

## National Target Drug Good Faith Dispensing Checklist

Patient Name: \_\_\_\_\_ Rx #: \_\_\_\_\_ Date: \_\_\_\_\_

Please select drug & provide strength (tablets/capsules only):

Oxycodone \_\_\_\_\_ Hydromorphone \_\_\_\_\_ Methadone \_\_\_\_\_ Other (optional - district specific) \_\_\_\_\_

**Check boxes that apply to determine if the prescription can be filled. Attach checklist to hard copy of Rx.**

|  | Yes                      | No                       | Mandatory Checklist Requirements; Must be Yes to fill prescription.   | RPh/Tech Initials |
|--|--------------------------|--------------------------|---|-------------------|
| 1  | <input type="checkbox"/> | <input type="checkbox"/> | Valid government photo ID copied and attached to hard copy. For eRx, attach copy at pick-up.                |                   |
| 2  | <input type="checkbox"/> | <input type="checkbox"/> | No GFD refusal for this particular prescription in patient comments on IC+ profile.                         |                   |
| 3  | <input type="checkbox"/> | <input type="checkbox"/> | If available in your state, PDMP has been reviewed, printed and attached to hard copy.                      |                   |
| <b>Additional Checklist Requirements; every "no" is a red flag. Use your professional judgment to assess the prescription.</b> |                          |                          |   |                   |
| 4  | <input type="checkbox"/> | <input type="checkbox"/> | Patient has received this prescription from Walgreens before.   |                   |
| 5  | <input type="checkbox"/> | <input type="checkbox"/> | This prescription is from the same prescriber for the same medication as the previous fill.                 |                   |
| 6  | <input type="checkbox"/> | <input type="checkbox"/> | Patient and/or prescriber address is within geographical proximity to pharmacy; variances can be explained. |                   |
| 7  | <input type="checkbox"/> | <input type="checkbox"/> | Prescription is being filled on time.   |                   |
| 8  | <input type="checkbox"/> | <input type="checkbox"/> | 3rd Party Insurance is billed (cash or a cash discount card is a red flag).                                 |                   |
| 9  | <input type="checkbox"/> | <input type="checkbox"/> | Quantity is 120 units or less; or 60 units or less if paid by cash or cash discount card.                   |                   |
| 10   | <input type="checkbox"/> | <input type="checkbox"/> | Patient has been on this same medication strength and dose for less than 6 months.                          |                   |

**If in your professional judgement a call to the prescriber is warranted, review step 11.**

**If no call is required, complete this form with your signature.**

|    |                          |                          |   |  |
|----|--------------------------|--------------------------|---|--|
| 11 | <input type="checkbox"/> | <input type="checkbox"/> | <p><b>Call to Prescriber</b></p> <p>To begin the conversation with the prescriber, verify/confirm any number of the following points (document in notes section).</p> <ul style="list-style-type: none"> <li>*Prescription is written within prescriber's scope of practice</li> <li>*Diagnosis</li> <li>*Therapeutic regimen is within standard of care</li> <li>*Expected length of treatment</li> <li>*Date of last physical and pain assessment</li> <li>*Use of alternative/lesser prescription medications for pain control</li> <li>*Coordination with other clinicians involved in patient care</li> </ul> <p><b>For Hospice and Oncology patients only:</b></p> <p>If unable to reach the prescriber, RPh may fill the Rx without verification by the prescriber provided the elements of Good Faith Dispensing are met.</p> |  |
|----|--------------------------|--------------------------|---|--|

I attest that I have used the Good Faith Dispensing Checklist validation procedures and my professional judgement to review this prescription and I have:

- Dispensed:      Product review Pharmacist signature \_\_\_\_\_
- Refused:         Pharmacist signature \_\_\_\_\_
- (RPh must fax a copy of the refused Rx Hard Copy to DEA. FL use webform)

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Notes:

**National Target Drug Good Faith Dispensing Policy**

Walgreens requires ALL pharmacists and pharmacy team members to adhere to the Controlled Substance Prescriptions and Good Faith Dispensing Policy and procedures. Additionally, for certain controlled substances, Walgreens requires ALL pharmacists and pharmacy team members to also adhere to the Target Drug Good Faith Dispensing (TD GFD) Policy and procedures outlined below. This TD GFD Policy is intended to be a supplemental policy which will aid pharmacists in determining if the prescription has been written for a legitimate medical purpose. This policy is not a replacement for professional judgment and should not in any way replace sound decisions that pharmacists are required to make while filling prescriptions.

Walgreens is taking a strict stance on compliance with these requirements. Failure to comply will result in disciplinary action up to and including termination of employment.

**Procedures**

When dispensing prescriptions for Target Drugs, you are responsible for utilizing the Target Drug Good Faith Dispensing Checklist (TD GFD Checklist) and procedures outlined below. The following drugs are considered Target Drugs:

- ALL Oxycodone (single ingredient tablets/capsules)
- ALL Hydromorphone (single ingredient tablets)
- ALL Methadone (single ingredient tablets)
- Other (optional - district specific)

The TD GFD Checklist will be used to identify the key points of the validation procedures and to create a standardized process that all pharmacists must use to determine whether a Target Drug should be dispensed. Validation criteria will include, but not be limited to, identifying the patient, utilizing a state's Prescription Drug Monitoring Program (PDMP) if available, and verifying the prescription with the prescriber.

**NOTE: Both pharmacists and pharmacy technicians will be reviewing sections of the checklist to ensure that all of the elements of TD GFD are met.**

**Prescription Validation Procedures for Target Drugs**

The TD GFD Checklist will be used to do the following:

- a. Identify the key points of the validation process.
- b. Create a standardized process that all pharmacists shall use to determine if a Target Drug should be dispensed.
- c. Validate by both pharmacists and technicians that the elements of TD GFD are met.

**Drop Off**

1. Identify Target Drug
2. Begin TD GFD Checklist procedures
3. Review patient comments in IC+ prior to processing any prescriptions for Target Drugs to determine if another Walgreens location has already completed the Checklist and refused to dispense the prescription.

1. Patient comment example: "Oxycodone, Dr Smith failed GFD on 10-16-2012 Store #0123, RPH NFP"

**NOTE: Ensure that the most recent TD GFD comment is visible.**

4. Inform the patient that it may take additional time to process the prescription. Obtain patient's government issued photo identification, scan and print a copy of the ID to attach to the hard copy utilizing the manual fax process. If someone other than the patient is dropping off the prescription, scan and print a copy of the ID and attach it to the hard copy.
5. Determine if the patient is new to Walgreens. Note: Caution must be used when dispensing a Target Drug to patients with no IC+ history.
6. Scan the prescription.
7. Verify the geographical proximity. The patient and/or prescriber must have an address within the reasonable geographic location of the pharmacy or the distance must be reasonably explained.
  1. Valid examples may include: patient lives in a rural area, patient is seeing a specialist, etc. The pharmacist must feel comfortable that the explanation is reasonable and may confirm with the prescribing physician as needed.
8. Once all of these steps are complete, the prescription should be passed to the pharmacist in a red "waiting bin" to complete the validation process.

**Target Drug Good Faith Dispensing and Validation Procedures****Pharmacist Validation**

1. Review documentation and TD GFD Checklist from the technician and review patient comments for additional GFD-centered documentation, potentially from other locations where patient attempted to fill.
2. Verify if the prescription is being filled on time and not early.
3. Check Target Drug prescription for unusual dosage, directions, or decoy. A "decoy" is a non-controlled drug written with a Target Drug or other cocktail prescription (combination of an Opioid, Xanax and Soma) for a product (e.g., Ibuprofen, HCTZ, Lisinopril) which the patient states he/she does not need.
4. Check central profile for the following:
  - a. Multiple prescribers and payment type (cash) trends,
  - b. Fill history for current medication as well as other Target Drugs, and
  - c. Unusual drug therapy combinations or decoys.
5. Verify and review the ID that is attached to the prescription.
6. Review DUR history for the patient (use system generated DURs, third party DURs, and clinical knowledge).
7. If available in the state, the pharmacist must access the Prescription Drug Monitoring Program (PDMP), review, print, and attach to prescription hard copy. If the prescription is refused as a result of PDMP review, see Refusal Procedures.

**NOTE: Do not give the patient a copy of the PDMP report. Staple the PDMP to the hard copy. The PDMP report must be removed if releasing the hard copy to law enforcement, DEA agents, or 3rd Party Auditors.**

### **Prescriber Validation**

1. If in your professional judgment a call to the prescriber is warranted, contact the prescriber to validate the prescription (last step on checklist) and document in the notes section of the checklist. Pharmacists are expected to use their professional judgment when ensuring the prescription is written for a legitimate medical reason. Validation can include, but not be limited to, taking the following actions:
  - a. Determine if the prescriber is issuing the prescription within his/her scope of practice.
  - b. Obtain a diagnosis and document on the checklist. If the prescription is not appropriate for the diagnosis, discuss with the prescriber whether dispensing is appropriate.
  - c. Determine if the therapeutic regimen is within the standard of care.
  - d. Discuss expected length of treatment.
  - e. Obtain date of last physical and pain assessment.
  - f. Discuss use of alternative prescription medications for pain control.
  - g. Discuss coordination with other clinicians involved in patient care.

### **For Hospice and Oncology patients only:**

If you are unable to reach the prescriber, the pharmacist may fill the prescription without verification by the prescriber provided the elements of Good Faith Dispensing are met.

### **National Target Drug Good Faith Dispensing Checklist**

The pharmacist shall complete the TD GFD Checklist, ensuring that each line item is initiated by either a pharmacist or technician, regardless of whether the prescription is refused or dispensed. The checklist is intended to bring consistency across all Walgreen locations and to help the pharmacist determine if extra measures need to be taken to ensure that the prescription was written for a legitimate medical need.

### **If the Prescription is Dispensed**

If after reviewing the information on the TD GFD Checklist the pharmacist determines that the prescription meets TD GFD requirements and will be dispensed, the pharmacist must attach the following items to the prescription hardcopy:

1. The checklist,
2. The PDMP report, Note: remove PDMP before releasing hard copy to external people such as law enforcement, DEA agents, or 3rd party auditors, etc.,
3. Printed image of the ID of the person dropping off the prescription,
4. If the prescription is not being picked up by the patient, printed image of the ID of the person picking up the prescription, and
5. Any other relevant information.

### **If the Prescription is Refused**

If the pharmacist determines that the prescription does not meet TD GFD requirements, the pharmacist must complete the following tasks:

1. Immediately add a comment in "Patient Comments" in the following format: "Oxycodone, Dr Smith failed GFD on 10-16-2012 store #0123 RPH NFP".
2. Print an image of the prescription and give the original prescription hardcopy back to the patient, informing him/her that the prescription cannot be filled at any Walgreens because it does not meet the elements of Good Faith Dispensing.
3. Notify the DEA of refusal to fill via fax or, if in Florida, via the Florida Webform. Document the date and time DEA was faxed on the copy of the refused prescription.

4. File a copy of the refused prescription and all documentation, including the completed checklist, PDMP report, printed image of ID, and any other relevant documentation in refusal folder.
5. Do NOT deface the original prescription; all documentation should be noted on the TD GFD checklist.

### Pick Up

The following must occur at pick up:

1. Request government issued photo identification from person picking up the prescription. **NOTE: If someone other than the patient is picking up the prescription, scan and print a copy of the ID and attach it to the prescription hard copy.**
2. Ensure that the checklist requirements have been met.

**It is imperative that pharmacists document all efforts used to validate Good Faith Dispensing. Failure to do so will result in disciplinary action up to and including termination.**

### National Target Drug Good Faith Dispensing Controlled Substance - Policy Acknowledgment

Read the policy above and the statements below.

- I understand that everyone in the pharmacy has a role in ensuring that the elements of Good Faith Dispensing are met for all controlled drugs as well as the Target Drugs
- I clearly understand my role in the good faith dispensing validation process, either as a technician, Data/DUR pharmacist, or Product Review/RFP pharmacist.
- I understand that a completed Target Drug Good Faith Dispensing Checklist must accompany any prescription that is filled for a Target Drug.
- I understand the Product Review/RFP pharmacist has the ultimate responsibility for validating that the Good Faith Dispensing guidelines have been met.
- I understand the pharmacist **must** use the elements of Good Faith Dispensing in conjunction with state and federal controlled substance laws when filling all prescriptions.
- I understand Good Faith Dispensing practices apply to both new and refill prescriptions. Pharmacists should review every controlled substance prescription for the elements of good faith and follow the appropriate validation procedures.
- I understand controlled substance prescriptions must be validated on an ongoing basis. The pharmacist must exercise professional judgment regarding a patient's **continued** need for controlled substances.
- I understand that if the pharmacist refuses any controlled substance prescription (not just Target Drugs) based on the determination that the prescription was forged, altered, issued outside of the usual course of professional practice, or for any other reason that it does not meet the elements of good faith, the pharmacist must notify the local DEA office **within two business days**.
- I understand that I must keep a copy of the prescription that I have refused to fill and the Target Drug Good Faith Dispensing checklist (if applicable) in the "refusal" folder after faxing to the DEA within two business days.
- I understand that any pharmacist who fails to meet his/her "corresponding responsibility" obligation when dispensing a prescription for a controlled substance is subject to disciplinary action up to and including termination of employment.
- I understand that dispensing a prescription that the pharmacist knows is fraudulent is a violation of state and federal law. If asked by law enforcement to dispense a fraudulent prescription, do NOT dispense and inform law enforcement that this is a violation of state and federal law. Knowingly dispensing a prescription with anything other than what is written on the prescription (i.e., candy, OTC medication, etc.) is a violation of company policy. Violation of state and federal law and/or company policy will result in disciplinary action, up to and including termination of employment.

After you read the policy and the statements above, click **I Agree** to acknowledge that you understand and agree with the policy and statements.

If you do not understand or agree with anything in the policy or statements, click **I Do Not Agree** to exit the course and discuss with your manager. Once your questions have been addressed, you must return to the course and click **I Agree** to complete the acknowledgment and get credit for this training.