

Date: May 15, 1997  
To: Nursing Homes  
From: Judy Fryback, Director  
Bureau of Quality Assurance

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NH 14

### Freedom of Choice of Pharmacy Provider

Section 50.09(m), Wis. Stats., allows freedom of choice of a pharmacy provider to residents of Wisconsin nursing homes. Nursing home regulations place the responsibility for accurately administering medications on the nursing facility. With that responsibility goes the right to define certain uniform standards for drug distribution. The Bureau of Quality Assurance believes the following information is a fair balance between the resident's right to choose a pharmacy provider, and the nursing home's need to provide an accurate system of drug distribution.

A nursing home must provide the potential resident with information on the type of drug distribution system used in the facility. This should occur prior to admission, or within 30 days of an admission when time does not allow this information to be discussed prior to admission. The nursing home must inform the potential resident who the primary pharmacy provider is, and how the resident can contact this provider for medication cost estimates. The nursing home will also inform the potential resident of the right to choose any pharmacy provider who will provide medication in the same type of drug distribution system. If the resident selects a pharmacy that will provide the same labeling and packaging system, then this pharmacist must be allowed to provide medications to the resident.

If the nursing home changes its drug distribution system or primary pharmacy provider after the resident has been admitted, the facility must provide the resident with information on how to contact the new primary provider for medication cost estimates. The information on potential change in medication costs should be given to the resident before a change is made. This is required in Section 50.09(1)(d), Wis. Stats. The resident is allowed to discuss this with the current provider of choice, to determine if this provider is still willing to supply medications in the new drug distribution system.

The resident may select any pharmacy to provide services that agrees to follow the procedures set up by the nursing home. The nursing home policies and procedures will apply equally to all pharmacy providers. The procedures for the drug distribution system shall include but not be limited to:

1. **Packaging and labeling of medications.** This may be in bulk containers, prescription vials, punch cards or unit dose packages. If the unit dose system is selected, it will apply only to the items that are supplied in unit dose (i.e., tablets and capsules). If liquids are not in unit dose, then the nursing home cannot prevent any pharmacy from providing bulk liquids. If punch cards are selected, the pharmacy must provide medications in a card system. Holding systems for unit dose packaged medications, (i.e., cardboard boxes or plastic sleeves, if used by the system) are to be supplied by the pharmacy, as these replace the prescription vial that is used in the traditional system. If the necessary holding systems are not readily available from the manufacturer, the nursing home or primary pharmacy provider may supply these to the pharmacy at a reasonable cost. These policies and procedures apply to all pharmacy providers.

2. **Emergency dispensing and delivery.** This must be discussed with the resident or their representative prior to admission, if possible, or within 30 days of admission if an emergency admission. If the resident selects a pharmacy other than the primary provider, the nursing home will contact this provider to discuss timely provision of medications. This includes medications prescribed for maintenance of health conditions and those needed in an emergency. Again, the procedures set by the nursing home will apply to all pharmacy providers.
  
3. **Pharmacy information to the nursing home on proper use of medications.** Each providing pharmacy is expected to give information to the nursing home about special requirements for medications use or administration. The pharmacy is also expected to attach auxiliary labels to the containers as required in the code of federal regulations, 42 CFR 483.60(d). The pharmacy will have a resident medication profile that allows checking for drug interactions, allergies, and duplications before the prescription is filled and sent to the nursing home. Any concerns identified by the providing pharmacist must be brought to the attention of the nurse in charge at the facility and the prescribing physician.

The following items are not part of a drug distribution system. Nursing homes may contract with any or all pharmacists to provide these items. These items shall be provided in a manner that assures compliance with the federal "anti-kickback" statutes and "safe harbor" regulations. A pharmacy does not have to provide these services in order to provide medications to a nursing home resident. The items listed below are examples and are not meant to be all-inclusive.

1. Emergency and contingency medications not charged to a resident (e.g., missing doses from either of these kits);
2. Medication forms or records, including the medication administration records, physician orders, treatment records, and other computer printouts;
3. FAX machines, computers, or other such equipment;
4. Intravenous services;
5. Medication carts and equipment for administration of medications (e.g., IV pumps, etc.);
6. Consultation services, including drug regimen reviews, nursing station inspections, medication pass observations, committee meetings, and assessment reviews not related to dispensing of the medication; and
7. Inservice training.

If you have further questions regarding this subject, please contact the Bureau Consultant Pharmacist, Rick Shannon, at the above address, or by phone at (608) 266-5388.