Message

From:	Stahmann, Eric [eric.stahmann@walgreens.com]
Sent:	5/24/2016 11:02:32 AM
To:	Daugherty, Patricia [patricia.daugherty@walgreens.com]; Bratton, Edward [edward.bratton@walgreens.com]
Subject:	TD GFD Policy with out PMP printing
Attachments:	Copy of TD GFD Checklist v20.xlsx; TD GFD Policy (w-o PMP).docx

I removed the sections that state to print and attach the PMP report on both the checklist and TD GFD policy. I can't find a copy of the FAQ's in Word format. There is a portion in the FAQs that needs to be edited.

We can work on a COMPASS communication as well.

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		0.000	Target Drug Good Faith Dispensing Checklist	Data
	ent N			Date:
leas	se sei	ест с	<pre>drug & provide strength (tablets/capsules only):</pre>	
Ox	ycod	one_	Hydromorphone Methadone Other (optional - district sp	ecific)
Cł	neck b	oxes	that apply to assist you in determining if the prescription should be filled. Attach checklist to h	ard copy of Rx.
	Yes	No	Mandatory Checklist Requirements; Must be Yes to fill prescription.	RPh/Tech Initia
1			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			No prior GFD refusal for <u>this</u> prescription in patient comments in IC+ profile.	
3			If available in your state, PDMP has been reviewed.	
Т	hroug	gh a c	conversation with the patient/caregiver in the store or via phone, resolve any concerns, question (examples below) that are related to the prescription. Document in notes section.	ns, or red flags
			Additional Checklist Requirements; every "no" is a red flag. Use your professional judgment to assess the prescription for potential abuse, misuse, or diversion.	
4			Patient has received this prescription from Walgreens before.	
5			This prescription is from the same prescriber for the same medication as the previous fill.	
6			Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.	
7			Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	
8			3rd Party Insurance is billed (cash or a cash discount card is a red flag).	
9			Chronic prescription use can be explained and is supported by documentation (ICD 9/10 codes or diagnosis consistent with chronic pain condition).	
10			Patient does not appear intoxicated or under the influence of illicit drugs.	
	-	•	fessional judgment a call to the prescriber's clinical staff is warranted, document conversation i If no call is required, complete this form with your signature. and Oncology patients only: if unable to reach the prescriber's clinical staff, RPh may fill the presc verification provided the elements of Good Faith Dispensing are met.)	
			Notes:	
tte	oct th	at I ł	l nave used the Target Drug Good Faith Dispensing Checklist validation procedures and my	nrofessional
			eview this prescription and I have:	professional
-			nsed: Product review Pharmacist signature	
٢		efus	ed: 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 Good Faith Dispensing Policy

Walgreens requires ALL pharmacists and pharmacy team members to adhere to the <u>Controlled Substance Prescriptions and Good Faith Dispensing Policy</u> 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 <u>Target</u> <u>Drug Good Faith Dispensing Checklist</u> (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.

 \rightarrow 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"

\rightarrow 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 <u>unknown</u> 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.

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

\rightarrow 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.
- 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

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- 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 and review the Prescription Drug Monitoring Program (PDMP) report

\rightarrow NOTE: Do not give the patient a copy of the PDMP report.

 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.
MSC comment example: "Check Patient ID, RPh Initials"

Prescriber Validation

- 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.

\rightarrow 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 <u>TD GFD Checklist</u>, 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

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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. Printed image of the ID of the person dropping off the prescription
- 3. 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
- 4. 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:

- 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, printed image of ID, and any other relevant documentation in refusal folder.
- Do NOT deface the original prescription; all documentation should be noted on the TD GFD Checklist.

 \rightarrow 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.

 \rightarrow 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).

 \rightarrow NOTE: If the person is <u>unknown</u> 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.

 \rightarrow 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 5/24/2016 Revised 9/23/2013 Revised 4/15/2013 Revised 4/5/2013 Revised 3/27/2013 Original 11/26/2012

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