**Pharmacy Scope of Services**

**Section:** Pharmacy Operations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 2, 4, 21, 27, 34, CSCD 1, 8, PHARM-OP 1, 2, 12, PM 1 SDrM 1, 2, 3, 4, 5

**ACHC Standards:** DRX2-1A,DRX2-1B

**Policy ID:** 7.19

**Approved by:**

**POLICY**

<insert practice name> is an independently owned specialty pharmacy providing services for patients with oncology and/or hematology medication needs. **[PHARM Core 2 (b)] [PHARM-OP 1 (a-i)]** As of 20xx, <insert practice name> dispenses medications in the following states: <insert state>. **[PHARM-OP 1 (a-ii)]** <insert practice name> promotes medication accessibility and availability to patients by tracking measurable items such as call metrics which include average speed of answer and call abandonment rate, complaint data, customer service data and order errors and will adjust its drug formulary and service area as patient requirements dictate. All performance improvement measures and errors will be included in the quarterly Quality Management Committee Meeting Minutes. **[PHARM-OP 1 (a-iii)] [SDrM 5 (e)]**  Continual evaluation of the drug formulary and service area will be performed to ensure adequate accessibility for patient referrals. Should gaps be identified, <insert practice name> will make the necessary improvements/additions to ensure pharmacy operation requirements and continue in its role as advocate for patient access to drugs. Patient satisfaction surveys and/or complaint logs are reviewed for information pertaining to types of pharmacy services offered, geographic area served; and promoting medication accessibility and availability to patients in order to measure performance in these areas.**[PHARM Core 21 (b-i, ii, iii)][PHARM Core 34][PHARM-OP 1 (a-iii, b, c)] [SDrM 1 (a)]** <insert practice name> will provide all patients a description of services provided by the organization through the “New Patient Folder” information and their website. **[CSCD 1 (b-i)]**

<insert practice name> ensures that treatment recommendations are based on clinical decisions and supports prospective, concurrent and retrospective drug management. **[SDrM 3] [SDrM 4]**

**PROCEDURE**

1. Services Available: **[PHARM-OP 1 (a-i)]**

* Oral oncology medications for patients seen at <insert practice name> clinics
* Injectable medications specific to oncology treatment or supportive care for patients seen at <insert practice name> clinics
* Supportive care medications for patients seen at <insert practice name> clinics
* Medications for employees of <insert practice name> and their families

1. Services provided to <insert practice name> clinics

* Benefits verification
* Prior authorization assistance
* Copay assistance
* Access to manufacture indigent programs
* Medication information for physicians, APNs and nurses of <insert practice name> **[PHARM-OP 1 (a-i)]**

1. Services provided to patients: **[PHARM-OP 1 (a-i)] [PM 1]**

* Inclusive Patient Management Program that offers consistent patient management, specialized clinical staff that provide patient support and focus on patient adherence to therapy. The Patient Management Program will provide the appropriate education, support and communication to improve the patient’s self-management/adherence of their medication regimen.
* Contact and referral information
* Guidance on financial assistance
* Free home delivery
* Adherence reminder calls, etc.

1. Hours of Operation: <insert hours> Monday-Friday 8 AM - 5PM; during regular “open hours”, all calls to our direct number <insert direct number> are answered “live” by a pharmacy staff member. After normal business hours, ‘On-call”, Pharmacist is available to respond to urgent and emergent calls, clinical questions, and emergent claims processing, benefit coverage, claims submission and claims payment questions.

**[PHARM Core 21 (b-i, ii, iii)]. [PHARM Core 34] [CSCD 8 (a-I, ii, b, bi, bii, biii, biv))]**

1. During regular “open hours” staff member are available to assist patients with the following services:

* Claims processing **[CSCD 8 (b-i)]**
* Benefit coverage **[CSCD 8 (b-ii)]**
* Claims submission **[CSCD 8 (b-iii)]**
* Claims payment **[CSCD 8 (b-iv)]**
* Drug and drug therapy to include order status and delivery times
* Medication information and drug therapy questions, **[CSCD 8 (c-i)]**
* Complaint resolution **[CSCD 8 (c-ii)]**

1. The pharmacy’s technicians are responsible for handling inbound patient service calls. Technicians work to request pertinent documents and prescriptions from physicians’ office, and request insurance prior authorization in a timely manner. They also communicate with insurance providers and billing department to aid in collection rates.

* Pharmacy Technicians are trained to transfer calls to a Pharmacist in the below scenarios: **[CSCD 8 (c-iii)]**
  + Patient has questions about their medication, possible side effects, how to inject their medication, possible drug interactions and/or requests a general consultation.
  + Patient is experiencing sides effects
  + Patient is having or has had an adverse reaction
  + Patient has passed away
  + Patient is completely out of medication and will miss a dose

1. Any patients not falling within the scope of services of <insert practice name> will be admitted only with the approval of the Pharmacy Manager or his or her designee, who will be a registered pharmacist.
2. All organizational staff will be instructed on the scope of services during orientation. They will be provided with written descriptions of the service/care with detailed information. **[PHARM Core 27 (a)]**
3. Pharmaceutical services shall be provided to all patients via the most applicable drug distribution system, as determined by activity, patient need, staffing, and logistics. <insert practice name> will provide all patients a description of the services provided with the initial contact with <insert practice name> staff to include the documented offer for pharmacist counseling and follow-up written literature. **[PHARM-OP 1 (a-i, iii)]**
4. Pharmaceutical services include, but are not limited to:

* Delivery of individualized drug doses to patients;
* Advocating for patient access to drugs **[SDrM 1 (a)]**
* Developing patient profiles and monitoring for appropriateness and effectiveness of all drug regimens; (clinical appropriateness) **[SDrM 2 (a)]**
* Identifying and reporting of potential adverse drug reactions; **[SDrM 5 (a)]**
* Determining appropriate medication usage and reporting any misuse to the patient’s physician; Examples may include monitoring opioid use by identifying patients using a certain medication threshold per month, or patients consistently asking for early refills. In circumstances such as these, when deemed appropriate, pharmacy personnel will reach out to the patient’s physician to discuss the potential abuse or misuse of medication. Another example is verifying electronic prescription from physician with treatment tab in electronic medical record to make certain chemotherapy dosages are correct. **[SDrM 4 (a, j)] [SDrM 5 (b)]**
* Documenting complete and accurate information in the patient’s home care record, including all patient and physician communication; **[PHARM-OP 2 (d-i)]**
* Providing necessary counseling services, according to law and regulation, by a registered pharmacist; **[PHARM-OP 2 (d-i, e)]**
* Providing access to a Registered Pharmacist 24 hours a day 7 days a week; **[PHARM Core 34]**
* Distributing appropriate written information about the pharmaceutical product delivered **[CSCD 1 (b-i)]**

1. Staff pharmacists are responsible for the thorough and accurate completion of the days’ tasks, in accordance with all state and federal regulations. **[PHARM Core 4 (a, b)]**
2. Intake, review, and accurate filling of all legal prescriptions;

* Completion of all necessary prescription and insurance documentation; **[PHARM-OP 2 (a, b, c, d-i)]**
* Aseptic techniques utilized when compounding pharmaceutical products; **[PHARM-OP 2 (c)]**
* Provide patient counseling, as needed; **[PHARM-OP 2 (d-i)]**
* Contact patients to generate appropriate refills; **[CSCD 1 (b-ii)]**
* Maintain daily log at day’s end; **[PHARM-OP 2 (e)]**
* Maintain continuing education, required by law regulation; **[PHARM Core 27 (f)]**
* Supervise pharmacy technicians in the performance of their duties **[PHARM-OP 12 (b)]**

1. The pharmacist provides oversight to the clinical decision-making process for treatment recommendations and programs. Treatment recommendations and programs are based on appropriate and available clinical information consisting of:

* Available medical literature **[SDrM 3 (a)]**
* Published practice guidelines, developed by an acceptable evidence based process **[SDrM 3 (b)]**
* Efficacy type, frequency of side effects and potential drug interactions among alternative drug products and **[SDrM 3 (c)]**
* Likely impact of drug product on patient adherence when compared to alternative products. The impact of patient adherence of alternative products when making treatment recommendations and devising programs is considered. **[SDrM 3 (d)]**

1. The following resources for medical literature and evidence based processes are utilized as required: **[SDrM 3 (a, b)]**

* Manufacturer’s Prescribing Information – (print and online)
* Medline – U.S. National Library of Medicine – (online)
* National Comprehensive Cancer Network – (online)
* Facts and Comparisons-(online)
* Micromedex – (online)
* Lexicomp –(online)

1. <insert practice name> provides prospective, concurrent and retrospective drug management. With the available information and data, <insert practice name> ensures drug management mechanism that address where appropriate:

* Therapeutic appropriateness **[SDrM 4 (a)]**
* Over and underutilization **[SDrM 4 (b)]**
* Generic use **[SDrM 4 (c)]**
* Therapeutic interchange **[SDrM 4 (d)]**
* Duplication **[SDrM 4 (e)]**
* Drug-Disease contraindications **[SDrM 4 (f)]**
* Drug-drug or drug allergy interactions **[SDrM 4 (g)]**
* Drug dosage **[SDrM 4 (h)]**
* Duration of treatment **[SDrM 4 (i)]**
* Clinical abuse or misuse **[SDrM 4 (j)]**
* Drug-age precautions **[SDrM 4 (k)]**
* Drug-gender precautions **[SDrM 4 (l)]**
* Drug-pregnancy precautions **[SDrM 4 (m)]**
* Regulatory limitations **[SDrM 4 (n)]**

1. With the utilization of the pharmacy operating system and electronic prescribing, many of the drug management requirements, including therapeutic appropriateness and interchange, generic drug utilization and identification of duplicate therapies are identified. Also these elements are imbedded electronically in the claims software, clinical decision support tools and clinical review tools and will alert the <insert practice name> staff so that appropriate action can be taken. The clinical decision support tools identify when outbound communication is warranted with the prescriber and/or consumer for potential consumer safety events. **[SDrM 4 (a-n)]**
2. According to regulations and payer contracts, when a pharmacist identifies a potentially serious drug-interaction, prescribing error or other such issue that might cause patient harm, the pharmacist will contact the prescribing office by phone or fax for clarification or to make a request to change a drug order. The pharmacist may use the prescribing information, patient history, patient prescription profile and print or online professional resources as well as their professional judgment. After careful and professional clinical review, the pharmacist believes dispensing a prescription order as written is not in the patient’s best interest, the pharmacist is authorized and obligated to decline to dispense the prescription, as ordered. **[SDrM 4 (a-n)]**
3. <insert practice name> does not have a defined drug list or formulary. Medications are evaluated by the P& T committee. A list of current medications being stocked can be a made available to third party insurance plans if requested. The medication availability is dependent on the individual patient needs. All efforts are made to obtain the medications that are required by each patient. On the rare occasion, that <insert practice name> is unable to provide a medication for a patient, the <insert practice name> staff will assist the patient in locating a pharmacy that would be able to meet the patient’s needs. <insert practice name>’s drug list is constantly evolving dependent on the patient needs and the availability of the drugs for dispensing to the individual patient. **[SDrM 2 (f)]**

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