Drug Distribution and Control

Redistribution of Unused Medications (0611)
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 2015 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Pharmaceutical Counterfeiting (0401)
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 2013 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Pharmacy Drug Theft (0303)
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 2013 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Pharmacist's Role in Drug Procurement, Distribution, Surveillance, and Control (0232)
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 on Accreditation of Healthcare Organizations, 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 2011 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Optimizing the Medication-Use Process (9903)
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 2013 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.