

# MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (the "MOU") is between \_\_\_\_\_

("the Pharmacy") located at \_\_\_\_\_

licensed as license number \_\_\_\_\_ and the Arkansas State Board of Pharmacy ("the Board") and both

parties acknowledge that the Pharmacy will be permitted to dispense in multi-dose packaging on the following terms and conditions:

Whereas, the Pharmacy is currently licensed in good standing by the Arkansas State Board of Pharmacy;

Whereas, Arkansas licensed pharmacies are permitted to dispense in multi-dose packaging if the dispensing protocol is approved by the Board;

Whereas, the Pharmacy and the Board acknowledge and agree that the Pharmacy will dispense in multi-dose packaging to Arkansas residents using the following protocol:

## PRESCRIPTIONS – FILLING AND REFILLING

1. Prescriptions for medication may be written, electronically transmitted, faxed, or verbally called in to the pharmacy. Because they are less susceptible to error, written orders are preferable to verbal orders.
2. ALL PRESCRIPTIONS MUST BE SIGNED BY THE PHYSICIAN, NURSE PRACTITIONER, OR OTHER PRESCRIBER AUTHORIZED BY ARKANSAS LAW.
3. If verbally called in to the pharmacy, the person calling in the prescription must be the prescriber or the prescriber's authorized representative and must give the prescription directly to a pharmacist in the pharmacy.
4. The pharmacy should establish policy for how PRN, controlled medications, Short Term Therapy Medications (*prep meds, antibiotics...*), Do Not Crush meds and NTI medications (*warfarin, phenytoin, ...*) will be handled if included in this packaging system. Most pharmacies will choose to have this packaged separately or should have specific cautionary labeling to warn of these medications if included in the multi-dose package. PRN medications must be packaged separately.
5. The pharmacy may accept and repackage multi-dose medications for the same patient when there are changes in the patient's medication regimen. In these instances, the pharmacy/pharmacist must have policies and procedures for the following:
  - a. Document what is being repackaged and exactly what was changed in the packaging system,
  - b. the package should reflect and retain original dating for packaging, and
  - c. any removed medications should be returned to the patient or destroyed.

## PRESCRIPTIONS – SCHEDULE FOR REFILLS

1. The pharmacy will fill all new prescription orders with a maximum of a 93 day supply of medication.
2. The Pharmacy will inform patients that any changes to existing medications should be reported immediately to the Pharmacy, so that the Pharmacy can instruct the patient on modifying the pill pouches already dispensed. The patients and/or caregivers will be responsible to ensure that any modifications or discontinuations made to prescriptions already dispensed are accurate.
3. The Pharmacy will also inform patients on how and when to dispose of unused or expired medication in conformity with state law.

This MOU will remain in effect unless and until the parties agree to a written modification. The Pharmacy agrees if its multi-dose dispensing protocol changes from that outlined in this MOU, it will cease all dispensing activity to Arkansas residents until a new MOU has been approved by the Board. This MOU shall not apply to medications dispensed in nursing homes.

By entering into this MOU, the Board is not accepting any responsibility or liability in connection with work performed or actions taken by the Pharmacy under this MOU.

Approved by:                      **Pharmacy**    **Arkansas State Board of Pharmacy**

Signature, Title:

Signature, Executive or Assistant Director

Date:

Fax#:

Date: