

ASHP Statement on Pharmacist's Responsibility for Distribution and Control of Drug Products

A fundamental purpose of pharmaceutical services in any setting is to ensure the safe and appropriate use of drug products and drug-related devices. Fulfillment of this responsibility is enhanced through the pharmacist's involvement in all aspects of the use of drugs.¹

This involvement should include decisions and actions with respect to the evaluation, procurement, storage, distribution, and administration of all drug products. The pharmacist is responsible for development, in consultation with appropriate other professionals, departments, and interdisciplinary committees in the setting, of all drug-use control policies. The pharmacist should be directly responsible for the control and distribution of all stocks of drugs.

The Federal Food, Drug, and Cosmetic Act defines the term *drug* as “(A) articles recognized in the official United States Pharmacopeia, official Homeopathic Pharmacopeia of the United States, or official National Formulary, or any supplement to any of them; and (B) articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in man or other animals; and (C) articles (other than food) intended to affect the structure or any function of the body of man or other animals; and (D) articles intended for use as a component of any article specified in clauses (A), (B), or (C) of this paragraph; but does not include devices or their components, parts, or accessories.”²

For purposes of this document, drugs include those used by inpatients and outpatients, large- and small-volume injections, radiopharmaceuticals, diagnostic agents including radiopaque contrast media, anesthetic gases, blood-fraction drugs, dialysis fluids, respiratory therapy drugs, biotechnologically produced drugs, investigational drugs, drug samples, drugs brought to the setting by patients or family, and other chemicals and biological substances administered to patients to evoke or enhance pharmacologic responses.

The pharmacist's responsibility for drug-use control extends throughout the setting served. This purview extends to all pharmacy satellite locations (inpatient and outpatient, including those serving the general public), emergency rooms, surgical and labor and delivery suites (and related areas such as recovery rooms), anesthesiology, nuclear medicine, radiology, dialysis areas, ambulatory care clinics and treatment (including surgery) areas, respiratory therapy areas, central sterile supply centers, blood banks, intensive care areas, cardiac catheterization suites,

research areas, and all other areas in which drugs are handled and used. The pharmacist should be responsible for drug-use policies and routine inspection of all drug stocks, even if direct custody and distribution are not possible.

The pharmacist also has an advocacy responsibility with respect to decisions and policies about the use of drug-related devices as they affect drug therapy. As appropriate, the pharmacist may also be assigned direct responsibility for control and distribution of drug-related devices.³ Drug-related devices include electromechanical pumps, devices for administration of injectable drugs, devices for monitoring plasma drug concentration, and devices for monitoring drug administration rate.

References

1. American Society of Hospital Pharmacists. ASHP guidelines: minimum standard for pharmacies in institutions. *Am J Hosp Pharm.* 1985; 42:372–5.
2. 21 U.S.C. §321 (g) (1).
3. American Society of Hospital Pharmacists. ASHP statement on the pharmacist's role with respect to drug delivery systems and administration devices. *Am J Hosp Pharm.* 1989; 46:802–4.

This statement was reviewed in 2005 by the Council on Professional Affairs and by the Board of Directors and was found to still be appropriate.

Approved by the ASHP Board of Directors, November 16, 1994, and by the ASHP House of Delegates, June 5, 1995. Revised by the ASHP Council on Professional Affairs. Supersedes a previous version dated June 3, 1992.

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