7 AAC 12.290. DRUG REGIMEN REVIEW
A pharmacist must review each resident's prescribed drug regimen every 30 days for skilled nursing care residents and every 90 days for intermediate care residents, make recommendations, note the possibilities or absence of problems with the prescribed drug regimen and report potential problems and concerns to the physician.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122 Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.680. PHARMACEUTICAL SERVICE
(a) A facility which dispenses drugs must employ a pharmacist on a regular or consultant basis. The pharmacist shall perform the following duties:

(1) procure, label, and maintain a sufficient quantity of drugs to meet patient needs at all times;

(2) inventory emergency drugs every 30 days and restock, as necessary;

(3) dispose of drugs that have been discontinued or have expired;

(4) dispose of scheduled drugs that have been discontinued or have expired which are listed in schedules I - V of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970 as amended, 21 U.S.C. 801 et seq.;

(5) assure that there is no more than one person on each shift who is performing the duties under 7 AAC 12.670(e), or is a physician, who has access to the pharmacy stock of drugs or controlled substances;

(6) assure that drugs, chemicals, and biologicals are properly labeled regarding their content and strength;

(7) if a consultant pharmacist, provide a written quarterly report to the administrator on the status of the pharmaceutical service; and

(8) document and evaluate medication errors to prevent reoccurrence and to ensure the accuracy and adequacy of the medication distribution system.

(b) When a pharmacist dispenses drugs by written prescription, the prescription must be an original or a carbon copy of the original and must be kept on file in the pharmacy. A pharmacist may dispense drugs based on a written order by a person authorized by law to prescribe drugs.
(c) A facility that dispenses drugs must have a pharmacy and therapeutics committee that is
(1) composed of
(A) a physician or the physician’s representative;
(B) a pharmacist or the pharmacist representative;
(C) a registered nurse or the registered nurse’s representative; and
(D) an administrator or the administrator’s representative; and
(2) responsible for the
(A) development and maintenance of a formulary of drugs;
(B) development and implementation of procedures for safe and effective control, storage, dispensing, and administration of medications; those procedures must ensure that
(i) drugs and biologicals are stored in secure areas; and
(ii) drugs listed in schedules II, III, IV, and V under 21 U.S.C. 801 - 904 (Comprehensive Drug Abuse Prevention and Control Act of 1970) are kept locked within a secure area; and
(C) development and implementation of policies limiting the duration of drug therapy and for determining the stock of poison antidotes.

(d) A verbal order for a drug may be given only to a licensed nurse or pharmacist by a person lawfully authorized to prescribe medication, and must be recorded promptly in the patient's medical record, identifying the name of the person who prescribed the order, and the signature of the person receiving the order.

(e) A standing order for a drug must specify the circumstances for drug administration, dosage, route, duration, and frequency of administration. The order must be reviewed annually and, if necessary, renewed. When a standing order is implemented for a specific patient, it must be entered into the patient’s record, dated, and signed by the person who prescribed the order within 24 hours.

(f) If the facility permits bedside storage of medications, written policies and procedures must be established for dispensing, storage, and maintenance of records for use of these medications.

(g) An investigational drug may be used only under supervision of a principal investigator who is a member of the medical staff. Basic information concerning the dosage, route of administration, strength, actions, uses, side effects, interactions and symptoms of toxicity of an investigational drug must be available at the nursing station where an investigational drug is being administered and in the pharmacy. The pharmacist shall be responsible for the proper labeling, storage, and distribution of such drugs in accordance with the written order of the investigator.
(h) A drug supplied by a facility may not be taken from the facility unless the medication has been properly labeled and prepared by the pharmacist in accordance with state and federal law for use outside of the facility.

(i) A hospice agency that does not provide inpatient care on agency premises, a freestanding birth center, and a frontier extended stay clinic are exempt from the requirements of this section.

History: Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am 12/3/2006, Register 180; am 5/24/2007, Register 182; am 9/30/2007, Register 183

Authority: AS 18.05.040 AS 47.32.010 AS 47.32.030