

Message

From: Mills, Steve [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=WALGREENS.ONMICROSOFT.COM-54052-MILLS, STEVEN P. (SPMILLS)813]
Sent: 3/6/2017 2:33:41 PM
To: Stahmann, Eric [eric.stahmann@walgreens.com]
Subject: Test Email for GFD and TDGFD
Attachments: GFD May 2016 version.pdf; GFD February 2014 version.pdf; GFD August 2013 version.pdf; GFD June 2012 version.pdf; GFD November 2011 version.pdf; GFD July 2011 version.pdf; GFD June 2011 version.pdf; GFD February 2011 version.pdf; GFD March 2007 version.pdf; GFD February 2007 version.pdf; TDGFD April 2013 Version.pdf; TDGFD June 2016 Version.pdf; TDGFD November 2012 Version.pdf; TDGFD September 2013 Version.pdf

Let me know if you receive.

**Best Regards,
Steve**

Steven Mills, CPhT
Sr. Business Analyst, Pharmaceutical Integrity
Walgreen Co. | 200 Wilmot Rd, MS 2189, Deerfield, IL 60015
Telephone 847 315 2914 | Fax 847 368 6349

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Controlled Substance Prescriptions & Good Faith Dispensing Policy

The pharmacist **must** use the elements of Good Faith Dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions.

Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose issued by a practitioner acting in the usual course of professional practice. A **corresponding responsibility** rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.

Any pharmacist who fails to meet his/her "corresponding responsibility" obligation when dispensing a prescription for a controlled substance, or does not follow the validation procedures outlined below, is subject to disciplinary action up to and including termination of employment.

Prescription Validation Procedures for Good Faith Dispensing of Controlled Substances

Follow these procedures to validate a controlled substance prescription:

1. **Identification:** If the pharmacist does not have an established relationship with the patient, ask for government issued identification and verify and document the identity of the patient or the person dropping off the prescription on the patient's behalf, including name and address on the prescription hard copy or scan and print a copy of the ID utilizing the manual fax process and attach it to the hard copy.

→ **NOTE: If your state prohibits the scanning and copying of an ID, follow your state's regulations.**
2. **Prescriber:** Confirm that the prescriber has authority to prescribe controlled substances by verifying the validity of the prescriber's information including the DEA number and state license number.
 - StoreNet > Rx Ops > Pharmacy Policy and Procedures > Rx Integrity > DEA > DEA License Number Validation
3. **Prescription Drug Monitoring Program (PDMP):** If available in your state, use the PDMP to obtain additional information to help determine the validity and confirm the appropriateness of the prescription.
 - StoreNet > 3rd Party > Third Party Reference > State Specific Information > All States
4. **Data/DUR Review:** Review the patient's profile to resolve and document any associated DURs appropriately.
5. **Evaluate the Elements of Good Faith Dispensing:** Contact the prescriber's clinical staff for verification or to clarify the elements of good faith dispensing for the prescription. If the prescriber's clinical staff cannot be reached, do not dispense the prescription. Even if the prescriber's clinical staff verifies

the prescription is valid, it is the pharmacist's responsibility to confirm that the elements of good faith dispensing are satisfied prior to dispensing.

→ **NOTE: 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.

The following are examples that should alert a pharmacist to questionable circumstances. This list is not intended to be all inclusive. A "yes" answer to any of the questions below does not necessarily equate to a refusal to fill. A "yes" answer means that the pharmacist has a responsibility to follow up with either the patient and/or prescriber's clinical staff for additional information to satisfy the good faith requirements. Pharmacists shall use their professional judgment when determining if the elements of good faith are present prior to dispensing controlled substance prescriptions.

Usual Course of Professional Practice:

- Is the controlled substance prescription written outside the usual course of the prescriber's professional practice or specialization, also known as their scope of practice? For example: a pediatrician prescribing pain medications for an adult, or a pain clinic doctor prescribing the same medication regimen for all of his patients.
- Are there unusual geographical distances between the patient, pharmacist and/or prescriber that cannot be reasonably explained?
- Is there a lack of a consistent prescriber/patient relationship?
- Does the prescription appear to be issued pursuant to an online diagnosis questionnaire? For example, does the prescriber only list a website on the prescription which indicates that he/she has no physical office address where patients can be examined?

Trends for Prescribers and Patients:

Is there a noticeable trend in controlled substance prescribing by one prescriber or for a large number of patients such as:

- Unusual dosages, directions, or quantities beyond those normally prescribed?
- Dosages or directions that conflict with approved labeling?
- Frequent combination prescriptions for known drug "cocktails" such as a benzodiazepine, opioid and carisoprodol?
- Increased frequency of prescriptions for the same or similar controlled substances?

Prescribers:

Is the prescriber:

- Unwilling to provide the reason for prescribing the controlled substance in order for the pharmacist to confirm that it is for a legitimate medical purpose?
- Unwilling to partner with the pharmacist and provide necessary documentation such as diagnosis, previous therapies, expected length of therapy, etc.?
- Always difficult to reach and/or only willing to communicate through office staff?
- Abusive or threatening?

Does the prescriber:

- Consistently write prescriptions for controlled substances for the same patient or for several different patients?
- Frequently authorize early refills without explanation or documentation?

Does the prescriber's practice:

- Operate as a "cash only" business and not accept government or 3rd party insurance payment?
- Have a different phone number on the prescription than found using the "prescriber inquiry" function in Intercom Plus?

Patients:

Does the patient:

- Consistently request early refills?
- Exhibit "drug seeking" type behaviors?
- Selectively fill only controlled substance prescriptions?
- Request to pay by cash or by using a cash discount card (in a possible attempt to circumvent third party billing restrictions)?
- Have controlled substance prescriptions from several different prescribers?
- Is the patient unable to provide a valid reason for taking the controlled substance (i.e. a valid diagnosis or legitimate medical purpose)?
- Is the patient or patient's agent unable to present a valid ID?
- Do multiple patients drop off prescriptions around the same time for the same medication from the same prescriber?
- Is the individual picking up controlled substance prescriptions on behalf of multiple patients? Do these individuals reside at different addresses or have no apparent relationship to each other?

Prescriptions:

Does the prescription:

- Appear to be altered or forged?
- Contain misspellings?
- Contain atypical abbreviations or none at all?
- Have an unusual presentation – prescriber’s handwriting is too legible, is written in different color inks, different handwriting, or with erasure marks?

6. **Document:** It is imperative that pharmacists document all efforts used to validate good faith dispensing.
- **Prescriber information:** If the prescriber’s clinical staff confirms the validity of the prescription, document the date, name of the individual spoken to and any other pertinent information such as diagnosis, previous therapy, length of treatment, etc. on the prescription hard copy and/or annotate the image.
 - **Patient information:** If the patient provides an ID or other pertinent information such as medical history, health conditions, allergies, previous therapy, etc., annotate the image, and/or document the information on the prescription hard copy. Update the information in the patient profile or in comments as appropriate.
 - **Elements of Good Faith:** Document any information pertaining to the elements of good faith on the prescription hard copy and/or annotate the image.
7. **Pharmacist Action:** After reviewing the elements of good faith and following the validation procedures, the pharmacist must use his or her professional judgment to determine how to proceed:
- **Dispense:** If the prescription is valid and meets the elements of Good Faith, process and dispense the prescription as usual.
 - **Not Valid to Dispense:** If the prescriber indicates that the prescription is not valid, document the prescription with the following: “Rx not valid per prescriber” and do not dispense.
 - **Refusal to Dispense:** If the prescriber informs the pharmacist that a prescription for a controlled substance is valid, but the pharmacist determines that the elements of good faith dispensing are not present, the pharmacist has a responsibility to refuse to dispense.

NOTES:

- **If you are unable to satisfy the elements of good faith, inform the patient that you are unable to fill the prescription. Do not provide inaccurate information to the patient such as misrepresenting that you are out of stock or stating that the prescriber is under investigation. Any prescription for which the pharmacist is not satisfied that the elements of good faith are met can be refused based on the pharmacist’s discretion.**

- **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.**

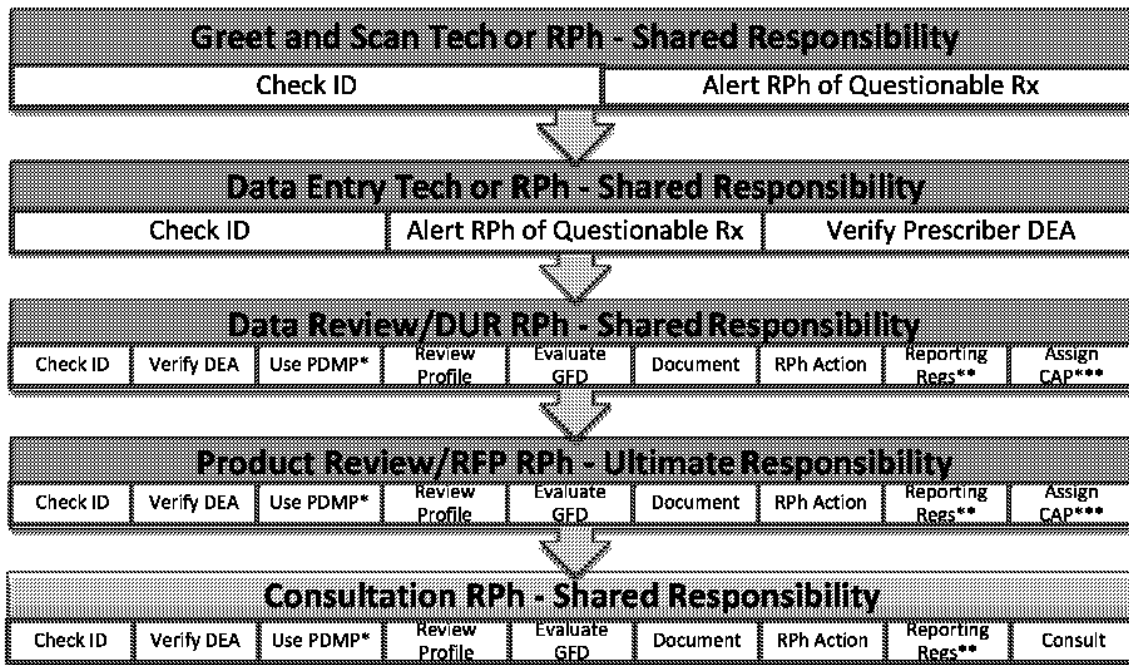
8. **Reporting Regulations (state specific):** If your state has additional regulations for refused prescriptions, such as reporting to local law enforcement or documenting the refusal on the hard copy, follow your state's regulations.

Roles and Responsibilities

Everyone in the pharmacy has a role in ensuring that the elements of Good Faith Dispensing are met. While all pharmacists and technicians have an obligation to assist with validation of Good Faith Dispensing requirements during the dispensing process, the **Product Review/RFP (Retail Fill Process) Pharmacist** has the **ultimate responsibility** for ensuring that the elements of Good Faith are present.

During the Product Review/RFP process, the pharmacist is attesting not only that the product is correct but also that Good Faith Dispensing guidelines have been validated and documented appropriately. The goal is that all elements of Good Faith Dispensing have been validated before getting to the Product Review/RFP Pharmacist. The Product Review/RFP Pharmacist should then be able to confirm the elements of Good Faith Dispensing have been met and continue with the dispensing process.

Summary of Good Faith Dispensing (GFD) Procedures By Role and Responsibility:



*Use PDMP - if available in your state

**Reporting Regulations - only if required by your state

***Assign CAP/Patient Chart Consult - if patient consultation is deemed appropriate

→ **NOTE:** In POWER stores, only a pharmacist should perform the RFP process for CII controlled substances. Technicians should not perform RFP on CII's and must pass to a pharmacist to complete the RFP process.

→ **NOTE:** Pharmacists in WE stores are allowed to perform virtual product review for all controlled substances.

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Emergency Schedule II Dispensing

Notify your district manager if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation and then contact the appropriate regulatory agencies, if necessary.

Revised 5/11/2016
Revised 2/21/2014
Revised 8/01/2013
Revised 6/11/2012
Revised 11/08/2011
Revised 7/17/2011
Revised 6/20/2011
Revised 3/28/2007
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Prescribers:

Is the prescriber:

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Does the prescriber:

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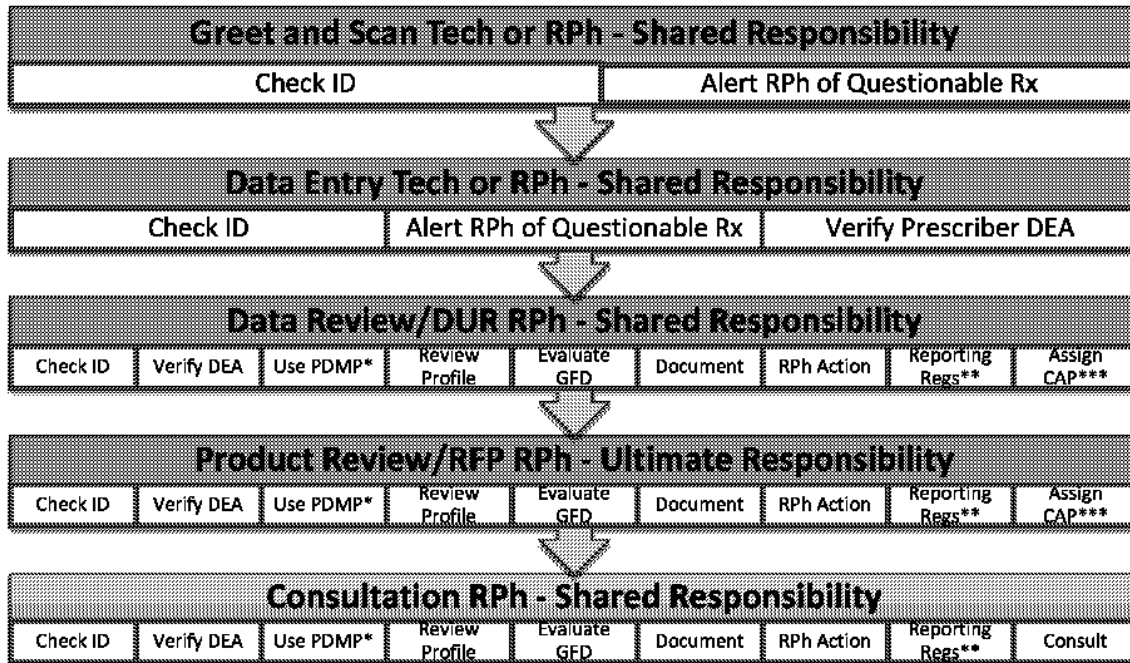
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3. **Prescription Drug Monitoring Program (PDMP):** If available in your state, use the PDMP to obtain additional information to help determine the validity and confirm the appropriateness of the prescription. (Available on StoreNet: Rx Ops > Pharmacy Policy and Procedures: Filling Prescriptions > Controlled Substance Prescriptions & Good Faith Dispensing)
4. **Data/DUR Review:** Review the patient's profile to resolve and document any associated DURs appropriately.

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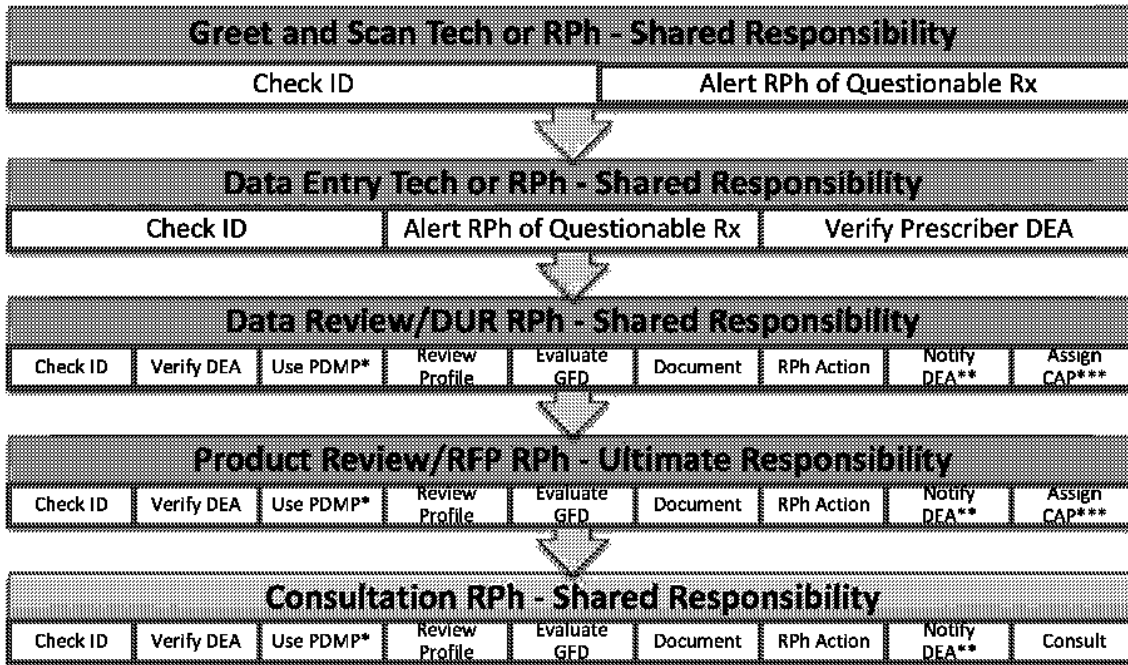
8. **Notify DEA:** The local DEA office must be notified of refusals to fill if such refusal is based on a determination that the prescription was forged, altered, issued outside of the usual course of professional practice, or does not meet the elements of good faith. If a pharmacist refuses to dispense a controlled substance, a copy of the prescription must be faxed to the local DEA office within **two business days** of a pharmacist's refusal to fill.
- Click here for the DEA Fax template (Available on StoreNet: Rx Ops > Pharmacy Policy and Procedures: Filling Prescriptions > Controlled Substance Prescriptions & Good Faith Dispensing).
 - Follow the proper procedures on tracking disclosure of patient "protected health information" located on StoreNet: RxOps > Pharmacy Policy and Procedures: Privacy/HIPAA > PHI Disclosure Webform Guidelines.
 - Print a photo copy or image of the prescription and place in a California folder marked fraudulent/denied prescriptions. File with the other hard copy prescription records for future reference along with any additional documentation.
 - Contact local law enforcement if required by your state. A copy of the prescription may be given to local law enforcement upon verbal request.

Roles and Responsibilities

Everyone in the pharmacy has a role in ensuring that the elements of Good Faith Dispensing are met. While all pharmacists and technicians have an obligation to assist with validation of Good Faith Dispensing requirements during the dispensing process, the **Product Review/RFP (Retail Fill Process) Pharmacist** has the **ultimate responsibility** for ensuring that the elements of Good Faith are present.

During the Product Review/RFP process, the pharmacist is attesting not only that the product is correct but also that Good Faith Dispensing guidelines have been validated and documented appropriately. The goal is that all elements of Good Faith Dispensing have been validated before getting to the Product Review/RFP Pharmacist. The Product Review/RFP Pharmacist should then be able to confirm the elements of Good Faith Dispensing have been met and continue with the dispensing process.

Summary of Good Faith Dispensing (GFD) Procedures by Role and Responsibility:



*Use PDMP –if available in your state

**Notify DEA –if forged, altered, or refusing to fill based on good faith requirements

***Assign CAP/Patient Chart Consult –if patient consultation is deemed appropriate

Note: In POWER stores, only a pharmacist should perform the RFP process for CII controlled substances. Technicians should not perform RFP on CII and must pass to a pharmacist to complete the RFP process.

Note: Pharmacists in WE stores are allowed to perform virtual product review for all controlled substances.

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Emergency Schedule II Dispensing

Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time

period. The pharmacy supervisor will evaluate the situation and then contact the appropriate regulatory agencies, if necessary.

Additional Resources:

(These links are available on StoreNet: Rx Ops > Pharmacy Policy and Procedures: Filling Prescriptions > Controlled Substance Prescriptions & Good Faith Dispensing)

1. DEA Diversion Website
 - o Local DEA office
 - o Pharmacist Guide to Preventing Fraud
 - o Pharmacist Responsibility to recognizing drug abuse
2. DEA Fax template Link
3. State Specific Identification Procedures
4. Prescription Drug Monitoring Program (PDMP) Websites (state specific)
5. Controlled Substance Action Plan for Stores

Revised 8/01/2013
Revised 6/11/2012
Revised 11/08/2011
Revised 7/17/2011
Revised 6/20/2011
Revised 3/28/2007
Revised 2/7/2007

Controlled Substance Prescriptions & Good Faith Dispensing Policy

The pharmacist **must** use the elements of Good Faith Dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions.

Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose issued by a practitioner acting in the usual course of professional practice. A **corresponding responsibility** rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.

Any pharmacist who fails to meet his/her "corresponding responsibility" obligation when dispensing a prescription for a controlled substance, or does not follow the validation procedures outlined below, is subject to disciplinary action up to and including termination of employment.

Prescription Validation Procedures for Good Faith Dispensing of Controlled Substances

Follow these procedures to validate a controlled substance prescription:

1. **Patient ID:** Ask for government issued identification. If the pharmacist does not have an established relationship with the patient, verify and document the patient's identity including name and address on the prescription hard copy or scan the ID into Intercom Plus as an "additional image". If your state has more stringent identification requirements, follow those guidelines.
2. **Prescriber:** Confirm that the prescriber has authority to prescribe controlled substances by verifying the validity of the prescriber's information including the DEA number and state license number.
3. **Prescription Drug Monitoring Program (PDMP):** If available in your state, use the PDMP to obtain additional information to help determine the validity and confirm the appropriateness of the prescription. (See link to state specific websites under Additional Resources section below.)
4. **Data/DUR Review:** Review the patient's profile to resolve and document any associated DURs appropriately.

5. **Evaluate the Elements of Good Faith Dispensing:** Contact the prescriber for verification or to clarify the elements of good faith dispensing for the prescription. If the prescriber cannot be reached, do not dispense the prescription. Even if the prescriber verifies that the prescription is valid, it is the pharmacist's responsibility to confirm that the elements of good faith dispensing are satisfied prior to dispensing.

The following are examples that should alert a pharmacist to questionable circumstances. This list is not intended to be all inclusive. A 'yes' answer to any of the questions below does not necessarily equate to a refusal to fill. A 'yes' answer means that the pharmacist has a responsibility to follow up with either the patient and/or prescriber for additional information to satisfy the good faith requirements. Pharmacists shall use their professional judgment when determining if the elements of good faith are present prior to dispensing controlled substance prescriptions.

Usual Course of Professional Practice:

- Is the controlled substance prescription written outside the usual course of the prescriber's professional practice or specialization, also known as their scope of practice? For example: a pediatrician prescribing pain medications for an adult, or a pain clinic doctor prescribing the same medication regimen for all of his patients.
- Are there unusual geographical distances between the patient, pharmacist and/or prescriber that cannot be reasonably explained?
- Is there a lack of a consistent prescriber/patient relationship?
- Does the prescription appear to be issued pursuant to an online diagnosis questionnaire? For example, does the prescriber only list a website on the prescription which indicates that he/she has no physical office address where patients can be examined?

Trends for Prescribers and Patients:

Is there a noticeable trend in controlled substance prescribing by one prescriber or for a large number of patients such as:

- Unusual dosages, directions, or quantities beyond those normally prescribed?
- Dosages or directions that conflict with approved labeling?
- Frequent combination prescriptions for known drug "cocktails" such as a benzodiazepine, opioid and carisoprodol?
- Increased frequency of prescriptions for the same or similar controlled substances?

Prescribers:

Is the prescriber:

- Unwilling to provide the reason for prescribing the controlled substance in order for the pharmacist to confirm that it is for a legitimate medical purpose?
- Unwilling to partner with the pharmacist and provide necessary documentation such as diagnosis, previous therapies, expected length of therapy, etc?
- Always difficult to reach and/or only willing to communicate through office staff?
- Abusive or threatening?

Does the prescriber:

- Consistently write prescriptions for controlled substances for the same patient or for several different patients?
- Frequently authorize early refills without explanation or documentation?

Does the prescriber's practice:

- Operate as a "cash only" business and not accept government or 3rd party insurance payment?
- Have a different phone number on the prescription than found using the "prescriber inquiry" function in Intercom Plus?

Patients:

Does the patient:

- Consistently request early refills?
- Exhibit 'drug seeking' type behaviors?
- Selectively fill only controlled substance prescriptions?
- Request to pay by cash or by using a cash discount card (in a possible attempt to circumvent third party billing restrictions)?
- Have controlled substance prescriptions from several different prescribers?

- Is the patient unable to provide a valid reason for taking the controlled substance (i.e. a valid diagnosis or legitimate medical purpose)?
- Is the patient or patient's agent unable to present a valid ID?
- Do multiple patients drop off prescriptions around the same time for the same medication from the same prescriber?
- Is the individual picking up controlled substance prescriptions on behalf of multiple patients? Do these individuals reside at different addresses or have no apparent relationship to each other?

Prescriptions:

Does the prescription:

- Appear to be altered or forged?
- Contain misspellings?
- Contain atypical abbreviations or none at all?
- Have an unusual presentation – prescriber's handwriting is too legible, is written in different color inks, different handwriting, or with erasure marks?

6. **Document:** It is imperative that pharmacists document all efforts used to validate good faith dispensing.
- **Prescriber information:** If the prescriber confirms the validity of the prescription, document the date, name of the individual spoken to and any other pertinent information such as diagnosis, previous therapy, length of treatment, etc. on the prescription hard copy and/or annotate the image.
 - **Patient information:** If the patient provides an ID or other pertinent information such as medical history, health conditions, allergies, previous therapy, etc., scan any images into Intercom Plus as an "additional image", annotate the image, and/or document the information on the prescription hard copy. Update the information in the patient profile or in comments as appropriate.
 - **Elements of Good Faith:** Document any information pertaining to the elements of good faith on the prescription hard copy and/or annotate the image.
7. **Pharmacist Action:** After reviewing the elements of good faith and following the validation procedures, the pharmacist must use his or her professional judgment to determine how to proceed:
- **Dispense:** If the prescription is valid and meets the elements of Good Faith, process and dispense the prescription as usual.
 - **Not Valid to Dispense:** If the prescriber indicates that the prescription is not valid, document the prescription with the following: "Rx not valid per prescriber" and do not dispense.
 - **Refusal to Dispense:** If the prescriber informs the pharmacist that a prescription for a controlled substance is valid, but the pharmacist determines that the elements of good faith dispensing are not present, the pharmacist has a responsibility to refuse to dispense.

NOTES:

- **If you are unable to satisfy the elements of good faith, inform the patient that you are unable to fill the prescription. Do not provide inaccurate information to the patient such as misrepresenting that you are out of stock or stating that the prescriber is under investigation. Any prescription for which the pharmacist is not satisfied that the elements of good faith are met can be refused based on the pharmacist's discretion.**
- **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.**

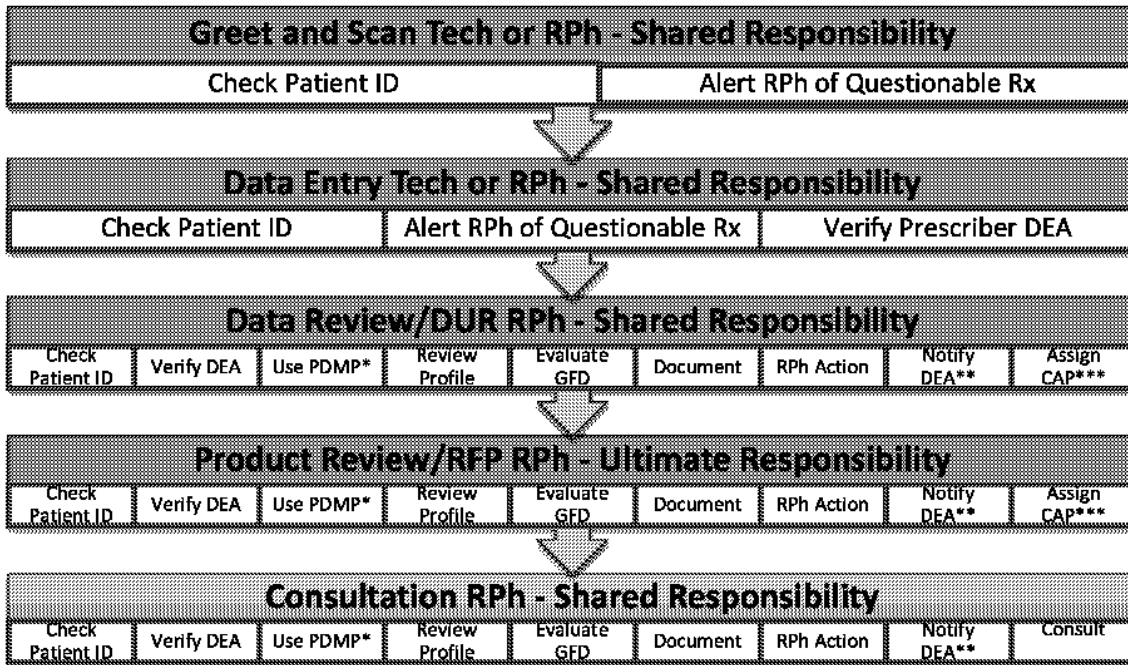
8. **Notify DEA:** The local DEA office must be notified of refusals to fill if such refusal is based on a determination that the prescription was forged, altered, issued outside of the usual course of professional practice, or does not meet the elements of good faith. If a pharmacist refuses to dispense a controlled substance, a copy of the prescription must be faxed to the local DEA office within **two business days** of a pharmacist's refusal to fill.
- Use the DEA Fax template.
 - Follow the proper procedures on tracking disclosure of patient "protected health information" located on StoreNet: RxOps > Pharmacy Policy and Procedures: Privacy/HIPAA > PHI Disclosure Webform Guidelines.
 - Print a photo copy or image of the prescription and place in a California folder marked fraudulent/denied prescriptions. File with the other hard copy prescription records for future reference along with any additional documentation.
 - Contact local law enforcement if required by your state. A copy of the prescription may be given to local law enforcement upon verbal request.

Roles and Responsibilities

Everyone in the pharmacy has a role in ensuring that the elements of Good Faith Dispensing are met. While all pharmacists and technicians have an obligation to assist with validation of Good Faith Dispensing requirements during the dispensing process, the **Product Review/RFP (Retail Fill Process) Pharmacist** has the **ultimate responsibility** for ensuring that the elements of Good Faith are present.

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Summary of Good Faith Dispensing (GFD) Procedures by Role and Responsibility:



*Use PDMP –if available in your state

**Notify DEA –if forged, altered, or refusing to fill based on good faith requirements

***Assign CAP/Patient Chart Consult –if patient consultation is deemed appropriate

Note: In POWER stores, only a pharmacist should perform the RFP process for CII controlled substances. Technicians should not perform RFP on CIIs and must pass to a pharmacist to complete the RFP process.

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Emergency Schedule II Dispensing

Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation and then contact the appropriate regulatory agencies, if necessary.

Additional Resources:

1. DEA Diversion Website
 - o Local DEA office
 - o Pharmacist Guide to Preventing Fraud
 - o Pharmacist Responsibility to recognizing drug abuse
2. DEA Fax template Link
3. State Specific Identification Procedures
4. Prescription Drug Monitoring Program (PDMP) Websites (state specific)
5. Controlled Substance Action Plan for Stores

Revised 6/11/2012

Revised 11/08/2011

Revised 7/17/2011

Revised 6/20/2011

Revised 3/28/2007

Revised 2/7/2007

Controlled Substance Prescriptions & Good Faith Dispensing

Policy

The pharmacist **must** use the elements of good faith dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions.

a

Note:	Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose issued by a practitioner acting in the usual course of professional practice. A corresponding responsibility rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.
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Elements

The following should alert a pharmacist to questionable circumstances:

- Numerous controlled substance prescriptions written by the same prescriber or several different prescribers
- Numerous controlled substance prescriptions presented by the same patient
- Increased frequency of prescriptions for the same or similar controlled drugs:
 - by one prescriber
 - for large numbers of patients
 - for quantities beyond those normally prescribed
- Unusual dosages or directions in conflict with approved labeling
- Consistent requests for early refills
- Individuals picking up controlled substance prescriptions on behalf of multiple patients who do not reside at the same address
- Unusual geographical distances between patient, pharmacist and prescriber
- Consistent prescriptions for habit-forming drugs
- Lack of consistent prescriber/patient relationship
- Prescriptions that appear to be issued pursuant to an online diagnosis questionnaire
- Unusual presentation – prescriber's handwriting too legible, written in different color inks, different handwriting or with erasure marks.

b

Note:	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.
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Prescription Validation Procedures

If the pharmacist receives a questionable prescription:

1. Ask for government issued identification, verify and document identity of patient.

2. Confirm that the prescriber has authority to prescribe controlled substances and verify the validity of the practitioner's information including the DEA number and state license number.
3. Contact the prescriber for verification or to clarify the prescription. If the prescriber cannot be reached, do not dispense the prescription.
4. If the prescriber confirms the validity of the prescription, document the date, name of the individual spoken to and any other pertinent information (i.e., diagnosis) on the hard copy or annotate the image and then process the prescription as normal.
If the prescriber informs the pharmacist that a prescription for a controlled substance is not valid or authorized, notify the local DEA office.

Important: A copy of the prescription must be faxed to the local DEA office within two days of a pharmacist's refusal to fill the prescription after confirming that it was forged, altered, and/or issued outside of the usual course of professional practice. (DEA Fax template)

Hide Borders below				

5. Print a photo copy or image of the prescription and place in a California folder marked fraudulent/denied prescriptions. File with the other hard copy prescription records for future reference along with any additional documentation.
6. Contact local law enforcement if required by your State. A copy of the prescription may be given to local law enforcement upon verbal request.

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Emergency Schedule II Dispensing

Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation and then contact the appropriate regulatory agencies, if necessary.

Additional Resources:

1. [DEA Diversion Website](#)
 - [Pharmacist Guide to Preventing Fraud](#)
 - [Pharmacist Responsibility to recognizing drug abuse](#)
2. [DEA Fax template Link](#)
3. [State Specific Identification Procedures](#)

Revised 11/08/2011
 Revised 7/17/2011
 Revised 6/20/2011
 Revised 3/28/2007
 Revised 2/7/2007

Controlled Substance Prescriptions & Good Faith Dispensing

Policy

The pharmacist **must** use the elements of good faith dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions.

a	
Note:	Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose issued by a practitioner acting in the usual course of professional practice. A corresponding responsibility rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.

Elements

The following should alert a pharmacist to questionable circumstances:

- Numerous controlled substance prescriptions written by the same prescriber or several different prescribers
- Numerous controlled substance prescriptions presented by the same patient
- Increased frequency of prescriptions for the same or similar controlled drugs:
 - by one prescriber
 - for large numbers of patients
 - for quantities beyond those normally prescribed
- Unusual dosages or directions in conflict with approved labeling
- Consistent requests for early refills
- Individuals picking up controlled substance prescriptions on behalf of multiple patients who do not reside at the same address
- Unusual geographical distances between patient, pharmacist and prescriber
- Consistent prescriptions for habit-forming drugs
- Lack of consistent prescriber/patient relationship
- Prescriptions that appear to be issued pursuant to an online diagnosis questionnaire
- Unusual presentation – prescriber's handwriting too legible, written in different color inks, different handwriting or with erasure marks.

b	
Note:	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.

Prescription Validation Procedures

If the pharmacist receives a questionable prescription:

1. Ask for government issued identification, verify and document identity of patient.

2. Confirm that the prescriber has authority to prescribe controlled substances and verify the validity of the practitioner's information including the DEA number and state license number.
3. Contact the prescriber for verification or to clarify the prescription. If the prescriber cannot be reached, do not dispense the prescription.
4. If the prescriber confirms the validity of the prescription, document the date, name of the individual spoken to and any other pertinent information (i.e., diagnosis) on the hard copy or annotate the image and then process the prescription as normal.
If the prescriber informs the pharmacist that a prescription for a controlled substance is not valid or authorized, notify the local DEA office.

Important: A copy of the prescription must be faxed to the local DEA office within two days of a pharmacist's refusal to fill the prescription after confirming that it was forged, altered, and/or issued outside of the usual course of professional practice. (DEA Fax template)

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5. Maintain the original hard copy of the prescription in a California folder marked "fraudulent prescriptions." File with the other hard copy prescription records for future reference along with any additional documentation.
6. Contact local law enforcement if required by your State. A copy of the prescription may be given to local law enforcement upon verbal request.

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Emergency Schedule II Dispensing

Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation and then contact the appropriate regulatory agencies, if necessary.

Additional Resources:

1. [DEA Diversion Website](#)
 - [Pharmacist Guide to Preventing Fraud](#)
 - [Pharmacist Responsibility to recognizing drug abuse](#)
2. [DEA Fax template Link](#)
3. [State Specific Identification Procedures](#)

Revised 7/17/2011
 Revised 6/20/2011
 Revised 3/28/2007
 Revised 2/7/2007

Controlled Substance Prescriptions & Good Faith Dispensing

Policy

The pharmacist **must** use the elements of good faith dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions.

a	
Note:	Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose issued by a practitioner acting in the usual course of professional practice. A corresponding responsibility rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.

Elements

The following should alert a pharmacist to questionable circumstances:

- Numerous controlled substance prescriptions written by the same prescriber or several different prescribers
- Numerous controlled substance prescriptions presented by the same patient
- Increased frequency of prescriptions for the same or similar controlled drugs:
 - by one prescriber
 - for large numbers of patients
 - for quantities beyond those normally prescribed
- Unusual dosages or directions in conflict with approved labeling
- Consistent requests for early refills
- Individuals picking up controlled substance prescriptions on behalf of multiple patients who do not reside at the same address
- Unusual geographical distances between patient, pharmacist and prescriber
- Consistent prescriptions for habit-forming drugs
- Lack of consistent prescriber/patient relationship
- Prescriptions that appear to be issued pursuant to an online diagnosis questionnaire
- Unusual presentation – prescriber's handwriting too legible, written in different color inks, different handwriting or with erasure marks.

b	
Note:	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.

Prescription Validation Procedures

If the pharmacist receives a questionable prescription:

1. Ask for government issued identification, verify and document identity of patient.

2. Confirm that the prescriber has authority to prescribe controlled substances and verify the validity of the practitioner's information including the DEA number and state license number.
3. Contact the prescriber for verification or to clarify the prescription. If the prescriber cannot be reached, do not dispense the prescription.
4. If the prescriber confirms the validity of the prescription, document the date, name of the individual spoken to and any other pertinent information (i.e., diagnosis) on the hard copy or annotate the image and then process the prescription as normal.
If the prescriber informs the pharmacist that a prescription for a controlled substance is not valid or authorized, notify the local DEA office.

Important: A copy of the prescription must be faxed to the local DEA office within two days of a pharmacist's refusal to fill the prescription after confirming that it was forged, altered, and/or issued outside of the usual course of professional practice. (DEA Fax template)

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5. Maintain a copy of the prescription in a California folder marked "fraudulent prescriptions." File with the other hard copy prescription records for future reference along with any additional documentation.
6. Contact local law enforcement if required by your State. A copy of the scanned image may be given to local law enforcement upon verbal request.

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Emergency Schedule II Dispensing

Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation and then contact the appropriate regulatory agencies, if necessary.

Additional Resources:

1. [DEA Diversion Website](#)
 - [Pharmacist Guide to Preventing Fraud](#)
 - [Pharmacist Responsibility to recognizing drug abuse](#)
2. [DEA Fax template Link](#)
3. [State Specific Identification Procedures](#)

Revised 6/20/2011
Revised 3/28/2007
Revised 2/7/2007

Good Faith Practices and Fraudulent Prescriptions

The pharmacist **must** use the elements of good faith dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions. The pharmacist must ensure that a prescription for a controlled substance is dispensed for a legitimate medical purpose.

Elements

The elements of good faith dispensing that should alert a pharmacist to questionable circumstances are as follows:

- Numerous controlled substance prescriptions written by the same prescriber or several different prescribers
- Numerous prescriptions submitted by the same person
- Increased frequency of prescriptions for the same controlled drug:
 - by one prescriber
 - for large numbers of patients
 - for quantities beyond those normally prescribed
- Unusual dosages or instructions in conflict with approved labeling
- Unusual geographical distances between patient, pharmacist, and prescriber
- Consistent prescriptions for habit-forming drugs
- Lack of consistent prescriber/patient relationship

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Prescription Validation Procedures

If a pharmacist is unable to dispense a prescription in good faith:

1. Scan the prescription, and then enter the information (F1).
2. On the hard copy, write **Call Prescriber - Verify valid prescription**.
3. Contact the prescriber and confirm or clarify the prescription.
 - If the prescriber confirms the validity of the prescription, document this on the hard copy, and then process the prescription as normal.
 - If the prescriber informs the pharmacist that a prescription for a controlled substance is not valid or authorized, contact local law enforcement. A copy of the scanned image should be given to local law enforcement upon verbal request. Maintain a copy of the prescription in the CII cabinet for future reference, along with any documentation received from local law enforcement, e.g., case number, police officer's card.
4. The prescription may be returned to the patient upon the patient's request.

IMPORTANT: IF THE PRESCRIBER CANNOT BE REACHED, DO NOT DISPENSE THE PRESCRIPTION.

5. Document the occurrence by faxing an image to the prescriber's office, if fax is available, as follows:
 1. Verify the prescription, and then create a DUR exception.
 2. In the Exception Queue, select the prescription.
 3. Select **FAX Create**.
 4. Enter a message in the message box, for example, "Please verify the validity of the prescription."
 5. In the **Include Rx Image** field, enter **Y**.
 6. Send fax.

Note: Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose (good faith dispensing), written by a practitioner acting in the usual course of professional practice. A **corresponding**

responsibility rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.

OKLAHOMA STORES: In Oklahoma, if notified by a prescriber about an allegedly illegal activity involving a controlled substance, contact your local police department immediately.

Compounded Nonsterile Preparation

Policy and procedure regarding compounding practice shall be reviewed on an annual basis by the pharmacist in charge (PIC).

All Company pharmacies are authorized to prepare compounds according to the recipes for which they have the ingredients, equipment, and expertise. Pharmacists should use their professional judgment and refer all complex compounds to a designated Compounding Center.

Internet Prescriptions

Patients can order new prescriptions, refills, and transfer prescriptions from competitors online using the Company websites. The patient has the option of mail delivery or store pickup.

Note:	When the patient requests a prescription via the internet and wants to pick it up at a store, he or she will designate a pickup date, time, and store. The earliest pickup time the patient can request is two hours from the time of the order.
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If the prescription is a...	Then...
New prescription	the pharmacy will receive an Intercom Plus Mail message containing applicable patient and prescription information.
Prescription transferred from a non-company location	
Refill	the refill will be routed into the Intercom Plus Work Queue (or the Message Queue if prescription(s) can't be processed) and a prescription label will print at the designated time.

Accepting Internet Prescriptions

Step	Action
1.	The Pharmacy receives a voice mail message on the prescriber line from the Tempe Mail Service Facility to notify the pharmacy that a new or transferred Internet prescription order has been sent to Intercom Plus Mail.
2.	The Pharmacist <u>accesses the mail message</u> at the Verification terminal, prints a copy, and exits Intercom Plus Mail. The mail message contains applicable patient and <u>prescription information</u> .
	Note: Do not delete the message until the prescription is verified.

3.	The Pharmacist calls the prescriber (new prescription) or pharmacist (prescription transferred from competitor) to obtain the prescription.
	Note: If the prescriber or pharmacist request becomes a "Will Call Back", write the date and time of the initial call on the printed mail message. Attach the message to the prescription.
4.	The Pharmacy Technician enters the prescription(s) into Intercom Plus, using all information provided in the mail message.
	Note: You should use the patient's phone number and date of birth to verify you have selected the correct patient. If this information is missing from the prescription, it should be verified with the prescriber or patient prior to dispensing the prescription. You must enter the pickup date and time listed on the message into Intercom Plus.
5.	Follow normal procedures for <u>filling a prescription</u> .

When the Prescription is Ready for Pickup:

The patient will automatically receive an "Rx Ready" email when the prescriptions are "Ready" for pick-up. In the event that the patient has more than one prescription, the patient will not receive the Rx Ready email until all prescriptions are ready for pickup provided that the technician entered the same pickup time on all prescriptions.

Note:	The patient will also receive an "Rx Ready" phone message for prescriptions that have been "ready" for 24 hours unless otherwise requested. Once an online order has been placed, the patient will receive an "Rx Ready" email for all future prescriptions ordered, regardless of the ordering method.
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When the patient picks up the prescription(s), follow normal procedures for retrieving medication for the patient

Additional Information:

If a customer returns an Internet prescription that was filled at the Tempe Mail Service Facility or any other Company pharmacy, follow normal return procedures for your district.

If you have questions about the website, contact your Pharmacy Supervisor or a walgreens.com Customer Service Representative toll-free at 1-877-250-5823.

Verbal Prescriptions

Do not accept verbal prescriptions for new patients and/or from new prescribers unless:

- You verify the identity of the prescriber.
- You verify that the prescriber has authority to prescribe controlled substances.
- You verify the practitioner's federal DEA number and state license numbers.

Note: The telephone number received via a verbal prescription must match the number in the telephone directory.

Make sure to follow good faith dispensing guidelines.

Regular dispensing of verbal controlled drug prescriptions to the same patient from the same or different prescribers **must not** continue until the pharmacist establishes existence of a patient-prescriber relationship and a legitimate medical purpose for the medication.

The pharmacist **must** exercise professional judgment regarding the patient's continued need for controlled substances. The pharmacist must contact the prescriber when all elements of good faith dispensing cannot be met. Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation, and then contact the appropriate regulatory agencies, if necessary.

Revised 2/23/2011

Revised 3/28/2007

Revised 2/7/2007

Good Faith Practices and Fraudulent Prescriptions

The pharmacist **must** use the elements of good faith dispensing in conjunction with state and federal controlled substance laws when filling **all** prescriptions. The pharmacist must ensure that a prescription for a controlled substance is dispensed for a legitimate medical purpose.

Elements

The elements of good faith dispensing that should alert a pharmacist to questionable circumstances are as follows:

- Numerous controlled substance prescriptions written by the same prescriber or several different prescribers
- Numerous prescriptions submitted by the same person
- Increased frequency of prescriptions for the same controlled drug:
 - by one prescriber
 - for large numbers of patients
 - for quantities beyond those normally prescribed
- Unusual dosages or instructions in conflict with approved labeling
- Unusual geographical distances between patient, pharmacist, and prescriber
- Consistent prescriptions for habit-forming drugs
- Lack of consistent prescriber/patient relationship

Office-Use Prescriptions

Prescriptions must be issued for a specific patient. Prescriptions written for "office use" are not valid.

Prescription Validation Procedures

If a pharmacist is unable to dispense a prescription in good faith:

1. Scan the prescription, and then enter the information (F1).
2. On the hard copy, write **Call Prescriber—Walgreens #xxxx**.
3. Contact the prescriber and confirm or clarify the prescription.
 - If the prescriber confirms the validity of the prescription, document this on the hard copy, and then process the prescription as normal.
 - If the prescriber informs the pharmacist that a prescription for a controlled substance is not valid or authorized, contact local law enforcement. A copy of the scanned image should be given to local law enforcement upon verbal request. Maintain a copy of the prescription in the CII cabinet for future reference, along with any documentation received from local law enforcement, e.g., case number, police officer's card.
4. The prescription may be returned to the patient upon the patient's request.

IMPORTANT: IF THE PRESCRIBER CANNOT BE REACHED, DO NOT DISPENSE THE PRESCRIPTION.

5. Document the occurrence by faxing an image to the prescriber's office, if fax is available, as follows:
 1. Verify the prescription, and then create a DUR exception.
 2. In the Exception Queue, select the prescription.
 3. Select **FAX Create**.
 4. Enter a message in the message box, for example, "Please verify the validity of the prescription."
 5. In the **Include Rx Image** field, enter **Y**.
 6. Send fax.

Note: Controlled substances may only be dispensed to patients who have a prescription for a valid medical purpose (good faith dispensing), written by a practitioner acting in the usual course of professional practice. A **corresponding**

responsibility rests with the pharmacist to ensure that controlled substance prescriptions are issued for a legitimate medical purpose by an individual practitioner in the usual course of professional practice.

OKLAHOMA STORES: In Oklahoma, if notified by a prescriber about an allegedly illegal activity involving a controlled substance, contact your local police department immediately.

Verbal Prescriptions

Do not accept verbal prescriptions for new patients and/or from new prescribers unless:

- You verify the identity of the prescriber.
- You verify that the prescriber has authority to prescribe controlled substances.
- You verify the practitioner's federal DEA number and state license numbers.

Note: The telephone number received via a verbal prescription must match the number in the telephone directory.

Make sure to follow good faith dispensing guidelines.

Regular dispensing of verbal controlled drug prescriptions to the same patient from the same or different prescribers **must not** continue until the pharmacist establishes existence of a patient-prescriber relationship and a legitimate medical purpose for the medication.

The pharmacist **must** exercise professional judgment regarding the patient's continued need for controlled substances. The pharmacist must contact the prescriber when all elements of good faith dispensing cannot be met.

Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation, and then contact the appropriate regulatory agencies, if necessary.

Revised 3/28/2007

Revised 2/7/2007

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- Unusual geographical distances between patient, pharmacist, and prescriber
- Consistent prescriptions for habit-forming drugs
- Lack of consistent prescriber/patient relationship

Office-Use Prescriptions

Pharmacists must not fill prescriptions for a prescriber's office use unless specifically allowed by state regulations.

Prescription Validation Procedures

If a pharmacist is unable to dispense a prescription in good faith:

1. Scan the prescription, and then enter the information (F1).
2. On the hard copy, write **Call Prescriber—Walgreens #xxxx**.
3. Contact the prescriber and confirm or clarify the prescription.
 - If the prescriber confirms the validity of the prescription, document this on the hard copy, and then process the prescription as normal.
 - If the prescriber informs the pharmacist that a prescription for a controlled substance is not valid or authorized, contact local law enforcement. A copy of the scanned image should be given to local law enforcement upon verbal request. Maintain a copy of the prescription in the CII cabinet for future reference, along with any documentation received from local law enforcement, e.g., case number, police officer's card.
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 5. In the **Include Rx Image** field, enter **Y**.
 6. Send fax.

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Do not accept verbal prescriptions for new patients and/or from new prescribers unless:

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- You verify that the prescriber has authority to prescribe controlled substances.
- You verify the practitioner's federal DEA number and state license numbers.

Note: The telephone number received via a verbal prescription must match the number in the telephone directory.

Make sure to follow good faith dispensing guidelines.

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Notify your district pharmacy supervisor if a prescriber fails to provide a hard copy for an emergency Schedule II telephone prescription within the legally required time period. The pharmacy supervisor will evaluate the situation, and then contact the appropriate regulatory agencies, if necessary.

Revised 2/7/2007

Revised 11/15/2005

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:

xIdentify the key points of the validation process			
			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

xIdentify the key points of the validation process

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.
	i. 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.
	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 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

xIdentify the key points of the validation process

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

xIdentify the key points of the validation process

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 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:

xIdentify the key points of the validation process		
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:

xIdentify the key points of the validation process		
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:

xIdentify the key points of the validation process

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.

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.

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.

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 and review the Prescription Drug Monitoring Program (PDMP) report. The report should not be printed.

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

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. 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:

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, 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.

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Target Drug Good Faith Dispensing Policy

Walgreens requires ALL pharmacists and pharmacy team members to adhere to the Controlled Substance Prescriptions & Good Faith Dispensing Policy and procedures. <link to GFD> 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. 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 <link to TD GFD 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)

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 the PDMP, 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 or if a TD GFD Checklist is on file within the previous 90 days for the same drug from the same doctor.

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- i. Patient comment example: "Oxycodone, Dr Smith failed GFD on 10-16-2012 Store #0123"
 - ii. Patient comment example: "Confirmed GFD checklist for Oxycodone, Dr Smith on 10-16-2012 at store #0123" if the date is within 90 days.
4. Inform the patient that it may take additional processing time to validate the prescription.
 5. 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.
 6. Determine if the patient is new to Walgreens. Note: Caution must be used when dispensing a Target Drug to patients with no IC+ history.
 7. Scan the prescription.
 8. Verify the geographical proximity. The patient and/or prescriber must have an address within the reasonable geographic location of the pharmacy. Once all of these steps are completed, 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 in-window technician and review patient comments for additional GFD-centered documentation, potentially from other locations where patient attempted to fill.
2. 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 for a product (e.g. Ibuprofen, HCTZ, Lisinopril) which the patient states he/she does not need.
3. 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.
4. Verify and review the ID that is attached to the prescription.
5. Review DUR history for the patient (use system generated DURs, third party DURs, and clinical knowledge).
6. If available in the state, the pharmacist must access the Prescription Drug Monitoring Program (PDMP), review, print and attach copy of report 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. The PDMP report must remain either with the hard copy or with a copy of the refused prescription in the refusal folder.

Prescriber Validation

1. Verify that the prescriber's DEA number is active using the DEA website ([link](#)).
2. If there is no TD GFD Checklist on file within the last 90 days, as noted in the patient comments for a prescription for the same drug from the same prescriber,

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contact the prescriber to validate the prescription (last step on checklist) and document in the notes section of the checklist. Validation should 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 code and document on the checklist. If the prescription is not appropriate for the diagnosis, discuss with the prescriber whether dispensing is appropriate.
- c. Discuss expected length of treatment.
- d. Obtain date of last physical and pain assessment.
- e. Obtain date of next scheduled appointment.
- f. Discuss use of alternative prescription medications for pain control.
- g. Discuss coordination with other clinicians involved in patient care.

Target Drug Good Faith Dispensing Checklist (Link)

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.

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. Copy of the PDMP,
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

A comment must be placed in patient comments in IC+. The following is a sample format: *Confirmed GFD checklist for Oxycodone, Dr Smith on 10-16-2012 at store #0123"*

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

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. 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.
2. Notify the DEA of refusal to fill via fax (LINK) or, if in Florida, via Florida Webform (LINK). Document the date and time DEA was faxed on the copy of the refused prescription.
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. Add a comment in "Patient Comments." The following is a sample format: *"Oxycodone, Dr Smith failed GFD on 10-16-2012 Store #0123"*

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5. Do NOT deface the original prescription; all documentation should be noted on the TD GFD checklist.

Pick- Up

At pick-up, **ALL** Target Drug prescriptions that are greater than 50 units or 10 day supply will be CAP blocked. 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. Document in CAP who picked up the prescription.
3. 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.

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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 3rd 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 3rd 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.

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