**Central Fill Process**

**Section:** Pharmacy Operations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 4

**Policy ID:** 7.3

**Approved by:**

**POLICY**

<insert practice name> neither provides nor receives Central Fill services to/from another pharmacy. **[PHARM Core 4 (a, b)]**

**PROCEDURE**

N/A

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| **DATE:** | **REVISED BY:** | **REVISION:** |
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