General Policy and procedures

Policy Intent
The purpose of this policy is to comply with requirements and to train pharmacy staff.

Policy Owner
RealValue Patents Pharmacy Inc

Policy Scope
This policy applies to all departments of RealValue Patients Pharmacy (RVPP) and its subsidiaries.

Policy Detail
POLICY: RealValue Patients Pharmacy (RVPP)

PHARMACY POLICIES AND PROCEDURES MANUAL

Policies and Procedures

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SECTION 1: PREFACE (A)Purpose This manual shall state RealValue Patients Pharmacy policies and set forth operational procedures. All pharmacy employees must become familiar with RVPP Policies and may refer to this manual as needed. Additionally, this manual is a teaching tool to acquaint employees with the RVPP operation. Compliance with these policies and procedures is a condition of employment and noncompliance may lead to termination. When unaddressed issues arise, remember to prioritize the patients' needs first, and to uphold the respect of the Community Pharmacy and all applicable laws. (B)Mission Statement RealValue Patients Pharmacy and its staff strive to offer Members, customers and patient's comprehensive pharmacy services in a professional and friendly setting. All individuals are treated with respect and dignity without regard to race, religion, economic status, gender, age or sexual orientation. The Pharmacy and staff puts the patients' needs and concerns as its top priority. (C)Scope of Practice of RealValue Pateints Pharmacy is a full service pharmacy. This pharmacy's purpose is to provide comprehensive pharmacy service to private customers in our area. In addition to maintaining a well-stocked pharmacy department, RealValue Patients Pharmacy provides a useful selection of OTC (Over the Counter) supplies at competitive pricing. Customers may frequent the pharmacy or have purchases delivered for their convenience. (D)Policy Review No less than annually shall this manual be reviewed for the timeliness and appropriateness of content. A notation shall be made on the appropriate page by the reviewing pharmacist as to the date the policy was reviewed and any changes made to the policy. Occasionally a complete revision may occur, and a new manual with a new version number (i.e. v X.2) will be created. Additions shall be dated as they are added to the manual. The Pharmacy Director is responsible for reviewing this manual. Any changes must be approved by the Clinic Manager, The

RealValue Patients Pharmacy. All RealValue Patients Pharmacy policies apply to any employee working in the RVPP pharmacy. If at any point the two policies conflict, the RVPP policies will supercede. (E) Policy Notification by Memo New or changed policies may be issued by memo, posted in a common place for staff to read. After reading, each employee shall initial and date where indicated. Dated, acknowledged memos will be retained in the appendix of this manual for incorporation in future revisions.

Pharmacy Details RealValue Patients Pharmacy Inc, 9401, 37th ave #7, Jackson Heights NY 11372 Tel, Text and Fax (347) 699-1237. NPI number: 1255802153 Pharmacist in Charge: Ashoka Benedict Gomes, BS, MS, PharmD (G)Pharmacy Staff & Contact List Name Phone License Pharmacy Director Ashoka Benedict Gomes, BS, MS, PharmD

The pharmacy must have a 'Pharmacist in Charge' identified and registered with the State Board of Pharmacy. The PIC is responsible for the daily operation of the pharmacy, and has full authority to assure the pharmacy's compliance with all laws governing Pharmacy operation. Any change of PIC must be reported by to the pharmacy board, using appropriate documentation, within 30 days.

SECTION 2: ADMINISTRATION POLICIES (A)Drug Free Workplace RealValue Patients Pharmacy is a drug-free work environment. (B)Impairment and Diversion Policy The pharmacy must take action to protect the public when a licensed individual employed by or with the pharmacy is discovered or known to be chemically, mentally, or physically impaired to the extent it affects his or her ability to practice the profession or occupation authorized by his or her license, or is discovered or known to have engaged in the theft, diversion, or self-use of dangerous drugs. In such an event, the individual must be immediately dismissed pending investigation. The pharmacy must report to the pharmacy board within 14 days of the receipt or development of information with regard to any licensed individual employed by or with the pharmacy:

i. Any admission by a licensed individual of chemical, mental, or physical impairment affecting his or her ability to practice ii. Any admission by a licensed individual of theft, diversion, or self-use of dangerous drugs iii. Any video or documentary evidence demonstrating chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice iv. Any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs by a licensed individual v. Any termination based on chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice vi. Any termination of a licensed individual based on theft, diversion, or self-use of dangerous drugs The pharmacist in charge will immediately report any of the above to the Clinic Manager. (C) Absence of Pharmacist During the temporary absence of the pharmacist for breaks or meal periods, including authorized duties of personnel, the pharmacist is responsible for checking all work performed by ancillary staff during the absence. Orders for controlled drugs or those that require consultation must not be dispensed without a pharmacist immediately available. Regardless, it remains the Pharmacist's responsibility for maintaining the security of the pharmacy thus if the Pharmacist on duty must be out of the pharmacy for any reason the Pharmacy Director will take his/her place until they return. (D)Annual Self-Assessment and Inventory The Community Pharmacy Self-Assessment(link) document is available at https://www.pharmacy.ca.gov/forms/17m_13 . A self-assessment must be completed within 30 days if a new permit is issued or a new PIC employed. RealValue Patients Pharmacy Pharmacy shall complete a full self-assessment and inventory audit annually. (E)Quality Assurance Program The pharmacy Quality Assurance binder shall be readily retrievable, and contain associated documents. The quality assurance program documents medication errors attributable, in whole or in part, to the pharmacy or its personnel. Pharmacy quality assurance policies and procedures are maintained in the QA binder and are immediately retrievable and maintained in the pharmacy for at least one year from the date it was created. The pharmacist will notify the patient or patient's agent that a medication error has occurred and the steps required to avoid injury or mitigate the error. When a medication error has occurred and the drug was administered to or by the patient, or resulted in a clinically significant delay in therapy the pharmacist must notify the prescriber of the error has occurred. Investigation of pharmacy medication errors must be initiated within two business days from the date discovered. An Incident Report (See Form 'Incident Report: Quality Assurance Binder' in Appendix) for a medication error contains: Date, location, and participants; pertinent data and other information related to the error reviewed; findings and determinations; and recommended changes to pharmacy policy, procedure, systems or processes, if any. (F) Posting of Licenses and Notices Current board-issued "Notice to Consumers" is posted in public view where it can be read by the consumer, or written receipts containing the required information are provided to the consumers. A written receipt that contains the required information on the notice may be provided to consumers as an alternative to posting the notice in the pharmacy. Additional "Notice to Consumers" in languages other than English may also be posted.

(B&PC 4122, CCR 1707.2) The original board-issued pharmacy license and the current renewal are posted where they may be clearly read by the purchasing public. Pharmacists, interns, pharmacy technicians, and pharmacy technician trainees wear nametags, in 18-point type, that contain their name and license status. (G)Records Completed pharmacy self –assessments must remain on file for three years in the Staff Training Binders. All drug acquisition and disposition records are maintained for at least three years, RVPP will maintain these records for 5 years. These records include: i. Prescription records ii. Purchase Invoices for all prescription drugs iii. Biennial controlled substances inventory iv. U.S. Official Order Forms (DEA Form 222) v. Power of Attorney for completion of DEA 222 forms vi. Theft and Loss Reports (DEA Form 106) vii. Record documenting return of drugs to wholesaler or manufacturer viii. Record documenting transfers or sales to other pharmacies, licensees and prescribers Pharmacy records may be stored off-site only if the pharmacy has obtained a waiver from the Board of Pharmacy. There are numerous other provisions applicable in this scenario. (H)Shipment & Delivery Policy Dangerous drugs and devices are delivered to the pharmacy, and must be signed by a pharmacist. (I) BOP Email List Each pharmacist must maintain subscription to the pharmacy board's e-mail notifications.

(J) Refusing to Fill A pharmacist must prevent the dispensing of: i. A prescription order that is contrary to the law. ii. A prescription order the pharmacist has determined would cause harm or otherwise adversely affect the patient's medical condition. iii. Any prescription deemed not for legitimate medical need No prescription that contains significant error, omission, irregularity, uncertainty, ambiguity or alteration shall be dispensed without clarification and confirmation from the prescriber. Pharmacists should note their corresponding responsibility to determine that a prescription written for a controlled substance was issued for legitimate medical purposes. (H&SC 11153) Even after conferring with the prescriber, the pharmacist does not dispense a controlled substance prescription if he or she knows or has objective reason to know that the prescription was not issued for a legitimate medical purpose. (CCR 1761[b]) Any refusal to fill should be documented in the QA Binder, with an explanation, supporting paperwork, and a copy of the original if possible. The pharmacist may be called upon to justify the refusal. If a pharmacist refuses to fill particular medications due to personal beliefs, that objection must be submitted in writing in advance and kept on file. (K)Annual Policy Review The Policies and Procedures Manual shall be reviewed annually and notated on the Annual Review page.

ANNUAL POLICY REVIEW DOCUMENTATION Date of Review Reviewed By: (Print, Sign and describe Position) Findings and Recommendations

ANNUAL POLICY REVIEW DOCUMENTATION Date of Review Reviewed By: (Print, Sign and describe Position) Findings and Recommendations

SECTION 2: CUSTOMER SERVICE (A)Philosophy of the Pharmacy's intended objective is to provide exceptional health service to the Community. In addition, the Pharmacy must provide the same professional, ethical, and customer-service oriented services to any and all patients presenting. (B)Acknowledging / Greeting Patients Patients must be quickly acknowledged or greeted upon arrival to the counter or by phone, even if employees are occupied. The employee shall greet the patient, and convey that they will be helped momentarily. Failure to promptly acknowledge a patient who has been waiting at the counter is unacceptable. (C) Returns Prescription medications that have been dispensed and left the pharmacy are forbidden by law to be 'returned' and put back into inventory. In general, 'returns' are not acceptable. If accountable to Pharmacy Error, the transaction may be refunded and the medication put with waste/outdates – the Pharmacist on Duty must approve the acceptance of the return.

(D)Verbal or Physical Abuse or Intimidation Customer service in a pharmacy can be difficult; there may be occasions when a patient becomes upset or emotional. These occurrences must be handled professionally, and with tact. The employee shall maintain a helpful, professional demeanor while not being subjected to verbal or physical abuse. In the event of physical or verbal abuse, the employee should notify the Pharmacist on duty and the Pharmacy Director immediately. The Clinic Manager will be notified immediately and if needed Police should be notified. An Incident Report documenting the interaction, whether in person or via phone, will be made and filed in the QA binder and a copy will be given to the Clinic Manager. (E) Referring Patients to the Pharmacist All New Prescriptions require Pharmacist Consultation. The patient may refuse consultation directly to the Pharmacist. Pharmacy personnel are not allowed to 'screen' patients before referring to the Pharmacist for New Rx Consultation, and should not directly accept a patient's refusal.

SECTION 3: (A) Assure Appropriateness of Therapy The pharmacy shall assure that drug therapy is safe, efficacious, and cost effective. A pharmacist shall review the medical record of each patient prior to the dispensing medications. Concerns or questions about the drug therapy

shall be resolved with the prescriber prior to dispensing. Pharmacists shall screen patient health records and monitor patients for the appropriateness of therapy with attention to the following i. correct patient ii. legality of drug orders iii. completeness of medication orders iv. drug-induced or drug-related problems v. appropriateness of drug therapy vi. interactions: drug-drug, drug-diet, and drug-lab test vii. conditions that require order change or modification viii. appropriateness of the dose form ix. appropriateness of the dose. The pharmacy will have a method in place for maintaining up-to-date information on food (as related to medication therapies) and drug allergies for members and patients. These allergy contraindications must be screened for through the pharmacy's concurrent drug utilization review system before each prescription is dispensed to an member and patients. If a member is found to have an allergy to a prescribed medication, the pharmacist should take appropriate clinical action to assess/validate the situation and/or contact the prescribing physician to ensure the member receives an appropriate alternative.

Currently, standards of pharmacy practice require that pharmacies retain information on drug allergies using the pharmacy's software system On-site audits will be used to verify that pharmacies are in compliance with this CMS requirement. Failure to screen for and document food and drug allergies for members and patients may result in recoupment of reimbursement on the associated claims. The Pharmacy is required to maintain documentation in the patient's profile for known food (as related to drug therapy) and drug allergies.
Documentation will need to be prescription specific. The following has been recommended by independent pharmacy auditor to ensure compliance. Known food and drug allergies must be documented in the patient's electronic or paper profile or patient record. This documentation must identify how the pharmacy obtained the information and demonstrate how the pharmacy performed the screening. The pharmacy must provide a copy of the procedures used in the screening.
Documentation should be maintained in the patient's profile and used to screen for allergies prior to dispensing of any prescription for members and patients. The Pharmacy must also maintain documentation that is prescription-specific to demonstrate that the screening occurred before each prescription was dispensed to the patient.

Pharmacists shall document their patient record reviews and monitoring. Compliance with this standard shall be assessed by a review of patients' conformance to prescribed drug therapy and evidence of documentation of pharmacists' review.

(B) Patient Education Patients who present to the pharmacy shall receive medication counseling in a secluded consultation area. The pharmacist shall educate patients regarding the purpose, proper use and expected outcomes of the drug therapy, and will determine patient understanding through patient or caretaker feedback. Supplemental written information shall be provided as necessary. Counseling shall include the following: The indication for which the patient is taking the medication; the name and strength of the medication; how the medication is to be used; dosage and administration schedule; technique; duration of therapy; preparation for use; medication storage; ancillary instructions; desired therapeutic outcome; potential unwanted effects and minimization; other treatment plan elements. (C) Assure Availability of Medications The pharmacy will assure drug availability; distribution and control are safe and appropriate and meet patient need. Drug and dosage form selection, purchasing, preparation and dispensing shall meet contemporary, national standards. Controlled substances shall be distributed and controlled according to current federal law and regulations. The pharmacy service shall maintain an appropriate inventory of drugs. Provision shall be made for determining the need for medications not routinely available at the facility and for obtaining needed medications that are not routinely available. The pharmacy service shall assure that quality medications are available at reasonable cost according to the current market supply. (D) Cytotoxic Drugs Cytotoxic drugs shall be handled according to the current practice standards of the American Society of Hospital Pharmacists: ASHP Technical Assistance Bulletin on Handing of Cytotoxic Drugs in Hospitals, and in the current Occupational Safety and Health Administration (OSHA) guidelines. Compliance with this standard shall be assured by comparing current services with the listed standards of other professional organizations. (E) Drug Information and Consultation The pharmacy shall provide drug information and education by a variety of methods, including: a. Pharmacist-initiated, patient-specific interventions b. Drug therapy consultation on request from other professional staff c. In-service education to other professionals and health workers such as community health representatives and health aides. Other methods of providing drug information and education may include publishing drug therapy bulletins and/or drug information handouts for patients or providers. The patient has the right to refuse patient counseling; however, they may be specific situations where the pharmacist may not dispense a medication without counseling when it is deemed medically necessary. Patient education and counseling does not only apply to prescription medications but also to Over-the-Counter medications as well. In certain circumstances, it may be necessary to

provide this education over the phone. Compliance with this standard shall be assessed by review of records of interventions and consultations and documentation of in-service education and preceptor activities.

(F) Promote Health and Disease Prevention Pharmacies shall promote primary disease prevention through preventive drug therapy and drug use education. Such activities may include: i. Reviewing the patient's complete medical record as a part of routine screening for documentation of needed health maintenance activities e.g., Pap test, immunizations, dental fluoridation, and assuring the initiation of needed health maintenance activities ii. Discussing safe and appropriate drug use and storage as an integral part of all patient education and consultation activities iii. Routinely counseling prenatal patients on safe drug use during pregnancy iv. Participating in community-based drug education, poison prevention and substance abuse avoidance programs and activities. Examples of settings in which pharmacists might provide these programs and activities are schools, elderly care centers and health fairs. To prevent complications from previously diagnosed disease, pharmacists shall provide secondary disease prevention services through routine screening for appropriate drug therapy and providing patent consultation on prescribed therapy. Compliance with this standard shall be assessed by review of documentation in patients' medical records and documentation of follow-up on needed health promotion and disease prevention measure's.

SECTION 4: Pharmacy Personnel (A)Job Descriptions i. Pharmacist Pharmacist duties are often dynamic, and rely on professional judgement. Some basic duties include, but in no way limited to: Patient consultation; Prescriber consultation; Reading and interpreting written Rx’s; Transcribing Rx’s from telephone or voicemail; Typing, Filling and dispensing Rx’s; Receiving drug orders; Submitting drug orders; Supervision of Techs and Staff; Answering telephones; Furnish emergency contraception; Interprets clinical data in EMR; Performs any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform; Performs all functions which require professional judgment. By law, NY pharmacists must be registered for access to the Prescription Drug Monitoring Program.

ii. Intern Pharmacist The intern pharmacist may perform all the functions of a pharmacist, but only under the direct supervision of a pharmacist. A pharmacist may supervise two interns at any one time. All prescriptions filled or refilled by an intern are, prior to dispensing, checked for accuracy by a licensed pharmacist and the prescription label initialed by the checking pharmacist. During a temporary absence of a pharmacist or duty free breaks or meal periods, an intern pharmacist may not perform any discretionary duties nor act as a pharmacist. iii. Technician All pharmacy technicians must maintain active licensing. Registered pharmacy technicians will perform packaging, manipulative, repetitive, or other nondiscretionary tasks, while assisting and under the direct supervision and control of the pharmacist on duty. Along with clerks, pharmacy technicians will assume primary responsibility for phone calls and customer service at the windows. Technicians will not count or handle open bottles of controlled drugs or narcotics until their technique has been observed and approved by the managing pharmacist. Each pharmacy technician or trainee wears identification that identifies them as a technician or technician trainee. A pharmacy technician trainee participating in an externship may perform packaging, manipulative, repetitive or other nondiscretionary tasks only under the direct supervision and control of a pharmacist; a pharmacist may only supervise one technician trainee and only for a period of no more than 120 hours. iv. Clerk A non-licensed person (clerk/typist) is permitted to type a prescription label or otherwise enter prescription information into the computer system, and at the direction of a pharmacist may request and receive refill authorization. The number of nonlicensed personnel supervised by each pharmacist does not interfere with the pharmacist’s responsibilities or performance. v. Director of Pharmacy Professionally competent, legally qualified pharmacist. The director of pharmacy should be thoroughly knowledgeable about pharmacy practice and management. According to policies, the Director shall foster the Profession of Pharmacy, participate in professional organizations and take initiative to enhance their own professional standing and that of qualified Staff Pharmacists. The director of pharmacy shall be responsible for: a. Establishing and Maintaining the mission, vision, goals, and scope of services of the pharmacy department based on the needs of the patients served, the needs of the clinic (and any health system of which the clinic may be a component), and developments and trends in health care and hospital pharmacy practice.

b. Developing, implementing, evaluating, and updating plans and activities to fulfill the mission, vision, goals, and scope of services of the pharmacy. c. Actively working with a Clinic or health-system leadership to develop and implement policies and procedures that provide safe and effective medication use for the patients served by the institution. d. Mobilizing and managing the resources, both human and financial, necessary for the optimal provision of pharmacy services. e. Ensuring that patient care services provided by pharmacists and other pharmacy personnel are delivered in adherence to

applicable state and federal laws and regulations, hospital privileging requirements, and national practice standards. f. 340B Program management oversight and compliance, NO 340b program is being used by the pharmacy. g. The pharmacy director will keep current on pharmacy topics by having active membership to relevant professional organizations. These may include, but are not limited to: National Community Pharmacists Association (NCPA) NY Pharmacists Association, American Pharmacy Association (APhA)

SECTION 5: Pharmacy Operations (A) Professional Environment A professional inter-personal work environment must be strictly maintained. There is zero tolerance for workplace gossip. All interpersonal concerns or conflicts should be directly addressed or brought to the attention of the Pharmacy Director. All forms of harassment or intimidation are strictly forbidden. Language and demeanor shall remain appropriate and professional at all times. (B) NY ISTOP PMP: The ISTOP PMP are considered to be a tool for prescribers and pharmacists to monitor and deter prescription medication misuse, abuse, addiction and diversion and ensure appropriate clinical care. NY ISTOP PMP Files uploaded to the State of New york FTP site no less often than once daily. This may be done manually, or by 3rd party contract. i. The pharmacist shall access NY ISTOP PMP data during the following activities and discuss any potential abuse or diversion with prescribers: a. Prior to processing an outside prescription for a controlled substance. b. Every dispensing at a minimum, prior to reissuing or refilling for a chronic controlled substance prescription for Schedules CII-CV medications. ii. Pharmacists may: a. Assist with conducting ISTOP PMP queries upon prescriber request. b. Assist with provider education regarding report interpretation as appropriate. (C) Pseudoephedrine Pharmacy personnel must fulfill the “Self-Certification” requirement of CMEA and place in employee file. Electronic POS registration of each pseudoephedrine OTC purchase is documented for each transaction. All OTC pseudoephedrine products are stored behind the pharmacy counter, and purchasers must present valid official state or federal ID and must be eighteen years old. (D) Emergency Birth Control The purpose of this policy is to ensure that emergency contraception is available. This includes Plan B One-Step®, (Levonorgestrel) emergency contraception (EC) pill. June 2013, the Food and Drug Administration (FDA) approved Plan B One-Step® (Levonogestrel) for over-the-counter (OTC) availability for females without a prescription (Rx). According to the American College of Obstetricians and Gynecologists, there are no medical contraindications to the use of an EC. The distribution of the Plan B One-Step® EC pill, does not require any of the following: a prescription, a pregnancy test, patient registration, a provider visit. EC will be available to females including female victims of sexual assault and to their patient representatives in accordance with the June 2013, FDA determination. (E) Hypodermic Needle and Syringe Sales The sale of hypodermic needles or syringes without a prescription to any person not meeting either criteria is against pharmacy policy. (F) Naltrexone THE RVPP will comply with New york State Naltrexone Policy. (G) Drug Stock Maintenance The pharmacy shall maintain that drug stock is clean, orderly, properly stored, properly labeled and in date. As with the entire pharmacy, drug inventory should remain dust-free and appropriately organized. Refrigerator As per requirements, refrigerators and freezers for medication storage must have minimum twice daily temperature logs. Current plans include the use of automated, wireless systems to continually document temperatures and notify personnel with alarms, text, or email.

(H) Reconstituted Medications and compounded medications. Any medicinal product for oral use manufactured in the powdered state which is reconstituted by RVPP personnel shall receive an expiration date consistent with the recommendations of the manufacturer. All compounded products should be carried out per USP 795 procedures for reference go to http://www.usp.org/sites/default/files/usp/document/our-work/compounding/usp-gc-795-proposed-revision.pdf . Any such medication shall be labeled with the expiration date and stored under the conditions recommended by the manufacturer. Powdered drugs are not mixed until the patient has arrived to pick the order up. • All technicians and clerks must be able to identify reconstitutable drugs, and prevent dispensing unmixed product.

(I) Multi-Dose Vials Medication dispensed from a multiple dose vial (MDV) is withdrawn according to USP 797 standards or those of the manufacturer and a label denoting the date of first entry of the vial is placed on the vial. The vial is stored appropriately, e.g. room temperature or refrigerated. The vial is discarded 28 days after the initial entry, or according to the manufacturer’s recommendation and USP 797. (J) Special Orders: OTC At the discretion of the pharmacy staff with considerations such as cost, availability of return, history of past orders, etc. a non-stocked item may be ordered for a specific patient request. Upon receiving the item, the pharmacy will call the customer who requested it. The items will be kept for 14 days. If they have not been purchased, they may be sent back to the wholesaler for credit and return. The pharmacy will not order special order items from sources other than the primary wholesaler unless not available. (K) Special Orders: Rx Items In general, requests for specific generic brands due to patient preference will be accommodated. The wide variation in wholesale cost and low

reimbursement rates restrict the purchase of specific generic manufacturers; often times 2-3 times the cost of a preferred generic. The pharmacist may make exceptions under certain circumstances but is encouraged to find alternative measures. (L) Drug Samples Drug samples are not allowed to be intermixed with in-date pharmacy inventory. Samples should be stored in a separate, locked cabinet/closet within the pharmacy. Receiving, distribution, and appropriate documentation are performed by the prescriber or the prescriber's agent according to policy. Unwanted or expired drug samples may be placed in the pharmacy 'Outdates and Recalls' container for destruction. (M) Recalled Medications Notification of drug recall may be made through several sources, including but not limited to, local and national media, wholesaler, FDA website, manufacturer, or the NY BOP email list. For any level of product recall or withdrawal by the FDA, the Pharmacy will act immediately: stock is examined in the Pharmacy for recalled products or lot numbers. If a recalled product is found, it is removed from stock and returned to the appropriate agency per the recall letter instructions. If found, copies of recall documentation are initialed, dated and filed for at least two years. If the product is recalled at the consumer level, every effort will be made to track down and notify patients who may be affected of the recall. (N) Expired Drugs Expired drugs or supplies are all returned to the pharmacy for disposition by the pharmacy. This may include return to the manufacturer or wholesaler or for credit or destruction by a return processing company on a regular basis. (O) Outdated and Recalled Inventory A segregated container shall be used to isolate drugs that must not be in the dispensing inventory. CII medications shall be counted and marked on the bottle, and kept in a similar, locked container.

SECTION 6: **Prescription Dispensing Procedure** (A) Scope The pharmacy furnishes dangerous drugs in compliance with B&PC 4126.5 only to a patient pursuant to a prescription, a wholesaler from whom the dangerous drugs were purchased, a manufacturer from whom the drugs were purchased, a licensed wholesaler acting as a reverse distributor, another pharmacy to alleviate a temporary shortage with a quantity sufficient to alleviate the temporary shortage, a health care provider authorized to received drugs, or to another pharmacy of common ownership. (B) Receipt of Prescription from Patient Patient information should be documented on the hard copy, including spelling of name, DOB, phone, address, and allergy details. This information should be kept up to date and re-verified with the patient on a regular basis. (C) Rx Transfers Only pharmacists transfer prescriptions from pharmacy to pharmacy, and records of prescription transfers are kept as required. Schedule III, IV and V prescriptions cannot be transferred in new York state. Other non-controlled transfers are only 1 refill at a time.

For further rules on controlled prescriptions refer to NY state Part 80: Rules and Regulations on Controlled Substances in NYS A COPY OF WHICH IS STORED ELECTRONICALLY AT REALVALUE PATIENTS PHARMACY or visit https://www.health.ny.gov/regulations/controlled_substance/part/80/docs/80.pdf. [f]) When receiving a transfer, the prescription is reduced to writing by the pharmacist and "transfer" is written on the face of the transferred prescription and all other information is recorded as required. (D) Verbal Prescription Orders Orally transmitted prescriptions are received and reduced to writing only by a pharmacist or intern pharmacist working under the direct supervision of a pharmacist. If orally transmitted, the pharmacist who received the prescription initials and dates the prescription. Facsimile prescriptions are received only from a prescriber's office, and must contain a 'wet signature' for controlled (CIII-CIV) drugs and be on Ny state official prescription pads, as required by law. (E) Rx Day Supply The pharmacy may dispense a maximum of 90-day supply of a dangerous drug (other than controlled substances, or psychotropic medication or drugs). If the prescription specifies an initial quantity of less than a 90-day supply, followed by periodic refills, a 90-day supply may be dispensed if: i)The patient has completed an initial 30-day supply; ii) The total quantity dispensed does not exceed the total quantity authorized on the prescription, including refills. (F) Filling of Prescription Prescriptions are dispensed in a new and child-resistant container, or senior-adult ease-of-opening tested container, or in a non-complying package only pursuant to the prescriber or when requested by the purchaser. (G) Prescription Labels 13.4. The label on a drug container dispensed to a patient in New york conforms to the following format. 13.4.1 The name of the patient, name of the drug and strength of the drug, the directions for use of the drug, the condition or purpose for which the drug was prescribed, if indicated on the prescription, are clustered into one area of the label and comprise at least 50 percent of the label. 13.4.2 The label is highlighted in bold typeface or color or uses blank space to set off the items in 13.4.1; 13.4.3 When applicable, standardized directions for use are utilized. If requested by the consumer, the pharmacy provides the consumer with a prescription label that is printed in 12-point typeface. 13.4.4The federal warning label prohibiting transfer of controlled substances is on the prescription container. 13.4.5 The label includes a physical description of the dispensed medication. On controlled substances (13.18), the pharmacist includes a written label on the drug container indicating that the drug may impair a person's ability to operate a vehicle or vessel. The label may be printed on an auxiliary label affixed to the prescription

container. (G) **Controlled Substances:** All State and Federal Regulations are to be strictly followed. Several statutes follow, however this is in no way a comprehensive list of requirements. Schedule II prescriptions, invoices, US official order forms, and inventory records are separate from Schedule III, IV and V and indicates on the inventory record whether that inventory was taken at the "open of business" or at the "close of business." Schedule III-V prescriptions are maintained by the pharmacy software system - easily identifying controlled substances by prescription number, and the original prescription documents can be retrieved promptly. Inventories and records for Schedule III-V controlled substances are filed separately or are designated in some manner that makes the required information readily retrievable from ordinary business records. Official Order Form (DEA Form222) or electronic equivalent (CSOS) is utilized when ordering all schedule II controlled substances. When schedule II controlled substance orders are received by the pharmacy, for each item received, the date and quantity received is indicated on the form, which is then signed by the pharmacist and retained for 5 years. When dispensed upon a verbal order for a true emergency, a Schedule II prescription is provided by the prescriber by the 7th day following the transmission of the oral order. If not received, the pharmacy reports failure to provide prescription document to the New york Bureau of Narcotic Enforcement within 7 days of the failure to provide prescription. The pharmacy generates a controlled substance printout for refills of Schedule III-V prescriptions at least every three days (72 hours) which contains the signature of the dispensing pharmacist, or the pharmacy maintains an alternate system to document the refilling of controlled substance prescriptions that complies with NY state laws.

Any controlled substances drug loss is reported upon discovery to the DEA and within 30 days of discovery to the Board of Pharmacy. Pharmacist will hand initial prescription records or prescription labels, or record their identity as the reviewing pharmacist in a secure computer system. All Schedule II through IV controlled substance dispensing data is successfully transmitted to NEW YORK PMP daily. A faxed prescription for a Schedule II controlled substance is not fillable. If unable to supply the full quantity, the pharmacist partially fills a Schedule II prescription and is aware that if the remaining portion of the prescription is to be filled, it must be filled within 72 hours. Electronic image transmissions and faxed prescriptions are printed as a hard copy and filed or stored electronically. A computer generated prescription that is not an e-script, and is printed out or faxed by the practitioner's office must be manually signed by the prescriber and be on NY state prescription pads. (Applies to CIII-CV Only) Controlled substances written with the "11159.2 exemption" for the terminally ill are only dispensed upon receiving a signed, detailed order from Hospice. Refer to NY part 80 rules for detailed instructions (if in doubt,) a copy of which is stored electronically at RVPP and available at https://www.health.ny.gov/regulations/controlled_substance/part/80/docs/80.pdf

(H) Final Verification of Prescription Before dispensing, a prescription is checked for accuracy by a licensed pharmacist and that pharmacist initials the prescription label, or logs similar data in the pharmacy software. (I) Patient Counseling Pharmacists provide oral consultation whenever the prescription drug has not been previously dispensed to the patient; whenever a refill prescription drug is dispensed in a different dosage form, strength, or with new directions; upon request; and whenever the pharmacist deems it is warranted. Consultations shall be in a manner that protects the patient's information, in an area suitable for confidential patient consultation. The pharmacist will review a patient's drug therapy and medication record prior to or during consultation. Appropriate drug warnings must be provided orally or in writing. If prescription medication is delivered, written notice about the availability of consultation is provided. The pharmacist shall provide patient-specific drug information about drugs and drug therapy to health professionals, patients, and patients' caregivers as appropriate. Responses to general and patient-specific drug information requests shall be provided in an accurate and timely manner by a pharmacist.

Pharmacists shall be available to participate in patient education and to ensure that all patients are given adequate information about the medications they receive in to help patients with their own health care decisions. Patient education activities shall be coordinated with the nursing, medical, and other clinical staff as determined by Administration. If necessary, interpretative language services (written or oral) will be made available to patients. (J) Language Barriers To the best of their ability, pharmacy staff will assist patients with limited or no English proficiency to understand the information on the prescription label, or supplemental paperwork in the patient's language. In such a situation the pharmacy may use documentation in the patient's language, or employ the use of an interpreter. RVPP utilizes google translate when in need of a medical interpreter. See attached instruction sheet at the end of these policies. Patient comprehension is the responsibility of the pharmacy, regardless of patient language. (K) Refills Authorization is obtained from the prescriber and documented before refilling a prescription. Refills for Schedule II controlled substances are prohibited, and refills for Schedule III and IV prescriptions are limited to a maximum of 5 fills within 6 months, and all refills taken together do not

exceed a 120 day supply. Pharmacy Technicians and Clerks my both request and receive refill authorizations by phone for Non-Controlled Medications Only. Written documentation of refill authorizations must include the Date, Name of Patient, Name of Prescriber, name of staff person calling, drug name, strength, quantity and additional number of refills. The person recording such authorization must clearly indicate their identity on the new hard copy. (L) Early Refills Early refills for high-risk medications will not be acceptable without a legitimate reason and prescriber approval. The patient must obtain prescriber approval for early fills ahead of time. If in the pharmacist's professional judgment, failure to refill the prescription may interrupt the patient's ongoing care or have significant adverse effect on the patient the pharmacist may contact the prescriber for an emergency supply (a medically necessary dose or doses of a medication) of not more that 3 days supply (5 days supply is NY state controlled rule) and a hard copy of the controlled prescription with the doctors signature should be sent to the pharmacy within 7 days. The quantity dispensed should be the minimum sufficient up to a 5 days supply for controls. Controlled medications are up to the judgment of the Pharmacist on duty. (N) Schedule II Emergency Dispensing In the event of lost/stolen medication RVPP does not accept Police Reports. Prescriptions will not be refilled without the provider writing a new prescription for the lost or stolen medications. Emergency fill may only be done after contacting the prescriber, and may not occur any time prior to the next 'appropriate fill date' and a hard copy of the controlled prescription with the doctors signature should be sent to the pharmacy within 7 days.

PDP must be checked and documented every time a controlled prescription is dispensed, and reference number and date noted on electronic or hard copy of the prescription. Note: Emergency is defined as; impending loss of life; causing acute injury or illness that poses immediate risk to a person's life or long-term health. Note: Nearly any 'Emergency' scenario presenting inside the pharmacy can be referred to a nearby Emergency Room, Urgent Care or 911 Services if Clinic Providers are inaccessible. (O) Errors and Discipline Whenever the pharmacist or Pharmacy Director sees an error being made by a technician or pharmacist, an informal discussion memo will be generated and discussed with the employee. This should be done as soon as possible after the error is discovered, but no later than 7 days. If more immediate action is necessary, the pharmacist or Pharmacy Director will fill out a corrective action plan (supplied by the Human Resources Department) and begin the RVPP disciplinary process as stated in the Human Resource Manual.

SECTION 7: Examples of eligible services, but not limited to: a. Discounted/no-cost medication/vaccine services to uninsured or underinsured patients b. No-Cost Rx delivery or mail service, seniors, or disabled patients c. No-Cost compliance packaging (blister packs, etc) for high risk individuals d. Targeted high-risk disease or patient demographic program i. Suicide Prevention ii. Hepatitis Treatment iii. Vaccine Preventable Diseases e. Clinical Pharmacy Programs i. Anticoagulation, Lipids, CHF, Diabetes, etc.

SECTION 8: **STAFF TRAINING** (A)Performance Reviews There shall be regularly scheduled evaluation of the performance of pharmacy personnel. The evaluation format should be consistent with that used by the Clinic. The competencies of the position shall be well defined in the position description, short- and long-term goals should be established for each employee, and the employee's competency shall be assessed regularly. The pharmacy director shall ensure that an ongoing competency assessment program is in place for all staff, and each staff member should have a continuous professional development plan. (B)Education & Training All personnel shall possess the education and training required to fulfill their responsibilities and shall participate in relevant continuing-education programs and activities to maintain or enhance their competence. Licensed employees must remain current, up-to-date licensure. (C) Documentation of Competencies Employee training and compliance documentation will be maintained in an individual binder within the pharmacy. Employee performance reviews will be maintained separately by administration.

(D)**HIPAA Training** HIPAA training will be renewed annually, and the completed forms held in the employees training binder. Patient information must be maintained to safeguard confidentiality, and all HIPAA regulations must be strictly followed. All prescriptions are kept confidential and only disclosed as authorized by law. The pharmacy ensures electronically transmitted prescriptions are received, maintained and transmitted in a secure and confidential manner. Staff must maintain private pass codes, and lock unattended terminals within reach or sight of the general public. Remember: Patient identifiable items must be disposed in a HIPAA compliant manner.

(E**) Medicare FWA** Pharmacy staff must certify and record annual Medicare Fraud, Waste and Abuse training. Key FWA points are: Participating pharmacies will comply with all applicable laws, rules, and regulations, including, without limitation, the Social Security Act, Medicare Part D implementing regulations, 42 CFR Parts 400-423, CMS instructions and the federal anti-kickback statute, 42 USC §1320a-7b(b), as any of which may be amended from time to time. The participating pharmacy

represents that neither it nor any of its owners, directors, officers, employees, or contractors are subject to sanction under the Medicare/Medicaid program or debarment, suspension, or exclusion under any other federal or state agency or program, or otherwise are prohibited from providing services to Medicare or Medicaid beneficiaries. (F) Medicare Part D As required under 42 CFR 423.505(I)(2), for a period of ten (10) years following the final year of the Term in which Pharmacy provides Services under any Medicare Part D Program, Pharmacy will maintain, preserve and make available for inspection and review all books, contracts, documents, papers, and other records of Pharmacy, its related entities, contractors, subcontractors, or transferees, that pertain to Medicare Enrollees, the services provided under this Agreement or other matters relevant to Part D Plans (collectively, the "Records"), in accordance with security and privacy protections described. Notwithstanding the foregoing, the ten-year retention period may be extended if: i. CMS determines there is a special need to retain a particular Record or a group of Records for a longer period and notifies the Pharmacy at least 15 days before the normal disposition date ii. There is a termination, dispute, or allegation of fraud or similar fault by any Part D Plan Sponsor, in which case the retention may be extended to six (6) years from the date of any resulting final resolution of the termination, dispute or fraud or similar fault; iii. Records that relate to an ongoing investigation, litigation, or negotiation by CMS, DHS, the Department of Health and Human Services Office of Inspector General, the Department of Justice, or a State, or the Records otherwise relate to suspicions of fraud and abuse or violations of Federal or State law. (G)Licensure All licensed personnel must maintain active licensing in good standing with their respective boards. In the event of license expiration or other sanctions, the licensee must notify the Pharmacy Director and Clinic Manager immediately and discontinue all activities subject to said license.

HIPPA, FRAUD WASTE AND ABUSE TRAINING AND GENERAL COMPLIANCE TRAINING BY CMS.GOV AND MLN NETWORK AS WELL AS BY RVPP through the below links. ALSO HIPPA TRAINING

Medicare part C and D general compliance training by MLN network // CMS.gov
https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedCandDGenCompdownload.pdf

Medicare part C and D Fraud waste and abuse compliance training by MLN network // CMS.gov

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/CombMedCandDFWAdownload.pdf

BY RVPP website: http://realvaluepharmacynyc.com/elementor-323/

SECTION 9: Conduct (A)Personal Use of Telephones General use is not allowed on the Pharmacy Floor, limited to break areas (except for pharmacy specific reference applications). Distractions are not allowed while working.

(B)Internet and E-Mail Use Employees may access their work email system when appropriate, but must refrain from 'Social Computer Use'. Computer use should never take priority over patients and telephones. (C) Breaks and Lunches Employees must take breaks and lunches as scheduled. Lunch time will be 12:00 – 1:00 daily, during Pharmacy and Clinic closure. (D)Eating and Drinking in Pharmacy Food and Drink are not allowed at work stations or terminals. (E)Smoking Smoking must be limited to designated areas, not within sight of patients entering/exiting the clinic. (F) Visitors Employees may socialize with visitors on breaks and lunches. Patients should never be neglected over social or non-pharmacy conversation.

SECTION 10: Dress Code (A)Name Badges All staff must wear identification, displayed above the waist and visible from across counters. (B)Clothing Clothing must be work appropriate, shorts and open toe shoes are not allowed in the pharmacy. Staff will wear the assigned Polo shirts and colored smocks provided by RVPP with professional pants or skirts. Staff will be given five (5) shirts at the start of their employment. Shirts can and will be replaced every two years or when the need arises such as when they become ripped, torn or stained.

SECTION 11: TIME AND ATTENDANCE (A)Scheduling Schedules will be available 2 weeks ahead of time, and must be acknowledged by employee. Any scheduling conflicts must be addressed as far in advance as possible. (B)Sickness / Informing Management If unable to attend work, the employee must notify the Pharmacy Director two hours in advance of shift and in accordance with Human Resource policies.

SECTION 12: SAFETY (A)Maintaining a safe work environment in accordance with RVPP policies. b. Poison Control Center Poison Control is a primary resource for poisoning information and helps reduce costly emergency department visits through in-home treatment. Poison centers offer free, confidential medical advice 24 hours a day, seven days a week through the Poison Help Line. Poison Help Line 1-800-222-1222 Because of the urgency and special area of expertise, any inquiries regarding exposure anything outside normal use, will be quickly referred to the poison control hotline. Any staff may refer any person to the poison help line. This call is encouraged to be made by the person reporting the incident so they can best receive the information as well as provide information to the service. If this cannot be done, a staff member may call on their behalf. A phone call to 911 or Police should be considered in an emergency situation. All chemical MSDS can be viewed at https://www.msds.com/

SECTION 13: SECURITY (A)Access by Non–Pharmacy Personnel Only registered pharmacists may possess keys to the actual pharmacy. Non-Pharmacy personnel may only enter the pharmacy with consent of the Pharmacist on duty. (B)Security Precautions i. Management and staff should not discuss pharmacy procedures, cash handling, pharmacy layouts, security systems, etc., with any outsider, even family. ii. Pharmacy personnel should not discuss inventory controls with other employees. iii. Co-workers or other pharmacy personnel do not need to know the measures taken to hide targeted drugs. iv. Staff should be alert and observant. They should quickly acknowledge and regularly offer assistance to clients (C) Robberies In the face of crisis, stay calm and comply with the demands of the intruder. Advice from the DEA: What to do during a robbery: • Do not resist; cooperate fully with the robber. • Remain calm and avoid sudden movements. • Do exactly what you are told to do, nothing more and nothing less. • Make mental notes on a physical description (e.g., clothing, hair, size, build, tattoos, scars, and other body features). • Do not attempt to apprehend the criminal yourself. What to do After a Robbery: • Immediately get treatment for anyone who may be injured. • Sound the alarm as soon as possible. • Call police first, then your supervisor who will then notify the Clinic Manager. • Lock doors immediately to prevent re-entry and keep closed until police arrive. • Request customers to remain in the store to give a statement to police. • Protect the crime scene. Stop others from touching anything touched by the suspect(s). • Do not trust your memory. The quicker you write down what you observed the better. (D)Burglaries What to do after a burglary: • Avoid touching or disturbing anything. • After the police arrive, prepare a detailed list of what was stolen. • Take the appropriate steps to improve security. (E) Reporting Theft or Loss of Controlled Medications If controlled drugs were taken, report it to your local DEA Field Office in writing within one business day, and submit a completed DEA Form 106, Report of Theft or Loss of Controlled Substances, as soon as possible. A report should also be filed with the State Board of Pharmacy.

Code of Conduct: for both CVS code of conduct and RVPP code of conduct.

ARTICLE 1. PURPOSE, DEFINITIONS, AND SCOPE Healthcare providers are held to the highest standard of ethical conduct and must possess exceptional character, honesty, and integrity. The Code of Conduct requires employees of RVPP to abide by the tenets of respect, honesty, integrity, and professionalism. A pharmacist is characterized in The Oath of a Pharmacist as devoting “a lifetime of service to others through the profession of pharmacy.” This oath demands a pharmacist hold him/herself and colleagues to “the highest principles of our profession’s moral, ethical, and legal conduct.”1 The purpose of the Code of Conduct is to: 1. Establish a set of expectations to guide employees behavior as they develop in their role as health care professionals. 2. Promote awareness of moral, ethical, and legal conduct associated with the profession of pharmacy through proper education and a mutual understanding of expectations. 3. Promote a community of trust and an environment conducive to learning. 4. Instill lifelong principles of professionalism and a culture of integrity. “Code of Conduct” is defined as the written document outlining the requirements of employees conduct related to honesty and professional behavior. The Code of Conduct applies to employees. The Code of Conduct encompasses all work. Additionally, the Code of Conduct includes any activity where a employees is representing the Pharmacy. The Code of Conduct is intended to supplement and add to CVS code of conduct and Oath of a Pharmacist. American Association of Colleges of Pharmacy. http://www.aacp.org/resources/academicpolicies/employeesaffairspolicies/Documents/OATHOFAPHARMACIST2008-09.pdf.

At the beginning of each year, will be required to sign and date the following statement “I affirm that I have read, understand, accept, and will uphold RVPP’s Code of Conduct, oath of the Pharmacist. If I violate the Code of Conduct, I recognize that I may receive sanctions that could include dismissal.” All signed affirmations will be kept on file. Annually, each class will be presented information regarding the importance of the Code of Conduct or his/her designate will lead a mandatory, informational session. Instructors are encouraged to provide reminders stating the Code of Conduct is in effect.

CVS code of conduct: https://www.caremark.com/portal/asset/CVSCMKCodeofConduct.pdf

ARTICLE 3. employee RESPONSIBILITIES Violations of the Code of Conduct include, but are not limited to: 1. Cheating • Cheating is defined as a employees who does not do his or her own or otherwise gains an unfair advantage over his or her colleagues. • Cheating is also defined as aiding or abetting another through willful collaboration when such collaboration has not been authorized. 2. Plagiarism • Defined by Webster's dictionary as "to steal and pass off words of another as one's own; to use another's production without crediting the source."3 • Violations can be either intentional or unintentional plagiarism. Failing to Respect Confidentiality • Employees will respect each patient's privacy and dignity and will maintain all patient information as confidential.

Discrimination • There will be no differences in the treatment of persons because of race, creed, color, national origin, age, sex, disability, sexual orientation, gender identity, or any other classification that deprives the person of consideration as an individual. Inappropriate Use of Technology Resources • Employees should use technology consistent with values, behavioral standards, laws, ethics and policy. • Manipulation of technology in violation of license agreements, for personal gain, or in furtherance of questionable ethical behavior is a violation of the Code of Conduct. 7. Any employees who demonstrates a pattern of blatant disregard for the Standards of Professional Decorum is in violation of the Code of Conduct. 8. Other Violations • Any behavior by a employees that goes against the Oath of a Pharmacist could be considered a violation of the Code of Conduct. ARTICLE 4. ADMINISTRATION OF THE CODE OF CONDUCT 6 Employees and staff are integral components of the Code of Conduct and should work together to promote a community of trust. The Code of Conduct is administered by RVPP. RVPP receives complaints of violations, investigates such violations, holds formal hearings, votes to (1) "dismiss the case" or (2) issue a "finding of a violation" and makes recommendation for sanctions to CEO of RVPP.

All complaints must be submitted in writing addressed to RVPP, and will include a description of the violation and the names of the person(s) involved. To prevent frivolous reports, the initial report cannot be made anonymously; however, a reporter's identity will be protected whenever possible. The complaint may be submitted in one of the following ways: 1. A complaint may be submitted to RVPP directly. In this case, the identity of the reporter will be made known to RVPP. RVPP also abides by strict confidentiality practices and shall not discuss matters outside of meetings; RVPP will hear the allegation and the accused employees's position. If the accused requests, other persons may appear before RVPP to speak on his/her behalf. However, the accused does not have the right to have legal representation at the hearing. After the hearing, RVPP will vote to 1. "Dismiss the case;" 2. Issue a "finding of a violation" and make a recommendation for sanctions. The Hearings may be held by teleconference / videoconference to accommodate employees who are not in NY City. A majority vote will suffice for all. ABSOLUTE CONFIDENTIALITY WILL BE MAINTAINED DURING ALL PHASES OF PROCEEDINGS AND REGARDING ANY ACTIONS OR PROCEEDINGS OF RVPP. The maintenance of confidentiality includes conversations outside official proceedings with any Code of Conduct issues, and also encompasses any person invited to observe. Violation of confidentiality is in itself a Code of Conduct offense. Appeals Process: Any employees who wishes to appeal the verdict and recommended sanction of the may file a written request for reconsideration of his/her case with the CEO within 10 business days of a decision. The CEO may revisit the case or deny the appeal. Acceptable grounds for appeal may include: procedural mishandling, inappropriate action, or new evidence.

ARTICLE 5. SANCTIONS When a "finding of a violation" occurs, RVPP will recommend sanctions

Probation for a specified duration – noted on the employees's record such that if a second violation occurs within a specified time period the penalty will be more severe;

ARTICLE 6. MODIFYING THE CODE OF CONDUCT Any changes in the Code of Conduct will require majority approval by the Employees Leadership/ CEO.

APPENDIX Incident Report: Quality Assurance Binder Incident Report. Board of Pharmacy: Self Assessment Community Pharmacy Self-Assessment www.pharmacy.ca.gov/forms/17m_13.

DAW(dispensed as written) – Standard NCPDP Codes are: 0 = No product selection indicated 1 = Substitution not allowed by prescriber 2 = Substitution allowed - patient requested product dispensed 3 = Substitution allowed - pharmacist selected product dispensed 4 = Substitution allowed - generic drug not in stock 5 = Substitution allowed - brand drug dispensed as a generic 6 = Override 7 = Substitution not allowed - brand drug mandated by law 8 = Substitution allowed - generic drug not available in marketplace 9 = Other

REFERENCES Many of these references can be viewed on the Board of Pharmacy Web site

Pre-Approved Policy Exceptions

- No exceptions.

Process for Seeking Additional One Time Policy Exceptions

- No exceptions.

Supporting Process Guides, Standards, Procedures

- Social Security Act, Section 1128B
- Code of Conduct