

CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACY
PROPOSAL IN STP FORMAT

PROPOSAL M

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2010 Professional Policy Review

PROPOSAL: To reaffirm, modify and reaffirm, or delete CSHP professional policies which are five (5) years or older

SUBMITTED BY: CSHP Board of Directors

DATE: May 24, 2010

SITUATION:

1. CSHP Professional Policies have been catalogued since 1980.
2. One of the duties of the Committee on Professional Affairs is to review any professional policy that is 5 years old or older. For this review, each professional policy that is five years old was reviewed for applicability and current relevance and recommendations to reaffirm, modify and reaffirm, or delete were outlined.
3. While analyzing professional policies, ASHP's professional policy catalogue was checked for any policies that relate to the topic.

TARGET:

1. A mechanism exists to periodically review CSHP policies for their continued relevance and applicability (CSHP Board of Directors action is generally guided by existing policy.)
2. CSHP's professional policies accurately reflect current practice and professional standards.
3. The annual review process of professional policy is continued as an opportunity for CSHP to reflect the most current and contemporary positions on pharmacy practice and organizational guidelines for our members.

PROPOSAL:

1. The following CSHP professional policies be **reaffirmed** as CSHP professional policy.
2. The following CSHP professional polices to be **modified & reaffirm** as CSHP professional policy.
3. The following CSHP professional policies be **deleted** as CSHP professional policy.

RESOURCES REQUIRED FOR PROPOSED ACTION(S):

Financial: None
EVP time: None
Staff time: None

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CSHP BOARD ACTIONS:

During the July 9-10, 2010 Board of Directors meeting, the board amended and approved this proposal.

Policy #: **P-200501**

Assigned to: **Cynthia Gong**

Recommended Action: • Reaffirm, **X** Delete, • Modify & Reaffirm

Current Policy Wording	<p># 2005-01 Drug Testing/Employee Testing in the Workplace (#2005-01) <i>(Also see CSHP professional policy #2003-09, "Employee Assistance Programs")</i></p> <p>Source: HOD 10-29-95 (Note: This is former policy #8904 approved by the HOD in 1989; modified and reaffirmed by the HOD in 1995 as #9505; modified and reaffirmed by the HOD in 2000 as 2000-04; reaffirmed by the HOD in 2005 as 2005-01).</p> <p>To reaffirm CSHP's support of ASHP's statements on employment drug testing, viz.:</p> <p><u>Section A - Drug Testing (ASHP policy #9103)</u> 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</p> <p>To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals.</p> <p><u>Section B - Employee Testing (ASHP policy #9108)</u> 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</p> <p>To recognize the limited used of such testing during employment where such testing may protect the rights of individuals against false witness.</p>
If Modify & Reaffirm,	

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<i>Recommended Wording</i>	
<i>Rationale for Recommendation</i>	CSHP adopts all ASHP policy position statements, including Drug Testing/Employee Testing in the Workplace.

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Policy #: **P-200502**

Assigned to: **Brian Kawahara**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

Current Policy Wording	<p>#2005-02 Pharmacist Certification, Credentials and the Credentialing Process (#2005-02)</p> <p>Source: HOD 10/29/00 (Note: This is former policy #2000-12 approved by the HOD in 2000; reaffirmed by the HOD in 2005 as #2005-02).</p> <p>CSHP supports:</p> <ol style="list-style-type: none"> 1. The approach being proposed by the Council on Credentialing in Pharmacy (CCP), which includes: <ol style="list-style-type: none"> a. The systematic development and implementation of standards for certification, credentials and credentialing processes in the pharmacy profession. b. The systematic development and implementation of nationwide, profession-wide systems for certification and credentials. c. The development of a systematic approach to determining the need for current and future certifications and credentials for pharmacy practice based on the needs of the public, health care system and pharmacy profession. d. The development and implementation or adoption of a nationwide, profession-wide credentialing system for pharmacy practice. e. To work in collaboration with other members of the health care system in the achievement of a-d. 2. The concept of requiring periodic re-certification for advanced practice roles. 3. The treatment of certification, credentials, credentialing, and payment for pharmacists' services as separate issues. 4. The concept of requiring accreditation of pharmacy certifying and credentialing organization(s). 5. The development of a time-limited mechanism to recognize practitioners certified under the current BPS, CCG and DSM systems, if they are actively practicing in their area(s) of certification during the development of a nationwide, profession-wide certification program.
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<i>If Modify & Reaffirm, Recommended Wording</i>	
<i>Rationale for Recommendation</i>	

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Policy #: **P-200503**

Assigned to: **Victoria Serrano**
Adams

Recommended Action: • Reaffirm, **X** Delete, • Modify &
Reaffirm

<i>Current Policy Wording</i>	<p>#2005-03 Medical Errors: Reporting (#2005-03)</p> <p>Source: HOD 10/29/00 (Note: This is former policy #2000-13 approved by the HOD in 2000; reaffirmed by the HOD in 2005 as #2005-03).</p> <p>CSHP supports ASHP's Statement on Reporting Medical Errors as ratified by the ASHP House of Delegates on June 5, 2000 (full text of statement follows).</p>
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ASHP Statement on Reporting Medical Errors

Position

The incidence of death and serious harm caused by mistakes and accidents in health care is unacceptable.¹ This serious public health problem merits top-priority national attention.

Addressing this issue will require major reforms and sizable investment of resources throughout the health care system, including the medication use process, which is a particular focus of the American Society of Health-System Pharmacists (ASHP).

ASHP believes that the following steps should be taken as part of a comprehensive national solution to the problem:

- (1) The establishment of a standardized, uniform nationwide system (with the characteristics noted below) of mandatory reporting of adverse medical events that cause death or serious harm, and
- (2) Continued development and strengthening of systems for voluntary reporting of medical errors.

Requirements

The primary goals of mandatory reporting of adverse medical events that cause death or serious harm should be *accountability, quality improvement, and enhancement of patient safety*. If a patient dies or is seriously harmed because of a mistake or accident in the health care system, the practitioner or institution responsible for the patient's care should report the incident to a designated state health body. Further states should be obligated to share information based on these reports promptly with a national coordinating body that focuses on quality improvement in health care. ASHP's support of a mandatory reporting system is contingent upon the system having the following characteristics:

1. An overall focus on improving the processes used in health care, with the proper application of technical expertise to analyze and learn from reports,
2. Legal protection of confidentiality of patients, institutions, and health care workers

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- to the extent feasible while preserving the interest of public accountability,
3. Non-punitive in the sense that the submission of a report, per se, does not engender a penalty on the reporting institution or practitioner or others involved in the incident,
 4. A definition of "serious harm" that concentrates on long-term or irreversible patient harm, so as not to overburden the reporting system,
 5. National coordination and strong federal efforts to ensure compliance with standardized methods of reporting, analysis, and follow up that emphasize process improvement and avoid a culture of blame,
 6. Adequate resources devoted to report analysis, timely dissemination of advisories based on report analysis, and development of appropriate quality improvement efforts, and
 7. Periodic assessment of the system to ensure that it is meeting its intent and not having serious undesired consequences.

Experience associated with current mandatory state reporting of adverse medical events and mandatory public health reporting of certain infectious diseases should be assessed, and the best practices of such programs should be applied to the new system of mandatory reporting of adverse medical events that cause death or serious harm.

The primary goals of voluntary reporting should be quality improvement and enhancement of patient safety. Reports by frontline practitioners of "near misses" are a strength of such programs when report analysis and communication lead to prevention of similar occurrences. The public interest will be served if liability protection is granted to individuals who submit reports to voluntary reporting programs. The Medication Errors Reporting Program operated by the United States Pharmacopoeia in cooperation with the Food and Drug Administration's MedWatch program and the Institute for Safe Medication Practices is an important initiative that merits strengthening; this program may be a model for voluntary reporting of other types of medical error.

The fundamental purpose of reporting systems for medical errors is to learn how to prevent them. A major investment of resources will be required in the health care system to apply the lessons derived from mandatory and voluntary reporting of medical errors. Marshaling those resources is an urgent issue for the governing

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boards of health care institutions, health care administrators, health professionals, purchasers of health care (including federal and state governments), third party payers, public policy makers, credentialing organizations, the legal profession, and consumers.

1. Institute of Medicine Division of Health Care Services Committee on Quality of Health Care in America. To err is human: building a safer health system. Washington, DC: National Academy Press; 1999.

Approved by the ASHP Board of Directors, January 24, 2000, as an interim policy; subject to ratification by the ASHP House of Delegates.

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<i>If Modify & Reaffirm, Recommended Wording</i>	
<i>Rationale for Recommendation</i>	

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Policy #: **P-200504**

Assigned to: **Stacey Raff**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-04 Collective Bargaining (#2005-04)</p> <p>Source: HOD 10-29-95 (Note: This is former policy #8906 approved by the HOD 1989; reaffirmed by the HOD in 1995 as #9502; reaffirmed by the HOD in 2000 as #2000-02; modified and reaffirmed by the HOD in 2005 as #2005-04).</p> <p>CSHP is a professional organization committed to upholding the standards of practice in the profession of pharmacy. CSHP remains separate and apart from any collective bargaining entity.</p>
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200505**

Assigned to: **Cynthia Gong**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-05 Reimbursement: Medicare and Medi-Cal (#2005-05)</p> <p>Source: HOD 10-29-95 (Note: This is former policy #8908 approved by the HOD 1989; modified and reaffirmed by the HOD in 1995 as #9707; reaffirmed by the HOD in 2000 as #2000-06; modified and reaffirmed by the HOD in 2005 as #2005-05).</p> <p>CSHP supports Medicare and Medi-Cal reimbursement levels that are sufficient to provide pharmaceutical care.</p>
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200506**

Assigned to: **Ricky Martinez**

Recommended Action: • Reaffirm, • Delete, **X** Modify & Reaffirm

<p align="center">Current Policy Wording</p>	<p># 2005-06 ASHP Policies (#2005-06)</p> <p>Source: HOD 10/28-31/93 (Note: This is former policy #8711 approved by the BOD 1-23-87; reaffirmed by the HOD in 1993 as policy #9324; reaffirmed by the HOD in 1998 as policy #9807; modified and reaffirmed by the HOD in 2000 as 2000-08; modified and reaffirmed by the HOD in 2005 as #2005-06).</p> <p>To adopt as CSHP policy all official Statements in the current edition of the <i>Best Practices for Health-System Pharmacy</i> of the ASHP, except when such policies conflict with CSHP policy, and to endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.</p>
<p align="center">If Modify & Reaffirm, Recommended Wording</p>	<p># 2005-06 ASHP Policies (#2005-06)</p> <p>Source: HOD 10/28-31/93 (Note: This is former policy #8711 approved by the BOD 1-23-87; reaffirmed by the HOD in 1993 as policy #9324; reaffirmed by the HOD in 1998 as policy #9807; modified and reaffirmed by the HOD in 2000 as 2000-08; modified and reaffirmed by the HOD in 2005 as #2005-06).</p> <p>To adopt as CSHP policy all <u>ASHP Policy Positions, Guidelines, Bulletins and all</u> official Statements in the current edition of the <i>Best Practices for Health-System Pharmacy</i> of the ASHP, except when such policies conflict with <u>differ substantially from</u> CSHP policy, and to To endorse the use of ASHP Position Statements, Guidelines and Technical Assistance Bulletins by its members in their practice settings.</p>
<p align="center">Rationale for Recommendation</p>	<p>It is current practice for the Society to adopt as official policy Statements in the current edition of the <i>Best Practices for Health-System Pharmacy</i> of the ASHP AND to adopt all ASHP Position Statements, Guidelines and Technical Assistance Bulletins except when either of these ASHP policies conflict with CSHP policy.</p>

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Policy #: **P-200507** Assigned to: **Victoria Serrano Adams** Recommended Action: • Reaffirm, • Delete, **X** Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-07 Pharmacist License Renewal (#2005-07)</p> <p>Source: BOD 4/22-23/93 (Note: This is former policy #9302 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9810; modified and reaffirmed by the HOD in 2000 as #2000-09; modified and reaffirmed by the HOD in 2005 as #2005-07).</p> <p>CSHP opposes the use of examinations for the purpose of pharmacist license renewal.</p>
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	<p># 2005-07 Pharmacist License Renewal (#2005-07)</p> <p>Source: BOD 4/22-23/93 (Note: This is former policy #9302 approved by the HOD in 1993; modified and reaffirmed by the HOD in 1998 as policy #9810; modified and reaffirmed by the HOD in 2000 as #2000-09; modified and reaffirmed by the HOD in 2005 as #2005-07).</p> <p>CSHP opposes the use of examinations for the purpose of pharmacist license renewal, <u>not withstanding Board of Pharmacy Disciplinary Action.</u></p>
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200508**

Assigned to: **Maria Serpa**

Recommended Action: • Reaffirm, • Delete, **X** Modify & Reaffirm

Current Policy Wording	<p>#2005-08 Pharmacists' Scope of Practice: Efforts to Restrict (#2005-08)</p> <p>Source: HOD 10/29/00 (Note: This is former policy #2000-10 approved by the HOD in 2000; modified and reaffirmed by the HOD in 2005 as #2005-08).</p> <p>CSHP will oppose efforts that seek to restrict pharmacists' scope of practice or limit the pharmacist's role in the medication use system.</p> <p>Examples of such efforts include, but are not limited to, legislation or regulations and/or policies and procedures that:</p> <ol style="list-style-type: none"> 1. <i>In the area of prescribing:</i> <ul style="list-style-type: none"> • Rescind pharmacists' scope of practice in any patient care setting or restrict pharmacists' ability to use formularies. 2. <i>In the area of dispensing:</i> <ul style="list-style-type: none"> • Restrict pharmacists' ability to provide specialty medications to patients by implementing limited distribution systems for selected products. • Restrict pharmacists' ability to substitute generic medications. • Restrict pharmacists' use of professional judgment in the dispensing process. 3. <i>In the area of medication administration:</i> <ul style="list-style-type: none"> • Eliminate the requirement for pharmacist verification of the medication orders prior to administration to patients. 4. <i>In the area of medication monitoring:</i> <ul style="list-style-type: none"> • Restrict pharmacists' ability to provide anticoagulant, blood pressure, blood glucose, or other monitoring services.
	#2005-08

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If Modify & Reaffirm, Recommended Wording	<p>Pharmacists' Scope of Practice: Efforts to Restrict (#2005-08)</p> <p>Source: HOD 10/29/00 (Note: This is former policy #2000-10 approved by the HOD in 2000; modified and reaffirmed by the HOD in 2005 as #2005-08).</p> <p>CSHP will <u>opposes</u> efforts that seek to restrict pharmacists' scope of practice or limit the pharmacist's' role in the medication use system process.</p> <p>Examples of such efforts include, but are not limited to, legislation or regulations and/or policies and procedures that:</p> <ol style="list-style-type: none">1. <i>In the area of prescribing:</i><ul style="list-style-type: none">• Rescind <u>or limit</u> pharmacists' scope of practice in any patient care setting or restrict pharmacists' ability to use formularies.2. <i>In the area of dispensing, <u>preparation and distribution</u>:</i><ul style="list-style-type: none">• Restrict pharmacists' ability to provide specialty medications to patients by implementing limited distribution systems for selected products.• Restrict pharmacists' ability to substitute generic medications.• <u>Restrict pharmacists' ability to use formularies or physician-approved therapeutic substitutions.</u>• Restrict pharmacists' use of professional judgment in the dispensing process.3. <i>In the area of medication administration:</i><ul style="list-style-type: none">• Eliminate the requirement for pharmacist verification of the medication orders prior to administration to patients.• <u>Restrict the pharmacists' ability to administer immunizations.</u>4. <i>In the area of medication patient monitoring <u>of medication effects</u>:</i><ul style="list-style-type: none">• <u>Restrict the pharmacists' ability to provide patient education on the safe use of medications.</u>• <u>Restrict the pharmacists' ability to properly monitor medications to assure safe use and minimize adverse effects.</u>• Restrict pharmacists' ability to provide <u>therapeutic drug monitoring</u> anticoagulant, blood pressure, blood glucose, or other monitoring services.
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	<p><u>5. <i>In the area of medication process oversight and responsibility</i></u></p> <ul style="list-style-type: none"><u>• <i>Restrict the pharmacists' responsibility for the medication use process.</i></u>
<p style="text-align: center;"><i>Rationale for Recommendation</i></p>	<ul style="list-style-type: none">• Update criterion to include all the Elements of Medication Management as defined by Health and Safety Code.• Add information on pharmacists' responsibility for oversight of the medication use process.• Adjust intent behind pharmacist verification of medication orders. This concept has also been discussed at ASHP. The future shows that electronic prescribing of low risk medications, with appropriate clinical alerts and monitoring system built with pharmacists input and direction, may not require a pharmacist verification and review.

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Policy #: **P-200509**

Assigned to: **Brian Kawahara**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p>#2005-09 Funding, Expertise and Oversight of Pharmacy Practice (#2005-09)</p> <p>Source: HOD 10/23/05</p> <ol style="list-style-type: none"> 1. CSHP advocates appropriate oversight of pharmacy practice (including nontraditional practice) and the pharmaceutical supply chain by the state board of pharmacy and other state and federal agencies whose mission it is to protect the public health; further 2. CSHP advocates adequate representation on the state board of pharmacy and related state and federal agencies by pharmacists who are knowledgeable about hospitals and health systems to ensure appropriate oversight of hospitals and health-system pharmacy practice; further 3. CSHP advocates adequate funding for the state board of pharmacy and related state and federal agencies to ensure the effective oversight and regulation of pharmacy practice and the pharmaceutical supply chain.
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200510**

Assigned to: **Victoria Serrano Adams**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-10 Conscientious Objection by Pharmacists to Morally, Religiously, or Ethically Troubling Therapies (#2005-10)</p> <p>Source: HOD 10/28-31/93 (Note: This is former policy #9316 approved by the HOD 10/31/93; reaffirmed by the HOD in 1998 as policy #9802; revised and reaffirmed by the HOD in 2003 as #2003-11; modified and reaffirmed by the HOD in 2005 as #2005-10).</p> <ol style="list-style-type: none"> 1. CSHP recognizes a pharmacist's right to conscientious objection to morally, religiously or ethically troubling therapies; and 2. CSHP supports the development of systems to allow pharmacists to invoke the right to conscientiously object to morally, religiously or ethically troubling therapies, while ensuring the patient's right to obtain, in a timely manner, legally prescribed and/or medically indicated therapies.
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200511**

Assigned to: **Stacey Raff**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-11 Diversity in Health Care and Pharmacy (#2005-11)</p> <p>Source: HOD 10/23/05</p> <p>CSHP endorses programs, systems and communications that:</p> <ol style="list-style-type: none"> 1. Improve health-care outcomes through diversity initiatives; 2. Foster awareness of the impact of diversity in all its forms among health care providers by providing educational programs on evidence-based cultural issues and disparities; 3. Recognize the impact of health care provider diversity on the medication-use process; and 4. Develop and promote the weaving/embedding of diversity issues into many of CSHP's educational programs and articles.
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200512**

Assigned to: **Ricky Martinez**

Recommended Action: • Reaffirm, • Delete, **X** Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-12 Importation of Pharmaceuticals (#2005-12)</p> <p>Source: HOD 10/23/05</p> <ol style="list-style-type: none"> 1. CSHP supports maintaining the integrity of the pharmaceutical supply in the United States to ensure the safe procurement and dispensing of drugs. 2. CSHP believes on-site inspections, monitoring programs, and regulatory oversight should be implemented before importation of drugs by wholesalers and pharmacies can be supported further. 3. Any drug importation process should: <ol style="list-style-type: none"> a. Maintain patient access to pharmacist review of all medications, b. Preserve the patient-pharmacist-prescriber relationship, and c. Provide adequate patient counseling and education, particularly to patients taking multiple high-risk medications. 4. Therefore, CSHP endorses the following statement: CSHP supports greater affordability and access to needed medications in the United States. It is our opinion that any program that seriously attempts to reign in rising drug costs MUST involve pharmacists. CSHP encourages exploration and research into mechanisms that can be implemented to assure that all of the safeguards needed are feasible to assist our nation in continuing the drug importation debate. <p>Until such research is performed, and safeguards are assured and in place, CSHP advocates for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in the United States and urges 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.</p>
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	<p>05-12 Importation of Pharmaceuticals (#2005-12)</p> <p>Source: HOD 10/23/05</p>

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~~1.CSHP supports maintaining the integrity of the pharmaceutical supply in the United States to ensure the safe procurement and dispensing of drugs.~~

~~2.CSHP believes on-site inspections, monitoring programs, and regulatory oversight should be implemented before importation of drugs by wholesalers and pharmacies can be supported further.~~

~~3.Any drug importation process should:~~

~~a.Maintain patient access to pharmacist review of all medications,~~

~~b.Preserve the patient-pharmacist-prescriber relationship, and~~

~~c.Provide adequate patient counseling and education, particularly to patients taking multiple high-risk medications.~~

~~4.Therefore, CSHP endorses the following statement:~~

~~CSHP supports greater affordability and access to needed medications in the United States. It is our opinion that any program that seriously attempts to reign in rising drug costs MUST involve pharmacists. CSHP encourages exploration and research into mechanisms that can be implemented to assure that all of the safeguards needed are feasible to assist our nation in continuing the drug importation debate.~~

~~Until such research is performed, and safeguards are assured and in place, CSHP advocates for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in the United States and urges 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.~~

To advocate for the continuation and application of laws and regulations enforced by the Food and Drug Administration 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

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	<p><u>pharmacies that bypass a safe and secure regulatory framework.</u></p> <p><u>CSHP supports greater affordability and access to needed medications in the United States. It is our opinion that any program that seriously attempts to reign in rising drug costs MUST involve pharmacists. CSHP encourages exploration and research into mechanisms that can be implemented to assure that all of the safeguards needed are feasible to assist our nation in continuing the drug importation debate.</u></p> <p><u>Until such research is performed, and safeguards are assured and in place, CSHP advocates for the continuation and application of laws and regulations enforced by the Food and Drug Administration and state boards of pharmacy with respect to the importation of pharmaceuticals in the United States and urges 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.</u></p>
<p><i>Rationale for Recommendation</i></p>	

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Policy #: **P-200513**

Assigned to: **Brian Kawahara**

Recommended Action: **X** Reaffirm, • Delete, • Modify & Reaffirm

<p align="center"><i>Current Policy Wording</i></p>	<p># 2005-13 Redistribution of Unused Medications (#2005-13)</p> <p>Source: HOD 10/23/05</p> <p>CSHP supports the concept of redistribution of previously dispensed, unused medications provided that adequate safeguards are in place.</p>
<p align="center"><i>If Modify & Reaffirm, Recommended Wording</i></p>	
<p align="center"><i>Rationale for Recommendation</i></p>	