

## Distribution

### **New and Emerging Medication Ordering and Distribution Systems (0522)**

*Source: Council on Legal and Public Affairs*

To support the use of new and emerging medication ordering and distribution systems (e.g., via the World Wide Web) when such systems (1) enable pharmacists to provide patient care services, (2) ensure that patients will not receive improperly labeled and packaged, deteriorated, outdated, counterfeit, or non-FDA-approved drug products, (3) provide appropriate relationships among an authorized prescriber, pharmacist, and patient, (4) enhance the continuity of patient care, (5) support the pharmacist's role as a patient care advocate, and (6) provide for data security and confidentiality.

*This policy supersedes ASHP policy 0008.*

### **Technician-Checking-Technician Programs (0310)**

*Source: Council on Administrative Affairs*

To advocate technician-checking-technician programs (with appropriate quality control measures) in order to permit redirection of pharmacist resources to patient care activities; further,

To advocate state board of pharmacy approval of these programs.

*This policy was reviewed in 2007 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.*

### **Intermediate Category of Drugs (0220)**

*Source: Council on Legal and Public Affairs*

To support, with appropriate changes in federal statutes and regulations, the establishment of an intermediate category of drug products that do not require a prescription but are available only from pharmacists and licensed health care professionals who are authorized to prescribe medications; further,

To base such support on the following facts:

1. Some drug products that are potential candidates for switching from prescription-only to nonprescription status raise concerns about patient safety as nonprescription products; these products could be better controlled, monitored, and evaluated by making them available only from pharmacists and licensed health care professionals who are authorized to prescribe medications; and
2. Pharmacists have the education, training, and expertise to help patients make appropriate therapeutic decisions associated with the use of such drug products; further,

To support that the regulatory system for this intermediate category of drug products contain the following features:

1. Drug products appropriate for this intermediate category would be identified through the advice of pharmacists, physicians, and other licensed health professionals who are authorized to prescribe medications, on the basis of the medical conditions to be treated and potential adverse effects (as indicated in FDA-approved labeling);
2. Pharmacists would be able to provide drugs in this intermediate category directly to patients without a prescription, on the basis of appropriate assessment and professional consultation;
3. Licensed health professionals who currently have prescribing authority would continue to have the ability to prescribe medications in this intermediate category; and
4. Data from postmarketing surveillance, epidemiologic studies, and adverse-drug-reaction reporting would be collected to help determine a drug product's eventual movement to nonprescription status, return to prescription-only status, or continuation in the intermediate category.

*This policy was reviewed in 2006 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*

### **Dispensing by Nonpharmacists and Nonprescribers (0010)**

*Source: Council on Legal and Public Affairs*

To reaffirm the position that all medication dispensing functions must be performed by, or under the supervision of, a pharmacist; further,

To reaffirm the position that any relationships that are established between a pharmacist and other individuals in order to carry out the dispensing function should preserve the role of the pharmacist in (a) maintaining appropriate patient protection and safety, (b) complying with regulatory and legal requirements, and (c) providing individualized patient care.

*This policy was reviewed in 2004 by the Council on Legal and Public Affairs and by the Board of Directors and was found to still be appropriate.*