

Target Drug Good Faith Dispensing Checklist

Steps for Technician to Complete

Patient Name: _____

Date: _____

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

Oxycodone _____ Hydromorphone _____ Methadone _____ Other (optional - district specific) _____

Check boxes that apply to assist the pharmacist in determining if the prescription should be filled. Attach checklist to hard copy of Rx.

	Yes	No
1 Valid government photo ID copied and attached to hard copy of Rx. For eRx, attach copy at pick-up. ID is optional for Hospice, oncology, bedside delivery, sickle cell patients, and patients known to the pharmacy staff, unless it is required by state regulations.	<input type="checkbox"/>	<input type="checkbox"/>
2 No prior GFD refusal for this exact prescription in patient comments in IC+ profile. If so, prescription must not be dispensed.	<input type="checkbox"/>	<input type="checkbox"/>
3 Patient has received this prescription from Walgreens before.	<input type="checkbox"/>	<input type="checkbox"/>
4 This prescription is from the same prescriber for the same medication as the previous fill.	<input type="checkbox"/>	<input type="checkbox"/>
5 3rd Party Insurance is billed (If cash or a cash discount card, use caution).	<input type="checkbox"/>	<input type="checkbox"/>
6 Patient does not appear intoxicated or under the influence of illicit drugs.	<input type="checkbox"/>	<input type="checkbox"/>

I attest that I have used the Target Drug Good Faith Dispensing Checklist validation procedures to validate the information above:

Technician Initials _____

Steps for Pharmacist to Complete

	Yes	No
7 If available in your state, PDMP has been reviewed. Prescription is being filled on time. If your state regulates early refills of controlled substance prescriptions, follow your state's regulations.	<input type="checkbox"/>	<input type="checkbox"/>
8 Patient and/or prescriber address is within geographical proximity to pharmacy; any variances can be reasonably explained.	<input type="checkbox"/>	<input type="checkbox"/>
9 Chronic prescription use can be explained and is supported by documentation (ICD 10 code or diagnosis consistent with chronic pain condition).	<input type="checkbox"/>	<input type="checkbox"/>
10 Per CDC recommendation, naloxone was offered to the patient in case of an emergency for prescriptions ≥ 50 Morphine Milligram Equivalents (MME). *Please refer to the Internal Patient Talking Points #10-16	<input type="checkbox"/>	<input type="checkbox"/>

Refer to Opioid Dosage Calculator and CDC handout "Calculating Total Daily Dose of Opioids for Safer Dosage"

If in your professional judgment a call to the prescriber's clinical staff is warranted, document conversation in notes section. If no call is required, complete this form with your signature.

(For Hospice, oncology, and sickle cell patients only: RPh may fill the prescription without verification provided the elements of Good Faith Dispensing are met.)

Notes:

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

Dispensed: ☐ Pharmacist signature _____
 Refused: ☐ (RPh must inform patient of refusal and make a copy of the Rx for the refusal file folder)

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

CCSF v. Purdue Pharma,
et al. 3:18-CV-7591

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