COSTCO WHOLESALE

Costco's Controlled Substance Dispensing Policy

The goal of the policy is to support legitimate patient care while addressing the potential for abuse and diversion.

Federal Regulations require that all prescriptions be issued for a legitimate medical purpose by physicians and other prescribers acting in the usual course of their professional practice. The regulation further provides that the pharmacist who fills the prescription has a "corresponding responsibility" to ensure that controlled substances are only dispensed for a legitimate medical purpose. 21 C.F.R. § 1306.04. Courts have interpreted this rule as requiring pharmacists to exercise "professional judgment" prior to dispensing controlled substances.

Costco Wholesale has recently revised its policy concerning dispensing of controlled substances. The purpose is to reinforce our commitment to the exercise of sound professional judgment as pharmacists carry out their corresponding responsibility under the law. It will also promote consistency and equality in our approach, as well as enabling us to document that we and prescribers have acted appropriately.

As part of the pharmacy's due diligence prior to dispensing a Controlled Substance, we capture information about the patient, his or her diagnosis and treatment plan, as well as how the patient-prescriber relationship is conducted. This information will enable our pharmacists to determine whether there is a legitimate medical purpose for a controlled substance prescription.

This could lead to slower processing times for certain prescriptions and will often lead to greater pharmacist/prescriber interaction. We apologize for any associated burdens but these are simply not avoidable.

Thank you for your patience and understanding.

Costco Pharmacy

ADDENDUM 1

TIER ONE RESOLUTION CHECKLIST

CONFIRM THE FOLLOWING DIRECTLY WITH THE PRESCRIBER (as opposed to a member of the prescriber's staff):

1. Prescriber's scope of practice: _____

2. Diagnosis for patient: _____

3. Length of time patient has been under prescriber's care: _____

4. Expected length of treatment: _____

5. Date of last physical or pain assessment (include diagnostic tools utilized): _____

   _____

6. Date of last drug test: _____

   - Test include medication prescribed? ☐ YES ☐ NO
   - Test include the presence of other drugs? ☐ YES ☐ NO

7. Has prescriber applied a step therapy approach? ☐ YES ☐ NO

8. Has prescriber coordinated care with other clinicians? ☐ YES ☐ NO

9. Is the therapy regimen within the standard of care? ☐ YES ☐ NO

Based on the professional judgment of the undersigned and an evaluation of the responses to the foregoing checklist, the pharmacist affirms that it is appropriate to fill and dispense the prescription.

Date: _____

_____
(Signature)

_____
(Name – typed or printed)