the medications for patients, the providers/nurses will provide medication counseling to patients.
 - F. Patient to sign POS
 - 1. Documentation for receiving medications:
Instructs patient to sign on the respective document(s) to receive the medications.
 - 2. Patient who voluntarily refused counseling should be directed to sign for refusal on POS.
 - G. Making Payment
 - 1. By cash: Provide receipt and refer patient to Hospital Cashier office (1A1)
 - 2. By credit or debit card: Use the OPD credit card transaction terminal. Only employees who are trained and have a personal code are allowed to perform a credit card transaction.
 - 3. A supervisor or pharmacist must approve all refund transactions.
- V. Automated Telephone Refill System**
 - 1. The automated Pharmacy Telephone Refill System is available to patients on a 24-hour basis for prescriptions with available remaining refills.
 - 2. Refills will be available for pick up in two (2) business days (excluding weekends and holidays).
- VI. Unclaimed Prescriptions**
 - 1. Prescriptions not picked up from the Outpatient Pharmacy after seven days from the date of filling will be returned to stock for future fill.
 - 2. Submitted claims for prescriptions returned to stock will be reversed.
- VII. Discharge Prescriptions**
 - 1. All discharge prescriptions will be filled as prescribed according to regulation, DHS and third-party restriction.
 - 2. Refills for discharge prescriptions will be handled like clinic prescriptions (i.e., patients must pay if not covered by an approved financial program such as Medi-Cal, Ability-to-Pay, ADAP, etc.).
 - 3. Discharge prescriptions written by the Psychiatric Department will be limited to a 30-day supply with no refills. Psychiatric patients will receive additional medications from Outside Medical Relief (OMR) pharmacies under the Mental Health Program. Outpatient Psych Clinic prescriptions are not eligible for 340B Drug Pricing Program, thus will not be filled by an in-house pharmacy.
 - 4. Discharge prescriptions written for warfarin (Coumadin®) will be limited to a maximum 10-day supply. If the patient has been previously stabilized on maintenance dose and the provider wishes to discharge the patient with warfarin supply greater than 10 days, the provider must clearly document on the electronic health record and on the prescription.
 - 5. Discharge prescriptions received after 8:00 p.m. (4:00 p.m. on weekends and holidays) may not be ready until the next day. Prescribers are encouraged to write discharge prescriptions the day before discharge and have them sent to the Outpatient Pharmacy as soon as possible.
 - a. Electronic discharge prescriptions remain in will-call status until patients check in personally, or when hospital staff provides specific discharge requirement.
 - 6. If discharge prescriptions are picked up by physicians or nursing, they are required to provide



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

consultation.

7. Prescription Dispensing Procedure after OPD hours:

For patient not able to obtain emergency outpatient/discharged prescriptions (fortified eye drops for corneal ulcer or anti-retroviral medications post exposure) outside of HUMC after OPD hours:

• Provider to:

1. Submit discharged prescription electronically.
2. Communicate with ED/inpatient pharmacist to notify pharmacist of the eScript.
3. Provider medication information/consultation and document in ORCHID (this can be done by RNs or providers).

- Pharmacist will follow downtime procedure to process and dispense outpatient prescriptions.

VIII. Inventory Reconciliation Report of Controlled Substances CCR 1715.65

1. Every pharmacy, and every clinic licensed under sections 4180 or 4190 of the Business and Professions Code, shall perform periodic inventory and inventory reconciliation functions to detect and prevent the loss of controlled substances.
2. The pharmacist-in-charge of a pharmacy or consultant pharmacist for a clinic shall review all inventory and inventory reconciliation reports taken, and establish and maintain secure methods to prevent losses of controlled drugs. Written policies and procedures shall be developed for performing the inventory reconciliation reports required by this section.
3. A pharmacy or clinic shall compile an inventory reconciliation report of all federal Schedule II controlled substances at least every three months. This compilation shall require:
 - a. A physical count, not an estimate, of all quantities of federal Schedule II controlled substances. The biennial inventory of controlled substances required by federal law may serve as one of the mandated inventories under this section in the year where the federal biennial inventory is performed, provided the biennial inventory was taken no more than three months from the last inventory required by this section;
 - b. A review of all acquisitions and dispositions of federal Schedule II controlled substances since the last inventory reconciliation report;
 - c. A comparison of (1) and (2) to determine if there are any variances;
 - d. All records used to compile each inventory reconciliation report shall be maintained in the pharmacy or clinic for at least three years in a readily retrievable form; and
 - e. Possible causes of overages shall be identified in writing and incorporated into the inventory reconciliation report.
4. A pharmacy or clinic shall report in writing identified losses and known causes to the board within 30 days of discovery unless the cause of the loss is theft, diversion, or self-use in which case the report shall be made within 14 days of discovery. If the pharmacy or clinic is unable to identify the cause of the loss, further investigation shall be undertaken to identify the cause and actions necessary to prevent additional losses of controlled substances.
5. The inventory reconciliation report shall be dated and signed by the individual(s) performing the inventory, and countersigned by the pharmacist-in-charge or professional director (if a clinic) and be readily retrievable in the pharmacy or clinic for three years. A counter signature is not required if the pharmacist-in-charge or professional director personally completed the inventory reconciliation report.
6. A new pharmacist-in-charge of a pharmacy shall complete an inventory reconciliation report as identified in subdivision (c) within 30 days of becoming pharmacist-in-charge. Whenever possible an outgoing pharmacist-in-charge should also complete an inventory reconciliation report as required in subdivision (c).



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

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POLICY NO. 335

IX. Outpatient Pharmacy Hours of Operation and Phone Numbers: See Appendix A

Reviewed and approved by:
Medical Executive Committee on date 8/2021

A handwritten signature in cursive script that reads "Beverley A. Petrie".

Beverley A. Petrie, M.D.
President, Professional Staff Association



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: OUTPATIENT PHARMACY

POLICY NO. 335

Appendix A: Outpatient Pharmacy Hours of Operation and Phone Numbers

Pharmacy and Address	Hours of Operation	Phone Numbers
Outpatient Pharmacy Room 107, 1 st Floor Hospital 1000 W. Carson St. Torrance, CA 90509	Mon - Fri: 7am to 10pm Weekends & holidays: 8am to 6pm	(424) 306-7427 (Physician Line) (310) 618-0748 (Fax) (800) 500-1853 (Automated Refill Line)
N-22 Pharmacy 1000 W. Carson St. Torrance, CA 90509	Mon - Fri: 8:30am to 6pm Sat: 9am to 2pm Sundays & holidays: CLOSED	(424) 306-7400 (Physician Line) (310) 222-5309 (Fax) (800) 500-1853 (Automated Refill Line)
Family Medicine Clinic Pharmacy (2 nd Floor) 1403 Lomita Blvd. Harbor City, CA 90710	Mon - Fri: 8am to 5:30pm Weekends & holidays: CLOSED	(310) 602-2500 (Physician Line) (310) 326-7054 (Fax) (800) 500-1853 (Automated Refill Line)