

Chapter 15

Long Term Care Pharmacy Services

Section 1. Authority.

These regulations are promulgated as authorized by the Act.

Section 2. Definitions.

(a) “Long Term Care Facility” means any skilled or intermediate care nursing home, board and care home, or any patient behavioral health facility subject to regulation and licensure by the department of health. For the purpose of this chapter, long term care facility does not include adult day care facilities, home health agencies, or assisted living facilities.

(b) “Consultant Pharmacist” in a long-term facility means a pharmacist licensed to engage in the practice of pharmacy in this state who is responsible for developing, coordinating, and supervising pharmaceutical services in a long-term care facility on a regularly scheduled basis.

(c) “Medication Order,” as used in these rules means a written, oral, facsimile or electronic order from a practitioner ~~or an oral order from a practitioner~~ or the practitioner’s authorized agent for administration of a drug or device. For purposes of this chapter, a “medication order” is considered a prescription, with the exception of controlled substances which require a prescription from the practitioner.

(d) “Provider pharmacy” means any pharmacy licensed by the Board that provides medications to residents of any long-term care facility pursuant to a medication order or prescription. A provider pharmacy must have a written agreement with the long term care facility in order to provide services to the residents.

~~Section 3. — Applicability of Rules.~~

~~Nothing in these rules shall be deemed to constitute a waiver or abrogation of any of the provisions of board rules or other applicable provisions of state and federal laws and rules, nor should these rules be construed as authorizing or permitting any person not licensed as a pharmacist to engage in the practice of pharmacy.~~

Section ~~4~~3. Freedom of Choice.

No consultant pharmacist or provider pharmacy shall participate in any agreement or plan that infringes on any resident’s right to freedom of choice as to the provider of pharmacy services. A resident in a long-term care facility shall have a choice of a provider pharmacy provided the provider pharmacy complies with ~~Section 54~~ of this ~~Chapter~~Chapter.

Section ~~5~~4. Pharmacy Responsibilities.

A provider pharmacy shall be responsible for:

(a) Dispensing drugs pursuant to a medication order for an individual resident, properly labeled for that resident, as addressed in Chapter 2, ~~Section 11~~ of the board's rules, including the manufacturer's expiration date. If prepackaged or repackaged by the pharmacy, the expiration date shall be the lesser of the manufacturer's expiration date or twelve (12) months from the date of prepackaging or repackaging.

(b) Dispensing drugs for residents of long-term care facilities in packaging consistent with the drug distribution system required by the facility's policies and procedures.

(c) Developing a drug recall procedure that protects the health and safety of residents including immediate discontinuation of any recalled drug or device and subsequent notification of the prescriber and director of nursing of the facility. The drug recall policy must be readily retrievable at the provider pharmacy and the facility.

(d) ~~Providing a 24-hour emergency service~~ Providing service twenty-four (24) hours a day, seven (7) days a week, either directly or by contract with another pharmacy. All "on-call" services shall be verifiable by the Board and its inspectors. emergency boxes or automated dispensing devices may be used as outlined in Chapter 2.

(e) Performing prospective drug usage reviews for all new and refill medication orders as described in Chapter 9, ~~Section 4~~ of the board's rules.

(f) Providing sufficient and accurate information to facility staff regarding the appropriate administration and use of all dispensed drugs and devices.

~~(g)~~ Providing intravenous (IV) services or contracting with someone another pharmacy to provide IV services, if the long term care facility is a skilled unit providing such services.

~~(g)(h)~~ Communicating with the consultant pharmacist and the facility regarding concerns and resolution thereof, including, but not limited to "on-call services and IV services.

~~(i)~~ Returning non-controlled substance prescriptions dispensed to patients in long term care facilities for redispensing under specific conditions listed in Chapter 2. Controlled substance prescriptions dispensed to patients in long term care facilities cannot be returned to a pharmacy.

Section ~~6~~ 5. Consultant Pharmacist Responsibilities

(a) The consultant pharmacist shall assist the long-term care facility in developing policy and procedures for the following:

(i) The M manner of issuance of prescription drugs provided by a provider pharmacy to residents of the long-term care facility.

(ii) Storage, administration, and record-keeping for all medications administered to residents of the long-term care facility.

(iii) Inspection of drug storage areas.

(iv) Destruction or recycling of unused or, discontinued, patient medications.

(v) Continuing education for nursing personnel regarding medication administration.

(b) Patient Drug Regimen Review.

(i) The primary duty of the consultant pharmacist is to apply his/her expertise on drugs to the patient's specific situation.

~~(ii) State and federal regulations shall be the minimum standards for an adequate drug regimen review.~~

~~(iii)~~ (iii) The consultant pharmacist shall review each patient's chart medical record at least monthly. State and federal regulations shall be the minimum standards for an adequate drug regimen review. and:

~~(A) Ascertain that patient history and drug utilization is being properly recorded.~~

~~(B) Review drug usage, including both prescriptions and O.T.C.'s.~~

~~(C) Review patient compliance with drug regimen.~~

~~(D) Review drug allergies or sensitivities.~~

~~(E) Determine whether the patient is predisposed to side effects due to disease, illness, or age.~~

~~(F) Determine whether potential exists for significant drug interaction~~

~~(G) Monitor patients' records for signs that indicate abuse or misuse of drugs by the patient or other individuals.~~

~~(H) Make recommendations regarding drug therapy to the physician.~~

~~(i)~~ (iii) The consultant pharmacist shall communicate with provider pharmacies to enhance patient care.

Section 7. Automated ~~ie~~ Dispensing Device. (See Chapter 2 12, section 15

or duplicate information below.)

(a) No drug shall be distributed or issued by the use of any automated dispensing device unless the device and method of operation have been found to ensure the purity, potency, and integrity of the drug, and to protect the drug from diversion, and provided that:

(i) The device shall be stocked with drugs only by or under the supervision of a pharmacist.

(ii) The device shall be used only for the furnishing of drugs for administration to patients of that facility: and

(iii) at the time of removal of any drug from the device, it shall automatically make a written or electronic record to be retained by the pharmacist for at least one (1) year, indicating:

(A) The date of removal of the drug:

(B) The name, strength, dosage form, and quantity of drug removed;

(C) The name of the patient for whom the drug was ordered;
and

(D) The name or identification code of the nurse removing the drug from the device.