

Message

**From:** AssetProtection [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a81a18e4a2584dd5b92fb5421cdaa05d-AssetProtec]  
**Sent:** 1/30/2015 2:41:23 PM  
**To:** Zielinski, Carol [carol.zielinski@walgreens.com]  
**CC:** Mazurkiewicz, Danielle [danielle.mazurkiewicz@walgreens.com]  
**Subject:** APS Express: 2/2 Edition  
**Attachments:** APS Compass Highlights 2.2.15.pdf

**Flag:** Follow up

Hi Carol,

The Express communication is below. The attachment is just the "News You Can Use". I don't know if NYCU is in the weekly COMPASS highlights but I don't think it is. In the event that it's not, can you please include the attachment on Monday? I can let you know as soon as they come through this afternoon. If we do end up needing to attach it, can you just reference in the **Apple Pay** section that it's attached? Hope that makes sense. I don't anticipate any additions before Monday morning but you never know 😊

As a reminder, we'd like to target having the Express sent out by 10am moving forward.

Thanks again!  
Bridget



February 2, 2015

**Key Business Updates**

Safety

**Safety Policy**

This week, OPTs will be receiving a reminder about the new Safety Policy via the OPT Newsletter.

**Customer Care Plan**

The Safety page in the February Customer Plan includes information on U-Boat Safety and ways to prevent "Struck by an Object" events. (StoreNet → Sell → Customer Plan → February 2015 → Safety First)

Shave Reset

As discussed on the webinar at the beginning of January, there will be a reset in the Shave Department the first week of February. HRP Program Manager, **Scott Fink** was featured in the "In the Loop" video announcing the launch. Check it out [here](#).

COMPASS Highlights

All APS Field Operations and Execution team members should now be receiving weekly COMPASS Highlights from Store Ops Mail. If you did not receive this communication for the week of 2/2 (sent out on Friday, January 30, 2015), please send an email to [AssetProtection@Walgreens.com](mailto:AssetProtection@Walgreens.com) so that you can be included on the distribution.

Apple Pay (NFC)

This week's News You Can Use included information about fraud and proper execution of Near Field Communication (NFC) payments in the stores. When you visit your locations, please encourage cashiers to:

HIGHLY CONFIDENTIAL



WAGMDL00736119

P-27363 \_ 00001

- Always follow the register prompts
- Never handle the customer's phone

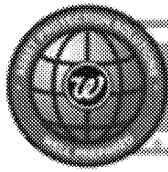
### Action Required

#### OxyContin Reimbursement Update

As of February 1, 2015, any robbery or burglary that includes the loss of OxyContin will require a police report to be attached to the external incident report in APIS. Walgreens will **NOT** be reimbursed for the loss by Purdue Pharma unless all documentation is attached to the APIS incident report. It is important that we work closely with store leadership to provide the required documentation. Store managers should be instructed to forward a copy of the police report to you.

**NOTE: The DEA 106 is required to be attached to all external incidents involving controlled drugs. Please reference the APS Manual – 2.14 Documenting External Incidents for more information.**

Be Well,  
Administration and Implementation Team  
[AssetProtection@Walgreens.com](mailto:AssetProtection@Walgreens.com)



## COMPASS Highlights – Week of 2/2

Category	Compass Project
<i>News You Can Use</i>	<p>Since the launch of Apple Pay in October, we have seen an increase in Near Field Communication (NFC) transactions for company. The average number of NFC transactions has nearly doubled since that time.</p> <p>The introduction of Apple Pay and increase in NFC transactions has raised concerns regarding fraud and credit card chargebacks. It is important to remember when transactions are completed properly; Walgreens is protected against losses due to fraud. Team members should keep these 2 important facts in mind when processing NFC transactions:</p> <ul style="list-style-type: none"><li>• Remember to follow register prompts for NFC transactions; customers must always enter a PIN number for debit transactions, and credit transactions over \$50 require a customer signature.</li><li>• Team members should <u>never</u> handle the customer's phone. If the mobile device or NFC isn't working, politely ask the customer to swipe the physical card at the pinpad or submit another form of tender.</li></ul> <p>For more information and the procedures on NFC go to <i>StoreNet &gt; Policy &amp; Procedure &gt; Sales &amp; Inventory &gt; Next Gen Registers and Back Office &gt; What's New &gt; Other Pilots and Programs &gt; Near Field Communication</i>.</p> <p>Thank you for showing how to <b>Own It</b> by making sure Apple Pay and NFC are successful in our stores and bringing up your concerns around possible fraud.</p>

Message

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**From:** Zielinski, Carol [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6f4a9218ffc148a49e778cdbe036d8d1-Zielinski, Carol ( DB-59408 )]  
**on behalf of** AssetProtection [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A81A18E4A2584DD5B92FB5421CDAA05D-ASSETPROTEC]  
**Sent:** 4/29/2015 10:32:18 AM  
**To:** Ryan, Bridget [bridget.ryan@walgreens.com]  
**Subject:** FW: Isotretinoin procedures policy reminder  
  
**Flag:** Follow up

Regards,

**Carol Zielinski**  
Divisional Program Analyst, Asset Protection Solutions  
1411 Lake Cook Road MS#L411  
Deerfield, IL 60015  
p: 847.964.8899  
c: 224.226.6217

**From:** StoreOps.Mail@walgreens.com [mailto:StoreOps.Mail@walgreens.com]  
**Sent:** Wednesday, April 29, 2015 8:51 AM  
**To:** RXSs.@walgreens.com  
**Cc:** DMs.RHDs.RVPs.COVPs.@walgreens.com  
**Subject:** Isotretinoin procedures policy reminder

District Leaders,

It is important that all locations understand and follow the Isotretinoin procedures policy located on StoreNet. Per policy, all prescriptions for isotretinoin-containing products must be approved via the iPLEDGE site prior to processing within Intercom Plus.

If the patient is eligible, the following must be documented on the prescription (annotate on eRx):

10-digit Patient ID (provided by patients)  
12-digit Risk Management Authorization (RMA) number  
Do Not Dispense After Date

All pharmacists performing Data Review must reject any isotretinoin prescription that does not contain any of the aforementioned requirements

If the patient is not eligible, stores must not process the prescription under any circumstances, until approved

Pharmacy staffs that do not follow the process may permanently lose dispensing privileges granted to them by iPLEDGE for these products

Failure to follow the established Isotretinoin procedures and/or knowingly bypassing the drug restrictions window may result in disciplinary action, up to and including termination of employment.

Note: pharmacy staffs will receive this information via Compass.

Thank you.

Message

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**From:** Ryan, Bridget [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=walgreens.onmicrosoft.com-54052-Hoare, Bridget ( bhoarex3aeee6e0]  
on behalf of AssetProtection [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a81a18e4a2584dd5b92fb5421cdaa05d-Asset Protec]  
**Sent:** 6/5/2015 3:27:17 PM  
**To:** APDs [apds@walgreens.com]  
**CC:** Gorman, Timothy [tim.gorman@walgreens.com]; Lyle, Todd [todd.lyle@walgreens.com]; Couffer, Gordon [gordon.couffer@walgreens.com]; Lemmons, Douglas [doug.lemmons@walgreens.com]; Inzeo, Bill [bill.inzeo@walgreens.com]; Stukel, Raymond [raymond.stukel@walgreens.com]; Leander, Brian [brian.leander@walgreens.com]  
**BCC:** Jonkman, Scott [scott.jonkman@walgreens.com]; Ryan, Bridget [bridget.ryan@walgreens.com]  
**Subject:** June 2015 Basic Control Initiative - Pharmacy Basic Controls  
**Attachments:** BCI 2015-06 Store List.xlsx; June BCI Survey.pdf; GFD Checklist.pdf; GFD faq.pdf; GFD Policy.pdf

**Flag:** Follow up

### Asset Protection Directors

The June Basic Control Initiative will include the following pharmacy components:

1. Pharmacy Basic Controls - The Safety and Security of our team members is our top priority, and by reviewing Pharmacy Basic Controls during pharmacy visits, you can reinforce this message by identifying and resolving Safety and Security issues.
2. Pharmacy Returns - The \$100M Scorecard and the WLSS Rx Return No Credit project raised the awareness of performing pharmacy returns timely and properly. This BCI focuses on the top opportunity stores to further reduce losses.
3. Controlled Prescription Record Management - APS is partnering with Pharmaceutical Integrity to measure store compliance with the Company's Controlled Prescription Record Management policies.

Each region is responsible for completing this BCI in the **100 stores** specifically identified based on their volume of Rx Past Policy returns. You will find your Region's 100 stores in the attached spreadsheet along with the corresponding prescription numbers for **question 21**. If there are stores on the list that are not geographically feasible to visit, please choose alternative stores in your region to ensure each region has at least 100 visits. (If you do need to use alternate stores, the prescription information for all other locations will be sent out next week). APDs that are covering an open region are responsible for the completion of both Regions' BCIs.

The guidelines for this month's initiative are as follows:

- Complete the June BCI at the provided top opportunity stores
- Invite other area/district leadership to accompany APS on these visits to support the initiative
- Ensure all questions are answered
- **All surveys are submitted by July 2<sup>nd</sup>.**

In addition to the store list and a PDF of the survey, you can also find attached, additional guidance and information on Good Faith Dispensing.

You can access the survey by clicking [here](#). You can also copy and paste the following URL into your browser window.

(URL: <https://www.surveymonkey.com/r/0615BCI>)

Thank you

# Produced In Native Format

## June BCI Pharmacy Basic Controls

### Introduction

The survey should be completed in the 100 specific stores in your Region contained on the attached spreadsheet. Stores were selected based on their volume of Rx Past Policy returns. If there are stores on the list that are not geographically feasible to visit, please choose additional stores in your region to ensure each region has at least 100 visits. APDs that are covering an open region are responsible for the completion of both Regions' BCIs.

The guidelines for this month's initiative are as follows:

- Complete the June BCI at the provided top opportunity stores
- Invite other area/district leadership to accompany APS on these visits to support the initiative
- Ensure all questions are answered
- **All surveys are submitted by July 2nd.**

**1. Please enter the store number for the location you visited.**

**2. Please select your name from the drop-down list.**

**3. Please enter the date and time you visited this location.**

Date

MM	DD	YYYY	hh	mm	AM/PM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## June BCI Pharmacy Basic Controls

### Pharmacy Basic Controls

**4. Does the Emergency Rx Key Vial log indicate legitimate use through proper documentation?**

- Yes  No

## June BCI Pharmacy Basic Controls

### Pharmacy Basic Controls

**5. What was wrong?**



June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

Reinforce the importance of maintaining pharmacy security and investigate further if required.

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**6. Are the keys to the pharmacy safe (C-II Cabinet) in the possession of a pharmacist on duty?**

Yes

No

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**7. What did you find?**

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

Reinforce the importance of only a pharmacist being able to access the CII cabinet.

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**8. Are all of the C-II doors and locks working properly?**

Yes

No

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**9. Record how many are not working.**

June BCI Pharmacy Basic Controls

Have the store manager open a ticket to correct the issue.

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**10. Are the pharmacy cameras (including the PVM) working properly?**

Yes

No

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**11. Record how many are not working.**

# Cameras Not Working:

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

Remind the Store or Pharmacy Manager to open a ticket to correct the issue.

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**12. Is the entire pharmacy free of trip hazards (e.g., rolled up corners on the anti-fatigue mats, totes, milk crates, etc.)?**

Yes

No

June BCI Pharmacy Basic Controls

Pharmacy Basic Controls

**13. Please provide a description of what you saw. (Have the store take corrective action.)**

June BCI Pharmacy Basic Controls

Pharmacy Returns

Pharmacy product returned too late to the Rx Return Center and Genco (i.e., C-IIs and refrigerator/freezer) caused more than \$3M of lost credit in FY14.

**14. Spot check the CII cabinet and refrigerator/freezer for expired product:**

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| Was there any expired product in the CII cabinet?          | <input type="radio"/> | <input type="radio"/> |
| Was there any expired product in the refrigerator/freezer? | <input type="radio"/> | <input type="radio"/> |

June BCI Pharmacy Basic Controls

Pharmacy Returns

**15. Is there any non-CII expiring product pulled and waiting to be returned without a claim?**

- Yes  No

If yes, what did you find?:

**16. Is there any C-II expiring product pulled and waiting to be returned?**

- Yes  No

June BCI Pharmacy Basic Controls

Pharmacy Returns

**17. Has a claim been created?**

- Yes  No

**18. Is the date of the claim greater than 7 business days?**

- Yes  No  N/A

June BCI Pharmacy Basic Controls

Pharmacy Returns

Stores should contact Genco to report that the DEA 222 has not arrived.

**Please note:** Genco will send the required DEA 222 form and tamper evident RFID barcoded bag once the claim is posted.

## June BCI Pharmacy Basic Controls

### Prescription Record Management

**19. Review all prescriptions that are NOT electronically transmitted from 1 random C-II Prescription file folder within the past 6 months.**

Record the number of prescriptions that are not stickered

Record the number of prescriptions that are stickered

**20. Review all prescriptions that are NOT electronically transmitted from 1 random CIII-CV Prescription file folder within the past 6 months.**

Record the number of prescriptions that are not stickered

Record the number of prescriptions that are stickered

**21. When prescription Target Drugs are dispensed, pharmacy team members are responsible for utilizing the Target Drug Good Faith Dispensing (TD GFD) Checklist. Locate the provided C-II prescriptions at each location. (Enter "N/A" if no prescriptions were provided.)**

Record the number of TD GFD prescriptions that don't have the TD GFD checklist.

How many hard copy prescriptions could not be located?

**22. It is required that each dispensing pharmacist signs their first and last names and dates the Rx Activity Log Book at the completion of their shift. Review the log books for the months of March, April and May in 2015.**

How many days had no pharmacist signature for each day the pharmacy was open (e.g., pharmacy may be closed on Sunday).

**23. Stores must retain hard copies of Walgreens pharmacy prescriptions for 10 years plus the current year. Stores must have all required records stored in a secured area designated for pharmacy records. Records older than 5 years may be secured at an off-site location (i.e., Iron Mountain). Stores that have records stored off-site must have the printed "Iron Mountain Validated Box Report" in File #2.**

Are records stored in a secured area designated for pharmacy records (not accessible to the public?)

If records are stored off-site, is there an "Iron Mountain Validated Box Report" in File #2 (in a designated file drawer or blue tote)?

**24. What is the oldest record stored onsite? (MM/YY)**

**25.**

If the pharmacist determines a Target Drug prescription does NOT meet GFD requirements, a copy of the refused prescription and completed TD GFD Checklist must be in the refusal file. The following drugs are considered Target Drugs.

All Oxycodone (single ingredient tablet/capsules), e.g. Oxycodone 15mg tablet

All Hydromorphone (single ingredient tablets)

All Methadone (single ingredient tablets)

**Review the refusal California file folder(s) for calendar 2015.**

How many total Target Drug prescriptions were identified?

How many Target Drug prescriptions lack the TD GFD Checklist?

**Please note: Stores are required to maintain 2 years of refused prescriptions.**

## June BCI Pharmacy Basic Controls

### Conclusion

**26. How long did it take you to complete this BCI?**

**27. Please provide any other information you'd like to note about this visit not covered in any of the previous questions.**

## 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 assist you in determining if the prescription should 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 of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, Oncology, bedside delivery, and patients <u>known</u> to the pharmacy staff, unless it is required by state regulations.	
2	<input type="checkbox"/>	<input type="checkbox"/>	No prior GFD refusal for <u>this</u> prescription in patient comments in IC+ profile.	
3	<input type="checkbox"/>	<input type="checkbox"/>	If available in your state, PDMP has been reviewed, printed and attached to hard copy of Rx.	

**Through a conversation with the patient/caregiver in the store or via phone, resolve any concerns, questions, or red flags (examples below) that are related to the prescription. Document in notes section.**

	Yes	No	Additional Checklist Requirements; every "no" is a red flag. Use your professional judgment to assess the prescription for potential abuse, misuse, or diversion.	RPh/Tech Initials
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; any variances can be reasonably explained.	
7	<input type="checkbox"/>	<input type="checkbox"/>	Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	
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"/>	Chronic prescription use can be explained and is supported by documentation (ICD 9/10 codes or diagnosis consistent with chronic pain condition).	
10	<input type="checkbox"/>	<input type="checkbox"/>	Patient does not appear intoxicated or under the influence of illicit drugs.	

**If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section.**

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

*(For Hospice and Oncology patients only: if unable to reach the prescriber's clinical staff, RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)*

			<b>Notes:</b>

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

- Dispensed: Product review Pharmacist signature \_\_\_\_\_
- Refused: Pharmacist signature \_\_\_\_\_  
(RPh must make a copy of the Rx for the refusal file folder)

Proprietary & Confidential. This Checklist and the information contained herein is a Trade Secret of Walgreen Co.

## **TARGET DRUG (TD) GOOD FAITH DISPENSING (GFD) FAQs**

### **PMP FAQs**

#### **How many months of data do I have to review from the PMP website?**

Review at least 3 months of data or follow your state's regulations.

#### **How many months of data do I have to print from the PMP website?**

Print 1 month of data and attach it to the prescription hardcopy. If your state prohibits this practice, follow your state's regulations.

#### **What drug classes are covered within the PMP reports?**

Most PMP state databases include data for either C2-C4 drugs or C2-C5 drug classes (RI = C2-C3 only; PA = C2 only).

#### **How current is state PMP data?**

Most states require data to be reported weekly. Exceptions include CO, CT, NJ, NY, PA, RI, and SC.

#### **Do I need an individual account, or can we use a common username for the pharmacy?**

Most state systems require pharmacists to access data using individual accounts. In these cases, do not share your username or password with any other pharmacy team members.

#### **If my store is on a state border, or if the patient is from another state, can I have the pharmacist in the other state fax over the patient's PMP report?**

No, the PMP regulations do not allow this practice. However, many states now share PMP data and or will allow pharmacists from other states to register for their PMP.

#### **What information should I consider in my review of a PMP report?**

Look for underlying trends that indicate patterns of misuse such as early fill dates, multiple doctors, multiple pharmacies, and "cocktail" prescriptions.

#### **What do I do if a Walgreens prescription record is displaying incorrect information on a report?**

Please submit a PMP Data Change Request form, found on StoreNet >> 3rd Party >> Third Party Reference >> State Specific Information >> [Your State] >> Prescription Monitoring Program, or use the following link:

[http://walnet.walgreens.com/QF/quickform/prodpublisher/third\\_party\\_state\\_specific/allstates/pmpdatachange.wform](http://walnet.walgreens.com/QF/quickform/prodpublisher/third_party_state_specific/allstates/pmpdatachange.wform)

**Who can I contact if I have additional questions about PMP?**

Please e-mail: [PMPemails@walgreens.com](mailto:PMPemails@walgreens.com)

**ID FAQs**

**What are the official forms of government photo identification that we accept?**

State Driver's License, State ID, Passport, Passport Card, U.S. Military ID, Green Card, and Native American Tribal Photo ID.

**What if state regulations prohibit me from scanning and copying a government issued photo ID for prescriptions?**

The pharmacy staff must verify that the information on the ID matches the information in IC+ (name, address, date of birth) which shows that the person is who they say they are.

**Can I scan and save the image of a government issued photo ID into IC+?**

No, please do **not** save the image of a government issued photo ID in the patient's profile in IC+ due to system limitations. Print the image of the ID and attach it to the hard copy per the TD GFD Policy.

**What do we do when a government issued photo ID is scanned and it comes out black or blurry?**

This is a known issue. A copy of a valid government photo ID aids us in our documentation process as part of the "know your customer". The pharmacy staff must verify that the information on the ID matches the information in IC+ (name, address, date of birth) which shows that the person is who they say they are.

**The passport will not fit into the scanner, what do we do?**

Ask the patient if they have a government issued photo ID. If the patient does not have one, enter the following in the notes section of the TD GFD Checklist "passport verified dd-mm-yy, RPh: ABC".

**How do we handle ID for delivery patients or bedside delivery patients?**

An ID is not required for delivery or bedside delivery. Enter the following in the notes section of the TD GFD Checklist "delivery or bedside delivery, RPh: ABC."

**If a patient presents an expired government issued photo ID, can we fill a TD prescription?**

No, technically the ID is expired and therefore not valid. However professional judgment must always be used. A patient may drop off their prescription and come back with a valid ID for it.



**Some patients may not have a government issued photo ID, is there any flexibility with these patients if they are not able to provide a photo ID?**

This would be a small occurrence as the majority of people have some form of government photo identification. In any case, you must use your professional judgment in filling a TD prescription.

**Will there be a CAP block at the registers for TD GFD prescriptions informing the staff to make a copy of the person's ID at pickup?**

At this time there is no CAP block in place.

### **TD GFD CHECKLIST FAQs**

**Should the store fax the TD GFD Checklist to the DEA with the refused prescription?**

No, only a copy of the prescription should be faxed.

**When we fax the refused prescriptions to the DEA, do we need to also complete a HIPAA disclosure form on StoreNet?**

Yes.

**If the rx is just too soon to fill but would pass on all other points, do we refuse the rx and document in the comment field or just give the rx back and tell the patient to bring back on a certain day?**

The rx too early to fill alone may not be considered a true refusal. If you determine this is not a true refusal, comments are not needed in the patient profile and you will not need to notify the DEA. You can give the patient an opportunity to come back and fill when it's not too soon to fill.

**Is a pharmacist required to speak directly to the prescriber to verify the prescription and ask questions or can they speak to any staff member?**

The pharmacist can speak to the prescriber or any clinical staff member. The pharmacist must feel that their questions have been sufficiently answered and must use their professional judgment in filling a TD prescription. The pharmacist must document the name of the person that they spoke to.

**How can I attach the TD GFD Checklist and the PMP if the prescription was sent over as an E-Rx?**

After the prescription is filled, go into the patient's profile and print an image of the E-Rx that can be used for documentation purposes.

**What is our policy on dispensing emergency prescriptions for TD narcotics will be from here on out?**

Please follow the emergency C-II policy and procedures in your state. The prescription still needs to go through the TD GFD process.

**If a patient decides to take back a prescription while we are verifying the information with the prescriber, do we need to send the DEA the fax?**

No, because the pharmacist has not finished their investigation of the prescription.

**What if one pharmacist refuses to fill a prescription based on TD GFD and places a comment in the patients profile; however another pharmacist feels that the prescription passes TD GFD?**

The pharmacist that refuses the prescription refuses for the life of that prescription for all stores.

**MISCELLANEOUS FAQs**

**What should I do when a customer calls to check the stock status of a TD drug or a controlled substance?**

When answering a call for TD drugs or other controlled substances, verify that the customer is in IC+ and ask the customer for the exact quantity needed. Only disclose that you can or cannot fill the prescription based on the quantity that they customer has provided you.

**Why have select controlled substances been removed from the inventory on hand tool?**

These drugs have been removed to help protect the safety of the pharmacy and store staff from burglaries and robberies.

**Has it been considered to use the procedures for PSE sales in requesting photo ID for picking up any controlled substance prescription at the pickup/drop off window or at drive-thru?**

Yes this has been discussed. It will be addressed at a future time.

## 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 and utilizing a state's Prescription Drug Monitoring Program (PDMP) if available.

→ **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 TD GFD Checklist and refused to dispense the prescription.
  - i. Patient comment example: "Oxycodone Rx dated MM-DD-YY Dr Smith failed GFD on MM-DD-YY, Store #0123, RPh Initials"

→ **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. If the patient is unknown to the pharmacy staff, 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.

→ **NOTE: ID is optional for Hospice, Oncology, and bedside delivery patients, unless it is required by state regulations.**

→ **NOTE: If your state prohibits the scanning and copying of an ID, follow your state's regulations.**

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.
  - i. 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 patient or prescriber 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. Discuss any concerns with the patient/caregiver in the store or via phone. The patient/caregiver can provide information to clarify and resolve any concerns, questions, or red flags related to the prescription. Document the conversation in the notes section of the checklist.
3. Verify if the prescription is being filled on time and not early.
4. Check the 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.
5. 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.
6. Verify and review the ID that is attached to the prescription.
7. Review DUR history for the patient (use system generated DURs, third party DURs, and clinical knowledge).
8. 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 report to the hard copy. The PDMP report must be removed if releasing the hard copy to law enforcement, DEA agents, or 3<sup>rd</sup> Party Auditors.**

→ **NOTE: If your state prohibits the printing of a PDMP report, follow your state's regulations.**

9. After product review, the pharmacist can create a MSC exception from the Work Queue on the prescription to remind the pharmacy staff to ask for a government issued photo ID if the patient or person picking up the prescription is unknown to the pharmacy staff.
  - i. MSC comment example: "Check Patient ID, RPh Initials"

### **Prescriber Validation**

1. If in your professional judgment a call to the prescriber's clinical staff is warranted, contact the prescriber's office to validate the prescription and document in the notes section of the checklist. Pharmacists are expected to use their professional judgment when ensuring that the prescription is written for a legitimate medical reason. You should contact a prescriber's office if, through other validation procedures, you are unable to resolve red flags related to the prescription. Since the purpose of calling a prescriber's office is to try to resolve the issues causing you to question the legitimacy of a prescription, you should tailor your conversation accordingly. Validation may include, but not be limited to, taking the following actions:
  - Verification that the patient is under the care of the prescriber on the prescription.
  - Verification that the patient has, in fact, been prescribed chronic opioids.
  - Obtaining information to support a patient travelling a long distance to have an opioid prescription filled.
  - Obtaining a clinical diagnosis to support a prescription for chronic opioid use.
2. If the prescriber's clinical staff is unable to provide the information necessary to validate a prescription, speak with the prescriber about the remaining issues causing you to question the prescription.

→ **NOTE: Routine calls to the prescriber to validate prescriptions are unnecessary and are not required under this policy.**

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

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

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

The pharmacist shall complete the TD GFD Checklist, ensuring that each line item is initialed 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 TD GFD Checklist
2. The PDMP report, Note: remove PDMP before releasing hard copy to anyone, including law enforcement, DEA agents, or 3<sup>rd</sup> party auditors.
3. Printed image of the ID of the person dropping off the prescription
4. If the prescription is being picked up by someone unknown to the pharmacy staff, printed image of the ID of the person picking up the prescription
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 Rx dated MM-DD-YY Dr Smith failed GFD on MM-DD-YY, Store #0123, RPh Initials"
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. 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.
4. Do NOT deface the original prescription; all documentation should be noted on the TD GFD Checklist.

→ **NOTE: If your state has additional regulations for refused prescriptions, follow your state's regulations.**

## **Pick Up**

The following must occur at pick up:

1. Request government issued photo identification from the person picking up the prescription.

→ **NOTE: If the person is known to the pharmacy staff, there is no need to obtain the ID at pick up. Check the Work Queue and remove the MSC exception (if applicable).**

→ **NOTE: If the person is unknown to the pharmacy staff, check the Work Queue and remove the MSC exception (if applicable), scan and print a copy of the ID, and attach it to the prescription hard copy.**

→ **NOTE: If your state has additional regulations for prescription pick up, follow your state's regulations.**

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.**

Revised 9/23/2013  
Revised 4/15/2013  
Revised 4/5/2013  
Revised 3/27/2013  
Original 11/26/2012

Message

**From:** Ryan, Bridget [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=walgreens.onmicrosoft.com-54052-Hoare, Bridget ( bhoarex3aeee6e0]  
**on behalf of** AssetProtection [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a81a18e4a2584dd5b92fb5421cdaa05d-Asset Protec]  
**Sent:** 3/11/2015 2:51:50 PM  
**To:** APSFieldOperationsAndExecution [apsfieldoperationsandexecution@walgreens.com]  
**CC:** APSHealthcare [apshealthcare@walgreens.com]  
**BCC:** APSCorpFieldSupport [apscorpfieldsupport@walgreens.com]; Konkle, Keith [keith.konkle@walgreens.com]  
**Subject:** New Release: Asset Protection Pharmacy Losses Dashboard

**Flag:** Follow up

APMs and APDs,

The **Asset Protection Pharmacy Losses Dashboard** will be launched on **Tuesday, March 17!**

The Dashboard consists of 5 exception-based key metrics which represent the largest components of loss in our retail pharmacies:

- HRxD (High Risk Drugs)
- Returns No Credit
- Price-Modify
- Refunds
- Third-Party Chargebacks

These 5 metrics are aggregated into the **Opportunity Dollars** total. The screens can be sorted by **Location, Time Frame, and View**. Drill-down screens include **Trend, Top 25, Location, Report, and Detail**.

Below is a schedule of webinars to introduce you to the new Dashboard. You will be receiving an invite for each of the time slots; please choose "Accept" and plan to join us for one of these upcoming sessions.

Date	Time	Presenters
Friday, March 13	10:00am CT	Healthcare APS Team
Tuesday, March 17	1:30pm CT	Healthcare APS Team
Thursday, March 19	10:00am CT	Healthcare APS Team

*The new Pharmacy Loss Dashboard is a powerful tool which will assist you in identifying, defining, and resolving profit losses occurring in the pharmacy. Please dial in to one of the 3 webinars to learn and understand the new metrics, then engage with your store, district, area and regional leadership teams to help educate team members on best practices and correct procedures to improve profitability in your pharmacies.*

Be Well,  
Healthcare APS Team  
[HealthcareAPS@Walgreens.com](mailto:HealthcareAPS@Walgreens.com)