



Section	Psychiatric Health Facility (PHF)	Effective:	4/13/11
Sub-section	Medications		
Policy	Sample Medications	Last Revised:	9/28/16
Policy #			
Director's Approval	_____	Date	_____
	Alice Gleghorn, PhD		
PHF Medical Director's Approval	_____	Date	_____
	Leslie Lundt, MD		
Supersedes:	NM – Sample Medications	Audit Date:	9/28/19

1. PURPOSE/SCOPE

- 1.1. To establish standards and procedures for the proper management, storage, labeling and dispensing of sample medications at the Psychiatric Health Facility (PHF).
- 1.2. To ensure the PHF's medication management policies are in compliance with all federal and state laws and standards of professional practice.

2. DEFINITIONS

The following terms are limited to the purposes of this policy:

- 2.1. **Sample medications** – pre-packaged medications provided free-of-charge by pharmaceutical companies. Packaging of sample medications are clearly marked as not for resale or reimbursement.
- 2.2. **Designated medical staff** – an individual employed or contracted by the PHF who is an authorized credentialed prescriber and holds a valid California license as a: psychiatrist (MD); physician (MD or DO); nurse practitioner (NP); or physician's assistant (PA).

3. POLICY

- 3.1. Sample medications shall be stored, managed and dispensed in accordance with all relevant federal and state laws and regulations.
- 3.2. Medications kept as samples are included in the PHF Formulary
- 3.3. Sample medications classified as Schedule II, III-V controlled substances will not be stored or dispensed at the PHF.

4. STORAGE AND ACCESS

- 4.1. All sample medications will be securely stored in the PHF Medical Director's office.
- 4.2. Medications will be stored in the original containers in which they were provided by the pharmaceutical company.
- 4.3. All sample medications will be stored at proper room temperature (59-86° F or 15-30° C). The temperature of the storage area will be monitored on a daily basis and recorded on the *Medication Storage Temperature Log* (see Attachment A).
- 4.4. Only the PHF Medical Director and designated medical staff will have keys/access to the sample medication storage area.
 1. The contracted pharmacist will have access to the sample medication storage area for inventory purposes only.

5. RECEIPT OF SAMPLE MEDICATIONS

- 5.1. When receiving sample medication from a pharmaceutical representative, receiving staff will document the following on the Sample Medication Log (see Attachment B):
 1. Date sample medications were received;
 2. Medication name (brand or generic) and strength of capsules, tablets, or other individual doses listed separately by container;
 3. Quantity received of capsules, tablets, or other individual doses (total units of medications);
 4. Lot number or other identifier used by the manufacturer or distributor;
 5. Expiration date; and
 6. Initials of medical staff.
- 5.2. Sample medications may only be received and logged into inventory by the PHF Medical Director and designated medical staff.

6. INVENTORY MANAGEMENT

- 6.1. The sample medication inventory will be inspected for expiration date, deterioration, contamination, or damaged packaging on a monthly basis. This inspection will be logged on the *Sample Medication Monthly Inspection Log* (see Attachment A). This inspection may be conducted by the PHF Medical Director, designated medical staff or contracted pharmacist.
- 6.2. All medication samples that are deemed expired, contaminated or damaged will be prepared for disposal.
 1. Please see PHF policy "Medication Disposal" for further details.
- 6.3. Logs will be retained for a period of three years.

7. **PRESCRIBING AND DISPENSING SAMPLE MEDICATIONS**

- 7.1. A physician/psychiatrist, Nurse Practitioner (NP), or Physician Assistant (PA) will prescribe all sample medications to be dispensed. The medication order and documentation in the patient's medical chart must indicate the prescription will be filled with a sample medication.
1. NPs and PAs may only prescribe in accordance with the written standardized procedures and applicable laws and regulations.
- 7.2. When dispensing a sample medication, dispensing staff will document the following on the *Medication Sample Log* (see Attachment B):
1. Date sample medications dispensed;
 2. Patient medical record number;
 3. Medication name (brand or generic) and strength of capsules, tablets, or other individual doses listed separately by container;
 4. Quantity dispensed of capsules, tablets, or other individual doses (total units of medications);
 5. Lot number or other identifier used by the manufacturer or distributor; and
 6. Initials of medical staff.
- 7.3. All sample medications will be dispensed in the original, unopened container with the name and dose of the medication clearly labeled.
- 7.4. When dispensed, sample medications will be clearly labeled with patient's name and medical record number (MR #), date of dispensing, name of medication, dose, route, indications for use and instructions for administration. Relevant warnings or precautions will be identified on the label.
- 7.5. The pharmacy must be notified of all medication orders, including those filled with sample medications. Order forms sent to the pharmacy must be clearly indicate that a sample medication was dispensed.

ASSISTANCE

Charlotte Balzer-Gott, RN, PHF Nursing Supervisor

Leslie Lundt, MD, PHF Medical Director

REFERENCE

California Code of Regulations
Title 9, Sections 785.30, 785.31, 785.28

Business and Professions Codes
Sections 4051, 4061, 4170-1, 4181

Code of Federal Regulations
Title 42, Section 482.25 (b)(2)(ii), (b)(2)(iii)

ATTACHMENTS

- Attachment A – Medication Storage Temperature Log
- Attachment B – Sample Medication Monthly Inspection Log
- Attachment C – Medication Sample Log

RELATED POLICIES

Medication Disposal

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).

Attachment A

Sample Medication Cabinet Temperature Log
Month: _ Year: _

Temperature check DAY SHIFT

Day	DAY SHIFT temperature	Within range?	Indicate Corrective Action done & re-		Signature
1		<input type="checkbox"/> yes <input type="checkbox"/> no			
2		<input type="checkbox"/> yes <input type="checkbox"/> no			
3		<input type="checkbox"/> yes <input type="checkbox"/> no			
4		<input type="checkbox"/> yes <input type="checkbox"/> no			
5		<input type="checkbox"/> yes <input type="checkbox"/> no			
6		<input type="checkbox"/> yes <input type="checkbox"/> no			
7		<input type="checkbox"/> yes <input type="checkbox"/> no			
8		<input type="checkbox"/> yes <input type="checkbox"/> no			
9		<input type="checkbox"/> yes <input type="checkbox"/> no			
10		<input type="checkbox"/> yes <input type="checkbox"/> no			
11		<input type="checkbox"/> yes <input type="checkbox"/> no			
12		<input type="checkbox"/> yes <input type="checkbox"/> no			
13		<input type="checkbox"/> yes <input type="checkbox"/> no			
14		<input type="checkbox"/> yes <input type="checkbox"/> no			
15		<input type="checkbox"/> yes <input type="checkbox"/> no			
16		<input type="checkbox"/> yes <input type="checkbox"/> no			
17		<input type="checkbox"/> yes <input type="checkbox"/> no			
18		<input type="checkbox"/> yes <input type="checkbox"/> no			
19		<input type="checkbox"/> yes <input type="checkbox"/> no			
20		<input type="checkbox"/> yes <input type="checkbox"/> no			
21		<input type="checkbox"/> yes <input type="checkbox"/> no			
22		<input type="checkbox"/> yes <input type="checkbox"/> no			
23		<input type="checkbox"/> yes <input type="checkbox"/> no			
24		<input type="checkbox"/> yes <input type="checkbox"/> no			
25		<input type="checkbox"/> yes <input type="checkbox"/> no			
26		<input type="checkbox"/> yes <input type="checkbox"/> no			
27		<input type="checkbox"/> yes <input type="checkbox"/> no			
28		<input type="checkbox"/> yes <input type="checkbox"/> no			
29		<input type="checkbox"/> yes <input type="checkbox"/> no			
30		<input type="checkbox"/> yes <input type="checkbox"/> no			
31		<input type="checkbox"/> yes <input type="checkbox"/> no			

Sample Medication Cabinet Temperature Log 2016

Keep temperature between 59*-86*

Attachment B

SAMPLE MEDICATION MONTHLY INSPECTION LOG	
MONTH/YEAR	REVIEWED BY (INITIALS)
January - 2018	
February - 2018	
March - 2018	
April - 2018	
May - 2018	
June - 2018	
July - 2018	
August - 2018	
September - 2018	
October - 2018	
November - 2018	
December - 2018	
January - 2019	
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