

ASHP POLICY POSITIONS

1982–2011

Introduction

ASHP Policy Positions 1982–2011 is a catalog of professional policy positions adopted by the ASHP House of Delegates, organized from the most current year, 2011, back to those adopted in 1982. The foundations for ASHP's policy positions are its Mission Statement and its purposes as stated in the ASHP Charter. ASHP is a 35,000-member national professional association that represents pharmacists who practice in hospitals, health maintenance organizations, long-term care facilities, home care, and other components of health care systems. ASHP is the only national organization of hospital and health-system pharmacists and has a long history of improving medication use and enhancing patient safety. The Society has extensive publishing and educational programs designed to help members improve their delivery of pharmaceutical care, and it is the national accrediting organization for pharmacy residency and pharmacy technician training programs.

The mission of ASHP is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

The purposes of ASHP, as stated in the ASHP Charter, are as follows:

1. To advance public health by promoting the professional interests of pharmacists practicing in hospitals and other organized health-care settings through:
 - a. Fostering pharmaceutical services aimed at drug-use control and rational drug therapy.
 - b. Developing professional standards for pharmaceutical services.
 - c. Fostering an adequate supply of well-trained, competent pharmacists and associated personnel.
 - d. Developing and conducting programs for maintaining and improving the competence of pharmacists and associated personnel.
 - e. Disseminating information about pharmaceutical services and rational drug use.
 - f. Improving communication among pharmacists, other members of the health-care industry, and the public.
 - g. Promoting research in the health and pharmaceutical sciences and in pharmaceutical services.
 - h. Promoting the economic welfare of pharmacists and associated personnel.
2. To foster rational drug use in society such as through advocating appropriate public policies toward that end.
3. To pursue any other lawful activity that may be authorized by ASHP's Board of Directors.

Each policy position in this catalog is identified by a four-digit number: the first two digits show the year that the policy was approved by the House of Delegates, and the third and fourth digits are sequencing numbers. The source for each policy position indicates how the policy position was introduced to the House of Delegates, e.g., in a report of a council, through the Chair of the Board, or as a resolution. Background information on policy positions prior to 2000 can be found in that year's April 1 issue of the American Journal of Health-System Pharmacy under "ASHP Reports." For 2000 and following years, the background information can be found on the ASHP Web site (www.ashp.org).

All ASHP policy positions are published annually in this document, and practice-related policy positions are compiled in *Best Practices for Hospital & Health-System Pharmacy: Positions and Guidance Documents of ASHP*.

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Practice-Related Positions Listed by Topic

Automation and Information Technology

- 1006 - Definition of Meaningful Use of Health Information Technology
- 1020 - Role of Pharmacists in Safe Technology Implementation
- 0921 - Pharmacist's Role in Health Care Information Systems
- 0712 - Electronic Health and Business Technology and Services
- 0507 - Electronic Information Systems
- 0523 - Online Pharmacy and Internet Prescribing
- 0105 - Computerized Prescriber Order Entry
- 9919 - Management of Blood Products and Derivatives
- 9813 - Regulation of Automated Drug Distribution Systems
- 9205 - Automated Systems

Drug Distribution and Control

- 0611 - Redistribution of Unused Medications
- 0401 - Pharmaceutical Counterfeiting
- 0303 - Pharmacy Drug Theft
- 0232 - Pharmacist's Role in Drug Procurement, Distribution, Surveillance, and Control
- 9903 - Optimizing the Medication-Use Process

Preparation and Handling

- 0903 - Pharmaceutical Waste
- 0614 - Safe Disposal of Patients' Home Medications
- 0616 - Safe and Effective Extemporaneous Compounding
- 0617 - Accreditation of Compounding Facilities Distribution

Distribution

- 0522 - New and Emerging Medication Ordering and Distribution Systems
- 0310 - Technician-Checking-Technician Programs
- 0220 - Intermediate Category of Drugs
- 0010 - Dispensing By Nonpharmacists and Nonprescribers

Education and Training

- 1108 - Quality of Pharmacy Education and Expansion of Colleges of Pharmacy
- 1109 - Residency Equivalency
- 1110 - Pharmacy Internships
- 1111 - State-Specific Requirements for Pharmacist Continuing Education
- 1112 - Innovative Residency Models
- 1008 - Employment Classification and Duty Hours of Pharmacy Residents
- 1014 - Interprofessional Education and Training
- 0913 - Pharmacy Student Experiences in Medically Underserved Areas
- 0914 - Education About Patient Safety in the Medication-Use Process
- 0915 - Pharmacy Expertise in the Preparation and Handling of Injectable Medications

- 0916 - Continuing Professional Development
- 0917 - Pharmacy Residency Training
- 0803 - Standardized Pharmacy Technician Training as a Prerequisite for Certification
- 0804 - Collaboration Regarding Experiential Education
- 0805 - Entry-Level Doctor of Pharmacy Degree
- 0701 - Requirement for Residency
- 0702 - Pharmacy Technician Training
- 0704 - Residency Programs
- 0705 - ASHP Guidelines, Statements, and Professional Policies as an Integral Part of the Educational Process
- 0509 - Developing Leadership and Management Competencies
- 0510 - Communication Among Health-System Pharmacy Practitioners, Patients, and Other Health Care Providers
- 0313 - Patient-Centered Care
- 0314 - Cultural Competence
- 0315 - Practice Sites for Colleges of Pharmacy
- 0323 - Licensure for Pharmacy Graduates of Foreign Schools
- 0325 - Public Funding for Pharmacy Residency Training
- 0209 - Substance Abuse and Chemical Dependency
- 0217 - "P.D." (Pharmacy Doctor) Designation for Pharmacists
- 0005 - Residency Training for Pharmacists Who Provide Direct Patient Care
- 9901 - Fostering Pharmacy Leadership
- 8507 - Career Counseling

Ethics

- 1116 - Ethical Use of Placebos in Clinical Practice
- 0610 - Pharmacist's Right of Conscience and Patient's Right of Access to Therapy
- 0013 - Patient's Right to Choose
- 9915 - ASHP Position on Assisted Suicide
- 9006 - Nondiscriminatory Pharmaceutical Care
- 8410 - Use of Drugs in Capital Punishment

Formulary Management (Medication-Use Policy Development)

- 1104 - Pharmacogenomics
- 0809 - Medications Derived from Biologic Sources
- 0817 - Generic Substitution of Narrow Therapeutic Index Drugs
- 0305 - Expression of Therapeutic Purpose of Prescribing
- 0228 - Appropriate Dosing of Medications in Patient Populations with Unique Needs
- 0102 - Medication Formulary System Management
- 0103 - Gene Therapy
- 9819 - Role of Pharmacists and Business Leaders in Health Care Services and Policies
- 9601 - Standardization of Medication Formulary Systems
- 9106 - Medical Devices
- 8708 - Therapeutic Interchange

Government, Law, and Regulation

- 1101 - Medical Marijuana
- 1102 - Agricultural Use of Hormone and Prohormone Therapies
- 1103 - Direct-to-Consumer Clinical Genetic Tests
- 1118 - Drug Product Shortages
- 1121 - Poison Control Center Funding
- 1122 - State Prescription Drug Monitoring Programs
- 1001 - Health Insurance Coverage for U.S. Residents
- 1002 - Risk Evaluation and Mitigation Strategies
- 1003 - FDA Authority on Recalls
- 1004 - Postmarketing Comparative Clinical and Pharmacoeconomic Studies
- 1007 - Regulation of Home Medical Equipment Medication Products and Devices
- 1009 - Preservation of Antimicrobials for Medical Treatment
- 1011 - Use of Surrogate Endpoints for FDA Approval of Drug Uses
- 1012 - Quality Consumer Medication Information
- 0904 - Automatic Stop Orders
- 0906 - Approval of Follow-On Biological Medications
- 0907 - Pharmaceutical Product and Supply Chain Integrity
- 0909 - Regulation of Interstate Pharmacy Practice
- 0911 - Stable Funding for Office of Pharmacy Affairs
- 0811 - Regulation of Dietary Supplements
- 0813 - Medicare Prescription Drug Benefit
- 0814 - Federal Review of Anticompetitive Practices by Drug Product Manufacturers
- 0815 - Uniform State Laws and Regulations Regarding Pharmacy Technicians
- 0716 - Regulation of Telepharmacy Services
- 0719 - FDA Authority to Prohibit Reuse of Brand Names
- 0723 - Removal of Propoxyphene from the Market
- 0602 - Minimum Effective Doses
- 0612 - Streamlined Licensure Reciprocity
- 0506 - Accessibility and Affordability of Pharmaceuticals
- 0514 - Premarketing Comparative Clinical Studies
- 0515 - Postmarketing Safety Studies
- 0516 - Mandatory Registry of Clinical Trials
- 0518 - Funding, Expertise, and Oversight of State Boards of Pharmacy
- 0411 - Compounding by Health Professionals
- 0413 - Importation of Pharmaceuticals
- 0222 - Greater Access to Less Expensive Generic Drugs
- 0012 - FDA's Public Health Mission
- 9902 - Compliance with Governmental Payment Policies
- 9010 - Generic Pharmaceutical Testing

Medication Misadventures

- 1115 - Just Culture
- 1018 - Standardization of Device Connections to Avoid Wrong-Route Errors

- 1019 - Medication Safety Officer Role
- 1021 - Just Culture and Reporting Medication Errors
- 0604 - Minimizing the Use of Abbreviations
- 0227 - Pharmacist's Responsibility for Patient Safety
- 0011 - Statutory Protection for Medication-Error Reporting
- 0020 - Drug Names, Labeling, and Packaging Associated With Medication Errors
- 0021 - Medication Errors and Risk Management
- 9805 - Medication Misadventures
- 9609 - Human Factors Concepts

Medication Therapy and Patient Care

Organization and Delivery of Services

- 1107 - Patient-Reported Outcomes Tools
- 1114 - Pharmacist Accountability for Patient Outcomes
- 1117 - Pharmacists' Role in Medication Reconciliation
- 1005 - Medication Therapy Management
- 1017 - Impact of Insurance Coverage Design on Patient Care Decisions
- 1022 - Patient Access to Pharmacy Services in Small and Rural Hospitals
- 1023 - Scope and Hours of Pharmacy Services
- 0806 - Health-System Use of Medications and Administration Devices Supplied Directly to Patients
- 0807 - Standardization of Intravenous Drug Concentrations
- 0816 - Pharmacist's Leadership Role in Anticoagulation Therapy Management
- 0707 - Standard Drug Administration Schedules
- 0601 - Universal Influenza Vaccination
- 0619 - Integrated Team-Based Approach for the Pharmacy Enterprise
- 0502 - Health Care Quality Standards and Pharmacy Services
- 0505 - Health-System Facility Design
- 0525 - Mandatory Tablet Splitting for Cost Containment
- 0407 - Documentation of Pharmacist Patient Care Services
- 0301 - Continuity of Care
- 0202 - Performance Improvement
- 0101 - Pharmacy Benefits for the Uninsured
- 0104 - Patient Satisfaction
- 0116 - Patient Adherence Programs as Part of Health Insurance Coverage
- 9921 - Pharmacist Validation of Information Related to Medications
- 9801 - Collaborative Drug Therapy Management Activities
- 9804 - Multidisciplinary Action Plans for Patient Care
- 9812 - Collaborative Drug Therapy Management
- 9820 - Medication Administration by Pharmacists

Specific Practice Areas

- 1105 - Safe and Effective Use of IV Promethazine
- 1106 - Pain Management

- 1010 - Safety and Effectiveness of Ethanol for Treatment of Alcohol Withdrawal Syndrome
- 0902 - Pharmacist's Role in Providing Care for an Aging Population
- 0908 - Pharmacist Role in the Health Care (Medical) Home
- 0912 - Safe and Effective Use of Heparin in Neonatal Patients
- 0710 - Role of Pharmacists in Sports Pharmacy and Doping Control
- 0307 - Pharmacist Support for Dying Patients
- 0213 - Pharmacists' Role in Immunization and Vaccines
- 9711 - Interventions to Reduce HIV Risk Behavior in Intravenous Drug Users
- 9407 - Primary and Preventive Care

Pharmaceutical Industry

Drug Products, Labeling, and Packaging

- 0920 - Standardized Clinical Drug Nomenclature
- 0808 - Disclosure of Excipients in Drug Products
- 0715 - Patient Access to Orphan Drug Products
- 0720 - Standardizing Prefixes and Suffixes in Drug Product Names
- 0618 - Elimination of Surface Contamination on Vials of Hazardous Drugs
- 0501 - Mandatory Labeling of the Presence of Latex
- 0402 - Ready-To-Use Packaging for All Settings
- 0404 - Standardization, Automation, and Expansion of Manufacturer-Sponsored Patient-Assistance Programs
- 0309 - Unit Dose Packaging Availability
- 0002 - Drug Shortages
- 9707 - Pediatric Dosage Forms
- 9608 - Use of Color to Identify Drug Products
- 9309 - Expiration Dating of Pharmaceutical Products
- 9211 - Tamper-Evident Packaging on Topical Products
- 9011 - Drug Nomenclature
- 8709 - Codes on Solid Dosage Forms of Prescription Drug Products
- 8612 - International System of Units
- 8613 - Elimination of Apothecary System
- 8310 - Size, Color, and Shape of Drug Products

Marketing

- 1119 - Direct-to-Consumer Advertising of Prescription and Nonprescription Medications
- 1120 - Regulation of Off-label Promotion and Marketing
- 1016 - Pharmaceutical Distribution Systems
- 0714 - Restricted Drug Distribution
- 0603 - Medication Management for Patient Assistance Programs
- 9702 - Drug Samples
- 9703 - Manufacturer-Sponsored Patient-Assistance Programs

Pharmacy Management

- 0901 - Workload Monitoring and Reporting
- 0918 - Pharmacist Leadership of the Pharmacy Department
- 0504 - Pharmacy Staff Fatigue and Medication Errors

Compensation and Reimbursement

- 0708 - Pay-for-Performance Reimbursement
- 0206 - Reimbursement for Unlabeled Uses of FDA-Approved Drug Products
- 0207 - Product Reimbursement and Pharmacist Compensation

Human Resources

- 1113 - Professional Socialization
- 1015 - Minimum Hiring Standards for Pharmacy Technicians
- 0905 - Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Drug Therapy Management
- 0919 - Intimidating or Disruptive Behaviors
- 0810 - Education, Prevention, and Enforcement Concerning Workplace Violence
- 0812 - Appropriate Staffing Levels
- 0703 - Image of and Career Opportunities for Hospital and Health-System Pharmacists
- 0713 - Tobacco and Tobacco Products
- 0615 - Influenza Vaccination Requirements to Advance Patient Safety and Public Health
- 0508 - Financial Management Skills
- 0521 - Opposition to Creation of New Categories of Licensed Personnel
- 0409 - Cultural Diversity Among Health Care Providers
- 0201 - Staffing for Safe and Effective Patient Care
- 0211 - Image of and Career Opportunities for Pharmacy Technicians
- 0218 - Pharmacist Recruitment and Retention
- 0112 - Professional Development as a Retention Tool
- 0006 - Pharmacist Credentialing
- 9103 - Drug Testing
- 9108 - Employee Testing
- 8610 - Pharmacy Technicians

Practice Settings

- 1024 - Use of Two Patient Identifiers in the Outpatient Setting
- 0709 - Principles of Managed Care
- 0414 - Home Intravenous Therapy Benefit

Research

- 1013 - Research on Drug Use in Obese Patients
- 0711 - Institutional Review Boards and Investigational Use of Drugs
- 0229 - Clinical Investigations of Drugs Used in Elderly and Pediatric Patients

ASHP Statements, Endorsements, and Governance Positions

Approval of ASHP Statements

- 1123 - ASHP Statement on Leadership as a Professional Obligation
- 1025 - Bar-Code Verification During Inventory, Preparation, and Dispensing of Medications
- 0922 - Pharmacist's Role in Antimicrobial Stewardship and Infection Prevention and Control
- 0923 - Health-System Pharmacist's Role in National Health Care Quality Initiatives
- 0818 - Bar-Code-Enabled Medication Administration
- 0819 - Roles and Responsibilities of the Pharmacy Executive
- 0820 - Standards-Based Pharmacy Practice in Hospitals and Health Systems
- 0821 - Pharmacy Services to the Emergency Department
- 0822 - Pharmacy and Therapeutics Committee and the Formulary System
- 0823 - Confidentiality of Patient Health Care Information
- 0824 - Criteria for an Intermediate Category of Drug Products
- 0724 - Role of Health-System Pharmacists in Public Health
- 0725 - Professionalism
- 0726 - Racial and Ethnic Disparities in Health Care
- 0621 - Pharmacist's Role in Informatics
- 0526 - Over-the-Counter Availability of Statins
- 0415 - Use of Dietary Supplements
- 0326 - Role of Health-System Pharmacists in Emergency Preparedness
- 0327 - Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance
- 0328 - Pharmacist's Role in the Care of Patients with HIV Infection
- 0234 - Pharmacist's Role in Hospice and Palliative Care
- 0235 - Role of Health-System Pharmacists in Emergency Preparedness
- 0023 - Reporting Medical Errors
- 9916 - Pharmacist Decision-Making on Assisted Suicide
- 9922 - Pharmacist's Role in Primary Care
- 9821 - Pharmacist's Role in Clinical Pharmacokinetic Monitoring
- 9504 - Pharmacist's Responsibility for Distribution and Control of Drug Products
- 9505 - Role of the Pharmacist in Patient-Focused Care
- 9304 - Pharmaceutical Care
- 9306 - Pharmacist's Role with Respect to Drug Delivery Systems and Administration Devices
- 9208 - Use of Medications for Unlabeled Uses
- 9111 - Pharmaceutical Research in Organized Health-Care Settings
- 9002 - Continuing Education
- 8907 - Unit Dose Drug Distribution
- 8504 - Third-Party Compensation for Clinical Services by Pharmacists

ASHP Endorsements

- 9607 - Code of Ethics
- 9303 - Health-Care Reform

[ASHP Governance](#)

0215 - Educational Program Resources for Affiliated State Societies

0118 - State Affiliate Membership and ASHP Appointments

9614 - Dues Authority

9506 - Time of the ASHP Midyear Clinical Meeting

9411 - Name Change

2011 Policy Positions

1101

MEDICAL MARIJUANA

Source: Council on Therapeutics

To oppose state legislation that authorizes the use of medical marijuana until there is sufficient evidence to support its safety and effectiveness and a standardized product that would be subject to the same regulations as a prescription drug product; further,

To encourage research to define the therapeutically active components, effectiveness, safety, and clinical use of medical marijuana; further,

To advocate for the development of processes that would ensure standardized formulations, potency, and quality of medical marijuana products to facilitate research; further,

To encourage the Drug Enforcement Administration to eliminate barriers to medical marijuana research, including review of medical marijuana's status as a Schedule I controlled substance, and its reclassification, if necessary to facilitate research; further,

To oppose the procurement, storage, preparation, or distribution of medical marijuana by licensed pharmacies or health care facilities for purposes other than research; further,

To oppose the smoking of marijuana in settings where smoking is prohibited; further,

To encourage continuing education that prepares pharmacists to respond to patient and clinician questions about the therapeutic and legal issues surrounding medical marijuana use.

*(Note: As defined by the Congressional Research Service, the term *medical marijuana* refers to uses of botanical marijuana that qualify for a medical use exception under the laws of certain states and under the federal Investigational New Drug Compassionate Access Program. Botanical marijuana includes the whole or parts of the natural marijuana plant and therapeutic products derived therefrom, as opposed to drugs produced synthetically in the laboratory that replicate molecules found in the marijuana plant.)*

1102

AGRICULTURAL USE OF HORMONE AND PROHORMONE THERAPIES

Source: Council on Therapeutics

To advocate that the Food and Drug Administration and United States Department of Agriculture re-evaluate the agricultural use of hormone and prohormone therapies for purposes of animal growth promotion based on evidence demonstrating potential adverse effects on human health; further,

To encourage additional research to better define the public health impact of using hormone therapies for agricultural purposes.

1103**DIRECT-TO-CONSUMER CLINICAL GENETIC TESTS**

Source: Council on Therapeutics

To support research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice; further,

To encourage the Food and Drug Administration to use existing authority to regulate these tests as medical devices and to work with the National Institutes of Health to expedite establishment of a process to evaluate and approve direct-to-consumer clinical genetic tests; further,

To advocate that direct-to-consumer clinical genetic tests to support disease diagnosis or management of drug therapy be provided to consumers only through the services of appropriate health care professionals that order tests from laboratories that are certified under the Clinical Laboratories Improvement Amendments of 1988 (CLIA); further,

To oppose advertising of direct-to-consumer clinical genetic tests unless such testing includes the established patient-health care provider relationship as a mechanism to provide information and interpretation of test results; further,

To oppose advertising of direct-to-consumer clinical genetic tests unless the following requirements are met: (1) that the relationship between the genetic marker and the disease or condition being assessed is clearly presented, (2) that the benefits and risks of testing are discussed, and (3) that such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-health care provider relationship as a critical source for information about the test and interpretation of test results; further,

To encourage pharmacists to educate consumers and clinicians on the appropriate use of direct-to-consumer clinical genetic tests for disease diagnosis and drug therapy management.

1104**PHARMACOGENOMICS**

Source: Council on Therapeutics

To advocate that pharmacists take a leadership role in the therapeutic applications of pharmacogenomics, which is essential to individualized drug therapy; further,

To support research to validate and standardize genetic markers and genetic testing for drug therapy and to support research and other efforts that guide and accelerate the application of pharmacogenomics to clinical practice; further,

To advocate for the inclusion of pharmacogenomic test results in medical and pharmacy records in a format that clearly states the implications of the results for drug therapy and facilitates availability of the genetic information throughout the continuum of care and over a patient's lifetime; further,

To encourage pharmacists to educate prescribers and patients about the use of pharmacogenomic tests and their appropriate application to drug therapy management; further,

To encourage pharmacist education on the use of pharmacogenomics and advocate for the inclusion of pharmacogenomics and its application to therapeutic decision-making in college of pharmacy curricula.

This policy supersedes ASHP policy 0016.

1105

SAFE AND EFFECTIVE USE OF IV PROMETHAZINE

Source: Council on Therapeutics

To recognize intravenous (IV) promethazine as a treatment alternative in limited clinical circumstances; further,

To support health-system efforts to restrict use of IV promethazine by encouraging alternate routes of administration or use of therapeutic alternatives when appropriate; further,

To encourage health systems to establish medication-use processes that reflect nationally recognized best practices to limit the potential for patient harm when IV promethazine use is medically necessary.

1106

PAIN MANAGEMENT

Source: Council on Therapeutics

To advocate fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care; further,

To advocate that pharmacists actively participate in the development and implementation of health-system pain management policies and protocols; further,

To support the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse; further,

To encourage the education of pharmacists, pharmacy students, and other health care providers regarding the principles of pain management and methods to minimize drug diversion.

This policy supersedes ASHP policy 0306.

1107

PATIENT-REPORTED OUTCOMES TOOLS

Source: Council on Therapeutics

To advocate for expanded use of validated patient-reported outcomes (PRO) tools in clinical research and direct patient care; further,

To support development of validated PRO tools that are sensitive to differences in cultural and health literacy; further,

To encourage additional research on PRO tools, including studies to assess their correlation to overall patient outcomes; further,

To educate clinicians and patients about the appropriate use of PRO tools.

1108

QUALITY OF PHARMACY EDUCATION AND EXPANSION OF COLLEGES OF PHARMACY

Source: Council on Education and Workforce Development

To support the Accreditation Council for Pharmacy Education's continuing role of promulgating accreditation standards and guidelines and engaging in sound accreditation processes to ensure quality in the education provided by colleges of pharmacy; further,

To acknowledge that, in addition to a robust curriculum, access to quality experiential educational sites and the availability of qualified faculty (including preceptors and specialty-trained clinical faculty) are essential determinants of the ability to expand enrollment in existing or additional colleges of pharmacy; further,

To oppose expansion of enrollment in existing or new colleges of pharmacy unless well-designed projections demonstrate that such enrollment increases are necessary to maintain a viable pharmacist workforce.

This policy supersedes ASHP policy 0607.

1109**RESIDENCY EQUIVALENCY**

Source: Council on Education and Workforce Development

To acknowledge the distinct role of ASHP-accredited residency training in preparing pharmacists to be direct patient-care providers; further,

To recognize the importance of clinical experience in developing practitioner expertise; further,

To affirm that there are no objective means to convert or express clinical experience as equivalent to or a substitute for the successful completion of an ASHP-accredited residency.

1110**PHARMACY INTERNSHIPS**

Source: Council on Education and Workforce Development

To encourage the National Association of Boards of Pharmacy to develop standardized pharmacy internship hour requirements that would be used uniformly by all state boards of pharmacy; further,

To support structured requirements, goals, and objectives for pharmacy internship experiences, in alignment with requirements for introductory and advanced pharmacy practice experiences; further,

To promote and expand new staffing models that foster expanded roles for pharmacy interns, providing work experiences that build upon their knowledge and help them develop as future pharmacists.

This policy supersedes ASHP policy 0802.

1111**STATE-SPECIFIC REQUIREMENTS FOR PHARMACIST CONTINUING EDUCATION**

Source: Council on Education and Workforce Development

To support the standardization of state pharmacist continuing education requirements; further,

To advocate that state boards of pharmacy adopt continuing professional development (CPD) as the preferred model for maintaining pharmacist competence and structure continuing education requirements as a component of CPD.

1112**INNOVATIVE RESIDENCY MODELS**

Source: Council on Education and Workforce Development

To support the development of innovative residency models that meet ASHP accreditation requirements.

1113**PROFESSIONAL SOCIALIZATION**

Source: Council on Education and Workforce Development

To encourage pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of: (1) high professional standards of pharmacy practice, (2) high personal standards of integrity and competence, (3) a commitment to serve humanity, (4) analytical thinking and ethical reasoning, (5) a commitment to continuing professional development, and (6) personal leadership skills.

This policy supersedes ASHP policy 0110.

1114**PHARMACIST ACCOUNTABILITY FOR PATIENT OUTCOMES**

Source: Council on Pharmacy Practice

To affirm that pharmacists are obligated by their covenantal relationship with patients to ensure that medication use is safe and effective; further,

To declare that pharmacists, pursuant to their authority over a specialized body of knowledge, are autonomous in exercising their professional judgment and accountable as professionals and health care team members for safe and effective medication therapy outcomes; further,

To encourage pharmacists to define practices and associated measures of effectiveness that support their accountability for patient outcomes; further,

To promote pharmacist accountability as a fundamental component of pharmacy practice to other health care professionals, standards-setting and regulatory organizations, and patients.

1115**JUST CULTURE**

Source: Council on Pharmacy Practice

To recognize that the principles of *just culture* promote an environment in health care organizations in which safety is valued, reporting of safety risks is encouraged, and a fair process is used to hold staff and leaders accountable; further,

To encourage hospitals and health systems to include *just culture* as a component in organizational safety culture surveys and quality improvement initiatives.

1116**ETHICAL USE OF PLACEBOS IN CLINICAL PRACTICE**

Source: Council on Pharmacy Practice

To affirm that the use of placebos in clinical practice is ethically acceptable only when patients have been informed of and agree to such use as a component of treatment; further,

To encourage hospitals and health systems to develop policies and procedures to guide clinicians in making informed decisions regarding the use of placebos; further,

To oppose the use of pharmacologically active substances or medications as placebos.

This policy supersedes ASHP policy 0517.

1117

PHARMACISTS' ROLE IN MEDICATION RECONCILIATION

Source: Council on Pharmacy Practice

To affirm that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients; further,

To advocate that pharmacists, because of their distinct knowledge, skills, and abilities, should take a leadership role in interdisciplinary efforts to develop, implement, monitor, and maintain effective medication reconciliation processes; further,

To encourage community-based providers, hospitals, and health systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care; further,

To declare that pharmacists have a responsibility to educate patients and caregivers on their responsibility to maintain an up-to-date and readily accessible list of medications the patient is taking and that pharmacists should assist patients and caregivers by assuring the provision of a personal medication list as part of patient counseling, education, and maintenance of an individual medical record.

This policy supersedes ASHP policy 0620.

1118

DRUG PRODUCT SHORTAGES

Source: Council on Public Policy

To advocate that the Food and Drug Administration (FDA) have the authority to require manufacturers to report drug product shortages and the reason(s) for the shortage, and to make that information available to the public; further,

To strongly encourage the FDA to consider, in its definition of "medically necessary" drug products, the patient safety risks created by use of alternate drug products during a shortage; further,

To support government-sponsored incentives for manufacturers to maintain an adequate supply of medically necessary drug products; further,

To advocate laws and regulations that would (1) require pharmaceutical manufacturers to notify the appropriate government body at least 12 months in advance of voluntarily

discontinuing a drug product, (2) provide effective sanctions for manufacturers that do not comply with this mandate, and (3) require prompt public disclosure of a notification to voluntarily discontinue a drug product; further,

To encourage the appropriate government body to seek the cooperation of manufacturers in maintaining the supply of a drug product after being informed of a voluntary decision to discontinue that product.

This policy supersedes ASHP policy 0319.

1119

DIRECT-TO-CONSUMER ADVERTISING OF PRESCRIPTION AND NONPRESCRIPTION MEDICATIONS

Source: Council on Public Policy

To oppose direct-to-consumer advertising unless it is educational in nature about prescription drug therapies for certain medical conditions and appropriately includes pharmacists as a source of information; further,

To oppose direct-to-consumer advertising of specific prescription drug products unless the following requirements are met: (1) that such advertising is delayed until postmarketing surveillance data are collected and assessed, (2) that the benefits and risks of therapy are presented in an understandable format at an acceptable literacy level for the intended population, (3) that such advertising promotes medication safety and allows informed decisions, (4) that a clear relationship between the medication and the disease state is presented, (5) that no such advertising or marketing information for prescription or nonprescription medication is directed toward minors, and (6) that such advertising include mechanisms that direct consumers to a medication adverse event reporting system (AERS); further,

To advocate that the Food and Drug Administration require an AERS reporting link in direct-to-consumer advertising material available on the Internet; further,

To support the development of legislation or regulation that would require nonprescription drug advertising to state prominently the benefits and risks associated with product use that should be discussed with the consumer's pharmacist or physician.

This policy supersedes ASHP policy 0609.

1120

REGULATION OF OFF-LABEL PROMOTION AND MARKETING

Source: Council on Public Policy

To advocate for authority for the Food and Drug Administration to regulate the promotion and dissemination of information about off-label uses of medications by manufacturers; further,

To advocate that such promotion and dissemination be permitted only if manufacturers submit a supplemental new drug application for new use within a reasonable time after initial dissemination of information about off-label uses.

1121**POISON CONTROL CENTER FUNDING**

Source: Council on Public Policy

To advocate that poison control centers be considered an essential emergency service; further,

To advocate for new and stable funding mechanisms for poison control centers to continue to provide these essential and valuable services; further,

To support the integration and coordination of poison control center services where appropriate.

1122**STATE PRESCRIPTION DRUG MONITORING PROGRAMS**

Source: Council on Public Policy

To advocate for uniform state prescription drug monitoring programs that collect standard information about controlled substances prescriptions; further,

To advocate that the design of these programs should balance the need for appropriate therapeutic management with safeguards against fraud, misuse, abuse, and diversion; further,

To advocate that such programs be structured as part of electronic health records and exchanges to allow prescribers, pharmacists, and other practitioners to proactively monitor data for appropriate assessment; further,

To advocate for interstate integration to allow for access by prescribers, pharmacists, and other practitioners across state lines; further,

To advocate for federal and state funding to establish and administer these programs.

1123**ASHP STATEMENT ON LEADERSHIP AS A PROFESSIONAL OBLIGATION**

Source: Council on Pharmacy Management

To approve the ASHP Statement on Leadership as a Professional Obligation.

2010 Policy Positions

1001

HEALTH INSURANCE COVERAGE FOR U.S. RESIDENTS

Source: Council on Public Policy

To advocate health insurance for all residents of the United States, including coverage of medications and related pharmacist patient-care services; further,

To advocate that the full range of available methods be used to (1) ensure the provision of appropriate, safe, and cost-effective health care services; (2) optimize treatment outcomes; and (3) minimize overall costs without compromising quality; further,

To advocate that health insurers seek to optimize continuity of care in their design of benefit plans.

This policy supersedes ASHP policy 0512.

1002

RISK EVALUATION AND MITIGATION STRATEGIES

Source: Council on Public Policy

To advocate for research on the impact of the Food and Drug Administration's Risk Evaluation and Mitigation Strategies (REMS) on patient safety, cost effectiveness, and pharmacy workflow; further,

To advocate pharmacist involvement in the development and implementation of REMS; further,

To urge computer software vendors to assist pharmacists in the identification of and compliance with REMS; further,

To advocate that any REMS that include constraint on traditional drug distribution systems be consistent with ASHP policy on restricted drug distribution.

1003

FDA AUTHORITY ON RECALLS

Source: Council on Public Policy

To strongly encourage the Food and Drug Administration (FDA) to develop a standard recall notification process and format to be used by all manufacturers to facilitate the timely removal of recalled drugs; further,

To advocate that such notification should (1) come from a single source, (2) clearly identify the recalled product, (3) explain why the product is being recalled, (4) provide a way to

report having the recalled product, (5) give instructions on what to do with the recalled product, and (6) be provided concurrently to all entities in the supply chain; further,

To advocate that the FDA be given the authority to order mandatory recalls of medications; further,

To urge the FDA to require drug manufacturers and the computer software industry to provide bar codes and data fields for lot number, expiration date, and other necessary and appropriate information on all medication packaging, including unit dose, unit-of-use, and injectable drug packaging, in order to facilitate compliance with recalls or withdrawals and to prevent the administration of recalled products to patients; further,

To urge the FDA to encourage postmarketing reporting of adverse events and product quality issues to enhance the recall system.

1004

POSTMARKETING COMPARATIVE CLINICAL AND PHARMACOECONOMIC STUDIES

Source: Council on Public Policy

To advocate expansion of comparative clinical and pharmacoeconomic studies on the effectiveness, safety, and cost comparison of marketed medications in order to improve therapeutic outcomes and promote cost-effective medication use; further,

To advocate that such studies compare a particular medication with (as appropriate) other medications, medical devices, or procedures used to treat specific diseases; further,

To advocate adequate funding for the Agency for Healthcare Research and Quality and other federal agencies to carry out such studies; further,

To encourage impartial private-sector entities to also conduct such studies.

This policy supersedes ASHP policy 0513.

1005

MEDICATION THERAPY MANAGEMENT

Source: Council on Public Policy

To support medication therapy management (MTM) services as defined in Section 3503 of the Patient Protection and Affordable Care Act (PL 111-148); further,

To affirm that MTM is a partnership between the patient (or a caregiver) and a pharmacist, in collaboration with other health care professionals, that promotes the safe and effective use of medications.

1006**DEFINITION OF MEANINGFUL USE OF HEALTH INFORMATION TECHNOLOGY**

Source: Council on Public Policy

To advocate to policymakers (public and private) that definitions of "meaningful use of health information technology" address interoperability of medication orders and prescriptions, medication decision support and continuous improvement, and quality reporting; further,

To advocate with respect to interoperability of medication orders and prescriptions that (1) a common medication vocabulary be mandated to promote the semantic interoperability of medication use across the continuum of care, because a common vocabulary is essential for comparative effectiveness research and for communicating medication information; and (2) communication of orders and electronic prescriptions must be demonstrated to be functional and semantically interoperable with pharmacy information systems; further,

To advocate with respect to medication decision support and continuous improvement that (1) medication decision support should include but not be limited to allergy, drug interaction (e.g., drug-lab or drug-disease interactions), duplicate therapy, and dose-range checking; and (2) that such a decision-support service must include an ongoing, continuous improvement process to attune the decision-support service to the needs of the providers who use it; further,

To advocate with respect to quality reporting that the ability to quantify improved patient safety, quality outcomes, and cost reductions in the medication-use process is essential, particularly in antimicrobial and adverse event surveillance.

1007**REGULATION OF HOME MEDICAL EQUIPMENT MEDICATION PRODUCTS AND DEVICES**

Source: Council on Public Policy

To advocate for consistent regulatory oversight of all home medical equipment, with the goals of continuity of care, patient safety, and appropriate pharmacist involvement whenever equipment is used for medication administration; further,

To monitor the impact of the Centers for Medicare & Medicaid Services quality standards on the accreditation of suppliers of medication-related durable medical equipment and supplies.

1008**EMPLOYMENT CLASSIFICATION AND DUTY HOURS OF PHARMACY RESIDENTS**

Source: Council on Public Policy

To advocate that pharmacy residents should be classified as exempt employees; further,

To advocate that pharmacy residents be subject to duty hour limits (similar to resident physicians) with respect to all clinical and academic activities during their training program in

accordance with the Accreditation Council on Graduate Medical Education (ACGME) standards and ASHP accreditation standards for pharmacy residency programs.

1009**PRESERVATION OF ANTIMICROBIALS FOR MEDICAL TREATMENT**

Source: Council on Therapeutics

To advocate that the Food and Drug Administration (FDA) eliminate future approval of antimicrobials for nontherapeutic uses in agricultural animals that represent a safety risk by contributing to antibiotic resistance; further,

To encourage efforts to phase out and eliminate the nontherapeutic uses of antimicrobials previously approved by the FDA; further,

To support the therapeutic use of antimicrobials in animals only under the supervision of a veterinarian; further,

To encourage the FDA, Centers for Disease Control and Prevention, and other stakeholders to monitor and limit, when effective alternatives are available, the therapeutic use of antimicrobials that are essential to the treatment of critically ill human patients; further,

To advocate for the inclusion of pharmacists in antimicrobial surveillance and related public health efforts based on pharmacists' knowledge of antimicrobial drug products and antimicrobial resistance.

1010**SAFETY AND EFFECTIVENESS OF ETHANOL FOR TREATMENT OF ALCOHOL WITHDRAWAL SYNDROME**

Source: Council on Therapeutics

To oppose the use of oral or intravenous ethanol for the prevention or treatment of alcohol withdrawal syndrome (AWS) because of its poor effectiveness and safety profile; further,

To support hospital and health-system efforts that restrict or prohibit the use of oral or intravenous ethanol therapies to treat AWS; further,

To educate clinicians about the availability of alternative therapies for AWS.

1011**USE OF SURROGATE ENDPOINTS FOR FDA APPROVAL OF DRUG USES**

Source: Council on Therapeutics

To support the continued use of qualified surrogate endpoints by the Food and Drug Administration (FDA) as a mechanism to evaluate the effectiveness and safety of new drugs and new indications for existing therapies, when measurement of definitive clinical outcomes is not feasible; further,

To support efforts by the FDA and other stakeholders to qualify surrogate endpoints; further,

To advocate that the FDA consistently enforce existing requirements that drug product manufacturers complete postmarketing studies for drugs approved based on qualified surrogate endpoints in order to confirm that the expected improvement in outcomes occurs, and to require that these studies be completed in a timely manner.

1012

QUALITY CONSUMER MEDICATION INFORMATION

Source: Council on Therapeutics

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to improve the quality, consistency, and simplicity of written consumer medication information (CMI); further,

To encourage the FDA to work in collaboration with patient advocates and other stakeholders to create evidence-based models and standards, including establishment of a universal literacy level, for CMI; further,

To advocate that research be conducted to validate these models in actual-use studies in pertinent patient populations; further,

To advocate that state boards of pharmacy require that pharmacies comply with FDA-established standards for content, format, and distribution of CMI.

1013

RESEARCH ON DRUG USE IN OBESE PATIENTS

Source: Council on Therapeutics

To encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in obese patients to facilitate safe and effective dosing of medications in this patient population, especially for medications most likely to be affected by obesity; further,

To encourage manufacturers to include in the Food and Drug Administration (FDA)-approved labeling detailed information on characteristics of individuals enrolled in drug dosing studies; further,

To advocate that the FDA develop guidance for the design and reporting of studies that support dosing recommendations in obese patients; further,

To advocate for increased enrollment of obese patients in preapproval clinical trials of new medications; further,

To encourage independent research on the clinical significance of obesity on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms.

1014**INTERPROFESSIONAL EDUCATION AND TRAINING**

Source: Council on Education and Workforce Development

To support interprofessional education as a component of didactic and experiential education in Doctor of Pharmacy degree programs; further,

To support interprofessional education as a part of professional development for pharmacy practitioners and to collaborate with other disciplines to facilitate and promote programs that support this goal; further,

To encourage and support pharmacists' collaboration with other health professionals and health care executives in the development of team-based, patient-centered care models; further,

To foster documentation and dissemination of outcomes achieved as a result of interprofessional education of health care professionals.

This policy supersedes ASHP policy 0608.

1015**MINIMUM HIRING STANDARDS FOR PHARMACY TECHNICIANS**

Source: Council on Education and Workforce Development

To encourage employers to hire pharmacy technicians who have successfully completed an ASHP-accredited pharmacy technician training program and are certified by the Pharmacy Technician Certification Board (PTCB); further,

To support employment practices that would permit hiring of pharmacy technician trainees only if those individuals (1) are required to both successfully complete an ASHP-accredited pharmacy technician training program and successfully complete PTCB certification within 24 months of employment, and (2) are limited to positions with lesser responsibilities until they successfully complete such training and certification; further,

To encourage employers to require ongoing PTCB certification as a condition of continued employment; further,

To encourage expansion of ASHP-accredited pharmacy technician training programs.

1016**PHARMACEUTICAL DISTRIBUTION SYSTEMS**

Source: Council on Pharmacy Management

To support wholesaler/distribution business models that meet the requirements of hospitals and health systems with respect to timely delivery of products, minimizing short-term outages and long-term product shortages, managing and responding to product recalls, fostering product-handling and transaction efficiency, preserving the integrity of products as they move through the supply chain, and maintaining affordable service costs.

This policy supersedes ASHP policy 0605.

1017**IMPACT OF INSURANCE COVERAGE DESIGN ON PATIENT CARE DECISIONS**

Source: Council on Pharmacy Management

To advocate that all health insurance policies be designed and coverage decisions made in a way that preserves the patient–practitioner relationship; further,

To oppose provisions in health insurance policies that interfere with established drug distribution and clinical services designed to ensure patient safety, quality, and continuity of care; further,

To advocate for the exclusion of hospital and health-system outpatient settings from restrictive reimbursement requirements.

1018**STANDARDIZATION OF DEVICE CONNECTIONS TO AVOID WRONG-ROUTE ERRORS**

Source: Council on Pharmacy Practice

To advocate for development and use of medication administration device connectors and fittings that are designed to prevent misconnections and wrong-route errors; further,

To support the use of oral syringes that are readily distinguishable from injectable syringes and connect only to oral or enteral adapters and fittings; further,

To oppose the use of injectable syringes for other than injectable routes of administration; further,

To identify and promote the implementation of best practices for preventing wrong-route errors.

1019**MEDICATION SAFETY OFFICER ROLE**

Source: Council on Pharmacy Practice

To advocate that accountability for development and maintenance of a medication safety program in hospitals and health systems be assigned to a qualified individual (i.e., a medication safety officer or leader of a medication safety team); further,

To advocate that individuals in these roles have the authority and autonomy to establish priorities for medication-use safety and make the necessary changes as authorized by the medical staff committee responsible for medication-use policy; further,

To affirm that pharmacists are uniquely prepared by education, experience, and knowledge to assume the role of medication safety officer or other leadership role in all activities that ensure the safety, effectiveness, and efficiency of the medication-use process; further,

To support all pharmacists in their leadership roles in organizational medication-use safety, reflecting their authority over and accountability for the performance of the medication-use process.

1020**ROLE OF PHARMACISTS IN SAFE TECHNOLOGY IMPLEMENTATION**

Source: Council on Pharmacy Practice

To affirm the essential role of the pharmacist in the evaluation, implementation, and ongoing assessment of all technology intended to ensure safety, effectiveness, and efficiency of the medication-use process.

1021**JUST CULTURE AND REPORTING MEDICATION ERRORS**

Source: Council on Pharmacy Practice

To encourage pharmacists to exert leadership in establishing a just culture in their workplaces and a nonpunitive systems approach to addressing medication errors while supporting a nonthreatening reporting environment to encourage pharmacy staff and others to report actual and potential medication errors in a timely manner; further,

To provide leadership in supporting a single, comprehensive, hospital- or health-system-specific medication error reporting program that (1) fosters a confidential, nonthreatening, and nonpunitive environment for the submission of medication error reports; (2) receives and analyzes these confidential reports to identify system-based causes of medication errors or potential errors; and (3) recommends and disseminates error prevention strategies; further,

To provide leadership in encouraging the participation of all stakeholders in the reporting of medication errors to this program.

(*Note:* A just culture is one that has a clear and transparent process for evaluating errors and separating events arising from flawed system design or inadvertent human error from those caused by reckless behavior, defined as a behavioral choice to consciously disregard what is known to be a substantial or unjustifiable risk.)

This policy supersedes ASHP policy 0910.

1022

PATIENT ACCESS TO PHARMACY SERVICES IN SMALL AND RURAL HOSPITALS

Source: Council on Pharmacy Practice

To advocate that critical-access hospitals (CAHs) and small and rural hospitals meet national medication management and patient safety standards, regardless of size or location; further,

To provide resources and tools to assist pharmacists who provide services to CAHs and small and rural hospitals in meeting standards related to safe medication use.

This policy supersedes ASHP policy 0503.

1023

SCOPE AND HOURS OF PHARMACY SERVICES

Source: Council on Pharmacy Practice

To support the principle that all patients should have 24-hour access to a pharmacist responsible for their care, regardless of hospital size or location; further,

To advocate alternative methods of pharmacist review of medication orders (such as remote review) before drug administration when onsite pharmacist review is not available; further,

To support the use of remote medication order review systems that communicate pharmacist approval of orders electronically to the hospital's automated medication distribution system; further,

To promote the importance of pharmacist access to pertinent patient information, regardless of proximity to patient.

This policy supersedes ASHP policy 0403.

1024

USE OF TWO PATIENT IDENTIFIERS IN THE OUTPATIENT SETTING

Source: Council on Pharmacy Practice

To encourage the use of two identifiers to confirm patient identity when transferring filled prescriptions to the possession of the patient or patient's agent in outpatient settings.

1025**ASHP STATEMENT ON BAR-CODE VERIFICATION DURING INVENTORY, PREPARATION, AND DISPENSING OF MEDICATIONS**

Source: Section of Pharmacy Informatics and Technology

To approve the ASHP Statement on Bar-code Verification During Inventory, Preparation, and Dispensing of Medications.

2009 Policy Positions

0901**WORKLOAD MONITORING AND REPORTING**

Source: House of Delegates Resolution

To strongly discourage the use of pharmacy workload and productivity measurement systems (“pharmacy benchmarking systems”) that are based solely upon dispensing functions (e.g., doses dispensed or billed) or a variant of patient days, because such measures do not accurately assess pharmacy workload, staffing effectiveness, clinical practice contributions to patient care, or impacts on costs of care, and therefore these measurement systems are not valid and should not be used; further,

To advocate the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care; further,

To define pharmacy workload as all activities related to providing pharmacy patient care services; further,

To continue communications with health-system administrators, consulting firms, and professional associations regarding the value of pharmacists’ services and the importance of using valid, comprehensive, and evidence-based measures of pharmacy workload and productivity; further,

To encourage practitioners and vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data and patient outcomes; further,

To advocate to health-system administrators, consulting firms, and vendors of performance-measurement services firms the development and implementation of pharmacy benchmarking systems that accurately assess the impact of pharmacy services on patient outcomes and total costs of care.

This policy supersedes ASHP policy 0406.

0902**PHARMACIST'S ROLE IN PROVIDING CARE FOR AN AGING POPULATION**

Source: Council on Pharmacy Practice

To encourage expansion of geriatric health care services; further,

To foster expanded roles for pharmacists in caring for geriatric patients; further,

To support successful innovative models of team-based, interdisciplinary geriatric care; further,

To increase training of pharmacists in caring for geriatric patients within college of pharmacy curricula, in ASHP-accredited postgraduate-year-one residencies, and through the expansion of the number of ASHP-accredited postgraduate-year-two geriatric pharmacy residency programs.

0903**PHARMACEUTICAL WASTE**

Source: Council on Pharmacy Practice

To collaborate with regulatory bodies and appropriate organizations to develop standards for the disposal of pharmaceutical hazardous waste as defined in the Resource Conservation and Recovery Act (RCRA), for the purpose of simplifying the disposal of these substances by health systems; further,

To encourage pharmaceutical manufacturers and the Environmental Protection Agency (EPA) to provide guidance and assistance to hospitals and health systems in proper pharmaceutical waste disposal and destruction efforts; further,

To advocate that EPA update the list of hazardous substances under RCRA and establish a process for maintaining a current list; further,

To urge federal, state, and local governments to harmonize regulations regarding disposal of hazardous pharmaceutical waste; further,

To advocate that the Food and Drug Administration standardize labeling of drug products with information relating to appropriate disposal; further,

To promote awareness within hospitals and health systems of pharmaceutical waste regulations; further,

To encourage research on the environmental and public health impacts of drug products and metabolites excreted in human waste; further,

To encourage pharmaceutical manufacturers to streamline packaging of drug products to reduce waste materials.

This policy supersedes ASHP policy 0231.

0904**AUTOMATIC STOP ORDERS**

Source: Council on Pharmacy Practice

To advocate that the Centers for Medicare & Medicaid Services (1) revise the requirement in the Hospital Conditions of Participation that all medication orders automatically stop after an arbitrarily assigned period to include other options to protect patients from indefinite, open-ended medication orders, and (2) revise the remainder of the medication management regulations and interpretive guidelines to be consistent with this practice.

0905**CREDENTIALING AND PRIVILEGING BY REGULATORS, PAYERS, AND PROVIDERS FOR COLLABORATIVE DRUG THERAPY MANAGEMENT**

Source: Council on Public Policy

To advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient's drug therapy; further,

To acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competence to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competence to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist's competence to engage in CDTM within the hospital or health system; further,

To advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM.

(Note: "Privileging" is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.)

This policy supersedes ASHP policy 0318.

0906**APPROVAL OF FOLLOW-ON BIOLOGICAL MEDICATIONS**

Source: Council on Public Policy

To encourage the development of safe and effective follow-on biological medications in order to make such medications more affordable and accessible; further,

To encourage research on the safety, effectiveness, and interchangeability of follow-on biological medications; further,

To support legislation and regulation to allow Food and Drug Administration approval of follow-on biological medications; further,

To require postmarketing surveillance for all follow-on biological medications to ensure their continued safety, effectiveness, purity, quality, identity, and strength; further,

To advocate for adequate reimbursement for biological medications that are deemed interchangeable; further,

To promote education of pharmacists about follow-on biological medications and their appropriate use within hospitals and health systems; further,

To encourage pharmacist evaluation and the application of the formulary system before follow-on biological medications are used in hospitals and health systems.

(Note: Follow-on biological medications are also referred to as biosimilars, follow-on protein products, biogenerics, comparable biologicals, and generic biopharmaceuticals.)

This policy supersedes ASHP policy 0519.

0907**PHARMACEUTICAL PRODUCT AND SUPPLY CHAIN INTEGRITY**

Source: Council on Public Policy

To encourage the Food and Drug Administration (FDA) and relevant state authorities to take the steps necessary to ensure that (1) all drug products entering the supply chain are thoroughly inspected and tested to establish that they have not been adulterated or misbranded and (2) patients will not receive improperly labeled and packaged, deteriorated, outdated, counterfeit, adulterated, or unapproved drug products; further,

To encourage FDA and relevant state authorities to develop and implement regulations to (1) restrict or prohibit licensed drug distributors (drug wholesalers, repackagers, and manufacturers) from purchasing legend drugs from unlicensed entities and (2) ensure accurate documentation at any point in the distribution chain of the original source of drug products and chain of custody from the manufacturer to the pharmacy; further,

To advocate the establishment of meaningful penalties for companies that violate current good manufacturing practices (cGMPs) intended to ensure the quality, identity, strength, and purity of their marketed drug product(s) and raw materials; further,

To urge Congress and state legislatures to provide adequate funding, or authority to impose user fees, to accomplish these objectives.

This policy supersedes ASHP policy 0722.

0908

PHARMACIST ROLE IN THE HEALTH CARE (MEDICAL) HOME

Source: Council on Public Policy

To advocate to health policymakers, payers, and other stakeholders for the inclusion of pharmacists as a care provider within the health care (medical) home model; further,

To ensure that there are appropriate reimbursement mechanisms for the care that pharmacists provide (including care coordination services) within the health care home model; further,

To advocate to the Centers for Medicare & Medicaid Services that pharmacists be included in demonstration projects for the health care home model; further,

To encourage comparative effectiveness research and measurement of key outcomes (e.g., clinical, economic, quality, access) for pharmacist services in the health care home model.

0909

REGULATION OF INTERSTATE PHARMACY PRACTICE

Source: Council on Public Policy

To advocate that state governments, including legislatures and boards of pharmacy, adopt laws and regulations that harmonize the practice of pharmacy across state lines in order to provide a consistent, transparent, safe, and accountable framework for pharmacy practice.

0910

REPORTING MEDICATION ERRORS

This policy was superseded by ASHP policy 1021.

0911

STABLE FUNDING FOR OFFICE OF PHARMACY AFFAIRS

Source: Council on Public Policy

To advocate for adequate funding for the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs to support its public health mission; further,

To support initiatives of the Office of Pharmacy Affairs, including the 340B Drug Pricing Program and innovative pharmacy service models in HRSA-funded programs.

0912**SAFE AND EFFECTIVE USE OF HEPARIN IN NEONATAL PATIENTS**

Source: Council on Therapeutics

To support the development and use of nationally standardized concentrations of heparin when used for maintenance and flush of peripheral and central venous lines in neonatal patients; further,

To advocate that hospitals and health systems use manufacturer-prepackaged heparin flush products to improve the safe use of heparin in neonatal patients.

0913**PHARMACY STUDENT EXPERIENCES IN MEDICALLY UNDERSERVED AREAS**

Source: Council on Education and Workforce Development

To encourage colleges of pharmacy to require student learning experiences in traditionally medically underserved areas and with diverse patient populations.

0914**EDUCATION ABOUT PATIENT SAFETY IN THE MEDICATION-USE PROCESS**

Source: Council on Education and Workforce Development

To encourage colleges of pharmacy to include instruction on patient safety throughout the medication-use process in the didactic curriculum and during experiential education.

0915**PHARMACY EXPERTISE IN THE PREPARATION AND HANDLING OF INJECTABLE MEDICATIONS**

Source: Council on Education and Workforce Development

To encourage colleges of pharmacy to include sterile compounding and aseptic technique instruction in the didactic curriculum and during experiential education; further,

To support the development of postgraduate, curriculum-based sterile compounding training programs to foster an increase in the number of pharmacists with sterile compounding expertise.

0916**CONTINUING PROFESSIONAL DEVELOPMENT**

Source: Council on Education and Workforce Development

To endorse and promote the concept of continuing professional development (CPD), which involves personal self-appraisal, educational plan development, plan implementation, documentation, and evaluation; further,

To continue the development of a variety of mechanisms and tools that pharmacists can use to assess their CPD needs; further,

To encourage individual pharmacists to embrace CPD as a means of maintaining their own professional competence; further,

To encourage pharmacy managers to promote CPD as the model for ensuring the competence of their staff; further,

To collaborate with other pharmacy organizations, state boards of pharmacy, accrediting bodies, and regulatory bodies in the development of effective methods for implementing CPD; further,

To strongly support objective assessment of the impact of CPD on pharmacist competence; further,

To endorse the efforts of colleges of pharmacy and ASHP-accredited pharmacy residency programs to teach the principles, concepts, and skills of CPD.

This policy supersedes ASHP policy 0408.

0917

PHARMACY RESIDENCY TRAINING

Source: Council on Education and Workforce Development

To continue efforts to increase the number of ASHP-accredited pharmacy residency training programs and positions available.

This policy supersedes ASHP policy 9911.

0918

PHARMACIST LEADERSHIP OF THE PHARMACY DEPARTMENT

Source: Council on Pharmacy Management

To affirm the importance of an organizational structure in hospitals and health systems that places administrative, clinical, and operational responsibility for the pharmacy department under a pharmacist leader; further,

To affirm the role of the pharmacist leader in oversight and supervision of all pharmacy personnel; further,

To recognize the supporting role of nonpharmacists in leadership and management roles within pharmacy departments.

This policy supersedes ASHP policy 0606.

0919**INTIMIDATING OR DISRUPTIVE BEHAVIORS**

Source: Council on Pharmacy Management

To affirm the professional responsibility of the pharmacist to ensure patient safety by communicating with other health care personnel to clarify and improve medication management; further,

To advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors; further,

To encourage hospitals and health systems to develop and implement education and training programs for all health care personnel to encourage effective communication and discourage intimidating or disruptive behaviors; further,

To encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further,

To collaborate with other organizations to advocate codes of conduct that minimize intimidating or disruptive behavior in hospitals and health systems.

0920**STANDARDIZED CLINICAL DRUG NOMENCLATURE**

Source: Council on Pharmacy Management

To encourage federal agencies, the pharmaceutical industry, pharmacy and medical software providers, and purveyors of clinical data repositories and drug databases to explore the potential benefits of supplementing or modifying the National Drug Code with a coding system that can be used effectively to support patient care, research, and financial management; further,

To encourage that such a coding system encompass prescription drug products, nonprescription medications, and dietary supplements and include both active and inactive ingredients.

This policy supersedes ASHP policy 0801.

0921**PHARMACIST'S ROLE IN HEALTH CARE INFORMATION SYSTEMS**

Source: Council on Pharmacy Management

To strongly advocate key decision-making roles for pharmacists in the planning, selection, design, implementation, and maintenance of pharmacy information systems, electronic health records, computerized provider order entry systems, and e-prescribing systems to facilitate clinical decision support, data analysis, and education of users for the purpose of ensuring the safe and effective use of medications; further,

To advocate for incentives to hospitals and health systems for the adoption of patient care technologies.

This policy supersedes ASHP policy 0203.

0922

ASHP STATEMENT ON THE PHARMACIST'S ROLE IN ANTIMICROBIAL STEWARDSHIP AND INFECTION PREVENTION AND CONTROL

Source: Council on Pharmacy Practice

To approve the ASHP Statement on the Pharmacist's Role in Antimicrobial Stewardship and Infection Prevention and Control.

This statement supersedes the ASHP Statement on the Pharmacist's Role in Infection Control dated June 3, 1998.

0923

ASHP STATEMENT ON THE HEALTH-SYSTEM PHARMACIST'S ROLE IN NATIONAL HEALTH CARE QUALITY INITIATIVES

Source: Council on Pharmacy Practice

To approve the ASHP Statement on the Health-System Pharmacist's Role in National Health Care Quality Initiatives.

2008 Policy Positions

0801

ALTERNATIVE DRUG CODING SYSTEMS

This policy was superseded by ASHP policy 0920.

0802

ROLE OF PHARMACY INTERNS

This policy was superseded by ASHP policy 1110.

0803

STANDARDIZED PHARMACY TECHNICIAN TRAINING AS A PREREQUISITE FOR CERTIFICATION

Source: Council on Education and Workforce Development

To advocate that completion of an ASHP-accredited pharmacy technician training program be a prerequisite for the Pharmacy Technician Certification Examination.

0804**COLLABORATION REGARDING EXPERIENTIAL EDUCATION**

Source: Council on Education and Workforce Development

To promote collaboration of health-system teaching sites with the colleges of pharmacy (nationally or regionally), for the purpose of fostering preceptor development, standardization of experiential rotation schedule dates and evaluation tools, and other related matters.

0805**ENTRY-LEVEL DOCTOR OF PHARMACY DEGREE**

Source: Council on Education and Workforce Development

To be an active participant in the Accreditation Council for Pharmacy Education (ACPE) process for the revision of accreditation standards for entry-level education in pharmacy; further,

To actively monitor the long-range impact that the single entry-level degree will have on residency education, availability of experiential training sites, graduate education, and continuing education programs, and the resulting health-system pharmacist applicant pool.

This policy supersedes ASHP policy 9809.

0806**HEALTH-SYSTEM USE OF MEDICATIONS AND ADMINISTRATION DEVICES SUPPLIED DIRECTLY TO PATIENTS**

Source: Council on Pharmacy Management

To encourage hospitals and health systems not to permit administration of medications brought to the hospital or clinic by the patient or caregiver when storage conditions or the source cannot be verified unless it is determined that the risk of not using such a medication exceeds the risk of using it; further,

To support care models in which medications are prepared for patient administration by the pharmacy and are obtained from a licensed, verified source; further,

To encourage hospitals and health systems not to permit the use of medication administration devices with which the staff is unfamiliar (e.g., devices brought in by patients) unless it is determined that the risk of not using such a device exceeds the risk of using it; further,

To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of medications and use of related devices.

This policy supersedes ASHP policy 0706.

0807**STANDARDIZATION OF INTRAVENOUS DRUG CONCENTRATIONS**

Source: Council on Pharmacy Practice

To develop nationally standardized drug concentrations and dosing units for commonly used high-risk drugs that are given as continuous infusions; further,

To encourage all hospitals and health systems to use infusion devices that interface with their information systems and include standardized drug libraries with dosing limits, clinical advisories, and other patient-safety-enhancing capabilities.

0808**DISCLOSURE OF EXCIPIENTS IN DRUG PRODUCTS**

Source: Council on Pharmacy Practice

To advocate that manufacturers declare the name and derivative source of all excipients in drug products on the official label.

(*Note: Derivative source means the botanical, animal, or other source from which the excipient is originally derived.*)

0809**MEDICATIONS DERIVED FROM BIOLOGIC SOURCES**

Source: Council on Pharmacy Practice

To encourage pharmacists to take a leadership role in their health systems for all aspects of the proper use of medications derived from biologic sources, including preparation, storage, control, distribution, administration procedures, safe handling, and therapeutic applications; further,

To facilitate education of pharmacists about the proper use of medications derived from biologic sources.

(*Note: Section 351(a) of the Public Health Service Act [42 U.S.C. 262(a)] defines biological product as follows: a virus, therapeutic serum, toxin, antitoxin, vaccine, blood, blood component or derivative, allergenic product, or analogous product, or arsphenamine or derivative of arsphenamine [or any other trivalent organic arsenic compound], applicable to the prevention, treatment, or cure of a disease or condition of human beings.*)

This policy supersedes ASHP policy 0316.

0810**EDUCATION, PREVENTION, AND ENFORCEMENT CONCERNING WORKPLACE VIOLENCE**

Source: Council on Public Policy

To advocate that federal, state, and local governments recognize the risks and consequences of workplace violence in the pharmacy community and enact appropriate criminal penalties; further,

To collaborate with federal, state, and local law enforcement and other government authorities on methods for early detection and prevention of workplace violence; further,

To encourage all workplace environments to develop and implement a policy for pharmacy personnel that (1) educates about prevention and deterrence of workplace violence, (2) identifies escalating situations that can lead to violence and instructs employees on protection and self-defense, and (3) provides continued support and care to heal personnel who were directly or indirectly involved in an incident of workplace violence; further,

To encourage the health care community to develop and maintain a communication network to share information about incidents of potential and real workplace violence.

0811

REGULATION OF DIETARY SUPPLEMENTS

Source: Council on Public Policy

To advocate that Congress grant authority to the Food and Drug Administration (FDA) to (1) require that dietary supplements undergo FDA approval for evidence of safety and efficacy; (2) mandate FDA-approved dietary supplement labeling that includes disclosure of excipients; (3) mandate FDA-approved patient information materials that describe safe use in a clear, standardized format, including the potential for interaction with medications and cautions for special populations; and (4) establish and maintain an adverse-event reporting system specifically for dietary supplements, and require dietary supplement manufacturers to report suspected adverse reactions to the FDA; further,

To oppose direct-to-consumer advertising of dietary supplements unless the following criteria are met: (1) federal laws are amended to include all the requirements described above to ensure that dietary supplements are safe and effective; (2) evidence-based information regarding safety and efficacy is provided in a format that allows for informed decision-making by the consumer; (3) the advertising includes a recommendation to consult with a health care professional before initiating use; (4) any known warnings or precautions regarding dietary supplement–medication interactions or dietary supplement–disease interactions are provided as part of the advertising; and (5) the advertising is educational in nature and includes pharmacists as a source of information.

(Note: Dietary supplement as used in this policy is defined by the Dietary Supplement Health and Education Act of 1994, as amended; 21 U.S.C. 321.)

This policy supersedes ASHP policy 0718.

0812

APPROPRIATE STAFFING LEVELS

Source: Council on Public Policy

To advocate that pharmacists at each practice site base the site's pharmacist and technician staffing levels on patient safety considerations, taking into account factors such as

(1) acuity of care, (2) breadth of services, (3) historical safety data, and (4) results of research on the relationship between staffing patterns and patient safety; further,

To advocate that regulatory bodies not mandate specific, uniform pharmacy personnel ratios but rather ensure that site-specific staffing levels optimize patient safety; further,

To encourage additional research on the relationship between pharmacy staffing patterns and patient safety.

This policy supersedes ASHP policy 0717.

0813

MEDICARE PRESCRIPTION DRUG BENEFIT

Source: Council on Public Policy

To strongly advocate a fully funded prescription drug program for eligible Medicare beneficiaries that maintains continuity of care and ensures the best use of medications; further,

To advocate that essential requirements in the program include (1) appropriate product reimbursement; (2) affordability for patients, including elimination of coverage gaps; (3) payment for indirect costs and practice expenses related to the provision of pharmacist services, based on a study of those costs; (4) appropriate coverage and payment for patient care services provided by pharmacists; (5) open access to the pharmacy provider of the patient's choice; (6) formularies with sufficient flexibility to allow access to medically necessary drugs; and (7) well-publicized, unbiased resources to assist beneficiaries in enrolling in the most appropriate plan for their medication needs.

(Note: Fully funded means the federal government will make adequate funds available to fully cover the Medicare program's share of prescription drug program costs; eligible means the federal government may establish criteria by which Medicare beneficiaries qualify for the prescription drug program.)

This policy supersedes ASHP policy 0721.

0814

FEDERAL REVIEW OF ANTICOMPETITIVE PRACTICES BY DRUG PRODUCT MANUFACTURERS

Source: Council on Public Policy

To strongly oppose anticompetitive practices by manufacturers that adversely affect drug product availability and price; further,

To encourage appropriate federal review of these practices.

This policy supersedes ASHP policy 0520.

0815**UNIFORM STATE LAWS AND REGULATIONS REGARDING PHARMACY TECHNICIANS**

Source: Council on Public Policy

To advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians, (2) mandatory completion of an ASHP-accredited program of education and training as a prerequisite to pharmacy technician certification, and (3) mandatory certification by the Pharmacy Technician Certification Board as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further,

To advocate registration of pharmacy technicians by state boards of pharmacy; further,

To advocate, with respect to certification, as an interim measure until the optimal model is fully implemented, that individuals be required either (1) to have completed an ASHP-accredited program of education and training or (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further,

To advocate that licensed pharmacists be held accountable for the quality of pharmacy services provided and the actions of pharmacy technicians under their charge.

(Note: Certification is the process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. Registration is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians.)

This policy supersedes ASHP policy 0412.

0816**PHARMACIST'S LEADERSHIP ROLE IN ANTICOAGULATION THERAPY MANAGEMENT**

Source: Council on Therapeutics

To advocate that pharmacists provide leadership in the interdisciplinary development, implementation, maintenance, effectiveness monitoring, and assurance of continuity of care of anticoagulation management programs; further,

To advocate that pharmacists be responsible for coordinating the individualized care of patients within anticoagulation management programs; further,

To encourage pharmacists who participate in anticoagulation programs to educate patients, caregivers, prescribers, and staff about anticoagulant medication uses, drug

interactions, adverse effects, the importance of adhering to therapy, and recommended laboratory testing and other monitoring.

0817**GENERIC SUBSTITUTION OF NARROW THERAPEUTIC INDEX DRUGS**

Source: Council on Therapeutics

To support the current processes used by the Food and Drug Administration (FDA) to determine bioequivalence of generic drug products, including those with a narrow therapeutic index, and to recognize the authority of the FDA to decide if additional studies are necessary to determine equivalence; further,

To oppose a blanket restriction on generic substitution for any medication or medication class without evidence from well-designed, independent studies that demonstrate inferior efficacy or safety of the generic drug product.

0818**ASHP STATEMENT ON BAR-CODE-ENABLED MEDICATION ADMINISTRATION**

Source: ASHP Section of Pharmacy Informatics and Technology

To approve the ASHP Statement on Bar-Code-Enabled Medication Administration.

0819**ASHP STATEMENT ON THE ROLES AND RESPONSIBILITIES OF THE PHARMACY EXECUTIVE**

Source: Council on Pharmacy Management

To approve the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive.

0820**ASHP STATEMENT ON STANDARDS-BASED PHARMACY PRACTICE IN HOSPITALS AND HEALTH SYSTEMS**

Source: Council on Pharmacy Management

To approve the ASHP Statement on Standards-Based Pharmacy Practice in Hospitals and Health Systems.

0821**ASHP STATEMENT ON PHARMACY SERVICES TO THE EMERGENCY DEPARTMENT**

Source: Council on Pharmacy Practice

To approve the ASHP Statement on Pharmacy Services to the Emergency Department.

0822**ASHP STATEMENT ON THE PHARMACY AND THERAPEUTICS COMMITTEE AND THE FORMULARY SYSTEM**

Source: Council on Pharmacy Practice

To approve the ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System.

This statement supersedes the ASHP Statement on the Pharmacy and Therapeutics Committee dated June 1, 1992, and the ASHP Statement on the Formulary System dated June 7, 1983.

0823**ASHP STATEMENT ON CONFIDENTIALITY OF PATIENT HEALTH CARE INFORMATION**

Source: Council on Public Policy

To approve the ASHP Statement on Confidentiality of Patient Health Care Information.

This statement supersedes a previous version dated June 7, 1999.

0824**ASHP STATEMENT ON CRITERIA FOR AN INTERMEDIATE CATEGORY OF DRUG PRODUCTS**

Source: Council on Therapeutics

To approve the ASHP Statement on Criteria for an Intermediate Category of Drug Products.

2007 Policy Positions

0701**REQUIREMENT FOR RESIDENCY**

Source: House of Delegates Resolution

To support the position that by the year 2020, the completion of an ASHP-accredited postgraduate-year-one residency should be a requirement for all new college of pharmacy graduates who will be providing direct patient care.

0702**PHARMACY TECHNICIAN TRAINING**

Source: Council on Education and Workforce Development

To support the goal that pharmacy technicians entering the pharmacy workforce have completed an ASHP-accredited program of training; further,

To encourage expansion of ASHP-accredited pharmacy technician training programs.

This policy supersedes ASHP policy 0212.

0703**IMAGE OF AND CAREER OPPORTUNITIES FOR HOSPITAL AND HEALTH-SYSTEM PHARMACISTS**

Source: Council on Education and Workforce Development

To sustain and enhance the public information program promoting the professional image of hospital and health-system pharmacists to the general public, public policymakers, payers, other health care professionals, and hospital and health-system decision-makers; further,

To provide ASHP informational and recruitment materials identifying opportunities for pharmacy careers in hospitals and health systems.

This policy supersedes ASHP policy 0214.

0704

RESIDENCY PROGRAMS

Source: Council on Education and Workforce Development

To strongly advocate that all pharmacy residency programs become ASHP-accredited as a means of ensuring and conveying program quality.

This policy supersedes ASHP policy 0216.

0705

ASHP GUIDELINES, STATEMENTS, AND PROFESSIONAL POLICIES AS AN INTEGRAL PART OF THE EDUCATIONAL PROCESS

Source: Council on Education and Workforce Development

To encourage faculties in colleges of pharmacy and preceptors of ASHP-accredited residency training programs to use ASHP statements, guidelines, and professional policies as an integral part of training programs and courses.

This policy supersedes ASHP policy 8407.

0706

ADMINISTERING INJECTABLE MEDICATIONS SUPPLIED DIRECTLY TO PATIENTS

This policy was superseded by ASHP policy 0806.

0707

STANDARD DRUG ADMINISTRATION SCHEDULES

Source: Council on Pharmacy Management

To support the principle that standard medication administration times should be based primarily on optimal pharmacotherapeutics, with secondary consideration of workload, caregiver preference, patient preference, and logistical issues; further,

To encourage the development of hospital-specific or health-system-specific standard administration times through an interdisciplinary process coordinated by the pharmacy; further,

To encourage information technology vendors to adopt these principles in system design while allowing flexibility to meet site-specific patient needs.

0708**PAY-FOR-PERFORMANCE REIMBURSEMENT**

Source: Council on Pharmacy Management

To support pay-for-performance reimbursement models when they are appropriately structured to improve health care quality; further,

To oppose pay-for-performance reimbursement models that do not support an open culture of medication error reporting; further,

To encourage pharmacists to actively lead medication-related pay-for-performance initiatives.

0709**PRINCIPLES OF MANAGED CARE**

Source: Council on Pharmacy Management

To recognize that the principles of managed care have many applications in hospital and health-system pharmacy practice; further,

To continue to include managed care topics in educational programming, publications, and professional-practice-development initiatives; further,

To continue to serve the professional needs of ASHP members who practice in managed care organizations.

This policy supersedes ASHP policy 0205.

0710**ROLE OF PHARMACISTS IN SPORTS PHARMACY AND DOPING CONTROL**

Source: Council on Pharmacy Practice

To encourage pharmacists to engage in community outreach efforts to provide education to athletes on the risks associated with the use of performance-enhancing drugs; further,

To encourage pharmacists to advise athletic authorities and athletes on medications that are prohibited in competition; further,

To advocate for the role of the pharmacist in all aspects of sports pharmacy and doping control.

0711**INSTITUTIONAL REVIEW BOARDS AND INVESTIGATIONAL USE OF DRUGS**

Source: Council on Pharmacy Practice

To support mandatory education and training on human subject protections and research bioethics for members of institutional review boards (IRBs), principal investigators, and all others involved in clinical research; further,

To advocate that principal investigators discuss their proposed clinical drug research with representatives of the pharmacy department before submitting a proposal to the IRB; further,

To advocate that IRBs include pharmacists as voting members; further,

To advocate that IRBs inform pharmacy of all approved clinical research involving drugs within the hospital or health system; further,

To advocate that pharmacists act as liaisons between IRBs and pharmacy and therapeutics committees in the management and conduct of clinical drug research studies; further,

To strongly support pharmacists' management of the control and distribution of drug products used in clinical research.

This policy supersedes ASHP policy 0230.

0712**ELECTRONIC HEALTH AND BUSINESS TECHNOLOGY AND SERVICES**

Source: Council on Pharmacy Practice

To encourage pharmacists to assume a leadership role in their hospitals and health systems with respect to strategic planning for and implementation of electronic health and business technology and services; further,

To encourage hospital and health-system administrators to provide dedicated resources for pharmacy departments to design, implement, and maintain electronic health and business technology and services; further,

To advocate the inclusion of electronic health technology and telepharmacy issues and applications in college of pharmacy curricula.

This policy supersedes ASHP policy 0233.

0713**TOBACCO AND TOBACCO PRODUCTS**

Source: Council on Pharmacy Practice

To discourage the use and distribution of tobacco and tobacco products in and by pharmacies; further,

To advocate for tobacco-free environments in hospitals and health systems; further,

To seek, within the bounds of public law and policy, to eliminate the use and distribution of tobacco and tobacco products in meeting rooms and corridors at ASHP-sponsored events; further,

To promote the role of pharmacists in tobacco-cessation counseling; further,

To join with other interested organizations in statements and expressions of opposition to the use of tobacco and tobacco products.

This policy supersedes ASHP policy 8807.

0714**RESTRICTED DRUG DISTRIBUTION**

Source: Council on Public Policy

To affirm support for the current system of drug distribution in which prescribers and pharmacists exercise their professional responsibilities on behalf of patients; further,

To acknowledge that there may be limited circumstances in which constraints on the traditional drug distribution system may be appropriate if the following principles are met: (1) the requirements do not interfere with the continuity of care for the patient; (2) the requirements preserve the pharmacist–patient relationship; (3) the requirements are based on scientific evidence fully disclosed and evaluated by prescribers, pharmacists, and others; (4) there is scientific consensus that the requirements are necessary and represent the least restrictive means to achieve safe and effective patient care; (5) the costs of the product and any associated product or services are identified for purposes of reimbursement, mechanisms are provided to compensate providers for special services, and duplicative costs are avoided; (6) all requirements are stated in functional, objective terms so that any provider who meets the criteria may participate in the care of patients; and (7) the requirements do not interfere with the professional practice of pharmacists, prescribers, and others; further,

To advocate that the Food and Drug Administration (FDA) be granted the authority to consult with practicing pharmacists and others when the establishment of a restricted distribution system is contemplated for a drug product; further,

To advocate that FDA be granted the authority to require that manufacturers disclose all of the considerations that led to the establishment of a restricted distribution system for a specific product; further,

To advocate that FDA be granted the authority to require that manufacturers include in each restricted distribution system a mechanism that will ensure medication reconciliation and continuity of care as patients transition from one level or site of care to another; further,

To advocate that FDA be granted the authority to require manufacturers to conduct a follow-up assessment of the impact of a restricted drug distribution system.

This policy supersedes ASHP policy 0114.

0715

PATIENT ACCESS TO ORPHAN DRUG PRODUCTS

Source: Council on Public Policy

To encourage continued research, development, and marketing of orphan drug products; further,

To urge health policymakers, payers, and pharmaceutical manufacturers to develop innovative ways to ensure patient access to orphan drug products; further,

To support public policies that ensure that the cost of orphan drug products does not preclude reasonable patient access to these agents.

0716

REGULATION OF TELEPHARMACY SERVICES

Source: Council on Public Policy

To advocate that boards of pharmacy adopt regulations that enable the use of United States-based telepharmacy services for all practice settings; further,

To advocate that boards of pharmacy consider the following when drafting regulations for telepharmacy services: (1) education and training of participating pharmacists and technicians; (2) information system requirements; (3) remote order entry, remote prospective order review, remote double-checking of the completed medication order before dispensing, actual dispensing, and patient counseling and education; (4) licensure (including reciprocity) of participating pharmacies and pharmacists; (5) service arrangements that cross state borders; (6) service arrangements within the same corporate entity or between different corporate entities; (7) service arrangements for workload relief in the point-of-care pharmacy during peak periods; and (8) pharmacist access to minimum required elements of patient information; further,

To acknowledge the need to explore and resolve additional legal and professional issues in the provision of international telepharmacy services from sites not located in the United States.

0717**PERSONNEL RATIOS**

This policy was superseded by ASHP policy 0812.

0718**DIRECT-TO-CONSUMER ADVERTISING OF DIETARY SUPPLEMENTS**

This policy was superseded by ASHP policy 0811.

0719**FDA AUTHORITY TO PROHIBIT REUSE OF BRAND NAMES**

Source: Council on Public Policy

To advocate for Food and Drug Administration authority to prohibit reuse of brand names of prescription and nonprescription drugs when any active component of the product is changed or after any other changes are made in the product that may affect its safe use.

This policy supersedes ASHP policy 0613.

0720**STANDARDIZING PREFIXES AND SUFFIXES IN DRUG PRODUCT NAMES**

Source: Council on Public Policy

To collaborate with others, including the United States Pharmacopeia and the Food and Drug Administration, in standardizing and defining the meaning of prefixes and suffixes for prescription and nonprescription drugs to prevent medication errors and ensure patient safety.

0721**MEDICARE PRESCRIPTION DRUG BENEFIT**

This policy was superseded by ASHP policy 0813.

0722**PHARMACEUTICAL PRODUCT AND SUPPLY CHAIN INTEGRITY**

This policy was superseded by ASHP policy 0907.

0723**REMOVAL OF PROPOXYPHENE FROM THE MARKET**

Source: Council on Therapeutics

To advocate that the Food and Drug Administration remove propoxyphene from the market because of its poor efficacy and poor safety profile and because more effective and safer alternatives are available to treat mild to moderate pain.

0724**ASHP STATEMENT ON THE ROLE OF HEALTH-SYSTEM PHARMACISTS IN PUBLIC HEALTH**

Source: Council on Pharmacy Practice

To approve the ASHP Statement on the Role of Health-System Pharmacists in Public Health.

0725**ASHP STATEMENT ON PROFESSIONALISM**

Source: Council on Pharmacy Practice

To approve the ASHP Statement on Professionalism.

0726**ASHP STATEMENT ON RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE**

Source: Council on Pharmacy Practice

To approve the ASHP Statement on Racial and Ethnic Disparities in Health Care.

2006 Policy Positions

0601**UNIVERSAL INFLUENZA VACCINATION**

Source: Commission on Therapeutics

To advocate universal administration of influenza vaccinations to the United States population.

This policy was reviewed in 2010 by the Council on Therapeutics and by the Board of Directors and was found to still be appropriate.

0602**MINIMUM EFFECTIVE DOSES**

Source: Commission on Therapeutics

To advocate that the Food and Drug Administration require manufacturers to identify minimum effective doses for medications and make this information available to health care providers.

This policy was reviewed in 2010 by the Council on Therapeutics and by the Board of Directors and was found to still be appropriate.

0603**MEDICATION MANAGEMENT FOR PATIENT ASSISTANCE PROGRAMS**

Source: Council on Administrative Affairs

To support the principle that medications provided through manufacturer patient assistance programs should be stored, packaged, labeled, dispensed, and recorded using systems that ensure the same level of safety as prescription-based programs that incorporate a pharmacist-patient relationship.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0604**MINIMIZING THE USE OF ABBREVIATIONS**

Source: Council on Administrative Affairs

To support efforts to minimize the use of abbreviations in health care; further,

To collaborate with others in the development of a lexicon of a limited number of standard drug name abbreviations that can be safely used in patient care.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0605**PHARMACEUTICAL DISTRIBUTION SYSTEMS**

This policy was superseded by ASHP policy 1016.

0606**PHARMACIST LEADERSHIP OF THE PHARMACY DEPARTMENT**

This policy was superseded by ASHP policy 0918.

0607**QUALITY OF PHARMACY EDUCATION AND EXPANSION OF COLLEGES OF PHARMACY**

This policy was superseded by ASHP policy 1108.

0608**INTERDISCIPLINARY HEALTH PROFESSIONS EDUCATION**

This policy was superseded by ASHP policy 1014.

0609**DIRECT-TO-CONSUMER ADVERTISING OF PRESCRIPTION AND NONPRESCRIPTION MEDICATIONS**

This policy was superseded by ASHP policy 1119.

0610**PHARMACIST'S RIGHT OF CONSCIENCE AND PATIENT'S RIGHT OF ACCESS TO THERAPY**

Source: Council on Legal and Public Affairs

To recognize the right of pharmacists, as health care providers, and other pharmacy employees to decline to participate in therapies they consider to be morally, religiously, or ethically troubling; further,

To support the proactive establishment of timely and convenient systems by pharmacists and their employers that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating in a nonpunitive manner the right of conscience; further,

To support the principle that a pharmacist exercising the right of conscience must be respectful of, and serve the legitimate health care needs and desires of, the patient, and shall provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0611**REDISTRIBUTION OF UNUSED MEDICATIONS**

Source: Council on Legal and Public Affairs

To advocate that any program for the return and reuse of medications comply with all federal and state laws (including laws regarding controlled substances); further,

To advocate that in order to ensure patient safety and provide an equal standard of care for all patients, such a program should include the following elements: (1) compliance with practice standards, accreditation standards, and laws related to prescription dispensing; (2) a requirement that these medications must not have been out of the possession of a licensed health care professional or his or her designee; (3) protection of the privacy of the patient for whom the prescription was originally dispensed; (4) inclusion of only those drug products that are in their original sealed packaging or in pharmacy-prepared unit-of-use packaging that is not expired and has been properly stored; (5) the presence of a system for identifying medications for the purpose of a drug recall or market withdrawal; (6) a definition of patient eligibility for participation in the program; and (7) adequate compensation of participating pharmacists for any associated costs.

This policy was reviewed in 2010 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0612**STREAMLINED LICENSURE RECIPROCITY**

Source: Council on Legal and Public Affairs

To advocate that state boards of pharmacy grant temporary licensure to pharmacists who are relocating from another state in which they hold a license in good standing, permitting them to engage in practice while their application for licensure reciprocity is being processed; further,

To advocate that the National Association of Boards of Pharmacy collaborate with state boards of pharmacy to streamline the licensure reciprocity process.

This policy was reviewed in 2010 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0613**FDA AUTHORITY TO PROHIBIT REUSE OF BRAND NAMES**

This policy was superseded by ASHP policy 0719.

0614**SAFE DISPOSAL OF PATIENTS' HOME MEDICATIONS**

Source: Council on Professional Affairs

To minimize the patient safety consequences and public health impact of inappropriate disposal of patients' home medications by working collaboratively with other interested organizations to (1) develop models for patient-oriented medication disposal programs that will minimize accidental poisoning, drug diversion, and potential environmental impact, (2) advocate that the pharmaceutical industry and regulatory bodies support the development and implementation of such models, and (3) educate health professionals, regulatory bodies, and the public regarding safe disposal of unused home medications.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0615**INFLUENZA VACCINATION REQUIREMENTS TO ADVANCE PATIENT SAFETY AND PUBLIC HEALTH**

Source: Council on Professional Affairs

To advocate that hospitals and health systems require health care workers to receive an annual influenza vaccination except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination; further,

To encourage all hospital and health-system pharmacy personnel to be vaccinated against influenza; further,

To encourage hospital and health-system pharmacists to take a lead role in developing and implementing policies and procedures for vaccinating health care workers and in providing education on the patient safety benefits of annual influenza vaccination; further,

To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0616

SAFE AND EFFECTIVE EXTEMPORANEOUS COMPOUNDING

Source: Council on Professional Affairs

To affirm that extemporaneous compounding of medications, when done to meet immediate or anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To support the principle that medications should not be extemporaneously compounded when they are commercially and readily available in the form necessary to meet patient needs; further,

To encourage pharmacists who compound medications to use only drug substances that have been manufactured in Food and Drug Administration-approved facilities and that meet official United States Pharmacopeia (USP) compendial requirements where those exist; further,

To support the principle that pharmacists be adequately trained and have sufficient facilities and equipment that meet technical and professional standards to ensure the quality of compounded medications; further,

To encourage USP to develop drug monographs for commonly compounded preparations; further,

To educate prescribers and other health care professionals about the potential risks associated with the use of extemporaneously compounded preparations.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0617

ACCREDITATION OF COMPOUNDING FACILITIES

Source: Council on Professional Affairs

To encourage unaccredited facilities where extemporaneous compounding of medications occurs to seek accreditation by a nationally credible accreditation body.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0618**ELIMINATION OF SURFACE CONTAMINATION ON VIALS OF HAZARDOUS DRUGS**

Source: Council on Professional Affairs

To advocate that pharmaceutical manufacturers eliminate surface contamination on vials of hazardous drugs; further,

To inform pharmacists and other personnel of the potential presence of surface contamination on the vials of hazardous drugs; further,

To encourage health care organizations to adhere to published standards and regulations to protect workers from undue exposure to hazardous drugs.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0619**INTEGRATED TEAM-BASED APPROACH FOR THE PHARMACY ENTERPRISE**

Source: Council on Professional Affairs

To advocate a high level of coordination of all components of the pharmacy enterprise in hospitals and health systems for the purpose of optimizing (1) the value of drug therapy and (2) medication-use safety; further,

To encourage pharmacy department leaders to develop and maintain patient-centered practice models that integrate into a team all components of the pharmacy enterprise, including general and specialized clinical practice, drug-use policy, product acquisition and inventory control, product preparation and distribution, and medication-use safety and other quality initiatives.

This policy was reviewed in 2010 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0620**PHARMACISTS' ROLE IN MEDICATION RECONCILIATION**

This policy was superseded by ASHP policy 1117.

0621**STATEMENT ON THE PHARMACIST'S ROLE IN INFORMATICS**

Source: Section of Pharmacy Practice Managers

To approve the ASHP Statement on the Pharmacist's Role in Informatics.

2005 Policy Positions

0501

MANDATORY LABELING OF THE PRESENCE OF LATEX

Source: Section of Inpatient Care Practitioners

To urge the Food and Drug Administration to mandate that manufacturers of medications and medication-device combination products include labeling information on whether any component of the product, including its packaging, contains natural rubber latex.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0502

HEALTH CARE QUALITY STANDARDS AND PHARMACY SERVICES

Source: Council on Administrative Affairs

To advocate that health care quality improvement programs adopt standard quality measures that are developed with the involvement of pharmacists, are evidence-based, and promote the demonstrated role of pharmacists in improving patient outcomes.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0503

CRITICAL-ACCESS, SMALL, AND RURAL HOSPITALS

This policy was superseded by ASHP policy 1022.

0504

PHARMACY STAFF FATIGUE AND MEDICATION ERRORS

Source: Council on Administrative Affairs

To encourage pharmacy managers to consider workload fatigue, length of shifts, and similar performance-altering factors when scheduling pharmacy staff, in order to ensure safe pharmacy practices; further,

To oppose state or federal laws or regulations that mandate or restrict work hours for pharmacy staff; further,

To support research on the effects of shift length, fatigue, and other factors on the safe practice of pharmacy.

This policy was reviewed in 2009 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0505**HEALTH-SYSTEM FACILITY DESIGN**

Source: Council on Administrative Affairs

To advocate the development and the inclusion of contemporary pharmacy specifications in national and state health care design standards to ensure adequate space for safe provision of pharmacy products and patient care services; further,

To promote pharmacist involvement in the design-planning and space-allocation decisions of health care facilities.

This policy was reviewed in 2009 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0506**ACCESSIBILITY AND AFFORDABILITY OF PHARMACEUTICALS**

Source: Council on Administrative Affairs

To advocate legislation or regulation that would expand eligibility for federal discount drug-pricing programs (e.g., the 340B program) to inpatient drugs for disproportionate-share hospitals; further,

To advocate administrative simplification of existing and any future federal discount drug-pricing programs with respect to qualification and implementation.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0507**ELECTRONIC INFORMATION SYSTEMS**

Source: Council on Administrative Affairs

To advocate the use of electronic information systems, with appropriate security controls, that enable the integration of patient-specific data that is accessible in all components of a health system; further,

To support the use of technology that allows the transfer of patient information needed for appropriate medication management across the continuum of care; further,

To urge computer software vendors and pharmaceutical suppliers to provide standards for definition, collection, coding, and exchange of clinical data used in the medication-use process; further,

To pursue formal and informal liaisons with appropriate health care associations to ensure that the interests of patient care and safety in the medication-use process are fully represented in the standardization, integration, and implementation of electronic information systems; further,

To strongly encourage health-system administrators, regulatory bodies, and other appropriate groups to provide health-system pharmacists with full access to patient-specific clinical data.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0508

FINANCIAL MANAGEMENT SKILLS

Source: Council on Administrative Affairs

To foster the systematic and ongoing development of management skills for health-system pharmacists in the areas of (1) health-system economics, (2) business plan development, (3) financial analysis, (4) pharmacoeconomic analysis, (5) diversified pharmacy services, and (6) compensation for pharmacists' patient-care services; further,

To encourage colleges of pharmacy to incorporate these management areas in course work and clerkships.

This policy was reviewed in 2009 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0509

DEVELOPING LEADERSHIP AND MANAGEMENT COMPETENCIES

Source: Council on Educational Affairs

To work with health-system leadership to foster opportunities for pharmacy practitioners to move into pharmacy leadership roles; further,

To encourage current leaders to seek out and mentor practitioners in developing administrative, managerial, and leadership skills; further,

To encourage interested practitioners to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,

To encourage colleges of pharmacy and state affiliates to foster leadership skills in students through development and enhancement of curricula, leadership conferences, and other programs; further,

To encourage colleges of pharmacy to develop more opportunities for students to pursue combined degree programs; further,

To encourage colleges of pharmacy and health systems to develop more opportunities for students to pursue residency programs that develop administrative, management, and leadership skills; further,

To encourage residency programs to develop leadership skills by mentoring, training, and providing leadership opportunities; further,

To encourage residency programs to provide training for residents to develop administrative and management skills; further,

To foster leadership skills for pharmacists to use on a daily basis in their roles as leaders in medication safety and medication management in patient care.

This policy was reviewed in 2009 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0510

COMMUNICATION AMONG HEALTH-SYSTEM PHARMACY PRACTITIONERS, PATIENTS, AND OTHER HEALTH CARE PROVIDERS

Source: Council on Educational Affairs

To foster effective communication (with appropriate attention to patients' levels of general and health literacy) among health-system pharmacy practitioners, patients, and other health care providers; further,

To develop programs to enable pharmacy students, residents, and health-system pharmacy practitioners to self-assess their levels of health literacy and general communication skills; further,

To develop methods with which pharmacy students, residents, and health-system pharmacy practitioners can assess the level of general and health literacy of patients; further,

To disseminate information about resources for students, residents, and health-system pharmacy practitioners to use in working with patients and others having specific communication needs.

This policy was reviewed in 2009 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0511

PROFESSIONAL DEVELOPMENT

This policy was discontinued in 2010.

0512

FULL HEALTH INSURANCE COVERAGE

This policy was superseded by ASHP policy 1001.

0513**POSTMARKETING COMPARATIVE CLINICAL STUDIES**

This policy was superseded by ASHP policy 1004.

0514**PREMARKETING COMPARATIVE CLINICAL STUDIES**

Source: Council on Legal and Public Affairs

To advocate that the Food and Drug Administration (FDA) have the flexibility to decrease the requirement for placebo-controlled studies, and correspondingly impose a requirement for comparative clinical trials, as more new drug applications are filed for products in the same drug class.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0515**POSTMARKETING SAFETY STUDIES**

Source: Council on Legal and Public Affairs

To advocate that Congress grant the Food and Drug Administration (FDA) authority to require the manufacturer of an approved drug product or licensed biologic product to conduct postmarketing studies on the safety of the product when the agency deems it to be in the public interest; further,

To advocate that Congress grant FDA broader authority to require additional labeling or withdrawal of the product on the basis of a review of postmarketing studies; further,

To advocate that Congress provide adequate funding to FDA to fulfill this expanded mission related to postmarketing surveillance.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0516**MANDATORY REGISTRY OF CLINICAL TRIALS**

Source: Council on Legal and Public Affairs

To advocate disclosure of the most complete information on the safety and efficacy of drug products; further,

To advocate that the Department of Health and Human Services establish a mandatory registry for all Phase II, III, and IV clinical trials that are conducted on drugs intended for use in the United States; further,

To advocate that each clinical trial have a unique identifier; further,

To advocate that all data from registered clinical trials be posted electronically with unrestricted access, and that such posting occur (1) after Food and Drug Administration approval of the related new product but before marketing begins and (2) as soon as possible for trials completed after initial marketing.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0517**ETHICAL USE OF PLACEBOS**

This policy was superseded by ASHP policy 1116.

0518**FUNDING, EXPERTISE, AND OVERSIGHT OF STATE BOARDS OF PHARMACY**

Source: Council on Legal and Public Affairs

To advocate appropriate oversight of pharmacy practice (including nontraditional practice) and the pharmaceutical supply chain by state boards of pharmacy and other state agencies whose mission it is to protect the public health; further,

To advocate adequate representation on state boards of pharmacy and related agencies by pharmacists who are knowledgeable about hospitals and health systems to ensure appropriate oversight of hospital and health-system pharmacy practice; further,

To advocate adequate funding for state boards of pharmacy and related agencies to ensure the effective oversight and regulation of pharmacy practice and the pharmaceutical supply chain.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0519**APPROVAL OF GENERIC BIOLOGIC MEDICATIONS**

This policy was superseded by ASHP policy 0906.

0520**FEDERAL REVIEW OF ANTICOMPETITIVE PRACTICES BY DRUG PRODUCT MANUFACTURERS**

This policy was superseded by ASHP policy 0814.

0521**OPPOSITION TO CREATION OF NEW CATEGORIES OF LICENSED PERSONNEL**

Source: Council on Legal and Public Affairs

To reaffirm the following statement in the White Paper on Pharmacy Technicians (April 1996) endorsed by ASHP and the American Pharmacists Association:

"Although there is a compelling need for pharmacists to expand the purview of their professional practice, there is also a need for pharmacists to maintain control over all aspects of drug product handling in the patient care arena, including dispensing and compounding. No other discipline is as well qualified to ensure public safety in this important aspect of health care."

Further,

To oppose the creation of new categories of licensed pharmacy personnel; further,

To advocate that all professional pharmacy functions be performed under the supervision of a licensed pharmacist to avoid confusion regarding the roles of pharmacy personnel within health systems.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0522**NEW AND EMERGING MEDICATION ORDERING AND DISTRIBUTION SYSTEMS**

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 was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0523**ONLINE PHARMACY AND INTERNET PRESCRIBING**

Source: Council on Legal and Public Affairs

To support collaborative efforts of the Food and Drug Administration, the National Association of Boards of Pharmacy (NABP), and the Federation of State Medical Boards, as stated in the Principles of Understanding on the Sale of Drugs on the Internet, to regulate prescribing and dispensing of medications via the Internet; further,

To support legislation or regulation that requires pharmacy World Wide Web sites to list the states in which the pharmacy and pharmacists are licensed, and, if prescribing services are offered, requires that the sites (1) ensure that a legitimate patient-prescriber relationship exists (consistent with professional practice standards) and (2) list the states in which the prescribers are licensed; further,

To support mandatory accreditation by NABP of pharmacy Web sites and appropriate consumer education about the risks and benefits of using Internet pharmacies; further,

To support the principle that any medication distribution or drug therapy management system must provide timely access to, and interaction with, appropriate professional pharmacist patient-care services.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0524

PRUDENT PURCHASING OF PHARMACEUTICALS

This policy was discontinued in 2010.

0525

MANDATORY TABLET SPLITTING FOR COST CONTAINMENT

Source: Council on Professional Affairs

To oppose mandatory tablet splitting for cost containment in ambulatory care; further,

To encourage pharmacists, when voluntary tablet splitting is considered, to collaborate with patients, caregivers, and other health care professionals to determine whether tablet splitting is appropriate on the basis of the patient's ability to split tablets and the suitability of the medication (e.g., whether it is scored or is an extended-release product); further,

To urge pharmacists to promote dosing accuracy and patient safety by ensuring that patients are educated on how to properly split tablets; further,

To encourage further research by the United States Pharmacopeia and the Food and Drug Administration on the impact of tablet splitting on product quality.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0526

ASHP STATEMENT ON OVER-THE-COUNTER AVAILABILITY OF STATINS

Source: Commission on Therapeutics

To approve the ASHP Statement on the Over-the-Counter Availability of Statins.

This statement was reviewed in 2009 by the Council on Therapeutics and by the Board of Directors and was found to still be appropriate.

2004 Policy Positions

0401

PHARMACEUTICAL COUNTERFEITING

Source: Council on Professional Affairs

To foster increased pharmacist and public awareness of drug product counterfeiting; further,

To encourage pharmacists to purchase and handle medications in ways that enhance the transparency and integrity of the drug product supply chain; further,

To encourage pharmacists to identify instances of drug product counterfeiting and to respond by assisting the patient in receiving appropriate treatment and monitoring, documenting patient outcomes, and notifying the patient, prescriber, and appropriate state and federal regulatory bodies (e.g., the Food and Drug Administration's MedWatch system); further,

To provide consumers and health professionals with information on how to avoid counterfeit drug products and how to recognize, respond to, and report encounters with suspicious drug products; further,

To foster research and education on the extent, methods, and impact of drug product counterfeiting and on strategies for preventing and responding to drug product counterfeiting.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0402

READY-TO-USE PACKAGING FOR ALL SETTINGS

Source: Council on Professional Affairs

To advocate that pharmaceutical manufacturers provide all medications used in ambulatory care settings in unit-of-use packages; further,

To urge the Food and Drug Administration to support this goal; further,

To encourage pharmacists to adopt unit-of-use packaging for dispensing prescription medications to ambulatory patients; further,

To support continued research on the safety benefits and patient adherence associated with unit-of-use packaging and other dispensing technologies.

(*Note:* A unit-of-use package is a container--closure system designed to hold a specific quantity of a drug product for a specific use and intended to be dispensed to a patient without any modification except for the addition of appropriate labeling.)

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0403**SCOPE AND HOURS OF PHARMACY SERVICES**

This policy was superseded by ASHP policy 1023.

0404**STANDARDIZATION, AUTOMATION, AND EXPANSION OF MANUFACTURER-SPONSORED PATIENT-ASSISTANCE PROGRAMS**

Source: Council on Administrative Affairs

To advocate standardization of application criteria, processes, and forms for manufacturer-sponsored patient assistance programs (PAP); further,

To advocate the automation of PAP application processes through computerized programs, including Web-based models; further,

To advocate expansion of PAPs to include high-cost drugs used in inpatient settings.

This policy was reviewed in 2008 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0405**ELECTRONIC INFORMATION SYSTEMS**

This policy was superseded by ASHP policy 0507.

0406**WORKLOAD MONITORING AND REPORTING**

This policy was superseded by ASHP policy 0901.

0407**DOCUMENTATION OF PHARMACIST PATIENT CARE SERVICES**

Source: Council on Administrative Affairs

To encourage the documentation of pharmacist patient care services in order to validate their impact on patient outcomes and total cost of care.

This policy was reviewed in 2008 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0408**CONTINUING PROFESSIONAL DEVELOPMENT**

This policy was superseded by ASHP policy 0916.

0409**CULTURAL DIVERSITY AMONG HEALTH CARE PROVIDERS**

Source: Council on Educational Affairs

To foster awareness of the cultural diversity of health care providers; further,

To foster recognition of the impact that cultural diversity of health care providers may have on the medication-use process; further,

To develop the cultural competencies of pharmacy practitioners, technicians, students, and educators.

This policy was reviewed in 2008 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0411**COMPOUNDING BY HEALTH PROFESSIONALS**

Source: Council on Legal and Public Affairs

To advocate the adoption, in all applicable state laws and regulations governing health care practice, of the intent of the requirements and the outcomes for patient safety as described in United States Pharmacopeia Chapter 797 ("Pharmaceutical Compounding--Sterile Preparations").

This policy was reviewed in 2008 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0412**UNIFORM STATE LAWS AND REGULATIONS REGARDING PHARMACY TECHNICIANS**

This policy was superseded by ASHP policy 0815.

0413**IMPORTATION OF PHARMACEUTICALS**

Source: Council on Legal and Public Affairs

To advocate for the continuation and application of laws and regulations enforced by the Food and Drug Administration (FDA) and state boards of pharmacy with respect to the importation of pharmaceuticals in order to (1) maintain the integrity of the pharmaceutical supply chain and avoid the introduction of counterfeit products into the United States; (2) provide for continued patient access to pharmacist review of all medications and preserve the

patient-pharmacist-prescriber relationship; and (3) provide adequate patient counseling and education, particularly to patients taking multiple high-risk medications; further,

To urge the FDA and state boards of pharmacy to vigorously enforce federal and state laws in relation to importation of pharmaceuticals by individuals, distributors (including wholesalers), and pharmacies that bypass a safe and secure regulatory framework.

This policy was reviewed in 2008 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0414

HOME INTRAVENOUS THERAPY BENEFIT

Source: Council on Legal and Public Affairs

To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans, and expand the home infusion benefit under Medicare Part B at an appropriate level of reimbursement for pharmacists' patient care services provided, medications, supplies, and equipment.

This policy was reviewed in 2008 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0415

ASHP STATEMENT ON THE USE OF DIETARY SUPPLEMENTS

Source: Council on Professional Affairs

To approve the ASHP Statement on the Use of Dietary Supplements.

This statement was reviewed in 2009 by the Council on Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

2003 Policy Positions

0301

CONTINUITY OF CARE

Source: Section of Home, Ambulatory, and Chronic Care Practitioners

To recognize that continuity of patient care is a vital requirement in the appropriate use of medications; further,

To strongly encourage pharmacists to assume professional responsibility for ensuring the continuity of pharmaceutical care as patients move from one setting to another (e.g., ambulatory care to inpatient care to home care); further,

To encourage the development of strategies to address the gaps in continuity of pharmaceutical care.

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

0302**DIETARY SUPPLEMENTS CONTAINING EPHEDRINE ALKALOIDS**

This policy was discontinued in 2008.

0303**PHARMACY DRUG THEFT**

Source: House of Delegates Resolution

To support the development of policies and guidelines for health-system pharmacists designed to deter drug product theft and thereby enhance both the integrity of the drug distribution chain and the safety of the workplace; further,

To encourage the development of systems that limit the diversion and abuse potential of medications, including high-cost drugs and controlled substances, and thereby reduce the likelihood that these products will be targets of theft.

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.

0304**COMPLEMENTARY OR ALTERNATIVE SUBSTANCES**

This policy was superseded by the ASHP Statement on the Use of Dietary Supplements dated June 20, 2004.

0305**EXPRESSION OF THERAPEUTIC PURPOSE OF PRESCRIBING**

Source: Council on Professional Affairs

To advocate that the prescriber provide or pharmacists have immediate access to the intended therapeutic purpose of prescribed medications in order to ensure safe and effective medication use.

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

0306**PAIN MANAGEMENT**

This policy was superseded by ASHP policy 1106.

0307**PHARMACIST SUPPORT FOR DYING PATIENTS**

Source: Council on Professional Affairs

To support the position that care for dying patients is part of the continuum of care that pharmacists should provide to patients; further,

To support the position that pharmacists have a professional obligation to work in a collaborative and compassionate manner with patients, family members, caregivers, and other professionals to help fulfill the patient care needs, especially the quality-of-life needs, of dying patients of all ages; further,

To support research on the needs of dying patients; further,

To provide education to pharmacists on caring for dying patients, including education on clinical, managerial, professional, and legal issues; further,

To urge the inclusion of such topics in the curricula of colleges of pharmacy.

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

0308**MACHINE-READABLE CODING AND RELATED TECHNOLOGY**

This policy was superseded by the ASHP Statement on Bar-Code-Enabled Medication Administration Technology dated June 10, 2008.

0309**UNIT DOSE PACKAGING AVAILABILITY**

Source: Council on Administrative Affairs

To advocate that pharmaceutical manufacturers provide all medications used in health systems in unit dose packages; further,

To urge the Food and Drug Administration to support this goal in the interest of public health and patient safety.

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.

0310**TECHNICIAN-CHECKING-TECHNICIAN PROGRAMS**

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.

0313**PATIENT-CENTERED CARE**

Source: Council on Educational Affairs

To encourage that the principles of patient-centered care be integrated throughout the college of pharmacy curriculum.

This policy was reviewed in 2007 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0314**CULTURAL COMPETENCE**

Source: Council on Educational Affairs

To foster cultural competence among pharmacy students, residents, and practitioners and within health systems for the purpose of achieving optimal therapeutic outcomes in diverse patient populations.

This policy was reviewed in 2007 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0315**PRACTICE SITES FOR COLLEGES OF PHARMACY**

Source: Council on Educational Affairs

To encourage practitioner input in pharmacy education; further,

To encourage that institutional and health-system environments be used as sites for experiential training of pharmacy students; further,

To encourage colleges of pharmacy and health systems to define and develop appropriate organizational relationships that permit a balance of patient care and service, as well as educational and research objectives, in a mutually beneficial manner; further,

To include the administrative interests of both the health system and the college of pharmacy in defining these organizational relationships to ensure compatibility of institutional (i.e., health system or university) and departmental (i.e., pharmacy department and department in the college) objectives; further,

To encourage pharmacists and pharmacy leaders to recognize that part of their professional responsibility is the development of new pharmacy practitioners.

This policy was reviewed in 2007 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0316**BIOLOGICAL DRUGS**

This policy was superseded by ASHP policy 0809.

0318**ROLE OF LICENSING, CREDENTIALING, AND PRIVILEGING IN COLLABORATIVE DRUG THERAPY MANAGEMENT**

This policy was superseded by ASHP policy 0905.

0319**DRUG PRODUCT SHORTAGES**

This policy was superseded by ASHP policy 1118.

0320**RE-IMPORTATION OF PHARMACEUTICALS**

This policy was superseded by ASHP policy 0413.

0323**LICENSURE FOR PHARMACY GRADUATES OF FOREIGN SCHOOLS**

Source: Council on Legal and Public Affairs

To support state licensure eligibility of a pharmacist who has graduated from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) or accredited by an ACPE-recognized accreditation program.

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

0324**REGULATION OF DIETARY SUPPLEMENTS**

This policy was superseded by the ASHP Statement on the Use of Dietary Supplements dated June 20, 2004.

0325**PUBLIC FUNDING FOR PHARMACY RESIDENCY TRAINING**

Source: Council on Legal and Public Affairs

To support legislation and regulation that ensures public funding for accredited pharmacy residency programs consistent with the needs of the public and the profession; further,

To oppose legislation or regulation involving reimbursement levels for graduate medical education that adversely affects pharmacy residencies at a rate disproportionate to other residency programs.

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

0326**ASHP STATEMENT ON THE ROLE OF HEALTH-SYSTEM PHARMACISTS IN EMERGENCY PREPAREDNESS**

Source: ASHP Board of Directors

To approve the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness.

This statement supersedes a previous version dated June 2, 2002.

0327**ASHP STATEMENT ON THE PHARMACIST'S ROLE IN SUBSTANCE ABUSE PREVENTION, EDUCATION, AND ASSISTANCE**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance.

This statement supersedes a previous version dated June 3, 1998.

0328**ASHP STATEMENT ON THE PHARMACIST'S ROLE IN THE CARE OF PATIENTS WITH HIV INFECTION**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role in the Care of Patients with HIV Infection.

2002 Policy Positions

0201

STAFFING FOR SAFE AND EFFECTIVE PATIENT CARE

Source: Council on Administrative Affairs

To encourage pharmacy managers to work in collaboration with physicians, nurses, health-system administrators, and others to outline key pharmacist services that are essential to safe and effective patient care; further,

To encourage pharmacy managers to be innovative in their approach and to factor into their thinking legal requirements, accreditation standards, professional standards of practice, and the resources and technology available in individual settings; further,

To support the following principles:

Sufficient qualified staff must exist to ensure safe and effective patient care;

During periods of staff shortages, pharmacists must exert leadership in directing resources to services that are the most essential to safe and effective patient care;

Within their own organizations, pharmacists should develop contingency plans to be implemented in the event of insufficient staff—actions that will preserve services that are the most essential to safe and effective patient care and will, as necessary, curtail other services; and

Among the essential services for safe and effective patient care is pharmacist review of new medication orders before the administration of first doses; in settings where patient acuity requires that reviews of new medication orders be conducted at any hour and similar medication-use decisions be made at any hour, there must be 24-hour access to a pharmacist.

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

0202

PERFORMANCE IMPROVEMENT

Source: Council on Administrative Affairs

To encourage pharmacists to establish performance improvement processes within their practice settings that measure both operational and patient outcomes; further,

To encourage pharmacists to use contemporary performance improvement techniques and methods for ongoing improvement in their services; further,

To support pharmacists in their development and implementation of performance-improvement processes.

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

0203

PHARMACIST'S ROLE IN ELECTRONIC PATIENT INFORMATION AND PRESCRIBING SYSTEMS

This policy was superseded by ASHP policy 0921.

0205

PHARMACISTS IN MANAGED CARE SETTINGS

This policy was superseded by ASHP policy 0709.

0206

REIMBURSEMENT FOR UNLABELED USES OF FDA-APPROVED DRUG PRODUCTS

Source: Council on Administrative Affairs

To support third-party reimbursement for FDA-approved drug products appropriately prescribed for unlabeled uses.

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

0207

PRODUCT REIMBURSEMENT AND PHARMACIST COMPENSATION

Source: Council on Administrative Affairs

To pursue, in collaboration with public and private payers, the development of improved methods of reimbursing pharmacies for the cost of drug products dispensed and associated overhead; further,

To educate pharmacists about those methods; further,

To pursue, with federal and state health-benefit programs and other third-party payers, the development of a standard mechanism for compensation of pharmacists for patient care services and compounding and dispensing services; further,

To pursue changes in federal, state, and third-party payment programs to (1) define pharmacists as providers of patient care and (2) issue provider numbers to pharmacists that allow them to bill for patient care services; further,

To educate and assist pharmacists in their efforts to attain provider status and receive compensation for patient care services.

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

0209

SUBSTANCE ABUSE AND CHEMICAL DEPENDENCY

Source: Council on Educational Affairs

To collaborate with appropriate professional and academic organizations in fostering adequate education on substance abuse and chemical dependency at all levels of pharmacy education (i.e., colleges of pharmacy, residency programs, and continuing-education providers); further,

To support federal, state, and local initiatives that promote pharmacy education on substance abuse and chemical dependency; further,

To advocate the incorporation of education on substance abuse and chemical dependency into the accreditation standards for Doctor of Pharmacy degree programs and pharmacy technician training programs.

This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0210

HEALTH LITERACY

This policy was superseded by ASHP policy 0510.

0211

IMAGE OF AND CAREER OPPORTUNITIES FOR PHARMACY TECHNICIANS

Source: Council on Educational Affairs

To promote the image of pharmacy technicians as valuable contributors to health care delivery; further,

To develop and disseminate information about career opportunities that enhance the recruitment and retention of qualified pharmacy technicians.

This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0212**PHARMACY TECHNICIAN TRAINING**

This policy was superseded by ASHP policy 0702.

0213**PHARMACISTS' ROLE IN IMMUNIZATION AND VACCINES**

Source: Council on Educational Affairs

To affirm that pharmacists have a role in promoting and administering proper immunizations to patients and employees in all settings; further,

To encourage pharmacists to seek opportunities for involvement in disease prevention through community immunization programs; further,

To advocate the inclusion of the pharmacist's role in immunization in college of pharmacy curricula; further,

To strongly encourage pharmacists to use available opportunities and materials to educate at-risk patients, their caregivers, parents, guardians, and health care providers about the importance of immunizations.

This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0214**IMAGE OF AND CAREER OPPORTUNITIES FOR HEALTH-SYSTEM PHARMACISTS**

This policy was superseded by ASHP policy 0703.

0215**EDUCATIONAL PROGRAM RESOURCES FOR AFFILIATED STATE SOCIETIES**

Source: Council on Educational Affairs

To assist ASHP-affiliated state societies with information about potential educational program resources.

This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0216**RESIDENCY PROGRAMS**

This policy was superseded by ASHP policy 0704.

0217**“P.D.” (PHARMACY DOCTOR) DESIGNATION FOR PHARMACISTS**

Source: Council on Educational Affairs

To oppose the use of “P.D.” or any other designation that implies an academically conferred degree where none exists.

This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0218**PHARMACIST RECRUITMENT AND RETENTION**

Source: Council on Legal and Public Affairs

To support federal and state incentive programs for new pharmacy graduates to practice in underserved areas; further,

To provide information and educational programming on strategies used by employers for successful recruitment and retention of pharmacists and pharmacy technicians; further,

To conduct regular surveys on trends in the health-system pharmacy work force, including retention rates for pharmacists and pharmacy technicians.

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.

0220**INTERMEDIATE CATEGORY OF DRUGS**

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:

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);

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;

Licensed health professionals who currently have prescribing authority would continue to have the ability to prescribe medications in this intermediate category; and

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.

0222

GREATER ACCESS TO LESS EXPENSIVE GENERIC DRUGS

Source: Council on Legal and Public Affairs

To support legislation and regulations that promote greater patient access to less expensive generic drug products.

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.

0223

FEDERAL RESEARCH ON DIETARY SUPPLEMENT LABELING

This policy was superseded by the ASHP Statement on the Use of Dietary Supplements dated June 20, 2004.

0225

COMPOUNDING VERSUS MANUFACTURING

This policy was superseded by ASHP policy 0616.

0226**PROXY/ABSENTEE BALLOTING**

This policy was discontinued in 2007.

0227**PHARMACIST'S RESPONSIBILITY FOR PATIENT SAFETY**

Source: Council on Professional Affairs

To affirm that individual pharmacists have a professional responsibility to ensure patient safety through the use of proven interventions and best practices; further,

To affirm that employee performance measurement and evaluation systems should incorporate measures that support and encourage a focus on patient safety by pharmacists.

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

0228**APPROPRIATE DOSING OF MEDICATIONS IN PATIENT POPULATIONS WITH UNIQUE NEEDS**

Source: Council on Professional Affairs

To advocate reforms in medication-use systems, including electronic systems, and health care provider education and training that facilitate optimal patient-specific dosing in populations of patients (e.g., pediatrics, geriatrics) with altered pharmacokinetics and pharmacodynamics.

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

0229**CLINICAL INVESTIGATIONS OF DRUGS USED IN ELDERLY AND PEDIATRIC PATIENTS**

Source: Council on Professional Affairs

To advocate increased enrollment of pediatric and geriatric patients in clinical trials of new medications; further,

To encourage pharmacodynamic and pharmacokinetic research in geriatric and pediatric patients to facilitate the safe and effective use of medications in these patient populations.

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

0230**INSTITUTIONAL REVIEW BOARDS AND INVESTIGATIONAL USE OF DRUGS**

This policy was superseded by ASHP policy 0711.

0231**PHARMACEUTICAL WASTE**

This policy was superseded by ASHP policy 0903.

0232**PHARMACIST'S ROLE IN DRUG PROCUREMENT, DISTRIBUTION, SURVEILLANCE, AND CONTROL**

Source: Council on Professional Affairs

To affirm the pharmacist's expertise and responsibility in the procurement, distribution, surveillance, and control of all drugs used within health systems; further,

To encourage The Joint Commission, other accreditation bodies, and governmental entities to enhance patient safety by supporting the pharmacist's role in drug procurement, distribution, surveillance, and control.

(Note: For purposes of this policy, drugs include those used by inpatients and outpatients, large- and small-volume injectables, 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.)

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

0233**ELECTRONIC HEALTH AND BUSINESS TECHNOLOGY AND SERVICES**

This policy was superseded by ASHP policy 0712.

0234**ASHP STATEMENT ON THE PHARMACIST'S ROLE IN HOSPICE AND PALLIATIVE CARE**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role in Hospice and Palliative Care.

0235**ASHP STATEMENT ON THE ROLE OF HEALTH-SYSTEM PHARMACISTS IN EMERGENCY PREPAREDNESS**

Source: ASHP Board of Directors

To approve the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness.

This policy was superseded by ASHP policy 0326.

2001 Policy Positions

0101

PHARMACY BENEFITS FOR THE UNINSURED

Source: Council on Administrative Affairs

To support the principle that all patients have the right to receive care from pharmacists; further,

To declare that health-system pharmacists should play a leadership role in ensuring access to pharmacists' services for indigent or low-income patients who lack insurance coverage and for patients who are underinsured; further,

To advocate better collaboration among health systems, community health centers, state and county health departments, and the federal Health Resources and Services Administration (HRSA) in identifying and addressing the needs of indigent and low-income patients who lack insurance coverage and of patients who are underinsured.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0102

MEDICATION FORMULARY SYSTEM MANAGEMENT

Source: Council on Administrative Affairs

To declare that decisions on the management of a medication formulary system (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care, and (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals; further,

To declare that decisions on the management of a medication formulary system should not be based solely on economic factors.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0103

GENE THERAPY

Source: Council on Administrative Affairs

To declare that health-system decisions on the selection, use, and management of gene therapy agents should be based on the same principles as a medication formulary system in that (1) decisions are based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care and (2) such decisions must

include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0104

PATIENT SATISFACTION

Source: Council on Administrative Affairs

To encourage pharmacists to establish mechanisms within their practice settings that measure the level of satisfaction patients have with pharmacy services and with the outcomes of their drug therapy; further,

To construct such mechanisms in a manner that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services; further,

To facilitate a dialogue with and education of national patient satisfaction database vendors on the role and value of clinical pharmacy services.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0105

COMPUTERIZED PRESCRIBER ORDER ENTRY

Source: Council on Administrative Affairs

To advocate the use of computerized entry of medication orders or prescriptions by the prescriber when (1) it is planned, implemented, and managed with pharmacists' involvement, (2) such orders are part of a single, shared database that is fully integrated with the pharmacy information system and other key information system components, especially the patient's medication administration record, (3) such computerized order entry improves the safety, efficiency, and accuracy of the medication-use process, and (4) it includes provisions for the pharmacist to review and verify the order's appropriateness before medication administration, except in those instances when review would cause a medically unacceptable delay.

This policy was reviewed in 2010 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

0107

NONACCREDITED PHARM.D. PROGRAMS

This policy was discontinued in 2011.

0108**NONTRADITIONAL PHARM.D. ACCESSIBILITY**

This policy was discontinued in 2011.

0110**PROFESSIONAL SOCIALIZATION**

This policy was superseded by ASHP policy 1113.

0111**EDUCATION ABOUT CHILDHOOD VACCINES**

This policy was superseded by ASHP policy 0213.

0112**PROFESSIONAL DEVELOPMENT AS A RETENTION TOOL**

Source: Council on Educational Affairs

To recognize that pharmacy department staff development is an essential component of staff recruitment and retention as well as quality of work life; further,

To recognize that staff development encompasses more than formal in service or external programs and includes informal learning among colleagues, mentoring, and other types of learning; further,

To strongly encourage pharmacy directors and health-system administrators to support staff development programs as an important benefit that aids in recruiting and retaining qualified practitioners; further,

To assist pharmacy directors with staff development initiatives by providing a variety of educational programs, services, and resource materials.

This policy was reviewed in 2010 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0114**RESTRICTED DISTRIBUTION SYSTEMS**

This policy was superseded by ASHP policy 0714.

0115**PRODUCT REIMBURSEMENT AND PHARMACIST COMPENSATION**

This policy was superseded by ASHP policy 0207.

0116**PATIENT ADHERENCE PROGRAMS AS PART OF HEALTH INSURANCE COVERAGE**

Source: Council on Legal and Public Affairs

To support the pharmacist's role in patient medication adherence programs that are part of health insurance plans; further,

To support those programs that (1) maintain the direct patient–pharmacist relationship; (2) are based on the pharmacist's knowledge of the patient's medical history, indication for the prescribed medication, and expected therapeutic outcome; (3) use a communication method desired by the patient; (4) are consistent with federal and state regulations for patient confidentiality; and (5) are consistent with ASHP policy on confidentiality of patient health care information.

This policy was reviewed in 2010 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0117**PERIODIC REEXAMINATION OF ASHP'S ORGANIZATIONAL STRUCTURE AND GOVERNING PROCESS**

This policy was discontinued in 2006.

0118**STATE AFFILIATE MEMBERSHIP AND ASHP APPOINTMENTS**

Source: Council on Organizational Affairs

To give consideration to ASHP members who also hold membership in their state affiliate when making appointments to ASHP councils, committees, commissions, and other appointed bodies.

This policy was reviewed in 2010 by the Commission on Affiliate Relations and by the Board of Directors and was found to still be appropriate.

2000 Policy Positions

0001**PHARMACY WORK FORCE**

This policy was superseded by ASHP policy 0201.

0002**DRUG SHORTAGES**

Source: Council on Administrative Affairs

To declare that pharmaceutical manufacturers, distributors, group purchasing organizations, and regulatory bodies, when making decisions that may create drug product shortages, should strive to prevent those decisions from compromising the quality and safety of patient care.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0003**FINANCIAL MANAGEMENT SKILLS**

This policy was superseded by ASHP policy 0508.

0005**RESIDENCY TRAINING FOR PHARMACISTS WHO PROVIDE DIRECT PATIENT CARE**

Source: Council on Educational Affairs

To recognize that optimal direct patient care by a pharmacist requires the development of clinical judgment, which can be acquired only through experience and reflection on that experience; further,

To establish as a goal that pharmacists who provide direct patient care should have completed an ASHP-accredited residency or have attained comparable skills through practice experience.

This policy was reviewed in 2009 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0006**PHARMACIST CREDENTIALING**

Source: Council on Educational Affairs

To support the position that credentialing is a voluntary professional activity distinct and separate from the licensing process; further,

To endorse the goals and the standards-based approach to credentialing being pursued by the Council on Credentialing in Pharmacy (CCP); further,

To support the position that all widely accepted post licensure pharmacy credentialing programs must meet quality standards that are being established by CCP.

This policy was reviewed in 2009 by the Council on Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

0008**NEW AND EMERGING PHARMACY SYSTEMS**

This policy was superseded by ASHP policy 0522.

0009**ONLINE PHARMACY AND INTERNET PRESCRIBING**

This policy was superseded by ASHP policy 0523.

0010**DISPENSING BY NONPHARMACISTS AND NONPRESCRIBERS**

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 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0011**STATUTORY PROTECTION FOR MEDICATION-ERROR REPORTING**

Source: Council on Legal and Public Affairs

To collaborate with other health care providers, professions, and stakeholders to advocate and support federal legislative and regulatory initiatives that provide liability protection for the reporting of actual and potential medication errors by individuals and health care providers; further,

To seek federal liability protection for medication-error reporting that is similar in concept to that which applies to reporting safety incidents and accidents in the aviation industry.

This policy was reviewed in 2009 by the Council on Public Policy and Public Affairs and by the Board of Directors and was found to still be appropriate.

0012**FDA'S PUBLIC HEALTH MISSION**

Source: Council on Legal and Public Affairs

To support the Food and Drug Administration's public health mission of ensuring the safety and effectiveness of drugs, biologics, and medical devices through risk assessment,

appropriate product approval, labeling approval, manufacturing oversight, and consultation with health professionals, while deferring to state regulation and professional self-regulation on matters related to the use of drugs, biologics, and medical devices; further,

To support the allocation of sufficient federal resources to allow FDA to meet its defined public health mission; further,

To support the appointment of practicing pharmacists to FDA advisory committees as one mechanism of ensuring that decisions made by the agency incorporate the unique knowledge of the profession of pharmacy for the further benefit of the patient; further,

To support an ongoing dialogue between FDA and ASHP for the purpose of exploring ways to advocate the best use of FDA-regulated products by consumers and health care professionals.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0013

PATIENT'S RIGHT TO CHOOSE

Source: Council on Legal and Public Affairs

To support the right of the patient or his or her representative as allowed under state law to develop, implement, and make informed decisions regarding his or her plan of care; further,

To acknowledge that the patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment; further,

To support the right of the patient in accord with state laws to (a) formulate advance directives and (b) have health care practitioners who comply with those directives.

This policy was reviewed in 2009 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

0016

PHARMACOGENOMICS

This policy was superseded by ASHP policy 1104.

0018

INLINE FILTERS

This policy was discontinued in 2005.

0019**PHARMACISTS' ROLE IN IMMUNIZATION**

This policy was superseded by ASHP policy 0213.

0020**DRUG NAMES, LABELING, AND PACKAGING ASSOCIATED WITH MEDICATION ERRORS**

Source: Council on Professional Affairs

To urge drug manufacturers and FDA to involve practicing pharmacists, nurses, and physicians in decisions about drug names, labeling, and packaging to help eliminate (a) look-alike and sound-alike drug names, and (b) labeling and packaging characteristics that contribute to medication errors; further,

To inform pharmacists and others, as appropriate, about specific drug names, labeling, and packaging that have documented association with medication errors.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0021**MEDICATION ERRORS AND RISK MANAGEMENT**

Source: Council on Professional Affairs

To urge that pharmacists be included in health care organizations' risk management processes for the purpose of (a) assessing medication-use systems for vulnerabilities to medication errors, (b) implementing medication-error prevention strategies, and (c) reviewing occurrences of medication errors and developing corrective actions.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

0023**ASHP STATEMENT ON REPORTING MEDICAL ERRORS**

Source: Board of Directors

To approve the ASHP Statement on Reporting Medical Errors.

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.

0025**OPPOSITION TO CREATION OF "PHARMACIST ASSISTANT" CATEGORY OF LICENSED PHARMACY PERSONNEL**

This policy was superseded by ASHP policy 0521.

1999 Policy Positions

9901

FOSTERING PHARMACY LEADERSHIP

Source: Council on Administrative Affairs

To encourage pharmacy managers to serve as mentors to their staff, pharmacy students, pharmacy residents, and peers in a manner that fosters the development of future pharmacy leaders.

This policy was reviewed in 2008 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

9902

COMPLIANCE WITH GOVERNMENTAL PAYMENT POLICIES

Source: Council on Administrative Affairs

To encourage pharmacy managers to identify and resolve medication-related billing issues in government health care programs that could cause challenges under fraud and abuse laws; further,

To encourage pharmacy managers to establish an internal audit system for medication-related services, in conjunction with their corporate compliance programs, in order to meet the requirements of government health care payment policies.

This policy was reviewed in 2008 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

9903

OPTIMIZING THE MEDICATION-USE PROCESS

Source: Council on Administrative Affairs

To urge health-system pharmacists to assume leadership, responsibility, and accountability for the quality, effectiveness, and efficiency of the entire medication-use process (including prescribing, dispensing, administration, monitoring, and education) across the continuum of care; further,

To urge health-system pharmacists to work in collaboration with patients, prescribers, nurses, and other health care providers in improving the medication-use process.

This policy was reviewed in 2008 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

9904

EMERGENCY PREPAREDNESS

This policy was superseded by the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness dated June 1, 2003.

9905**DIVERSIFYING PHARMACEUTICAL SERVICES**

This policy was discontinued in 2004.

9908**PHARMACISTS' ROLE IN DRUG PROCUREMENT, DISTRIBUTION, AND CONTROL**

This policy was superseded by ASHP policy 0232.

9910**PHARMACISTS' DOCUMENTATION OF PHARMACEUTICAL CARE**

This policy was superseded by ASHP policy 0407.

9911**PHARMACY RESIDENCY TRAINING**

This policy was superseded by ASHP policy 0917.

9913**LEADERSHIP DEVELOPMENT IN COLLEGES OF PHARMACY**

This policy was superseded by ASHP policy 0509.

9915**ASHP POSITION ON ASSISTED SUICIDE**

Source: Council on Legal and Public Affairs

To remain neutral on the issue of health professional participation in assisted suicide of patients who are terminally ill; further,

To affirm that the decision to participate in the use of medications in assisted suicide is one of individual conscience; further,

To offer guidance to health-system pharmacists who practice in states in which assisted suicide is legal.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9916**PHARMACIST DECISION-MAKING ON ASSISTED SUICIDE**

Source: Council on Legal and Public Affairs

To approve the ASHP Statement on Pharmacist Decision-making on Assisted Suicide.

This statement was reviewed in 2008 by the Council on Pharmacy Practice and by the ASHP Board of Directors and was found to still be appropriate.

9917**CONFIDENTIALITY OF PATIENT HEALTH CARE INFORMATION**

This statement was superseded by the ASHP Statement on Confidentiality of Patient Health Care Information dated June 10, 2008.

9919**MANAGEMENT OF BLOOD PRODUCTS AND DERIVATIVES**

Source: Council on Legal and Public Affairs

To strongly encourage the computer software industry to provide data fields for lot number, expiration date, and other necessary and appropriate information for blood products and derivatives and biologicals, in order to facilitate compliance with regulatory requirements concerning the use of these products, particularly with respect to recalls or withdrawals.

This policy was reviewed in 2008 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

9920**TELEPHARMACY**

Source: Council on Professional Affairs

To foster among health-system pharmacists and leaders of the telecommunications industry a common vision for the integration of telecommunication technology into the delivery of pharmaceutical care.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9921**PHARMACIST VALIDATION OF INFORMATION RELATED TO MEDICATIONS**

Source: Council on Professional Affairs

To support consultation with a pharmacist as a primary means for consumers to validate publicly available information related to medications.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9922**PHARMACIST'S ROLE IN PRIMARY CARE**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role in Primary Care.

1998 Policy Positions

9801

COLLABORATIVE DRUG THERAPY MANAGEMENT ACTIVITIES

Source: House of Delegates Resolution

To support the participation of pharmacists in collaborative drug therapy management, which is defined as a multidisciplinary process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further,

To recognize that pharmacists participate in collaborative drug therapy management for a patient who has a confirmed diagnosis by an authorized prescriber; further,

To recognize that the activities of a pharmacist in collaborative drug therapy management may include, but not be limited to, initiating, modifying, and monitoring a patient's drug therapy; ordering and performing laboratory and related tests; assessing patient response to therapy; counseling and educating a patient on medications; and administering medications.

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

9802

CONSCIENTIOUS OBJECTION BY PHARMACISTS TO MORALLY, RELIGIOUSLY, OR ETHICALLY TROUBLING THERAPIES

This policy was superseded by ASHP policy 0610.

9803

MEDICATION FORMULARY SYSTEM MANAGEMENT

This policy was superseded by ASHP policy 0102.

9804

MULTIDISCIPLINARY ACTION PLANS FOR PATIENT CARE

Source: Council on Administrative Affairs

To support pharmacists as integral participants in the development of multidisciplinary action plans for patient care (care MAPs), disease-management plans, and health-management plans.

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.

9805**MEDICATION MISADVENTURES**

Source: Council on Administrative Affairs

To affirm that pharmacists must assume a leadership role in preventing, investigating, and eliminating medication misadventures across the continuum of care.

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.

9806**ELECTRONIC ENTRY OF MEDICATION ORDERS**

This policy was superseded by ASHP policy 0105.

9808**DEFINING AND MEASURING THE QUALITY OF CLINICAL SERVICES**

This policy was superseded by ASHP policy 0202.

9809**POSITION ON THE ENTRY-LEVEL DOCTOR OF PHARMACY DEGREE**

This policy was superseded by ASHP policy 0805.

9810**RELATIONSHIP BETWEEN PRACTICE SITES AND EDUCATIONAL INSTITUTIONS**

This policy was superseded by ASHP policy 0315.

9811**PUBLIC FUNDING FOR PHARMACY RESIDENCY TRAINING**

This policy was superseded by ASHP policy 0325.

9812**COLLABORATIVE DRUG THERAPY MANAGEMENT**

Source: Council on Legal and Public Affairs

To pursue the development of federal and state legislative and regulatory provisions that authorize collaborative drug therapy management by the pharmacist as a component of pharmaceutical care; further,

To actively support affiliated state societies in the pursuit of state-level collaborative drug therapy management authority for pharmacists.

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

9813**REGULATION OF AUTOMATED DRUG DISTRIBUTION SYSTEMS**

Source: Council on Legal and Public Affairs

To work with the Drug Enforcement Administration and other agencies to seek regulatory and policy changes to accommodate automated drug distribution in health systems.

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

9814**EDUCATING PHARMACISTS TO PROVIDE APPROPRIATE SUPPORT FOR DYING PATIENTS**

This policy was superseded by ASHP policy 0307.

9816**APPROPRIATE PHARMACY SUPPORT FOR DYING PATIENTS**

This policy was superseded by ASHP policy 0307.

9819**ROLE OF PHARMACISTS AND BUSINESS LEADERS IN HEALTH CARE SERVICES AND POLICIES**

Source: Council on Professional Affairs

To support the principle that business leaders and health professionals must share responsibility and accountability for providing optimal health care services to patients; further,

To support the principle that business leaders should expect practicing pharmacists to formulate policies that affect the prerogative of pharmacists to make optimal care decisions on behalf of patients.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9820**MEDICATION ADMINISTRATION BY PHARMACISTS**

Source: Council on Professional Affairs

To support the position that the administration of medicines is part of the routine scope of pharmacy practice; further,

To support the position that pharmacists who administer medicines should be skilled to do so; further,

To support the position that pharmacists should be participants in establishing procedures in their own work settings with respect to the administration of medicines (by anyone) and monitoring the outcomes of medication administration.

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

9821**ASHP STATEMENT ON THE PHARMACIST'S ROLE IN CLINICAL PHARMACOKINETIC MONITORING**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role in Clinical Pharmacokinetic Monitoring.

This statement supersedes the ASHP Statement on the Pharmacist's Role in Clinical Pharmacokinetic Services, dated June 5, 1989, and ASHP policy 8905.

This statement was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9822**ASHP STATEMENT ON THE PHARMACIST'S ROLE IN INFECTION CONTROL**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role in Infection Control.

This policy was superseded by ASHP policy 0922.

9823**ASHP STATEMENT ON THE PHARMACIST'S ROLE IN SUBSTANCE ABUSE PREVENTION, EDUCATION, AND ASSISTANCE**

This policy was superseded by ASHP policy 0327.

1997 Policy Positions

9702**DRUG SAMPLES**

Source: Council on Legal and Public Affairs

To oppose drug sampling or similar drug marketing programs that (1) do not provide the elements of pharmaceutical care, (2) result in poor drug control, allowing patients to receive improperly labeled and packaged, deteriorated, outdated, and unrecorded drugs, (3) provide access to prescription drugs by unauthorized, untrained personnel, (4) may encourage inappropriate prescribing habits, or (5) may increase the cost of treatment for all patients.

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.

9703**MANUFACTURER-SPONSORED PATIENT-ASSISTANCE PROGRAMS**

Source: Council on Legal and Public Affairs

To encourage pharmaceutical manufacturers to (1) extend their patient assistance programs to serve the needs of both uninsured and underinsured patients, (2) enhance access to and availability of such programs, and (3) incorporate the elements of pharmaceutical care into these programs.

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.

9705**PHARMACIST EDUCATION OF CONSUMERS**

This policy was discontinued in 2002.

9707**PEDIATRIC DOSAGE FORMS**

Source: Council on Professional Affairs

To support efforts that stimulate development of pediatric dosage forms of drug products.

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

9708**EXPRESSION OF THERAPEUTIC PURPOSE OF PRESCRIBING**

This policy was superseded by ASHP policy 0305.

9711**INTERVENTIONS TO REDUCE HIV RISK BEHAVIOR IN INTRAVENOUS DRUG USERS**

Source: House of Delegates Resolution

ASHP supports the use of needle and syringe exchange programs, drug abuse treatment, and community outreach programs for substance abusers to reduce the risk of transmission of the human immunodeficiency virus (HIV), hepatitis B virus, and hepatitis C virus in intravenous drug users.

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

1996 Policy Positions

9601

STANDARDIZATION OF MEDICATION FORMULARY SYSTEMS

Source: Council on Administrative Affairs

To support the concept of a standardized medication formulary system among components of integrated health systems when standardization leads to improved patient outcomes; further,

To include in the formulary-standardization process the direct involvement of the health system's physicians, pharmacists, and other appropriate health care professionals.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and the Board of Directors and was found to still be appropriate.

9606

FDA REFORM

This policy was superseded by ASHP policy 0012.

9607

CODE OF ETHICS

Source: Council on Legal and Public Affairs

To endorse the Code of Ethics for Pharmacists.

The endorsement of this document was reviewed in 2007 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9608

USE OF COLOR TO IDENTIFY DRUG PRODUCTS

Source: Council on Professional Affairs

To support the reading of drug product labels as the most important means of identifying drug products; further,

To oppose reliance on color by health professionals and others to identify drug products; and further,

To oppose actions by manufacturers of drug products and others to promulgate reliance on color to identify drug products.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

9609**HUMAN FACTORS CONCEPTS***Source: Council on Professional Affairs*

To encourage pharmacists to apply human factors concepts (human errors related to inadequate systems or environment) in the prevention, analysis, and reporting of medication errors; further,

To encourage research (in conjunction with other groups, as appropriate) to identify human factors causes of medication errors and opportunities for their prevention.

This policy was reviewed in 2009 by the Council on Pharmacy Practice and the Board of Directors and was found to still be appropriate.

9613**THE EXPANDED ROLE OF PHARMACY TECHNICIANS**

This policy was discontinued in 2002.

9614**DUES AUTHORITY***Source: Chairman of the Board of Directors*

To delegate to the Board of Directors the authority to adjust annually the ASHP membership dues rate for the purpose of covering increased costs of existing membership services for a period of the next five years, 1997–2001; further,

To limit any increases in dues by the Board of Directors, under this authorization, to the annual percentage increase in the Consumer Price Index for all Urban Consumers.

This policy supersedes ASHP policy 9121.

1995 Policy Positions

9502**ASHP CONTINUING-EDUCATION ACTIVITIES AND NONTRADITIONAL PHARM.D. PROGRAMS**

This policy was discontinued in 2002.

9503**MODEL CONTINUING EDUCATION REGULATIONS**

This policy was discontinued in 1998.

9504**ASHP STATEMENT ON THE PHARMACIST'S RESPONSIBILITY FOR DISTRIBUTION AND CONTROL OF DRUG PRODUCTS**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Responsibility for Distribution and Control of Drug Products.

This statement supersedes a previous version dated June 1, 1992, and ASHP policy 9210.

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.

9505**ASHP STATEMENT ON THE ROLE OF THE PHARMACIST IN PATIENT-FOCUSED CARE**

This statement was discontinued in 2002.

9506**TIME OF THE ASHP MIDYEAR CLINICAL MEETING**

Source: House of Delegates Resolution

ASHP should study the time of the ASHP Midyear Clinical Meeting, consider other possible times, discuss meeting scheduling and planning with other organizations, and investigate the economic and practical feasibility of moving the ASHP Midyear Meeting to another time of the year in the future. A report of this should be presented to the 1996 House of Delegates.

1994 Policy Positions

9401**PATIENT-FOCUSED CARE**

This policy was discontinued in 2005.

9403**MULTIDISCIPLINARY ACTION PLANS FOR PATIENT CARE (CARE MAPS)**

This policy was superseded by ASHP policy 9804.

9404**PHARMACIST PRESCRIBING**

This policy was superseded by ASHP policy 9812.

9406**PATIENT'S RIGHT TO CHOOSE**

This policy was superseded by ASHP policy 0013.

9407**PRIMARY AND PREVENTIVE CARE**

Source: Council on Professional Affairs

To support primary and preventive care roles for pharmacists in the provision of pharmaceutical care; further,

To collaborate with physician, nursing, and health-system administrator groups in pursuit of these goals.

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

9409**NABP MODEL PHARMACY PRACTICE ACT LANGUAGE ON THE RESPONSIBILITY OF THE PHARMACIST FOR OVERALL MEDICATION DISTRIBUTION SYSTEMS**

This policy was discontinued in 2004.

9410**PRESCRIBING AUTHORITY FOR PHARMACISTS**

This policy was superseded by ASHP policy 9812.

9411**NAME CHANGE**

Source: Chairman of the Board of Directors

To change the name of the American Society of Hospital Pharmacists, Inc. (ASHP) to the American Society of Health-System Pharmacists, Inc. (ASHP), effective January 1, 1995; further,

To amend the ASHP Charter, Second Article, by deleting Hospital and substituting Health-System; further,

To amend and restate the ASHP Bylaws, Article 1.1, to conform to the amended ASHP Charter; further,

To declare that this Charter amendment is advisable, and direct that the Charter amendment be submitted to the House of Delegates and the membership for consideration.

The ASHP membership approved this action by mail ballot, September 1994.

1993 Policy Positions

9303

HEALTH-CARE REFORM

Source: Council on Legal and Public Affairs

To endorse the document Principles for Including Medications and Pharmaceutical Care in Health Care Systems.

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

9304

ASHP STATEMENT ON PHARMACEUTICAL CARE

Source: Council on Professional Affairs

To approve the ASHP Statement on Pharmaceutical Care.

This statement was reviewed in 1998 by the Council on Professional Affairs and by the Board of Directors and was found to still be appropriate.

9306

ASHP STATEMENT ON THE PHARMACIST'S ROLE WITH RESPECT TO DRUG DELIVERY SYSTEMS AND ADMINISTRATION DEVICES

Source: Council on Professional Affairs

To approve the ASHP Statement on the Pharmacist's Role with Respect to Drug Delivery Systems and Administration Devices.

This statement supersedes a previous version dated June 5, 1989, and ASHP policy 8904.

9307

DRUG DISTRIBUTION SYSTEMS IN ORGANIZED HEALTH-CARE SYSTEMS

This policy was discontinued in 2002.

9309

EXPIRATION DATING OF PHARMACEUTICAL PRODUCTS

Source: House of Delegates Resolution

To support and actively promote the maximal extension of expiration dates of pharmaceutical products as a means of reducing health-care costs and to recommend that pharmaceutical manufacturers review their procedures to accomplish this end.

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

9310**RECOGNITION OF ONCOLOGY PHARMACY PRACTICE AS A SPECIALTY**

This policy was discontinued in 2000.

1992 Policy Positions**9201****HUMAN IMMUNODEFICIENCY VIRUS (HIV) POSITIVE EMPLOYEES**

This policy was discontinued in 2008.

9202**NEEDLE-FREE DRUG PREPARATION AND ADMINISTRATION SYSTEMS**

This policy was discontinued in 2007.

9204**ELECTRONIC COMMUNICATION OF MEDICAL INFORMATION**

This policy was discontinued in 2002.

9205**AUTOMATED SYSTEMS**

Source: Council on Legal and Public Affairs

To support the use of current and emerging technology in the advancement of pharmaceutical care; further,

To encourage a review and evaluation of the state and federal legal and regulatory status of new technologies as they apply to pharmacy practice.

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.

9206**MEDICATION-ERROR REPORTING**

This policy was discontinued in 2000.

9207**AVERSIVE FLAVORING**

This policy was discontinued in 1998.

9208**ASHP STATEMENT ON THE USE OF MEDICATIONS FOR UNLABELED USES**

Source: Council on Professional Affairs

To approve the ASHP Statement on the Use of Medications for Unlabeled Uses.

9209**ASHP STATEMENT ON THE PHARMACY AND THERAPEUTICS COMMITTEE**

This policy was superseded by the ASHP Statement on the Pharmacy and Therapeutics Committee and the Formulary System dated June 10, 2008.

9211**TAMPER-EVIDENT PACKAGING ON TOPICAL PRODUCTS**

Source: House of Delegates Resolution

To support the standardization and requirement of tamper-evident packaging on all topical products, including all dermatologicals and nonprescription products.

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

1991 Policy Positions

9103**DRUG TESTING**

Source: Council on Legal and Public Affairs

To recognize the use of pre-employment drug testing or drug testing for cause during employment based on defined criteria and with appropriate validation procedures; further,

To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals.

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.

9106**MEDICAL DEVICES**

Source: Council on Legal and Public Affairs

To support public and private initiatives to clarify and define the relationship among drugs, devices, and new technologies in order to promote safety and effectiveness as well as better delivery of patient care.

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.

9108**EMPLOYEE TESTING**

Source: Council on Legal and Public Affairs

To oppose the use of truth-verification testing such as polygraphs as routine employment practices because of the possible interference with the rights of individuals; further,

To recognize the limited use of such testing during employment where such testing may protect the rights of individuals against false witness.

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.

9111**ASHP STATEMENT ON PHARMACEUTICAL RESEARCH IN ORGANIZED HEALTH-CARE SETTINGS**

Source: Council on Professional Affairs

To approve the ASHP Statement on Pharmaceutical Research in Organized Health-Care Settings.

This policy supersedes the ASHP Statement on Institutional Pharmacy Research and ASHP policy 8517.

9112**DRUG ADMINISTRATION**

This policy was superseded by ASHP policy 9812.

9118**STATEMENT OF PRINCIPLE FOR PHARMACISTS' RELATIONSHIP WITH INDUSTRY**

This policy was discontinued in 1999.

9121**LIMITED AUTHORITY TO ADJUST THE DUES RATE**

This policy was superseded by ASHP policy 9614.

9122**RECOGNITION OF PSYCHOPHARMACY PRACTICE AS A SPECIALTY**

This policy was discontinued in 2000.

1990 Policy Positions

9001

REIMBURSEMENT FOR UNLABELED USES OF FDA-APPROVED DRUG PRODUCTS

This policy was superseded by ASHP policy 0206.

9002

ASHP STATEMENT ON CONTINUING EDUCATION

Source: Council on Educational Affairs

To approve the revised ASHP Statement on Continuing Education.

This statement supersedes a previous version dated May 15, 1978.

This statement was reviewed in 2003 by the Council on Educational Affairs and by the ASHP Board of Directors and was found to still be appropriate.

9004

HOME INTRAVENOUS THERAPY

This policy was superseded by ASHP policy 0414.

9005

GENERIC DRUG PRODUCTS

This policy was discontinued in 2007.

9006

NONDISCRIMINATORY PHARMACEUTICAL CARE

Source: Council on Professional Affairs

To adopt the following positions in regard to nondiscriminatory pharmaceutical care:

- All patients have the right to privacy, respect, confidentiality, and high-quality pharmaceutical care.
- No patient should be refused pharmaceutical care or denied these rights based solely on diagnosis.
- Pharmacists must always act in the best interest of individual patients while not placing society as a whole at risk.

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

9007**DRUG NAMES, LABELING, AND PACKAGING**

This policy was superseded by ASHP policy 0020.

9008**STANDARDIZED PROTOCOL FOR INFORMATION EXCHANGE BETWEEN HOSPITALS**

This policy was discontinued in 1998.

9009**STUDENT MEMBERSHIP DUES**

This policy was discontinued in 2000.

9010**GENERIC PHARMACEUTICAL TESTING**

Source: House of Delegates Resolution

To support and foster legislative and regulatory initiatives designed to improve and restore public and professional confidence in the drug approval and regulatory process in which all relevant data are subject to public scrutiny.

This policy was reviewed in 2010 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

9011**DRUG NOMENCLATURE**

Source: House of Delegates Resolution

To work with the FDA, USP, and pharmaceutical industry to assure that drug products are named in a manner that clearly and without confusion permits identification of ingredients' strengths and changes.

This policy was reviewed in 2008 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

1989 Policy Positions

8903**POLITICAL ACTION COMMITTEE (PAC)**

This policy was discontinued in 1998.

8907**ASHP STATEMENT ON UNIT DOSE DRUG DISTRIBUTION***Source: Council on Professional Affairs*

To approve the ASHP Statement on Unit Dose Drug Distribution.

This statement supersedes a previous version dated June 8, 1981.

1988 Policy Positions

8802**EDUCATIONAL PROGRAM RESOURCES FOR AFFILIATED STATE CHAPTERS**

This policy was superseded by ASHP policy 0215.

8804**EMPLOYEE DRUG TESTING**

This policy was discontinued in 1998.

8807**TOBACCO AND TOBACCO PRODUCTS**

This policy was superseded by ASHP policy 0713.

8808**HUMAN IMMUNODEFICIENCY VIRUS INFECTIONS**

This policy was discontinued in 2007.

8809**COUNCIL ON THERAPEUTICS**

This policy was discontinued in 2002.

8810**PROMOTION OF PHARMACISTS' PROFESSIONAL IMAGE**

This policy was discontinued in 2001.

8812**RECOGNITION OF NUTRITIONAL SUPPORT PHARMACY PRACTICE AS A SPECIALTY**

This policy was discontinued in 2000.

1987 Policy Positions

8701

PHARMACISTS' ROLE IN DRUG PROCUREMENT PROCESS

This policy was superseded by ASHP policy 9908.

8704

NATIONAL MANPOWER DATA SYSTEM

This policy was discontinued in 2002.

8705

ASSESSMENT SURVEY OF CONTINUING EDUCATION NEEDS

This policy was discontinued in 2002.

8706

STAFF DEVELOPMENT PROGRAMS AND RESOURCES

This policy was superseded by ASHP policy 0112.

8707

VACCINE AVAILABILITY

This policy was discontinued in 2000.

8708

THERAPEUTIC INTERCHANGE

Source: Council on Legal and Public Affairs

To support the concept of therapeutic interchange of various drug products by pharmacists under arrangements where pharmacists and authorized prescribers interrelate on the behalf of patient care.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

8709

CODES ON SOLID DOSAGE FORMS OF PRESCRIPTION DRUG PRODUCTS

Source: Council on Legal and Public Affairs

To support efforts requiring manufacturers of solid dosage form prescription drug products to imprint a readily identifiable code indicating the manufacturer of the drug product and the product's ingredients; further,

To make information on translation of the codes readily available.

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.

8711**CLINICAL INVESTIGATION OF DRUGS USED IN ELDERLY AND PEDIATRIC PATIENTS**

This policy was superseded by ASHP policy 0229.

8712**THE PHARMACEUTICAL INDUSTRY AND DESIGN OF INVESTIGATIONAL STUDIES IN INSTITUTIONS**

This policy was discontinued in 2000.

1986 Policy Positions

8607**PHARMACY CRIME**

This policy was discontinued in 2002.

8610**PHARMACY TECHNICIANS**

Source: Council on Legal and Public Affairs

To work toward the removal of legislative and regulatory barriers preventing pharmacists from delegating certain technical activities to other trained personnel.

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.

8612**INTERNATIONAL SYSTEM OF UNITS**

Source: Council on Professional Affairs

To not advocate, at this time, adoption of the International System of Units (SI units) as the exclusive labeling for drug dosages and concentrations; further,

To urge labelers to include: (1) units of mass, volume, or percentage concentrations and (2) moles or millimoles in labeling until the health professions and the public can be educated and be comfortable with use of SI units in prescribing and labeling drug products.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

8613**ELIMINATION OF APOTHECARY SYSTEM**

Source: Council on Professional Affairs

To recommend to all health professions and to the Pharmaceutical Manufacturers Association (PMA) (now the Pharmaceutical Research and Manufacturers of America, abbreviated "PhRMA") that the apothecary system be eliminated in referring to dosage quantities and strengths.

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

8614**MEDICATION ERRORS AND RISK MANAGEMENT**

This policy was superseded by ASHP policy 0021.

8619**NONTRADITIONAL PHARMACY PRACTICE SETTINGS**

This policy was discontinued in 2000.

1985 Policy Positions

8504**STATEMENT ON THIRD-PARTY COMPENSATION FOR CLINICAL SERVICES BY PHARMACISTS**

This statement was discontinued in 2005.

8506**INTERNSHIP, EXTERNSHIP, AND CLERKSHIP**

This policy was discontinued in 2002.

8507**CAREER COUNSELING**

Source: Council on Educational Affairs

To urge colleges of pharmacy to develop career counseling programs to make students aware of postgraduate career options, including residency training and career paths in various types of practice; further,

To urge that career counseling occur in a structured manner early in the curriculum and be continued throughout the curriculum; further,

To urge practitioners in various organized health-care settings to make themselves available to colleges of pharmacy for participation in both structured and unstructured career counseling.

This policy was reviewed in 2006 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

8508**EXTERNAL DEGREE PROGRAMS AND INITIATIVES FOR HELPING PRACTITIONERS UPGRADE SKILLS**

This policy was discontinued in 2007.

8510**ORGAN TRANSPLANT LEGISLATION**

This policy was discontinued in 2002.

8511**PHARMACIST DISPENSING OF CERTAIN DRUGS**

This policy was superseded by ASHP policy 0220.

8512**FDA REVIEW OF DRUG PRODUCTS FOR SAFETY AND EFFICACY**

This policy was discontinued in 2002.

8514**NATIONAL DRUG CODE**

This policy was discontinued in 2002.

8515**CONTROLLED SUBSTANCES REGULATIONS**

This policy was superseded by ASHP policy 9813.

8516**SINGLE UNIT PACKAGES**

This policy was discontinued in 2000.

8517**STATEMENT ON INSTITUTIONAL PHARMACY RESEARCH**

This statement was superseded by the ASHP Statement on Pharmaceutical Research in Organized Health-Care Settings and ASHP policy 9111.

8519**HOSPITAL PHARMACY MANAGEMENT INFORMATION SYSTEM (HPMIS)**

This policy was discontinued in 1999.

8520**BULK RESALE OF DRUG PRODUCTS**

This policy was discontinued in 2000.

1984 Policy Positions

8402**HEALTH-CARE FINANCING: DEPARTMENTAL STRATEGIES**

This policy was discontinued in 1999.

8406**PATIENT EDUCATION**

This policy was discontinued in 1998.

8407**ASHP PRACTICE STANDARDS AS AN INTEGRAL PART OF EDUCATIONAL PROCESS**

This policy was superseded by ASHP policy 0705.

8408**DRUG PRICE COMPETITION ACT—POST-1962 ABBREVIATED NEW DRUG APPLICATION LEGISLATION**

This policy was discontinued in 2002.

8409**VETERANS ADMINISTRATION PERSONNEL LEGISLATION**

This policy was discontinued in 1998.

8410**USE OF DRUGS IN CAPITAL PUNISHMENT**

Source: Council on Legal and Public Affairs

To support the following concepts:

- The decision by a pharmacist to participate in the use of drugs in capital punishment is one of individual conscience.
- Pharmacists, regardless of who employs them, should not be put at risk of any disciplinary action, including loss of their jobs, because of refusal to participate in capital punishment.

This policy was reviewed in 2008 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

8411**DISSOLUTION OF COUNCIL ON EDUCATIONAL AFFAIRS**

This policy was discontinued in 2001.

8412**AFFILIATED STATE CHAPTER MEMBERSHIP AND ASHP APPOINTMENTS**

This policy was superseded by ASHP policy 0118.

1983 Policy Positions

8302**MEDICAID COST-CONTAINMENT OPTIONS**

This policy was discontinued in 1998.

8303**MATERIALS MANAGEMENT**

This policy was discontinued in 2000.

8305**OUTPLACEMENT OF PHARMACY DIRECTORS**

This policy was discontinued in 1999.

8308**P.D. (PHARMACY DOCTOR) DESIGNATION FOR PHARMACISTS**

This policy was superseded by ASHP policy 0217.

8310**SIZE, COLOR, AND SHAPE OF DRUG PRODUCTS**

Source: Council on Legal and Public Affairs

To approve the authority of manufacturers to copy the size, shape, and color of generically equivalent drug products as a means of promoting better patient compliance (rational drug therapy), but only when the source and identity of the product are readily ascertainable from a uniform mark or symbol on the product.

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.

8311**ASHP PLANNING PROCESS AND ASHP LONG-TERM GOALS**

This policy was discontinued in 2003.

8312**DEA RECORDKEEPING REQUIREMENTS**

This policy was discontinued in 2000.

1982 Policy Positions

8201**PLAN OF ACTION FOR DEALING WITH PHARMACY REIMBURSEMENT MATTERS**

This policy was discontinued in 2002.

8205**STUDIES ON COSTS AND BENEFITS OF CLINICAL PHARMACY SERVICES**

This policy was discontinued in 2006.

8207**MEDIATED CONTINUING EDUCATION PROGRAMMING**

This policy was discontinued in 2000.

8210**CONTINGENCY PLAN TO ASSIST STATE CHAPTERS' ADJUSTMENTS TO FEDERAL BUDGET REFORMS**

This policy was discontinued in 1998.

8211**PATENT TERM RESTORATION**

This policy was discontinued in 1998.

8212**HOME HEALTH CARE**

This policy was discontinued in 2004.

8213**PHARMACY CRIME**

This policy was discontinued in 1998.

8214**APPORTIONMENT/DELEGATE REPRESENTATION**

This policy was discontinued in 2002.

8216**ANNUAL MEETING REGISTRATION FEES FOR DELEGATES**

This policy was discontinued in 2007.

8219**AMERICAN HOSPITAL FORMULARY SERVICE**

This policy was discontinued in 2002.

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