Part I
Automation and Technology in Pharmacy Practice
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Medical and Pharmaceutical Equipment and Products
Pharmacy Practice
Public Relations

Part II
Proposed Policy Topics
Revisions to the Medication Classification System
Ensuring Access to Pharmacists’ Services
Medication Take Back/Disposal Programs

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This report is disseminated for consideration by the APhA House of Delegates but does not represent the position of the Association. Only those statements adopted by the House are official Association policy.
2012-13 APhA Policy Review Committee Report

Note: Presentation in gray designates a recommendation to rescind the statement, highlighting designates a recommendation to archive the statement as historical, underlined sections designate a recommendation to update the statement.

Part I

AUTOMATION AND TECHNOLOGY IN PHARMACY PRACTICE

1. The Committee Recommends retaining the following policy statement as written.
   2001 Automation and Technical Assistance
   APhA supports the use of automation for prescription preparation and supports technical and Personnel assistance for performing administrative duties and facilitating pharmacist’s provision of pharmaceutical care.

EDUCATION, CURRICULUM AND COMPETENCE FOR PHARMACISTS

2. The Committee Recommends retaining the following policy statement as written.
   2008 Experiential Education
   1. APhA urges state boards of pharmacy, the Accreditation Council for Pharmacy Education (ACPE), the American Association of Colleges of Pharmacy (AACP) and other professional associations; employers, and other stakeholders to collaborate in the development of a blueprint that evaluates, streamlines, and consolidates all student pharmacists’ experiential education requirements.
   2. APhA encourages the American Association of Colleges of Pharmacy (AACP), in collaboration with state boards of pharmacy, practitioner organizations and other stakeholders, to develop national standardization among schools and colleges of pharmacy to improve the quality of student pharmacists’ experiential education. This standardization should be adopted by all schools and colleges of pharmacy and should include:
      (a) A preceptor training program
      (b).A model instrument for preceptors to evaluate student pharmacist performance in required pharmacy practice experiences
      (c) A set of quality indicators for each required pharmacy practice experience
      (d) A report of quality indicator outcomes made available to all schools and colleges of pharmacy, faculty, and current and prospective students.
   3. APhA urges schools and colleges of pharmacy to dedicate adequate and equitable financial and human resources to experiential education.
   (JAPhA NS48(4):470 July August 2008)

3. The Committee Recommends amending the following policy statement as written.
   2008 Pharmacy Practice-based Research Networks
   1. APhA supports establishment of pharmacy practice-based research networks (PBRNs) to strengthen the evidence base in support of pharmacists’ patient care services MTM and pharmacy primary care services.
   2. APhA encourages collaborations among stakeholders to determine the minimal infrastructure and resources needed to develop and implement local, regional and nationwide networks for performing pharmacy practice-based research.
3. APhA encourages pharmacy residency programs to actively participate in pharmacy practice-based research network.

(JAPhA NS48(4):471 July/August 2008)

COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending the statement to replace “MTM and pharmacy primary care services” with “pharmacists’ patient care services”. The committee felt this language broadens the policy and recognizes the expanded scope of services offered by pharmacists.

4. The Committee Recommends amending the following policy statement as written.

2008 Residency Training for Pharmacists

1. APhA urges continued growth in the number of accredited pharmacy residency positions in all practice settings to better meet the future health care needs of our nation.

2. APhA encourages active involvement of schools and colleges of pharmacy in the development and advancement of accredited pharmacy practice residency programs.

3. APhA advocates for the allocation of adequate funding for accredited pharmacy residencies in all practice settings by governmental and other entities.

4. APhA supports post-graduate training for new PharmD graduates.

5. APhA supports accreditation of all pharmacy residency programs by federally recognized accrediting bodies to ensure quality training experiences.

(JAPhA NS48(4):470 July/August 2008)

COMMENTS: The Policy Review Committee examined three policy statements related to residency training and programs (Nos. 4, 5 and 6). The committee recommends amending policy statement 2008 Residency Training for Pharmacists (#4) to incorporate policy statements from 2006 Residency Programs (#5) and (#6). The committee felt the need to recommend the consolidation of existing policy statements into one cohesive, comprehensive whole policy statement. Dependent upon House approval the amendment to 2008 Residency Training for Pharmacists policy statement (#4), the committee recommends archiving whole policy statements 2006 Residency Programs (#5 and #6).

5. The Committee Recommends archiving the following policy statement as written.

2006 Residency Programs

APhA supports accreditation of all pharmacy residency programs by federally recognized accrediting bodies to ensure quality training experiences.


COMMENTS: The Policy Review Committee recommends archiving whole policy statement to be consolidated within the related residency training policy statement “2008 Residency Training for Pharmacists (See PRC report item #4).

6. The Committee Recommends archiving the following policy statement as written.

2006 Residency Programs

APhA encourages active involvement of schools and colleges of pharmacy in the development and advancement of accredited pharmacy practice residency programs.


COMMENTS: The Policy Review Committee recommends archiving whole policy statement to be consolidated within the related residency training policy statement “2008 Residency Training for Pharmacists (See PRC report item #4).
7. The Committee Recommends retaining the following policy statement as written
2005  **Regulation of Student Pharmacists’ Practice Experience**
1. APhA encourages state boards of pharmacy to use the title “student pharmacist” to identify all students enrolled in their professional years of pharmacy education in an Accreditation Council for Pharmacy Education (ACPE) accredited program.
2. APhA encourages state boards of pharmacy to permit a student pharmacist to perform the duties of a pharmacist within the applicable state’s scope of practice under a pharmacist’s supervision. Preceptors shall consider the experience and education of student pharmacists when providing pharmacy practice opportunities.

8. The Committee Recommends retaining the following policy statement as written.
2005  **Expansion and Recognition of Internship, Externship, and Clerkships**
1990  1. APhA encourages schools and colleges of pharmacy to establish and maintain Experiential education programs in non-traditional areas of practice.
2. APhA encourages state boards of pharmacy to accept, at least on an hour-for-hour basis, hours of experiential education obtained in non-traditional areas of pharmacy practice as fulfilling internship hour requirements.

9. The Committee Recommends archiving the following policy statement as written.
1984  **Residencies in Community Pharmacy**
APhA supports the development and implementation of residency programs in community pharmacy which would enable pharmacists to acquire or enhance their practice skills necessary to meet the changing needs of their patients.

**COMMENTS:** The Policy Review Committee felt that Community Pharmacy Residencies have been successfully developed and implemented, and that it is no longer necessary to have this policy listed as active policy for the Association.

10. The Committee Recommends retaining the following policy statement as written.
2005  **Pharmacy Schools’ Curriculum and Contemporary Pharmacy Needs**
1990  1. APhA will work with schools and colleges of pharmacy and pharmacy organizations to address differences between contemporary pharmacy practice and curriculum offerings.
2. APhA encourages pharmacists to cooperate with schools and colleges of pharmacy by participating as preceptors and permitting their practices to be used as experiential sites.

EMPLOYER/EMPLOYEE RELATIONS

11. The Committee Recommends retaining the following policy statement as written.
2008  **Internet Access by Pharmacists**
APhA supports ready access to Internet resources by pharmacists at their practice site, to facilitate delivery of patient care and support professional development.
12. The Committee Recommends retaining the following policy statement as written.
2008 Pharmacy Technician Education and Training
1. APhA reaffirms the 2005/2001/1996 Control of Distribution System policy which states that APhA supports pharmacists’ authority to control the distribution process and personnel involved and the responsibility for all completed medication orders, regardless of practice setting.
2. APhA supports nationally recognized standards and guidelines for the accreditation of pharmacy technician education and training programs.
3. APhA supports the continued growth of accredited education and training programs that develop qualified pharmacy technicians who will support pharmacists in ensuring patient safety and enhancing patient care.
4. APhA supports the following minimum requirements for all new pharmacy technicians by the year 2015:
   a) Successful completion of an accredited education and training program
   b) Certification by the Pharmacy Technician Certification Board (PTCB).
5. APhA supports state board of pharmacy regulation that requires pharmacy technicians to meet minimum standards of education, training, and certification. APhA also encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians.

13. The Committee Recommends retaining the following policy statement as written.
2008 Regulatory Compliance/Regulatory Burden
2001 APhA supports measures that protect the patient, public and employees from pharmacy conditions that pose a threat to health.

14. The Committee Recommends retaining the following policy statement as written.
2004 State Boards of Pharmacy/Inspections
1978 1. APhA supports inspections of pharmacies and peer review of pharmacists that promote high quality pharmaceutical service and thereby serve to improve public health.
2. APhA opposes the use of criminal investigative techniques during routine non-criminal pharmacy inspections.
3. APhA supports regulation and inspection by boards of pharmacy of all facilities within a state where drugs are dispensed, stored, or offered for sale in the same manner as pharmacies.

15. The Committee Recommends retaining the following policy statement as written.
2002 National Framework for Practice Regulation
1. APhA supports state-based systems to regulate pharmacy and pharmacist practice.
2. APhA encourages States to provide pharmacy boards:
   a) adequate resources,
   b) independent authority, including autonomy from other agencies, and
   c) assistance in meeting their mission to protect the public health and safety of consumers.
3. APhA supports efforts of state Boards of Pharmacy to adopt uniform standards and definitions of pharmacy and pharmacist practice.
4. APhA encourages state Boards of Pharmacy to recognize and facilitate innovations in pharmacy and pharmacist practice.
MEDICAL AND PHARMACEUTICAL EQUIPMENT AND PRODUCTS

16. The Committee Recommends amending the following policy statement as written.

2008 Re-use of devices intended for “Single-Use”
APhA opposes the reuse of devices intended for “single use” in the screening and management of patients consistent with the Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) guidelines.

COMMENTS: The Policy Review Committee reviewed the policy statement and recommends amending to replace “diagnosis and treatment” with “screening and management.” This modification would better align the activities by pharmacists and broaden the scope of services provided.

17. The Committee Recommends amending the following policy statement as written.

2008 Sale of Home-use Diagnostic and Monitoring Products
1987 1. APhA supports the need to protect the health of the American people through proper instruction in the safe and effective use of the more complex home-use diagnostic and monitoring products.
2. APhA supports the promotion of recognizing that the pharmacist as a widely available and qualified health professional to advise patients in the use of the more complex home-use diagnostic and monitoring products.

COMMENTS: The Policy Review Committee recommended amending the current policy statements to convey a more proactive role of the pharmacists in terms of home diagnostics. The committee also recommended modifying the policy to identify the pharmacists as available to assist with all home diagnostic tests not only complex home-use diagnostic products.

PHARMACY PRACTICE

18. The Committee Recommends amending the following policy statement as written.

1995 Pharmacists’ Role in the Development and Implementation of DiseaseEvidence-Based Clinical Guidelines
1. APhA advocates direct involvement of pharmacists in the development, evaluation, and implementation of diseaseEvidence-based clinical guidelines. Well designed guidelines promote an interdisciplinary team approach to patient care that utilizes pharmacists’ expertise in optimizing patient outcomes.
2. APhA believes diseaseEvidence-based clinical guidelines should promote optimal patient care built upon the best available scientific data. These guidelines should be developed using an interdisciplinary approach and should be evaluated regularly to ensure they reflect current practice standards.
3. APhA should promote educational programs, products, and services that facilitate the participation of pharmacists in the development, evaluation, and implementation of diseaseEvidence-based practice guidelines in all practice settings.
4. APhA advocates the use by pharmacists, in all practice settings, of diseaseEvidence-based practice guidelines for pharmaceutical care built on the best scientific data to optimize...
patient outcomes. These guidelines should be developed using an interdisciplinary approach and should be evaluated regularly to ensure they reflect current practice standards.


**COMMENTS:** The Policy Review Committee reviewed the policy statements and recommends amending the statements to replace “disease” with “evidence.” This modification is more consistent with contemporary terminology.

19. *The Committee Recommends amending the following policy statement as written.*

1978 **Pharmacists and Ambulatory Patients**

APhA supports the study and development of new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services to ambulatory patients.


**COMMENTS:** The Policy Review Committee reviewed the policy statement and recommends amending the statement to expand the policy and recognize the scope of services beyond ambulatory patients.

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**PUBLIC RELATIONS**

21. *The Committee Recommends retaining the following policy statement as written.*

1999 **Promotion of Pharmaceutical Care**

*(See Appendix for APhA Principles of Practice for Pharmaceutical Care)*

1. APhA should continue to promote to the public the concepts and benefits of pharmaceutical care, differentiating pharmaceutical care practice from other pharmacy services.

2. APhA opposes the use of the term "pharmaceutical care" by any individual or entity unless the pharmaceutical care service provided by the individual or entity incorporates the concepts specified in the APhA Principles of Practice for Pharmaceutical Care.

PART II

Note: Presentation in gray designates a recommendation to rescind the statement, highlighting designates a recommendation to archive the statement as historical, underlined sections designate a recommendation to update the statement. These recommendations of the Policy Review Committee will be considered after the House completes action on the Policy Committee report.

REVISIONS TO THE MEDICATION CLASSIFICATION SYSTEM

Current APhA Policy

1. The Committee Recommends retaining the following policy statement as written.

1998 Access and Contribution to Health Records
1. APhA urges the integration of pharmacy-based patient data into patient health records to facilitate the delivery of integrated care.
2. APhA recognizes pharmacists’ need for patient health care data and information and supports their access and contribution to patient health records.
3. APhA supports public policies that protect the patient’s privacy, yet preserve access to personal health data for research where the patient has consented to such research or where the patient’s identity is protected.
4. APhA encourages interdisciplinary discussion regarding accountability and oversight for appropriate use of health information.


2. The Committee Recommends retaining the following policy statement as written.

2004 Automation and Technology in Pharmacy Practice
1. APhA supports the use of automation and technology in pharmacy practice, with pharmacists maintaining oversight of these systems.
2. APhA recommends that pharmacists and other pharmacy personnel implement policies and procedures addressing the use of technology and automation to ensure safety, accuracy, security, data integrity and patient confidentiality.
3. APhA supports initial and on-going system-specific education and training of all affected personnel when automation and technology are utilized in the workplace.
4. APhA shall work with all relevant parties to facilitate the appropriate use of automation and technology in pharmacy practice.


3. The Committee Recommends retaining the following policy statement as written.

1987 Compensation for Cognitive Services
1. APhA recognizes that pharmacists provide to patients cognitive services (i.e., services requiring professional judgment) which may or may not be related to the dispensing or sale of a product.
2. APhA supports compensation of pharmacists for providing cognitive services (i.e., services requiring professional judgment) which may or may not be related to the dispensing or sale of a product.

4. The Committee Recommends retaining the following policy statement as written.

2009 Disparities in Healthcare
APhA supports elimination of disparities in health care delivery.
(JAPhA NS49(4):493 July/August 2009)

5. The Committee Recommends retaining the following policy statement as written.

2006 Drug Classification System
1. APhA supports restructuring the current drug classification system and drug approval process. Evidence should drive the restructuring beyond the current prescription and nonprescription classes to assure appropriate access to medications and pharmacist services, and improve medication use and outcomes.
2. APhA encourages pharmacists to exercise their professional judgment to manage access to non-prescription medications and dietary supplements to facilitate patient/caregiver interaction with their pharmacist.
(JAPhA NS46(5):561 September/October 2006) (Reviewed 2011)

6. The Committee Recommends archiving the following policy statement as written.

1991 Emerging Technologies
APhA encourages schools of pharmacy to include information regarding emerging technologies in their curricula.

COMMENTS: The Policy Review Committee reviewed the policy statement and recommends archiving the statement. The committee felt that this policy has accomplished its purpose, as schools of pharmacy routinely incorporate education on technology.

7. The Committee Recommends retaining the following policy statement as written.

2009 Health Information Technology
1. APhA supports the delivery of informatics education within pharmacy schools and continuing education programs to improve patient care, to understand interoperability among systems, to understand where to find information, to increase productivity, and to improve the ability to measure and report the value of pharmacists in the health care system.
2. APhA urges that pharmacists have read/write access to electronic health record data for the purposes of improving patient care and medication use outcomes.
3. APhA encourages inclusion of pharmacists in the definition, development and implementation of health information technologies for the purpose of improving the quality of patient-centric health care.
4. APhA urges public and private entities to include pharmacist representatives in the creation of standards, certification of systems, and integration of medication use systems with health information technology.
(JAPhA NS49(4):492 July/August 2009) (Reviewed 2010)

8. The Committee Recommends amending the following policy statement as written.

2009 Independent Practice of Pharmacists
1. APhA recommends that health plans and payers contract with and appropriately compensate individual pharmacist providers for the level of care medication therapy management and other clinical services rendered without requiring the pharmacist to be associated with a pharmacy.
2. APhA supports adoption of state laws and rules pertaining to independent practice of pharmacists that are consistent with APhA policy.
3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws and regulations, and
creation of payment mechanisms for appropriately trained pharmacists to autonomously provide patient care services that include prescribing as part of the health care team.  

(JAPhANS 49(4):492 July/August 2009)

**COMMENTS:** The Policy Review Committee reviewed the policy statements and felt the policy statement was too vague and needed to be amended to indicate the type of plan and to expand on the scope of services provided by pharmacists beyond MTM.

9. The Committee Recommends retaining the following policy statement as written.  
**2010 Personal Health Records**

1. APhA supports patient utilization of personal health records, defined as records of health-related information managed, shared, and controlled by the individual, to facilitate self-management and communication across the continuum of care.
2. APhA urges both public and private entities to identify and include pharmacists and other stakeholders in the development of personal health record systems and the adoption of standards, including but not limited to terminology, security, documentation, and coding of data contained within personal health records.
3. APhA supports the development, implementation, and maintenance of personal health record systems that are accessible and searchable by pharmacists and other health care providers, interoperable and portable across health information systems, customizable to the needs of the patient, and able to differentiate information provided by a health care provider and the patient.
4. APhA supports pharmacists taking the leadership role in educating the public about the importance of maintaining current and accurate medication-related information within personal health records.  

(JAPhA NS40(4):471 July/August 2010)

10. The Committee Recommends retaining the following policy statement as written.  
**1991 Pharmaceutical Care and the Provision of Cognitive Services with Technologies**

1. APhA supports the utilization of technologies to enhance the pharmacist's ability to provide pharmaceutical care.
2. APhA believes that the use of technologies should not replace the pharmacist/patient relationship.
3. APhA emphasizes that maximizing patient benefit from technologies depends upon the pharmacist/patient relationship.
4. APhA affirms that the utilization of technologies by pharmacists shall not compromise the patient's right to confidentiality.  


11. The Committee Recommends retaining the following policy statement as written.  
**2012 Pharmacists’ Authority to Select Medications-Prescribing**  
**1987**  
APhA supports authority for pharmacists to select non-prescription and prescription medications as part of pharmacists’ responsibilities to design, implement, and monitor drug regimens for patients, in consultation with practitioners when appropriate.  


**Note:** The changing of policy titles does not require approval of the House.
12. The Committee Recommends retaining the following policy statement as written unless a revised statement is adopted as a new business item by the House. If this occurs the Committee recommends archiving this policy statement (#12)

2007 Pharmacist Primary Care

1. APhA recommends the use of pharmacists as primary care providers, alone or in collaboration with other providers, in community pharmacy based health clinics.  

Note: The Policy Review Committee intends to submit this item to the New Business Review Committee as a new business item. The proposal will ask the House to consider adoption of the following statement: “APhA recommends the use of pharmacists as primary care providers.”

13. The Committee Recommends retaining the following policy statement as written.

1989P Pharmacy-based Screening and Monitoring Services

APhA supports projects that demonstrate and evaluate various pharmacy-based screening and monitoring services.  

14. The Committee Recommends amending the following policy statement as written.

1980 Prescribing-Medication Selection by Pharmacists

APhA supports the concept of a team approach to health care in which health professionals perform those functions for which they are distinctively educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and supports a prescribing medication selection role for the pharmacist, based on the specific diagnosis of a qualified health practitioner.  

COMMENTS: The Policy Review Committee reviewed the policy statements and recommends amending the statements to remove the word “distinctively.” This term provides no additional clarity to the definition of “educated” and the functions performed by pharmacists. The committee felt that replacing “Prescribing” with “Medication Selection” post diagnosis better describes the intent of the pharmacist role as experts on drugs and drug therapy.

15. The Committee Recommends retaining the following policy statement as written.

2004 Roles in Health Care for Pharmacists

1978 1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.  
2. APhA supports legislative and judicial action that confirms pharmacists’ professional rights to perform those functions consistent with APhA’s definition of pharmacy practice and that are necessary to fulfill pharmacists’ professional responsibilities to patients they serve.  

16. The Committee Recommends retaining the following policy statement as written.

2012 The Pharmacist’s Role in Laboratory Monitoring and Health Screening

2003 1. APhA supports pharmacist involvement in appropriate laboratory testing and health screening to include pharmacists directly conducting the activity, supervision of such activity, and ordering and interpreting such tests and communicating such test results.  
2. APhA supports revision of relevant laws and regulations to facilitate pharmacist involvement in appropriate laboratory testing and health screening as essential components of patient care.
3. APhA encourages research to further demonstrate the value of pharmacist involvement in laboratory testing and health screening services.
4. APhA supports public and private sector compensation for pharmacist involvement in laboratory testing and health screening services.
5. APhA supports training and education of pharmacists and student pharmacists to direct, perform, and interpret appropriate laboratory testing and health screening services. Such education and training should include proficiency testing, quality control, and quality assurances.
6. APhA encourages collaboration and research with other health care providers to ensure appropriate interpretation and use of laboratory monitoring and health screening results.

ENSURING ACCESS TO PHARMACISTS’ SERVICES

Current APhA Policy

17. The Committee Recommends retaining the following policy statement as written.
   
   2003 Prior Authorization
1. APhA opposes prior authorization programs that create barriers to patient care.
2. Patients, prescribers and pharmacists should have ready access to the coverage conditions for medications or devices requiring prior authorization.
3. Prescription drug benefit plan sponsors and administrators should actively seek and integrate the input of network pharmacists in the design and operation of prior authorization programs.
4. APhA supports prior authorization programs which allow pharmacists to provide the necessary information to determine appropriate patient care.
5. APhA expects prescription drug benefit plan sponsors to compensate pharmacy providers who complete third party payor authorization procedures. Compensation should be in addition to dispensing fee arrangements.
6. APhA should work with relevant groups to improve prior authorization design and decrease prescription processing inefficiencies.

18. The Committee Recommends amending the following policy statement as written.
   
   2001 Pharmacist-Patient-Prescriber-Payer Responsibilities in Appropriate Drug Use
   
   1994 APhA advocates the following guidelines for pharmacist-patient-prescriber-payer responsibilities in appropriate drug use:

   Pharmacists’ Responsibilities
   • Serve as a drug information resource;
   • Provide primary care;
   • Collaborate with the prescriber and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;
   • Identify formulary or generic products as a means to reduce costs;
   • Intervene on behalf of the patient to identify alternate therapies;
   • Educate the patient about the treatment regimen and expectations, and verify the patient’s understanding;
   • Identify, prevent, resolve, and report drug-related problems;
   • Document and communicate pharmaceutical care activities;
   • Monitor drug therapy in collaboration with the patient and prescriber to ensure compliance and assess therapeutic outcomes;
   • Maintain an accurate and efficient drug distribution system;
   • Maintain proficiency through continuing education.
Patients’ Responsibilities
• Assume a responsibility for wellness;
• Understand the coverage policies of their benefit plan;
• Share complete information with providers, including demographics and payment mechanism(s);
• Share complete information regarding medical history, lifestyle, diet, use of prescription and over-the-counter medications, and other substances;
• Participate in the design of the treatment regimen;
• Understand the treatment regimen and expected outcomes;
• Adhere to treatment regimen;
• Alert prescribers and pharmacists to possible drug-related problems or changes in health status.

Prescribers’ Responsibilities
• Assess and diagnose the patient;
• Share pertinent information in collaboration with the pharmacist and patient in the design of cost-effective treatment regimens that produce beneficial outcomes;
• Clearly communicate the treatment plan and its intended outcomes to the patient directly, or in collaboration with the pharmacist;
• Remain alert to the possible occurrence of drug-related problems and initiate needed changes in therapy;
• Collaborate with the patient and the pharmacist in drug therapy monitoring;
• Maintain proficiency through continuing medical education.

Payers’ Responsibilities
• Determine objectives and desired benefits of pharmacy service;
• Design the coverage with patient and provider input using products and services to produce beneficial outcomes;
• Contract with providers on the basis of outcomes and efficient use of resources;
• Adopt efficient, clear, and uniform administrative processes;
• Communicate requirements for reimbursement;
• Educate patients and providers about current eligibility and benefit information;
• Expedite process payments;
• Be responsive to advances in contemporary practice.

(Reviewed 2008) (Reviewed 2010) (Reviewed 2011)

19. The Committee Recommends archiving the following policy statement as written.
2005 Medicare Prescription Drug Benefits
1978
1. APhA endorses extension of Medicare coverage to include a Medicare prescription drug benefit.
2. A Medicare prescription drug benefit should:
   (a) Place drug product cost reimbursement on an actual acquisition cost basis;
   (b) Ensure a dispensing fee comparable to that charged the self-paying public;
   (c) Allow for professional discretion in identification of drug products in the labeling of dispensed prescriptions;
   (d) Prevent dispensing by physicians under this program; and
   (e) Remove the price-posting requirement as a condition of participation in the program.

COMMENTS: The Policy Review Committee felt that this statement needed to be archived because the issue has been accomplished and is no longer necessary as active policy.
20. The Committee Recommends retaining the following policy statement as written.

1992 Drug Product Packaging
1. APhA supports the role of the pharmacist to select appropriate drug product packaging.
2. APhA supports the pharmaceutical industry’s performance of compatibility and stability testing of drug products in officially defined containers to assist pharmacist selection of appropriate drug product packaging.
3. APhA supports the value of unit-of-use packaging to enhance pharmaceutical care, but recognizes that product and patient needs may preclude its use.
4. APhA encourages the pharmaceutical industry to ensure that all unit-of-use packaging will accommodate a standard pharmacy label.


MEDICATION TAKE BACK/DISPOSAL PROGRAMS
Current APhA Policy

21. The Committee Recommends retaining the following policy statement as written.

1983 The Use of Controlled Substances in the Treatment of Intractable Pain
1. APhA supports the continued classification of heroin as a Schedule I controlled substance.
2. APhA supports research by qualified investigators under the Investigational New Drug (IND) process to explore the potential medicinal uses of Schedule I controlled substances and their analogues.
3. APhA supports comprehensive education to maximize the proper use of approved analgesic drugs for treating patients with chronic pain.
4. APhA recognizes pharmacists receiving controlled substance prescription orders used for analgesia have a responsibility to ensure that the medication has been prescribed for a legitimate medical use and that patients achieve the intended therapeutic outcomes.
5. APhA advocates that pharmacists play an important role on the patient care team providing pain control and management.


2003 Counterfeit Medication and Unit-of-use Packaging
APhA encourages the continued development, distribution, and use of unit-of-use packaging as the industry standard to enhance patient safety, patient adherence, and efficiencies in drug distribution and to reduce potential for counterfeiting.

(JAPhA NS52(4) 458 July/August 2012)

22. The Committee Recommends retaining the following policy statement as written.

2009 Medication Disposal
1. APhA encourages appropriate public and private partnerships to accept responsibility for the costs of implementing safe medication disposal programs for consumers. Further, APhA urges DEA to permit the safe disposal of controlled substances by consumers.
2. APhA encourages provision of patient appropriate quantities of medication supplies to minimize unused medications and unnecessary medication disposal.

(JAPhA NS52(4) 493 July/August 2009)

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2. APhA encourages provision of patient appropriate quantities of medication supplies to minimize unused medications and unnecessary medication disposal.

(JAPhA NS52(4) 493 July/August 2009)

2006 Unit-of-Use Packaging
APhA encourages the continued development, distribution and use of unit-of-use packaging as the industry standard to enhance patient safety, patient compliance, and efficiencies in drug distribution.
APhA shall collaborate with the pharmaceutical industry, third party payors, and appropriate federal agencies to affect the changes necessary for the adoption of unit-of-use packaging as the industry standard.

APhA encourages the enactment of legislation and regulations to permit pharmacists to modify prescribed quantities to correspond with commercially available unit-of-use packages.

25. The Committee Recommends retaining the following policy statement as written.
2004 Protecting the Integrity of the Medication Supply
1. APhA encourages pharmacists to enhance their role in protecting the integrity of the medication supply, including careful consideration of the source and distribution pathways of the medications they dispense.
2. APhA recommends that all individuals and entities of the pharmaceutical supply system, including manufacturers, wholesalers, pharmacies, pharmacists, and other, adopt appropriate technology, tracking mechanisms, business practices, and other initiatives to protect the integrity of the drug supply.
3. APhA supports public education about the risk of using medications whose production, distribution, or sale does not comply with US federal and state laws and regulations.
4. APhA urges pharmacists and other health care professionals to report suspected counterfeit products to the Food and Drug Administration.

26. The Committee Recommends archiving the following policy statement as written.
2004 Medication Disposal
1. APhA encourages the Environmental Protection Agency and other appropriate entities to continue research exploring any connection between the disposal of discarded prescription and OTC medications and contamination of the water supply.
2. APhA encourages the development of programs for safe medication disposal.
3. APhA encourages appropriate government entities to accept responsibility for implementation and associated costs of safe medication disposal programs for consumers.

COMMENTS: The Policy Review Committee reviewed the policy statements and recommends archiving this statement. The committee felt that the policy statement is duplicative of statement (#23) “2009 Medication Disposal” which reflects current terminology.

27. The Committee Recommends retaining the following policy statement as written.
1985 Registration of Facilities Involved in the Storage and Issuing of Legend Drugs to Patients
APhA supports enactment of state and federal laws and regulations which would require registration with the state boards of pharmacy of all facilities involved in the storage and issuing of legend drugs to patients, provided that such registration does not restrict the pharmacist from providing professional services independent of a facility.