

## Appendix D. Example Policy: Hennepin County Public Health Clinical Services Sample Medication Policy

### **Purpose:**

The clinics of \_\_\_\_\_ accept and dispense sample medications from pharmaceutical drug representatives to \_\_\_\_\_ patients in certain circumstances. This policy will ensure patient safety in accepting, storing, distributing, and disposing sample medications.

### **Policy:**

To provide safe and timely dispensing of medications to \_\_\_\_\_ patients, it may be advantageous for the clinics of \_\_\_\_\_ to provide patients with sample medications that are provided by pharmaceutical manufacturers. The below Sample Medications Procedure covers how \_\_\_\_\_ clinics will determine which medications to accept, the steps necessary to ensure proper storage and dispensing of the medications, proper documentation in the medication record, and proper disposal of expired medications.

### **Procedure:**

#### **Determination of Appropriate Medications:**

1. Each clinic will have a designated clinical team that will approve any medication being considered to stock in clinic as a sample medication. Approval will be noted in clinical team meeting minutes.
2. Controlled substances will not be considered for sample medications.

#### **Receipt of sample medications from pharmaceutical representatives:**

1. Pharmaceutical representatives must make appointments to drop off sample medications. Appointments are for the purpose of dropping off medications, not for education of staff.
2. Sample medications will be inventoried and logged into the sample medication log book by lot number and expiration date at time of medication reception. Log will include: medication name, manufacturer, and amount received. A member of provider staff (Nurse Practitioner or Medical Doctor) will sign off on acceptance of sample medication from pharmaceutical representative.

#### **Inventory & Storage:**

1. All sample medications will be stored in a double-locked secure area (e.g. in a locked cabinet, in a locked room).
  2. Sample medications will be stored under conditions considered acceptable under manufacturer guidelines.
  3. Sample medication will be checked monthly for expiration dates and rotated by expiration date.
  4. Expired sample medication will be discarded in accordance with federal, state, and local laws.
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### Prescribing

1. Sample medications will only be prescribed in these circumstances:
  - a) patients without insurance coverage for the medication
  - b) instances of time sensitive administration
2. Medications will be ordered in Epic with class: Sample.

### Dispensing:

1. Medication samples shall be dispensed in the original manufacturer's packaging.
2. Sample medications will be dispensed to patients by providers or RNs, using Epic and the Sample Medication Log Book for documentation. The following information will be entered into the log book for each medication Lot#/Exp date.
  - a) Patient name and DOB or Epic MRN
  - b) Quantity dispensed to the patient and quantity remaining
  - c) Date sample set up (if applicable) and date dispensed (i.e. given to patient)
  - d) Staff initials
3. Sample medication will be labeled with the following information:
  - a) Patient name
  - b) MRN and/or DOB
  - c) Medication Name
  - d) Dosage
  - e) Frequency
  - f) Route
  - g) Form
  - h) Lot # and expiration date
4. Maximum of 30-day supply dispensed at one time.
5. No charges will be assessed for prescription medication samples.

### Documenting:

6. Documentation of ordering and dispensing medication as a sample will be made in Epic, including lot number and expiration date.

### Recalls:

1. If a medication recall occurs, all patients affected by the recall of the sample medication will be contacted and informed per recall instructions.

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*Responsible Area:* \_\_\_\_\_ *Contact Person:* \_\_\_\_\_

*Applies to: Providers and Nursing staff at* \_\_\_\_\_ *Effective Date:* \_\_\_\_\_

*Last Update: mm/dd/yyyy*

*Approval Date: mm/dd/yyyy*

*Last Review Date: mm/dd/yyyy*

*Approved by:* \_\_\_\_\_

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## Sample Medication Dispensing Log

Medication:

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Strength:

Route:

Lot Number:

Exp. Date:

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Patient Name

Epic MRN or  
DOB

Quantity  
Dispensed

Quantity Remaining
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[illegible]

Date Dispensed	Quantity	Lot Number	Expiry Date	Manufacturer	Pharmacy Name	Pharmacy Address	Pharmacy Phone	Pharmacy Fax	Pharmacy Email	Pharmacy Website	Pharmacy License Number	Pharmacy License State	Pharmacy License Type	Pharmacy License Expiry Date	Pharmacy License Status	Pharmacy License Description	Pharmacy License Notes	Pharmacy License Comments	Pharmacy License Actions
12/15/2011	100	123456789	12/31/2012	ABC Company	123 Main St	Anytown, CA 90210	(555) 123-4567	(555) 123-4567	info@abc.com	www.abc.com	123456789	CA	Pharmacy	12/31/2012	Active	Pharmacy License			

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