

Distribution

Pharmaceutical Distribution Systems (1707)

Source: Council on Pharmacy Management

To support drug distribution business models that meet the requirements of hospitals and health systems with respect to availability and 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; further,

To oppose manufacturers, distributors, and wholesalers making availability of drug products contingent on how those products are used.

This policy supersedes ASHP policy 1016.

Technician-Checking-Technician Programs (0310)

Source: Council on Administrative Affairs

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

To advocate state board of pharmacy approval of these programs.

This policy was reviewed in 2012 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Dispensing by Nonpharmacists and Nonprescribers (0010)

Source: Council on Legal and Public Affairs

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

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

This policy was reviewed in 2014 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

ASHP Policy Positions 2009–2017 (with Rationales): Drug Distribution and Control: Distribution

1707

Pharmaceutical Distribution Systems

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To oppose manufacturers, distributors, and wholesalers making availability of drug products contingent on how those products are used.

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Rationale

Wholesaler and distributors have traditionally contracted with hospitals and health systems for basic drug product distribution and other services. Many wholesalers have made a large portion of their revenue through speculative buying and other business practices that are no longer desirable because of requirements for pedigrees, the risk of buying counterfeit or adulterated products, demands by manufacturers to limit product transactions, and the need to manage drug recalls. These changes, plus the vast diversification of many wholesaler distributors, have resulted in new business models that will affect how hospitals acquire and manage pharmaceuticals. These changing models for distribution may result in higher costs for hospitals and health systems, as current wholesaler distribution systems have become very efficient. Recently, some wholesalers have required that pharmacies ensure certain drugs are not used or sold for use for particular purposes, and there are concerns that this practice could grow. ASHP supports wholesaler and distribution business models that meet the requirements of hospitals and health systems, which includes the ability for pharmacies to obtain drug products for established patient care uses without restriction.