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<b>SECTION: Clinical Services</b>	
<b>POLICY AND PROCEDURE: Dispensing Sample Drugs</b>	Approved date: _____ Approved by: _____ Effective date: _____ Revised date: _____

**POLICY:**

To ensure that the dispensing of sample drugs/medications follow state and federal pharmacy regulations as processes that do not screen for drug interactions, duplicate therapy, allergies, or contraindications with sample drugs/medications can pose patient safety risks.

**PROCEDURE:**

**ACCEPTING/STORING SAMPLE DRUGS**

- Store all sample medications in an area inaccessible to unauthorized persons  
Separate the medications by route of administration.
- Reserve storage shelves based upon route of administration (oral medications grouped together and topical medications grouped together]
- Organize samples by drug or drug group with labels facing out.
- At the time samples are received, visibly note expiry date on the drug/medication packaging and document sample received on the SAMPLE MEDICATION LOG:
  - date received
  - quantity received
  - expiry date
  - lot number
- Rotate stock, so that the oldest medications are dispensed first.
- Store medications according to the manufacturer's instructions.
- Check medications monthly for out dates, deterioration, and appropriate location and finalize documentation on the SAMPLE MEDICATION LOG

**DISPENSING SAMPLE DRUGS**

- Only physicians with prescribing authority may dispense medications.
- The provider should discuss the administration, storage, potential interactions, and side effects of the medication with the patient.
- When retrieving sample medications, the authorized personnel should:
  - Confirm the expiration date of the medication.
  - Double-check the name and second identifier (i.e., date of birth] of patient receiving the sample medication

**POLICY AND PROCEDURE: Clinical Services**

- Verify the patient's allergies to medications.
- Log the distribution of the drug/medication on the SAMPLE MEDICATION LOG (see attachments)
  - date dispensed
  - patient identifier (patient name and medical record#)
  - # of boxes/bottles and doses recommended to patient
  - Lot number
  - Staff/dispenser initial
  - Physician's initial

# Sample Medication Log

Drug Name children's motrin      Strength Ibuprofen 100mg / 5ml      Drug Company J&J Consumer Health

Amount Remaining From Previous Month \_\_\_\_\_      Month and Year Aug-22

Date Received	Quantity Received	Expiration Date	Lot Number	Date Out	MR#	Patient's Name	Boxes/ Bottles and Doses	Lot Number	Staff/ Dispenser Initial	Physician's Initial
	2	7/31/23	KHB2B00	8/11/22			1Box/5ml	KHB2B00		
	3	11/30/23	LAB0700							
<b>Total Received</b>			<b>5</b>	<b>Total Dispensed/Expired</b>						

Amount Remaining from Previous Month	0	
PLUS Total Qty. rec'd during Month	5	
Subtotal	5	
LESS Total Disp./Exp.During Month	0	
<b>Total and of Month Inventory</b>	<b>5</b>	

# Sample Medication Log

Drug Name \_\_\_\_\_

Strength \_\_\_\_\_

Drug Company \_\_\_\_\_

Amount Remaining from Previous Month \_\_\_\_\_

Month and Year \_\_\_\_\_

Date Received	Quantity Received	Expiration Date	Lot Number		Date Out	MR #	Patient's Name	Boxes/Bottles and Doses	Lot Number	Staff/Dispenser Initial	Physician's Initial
Total Received					Total Dispensed/Expired						

Amount Remaining from Previous Month \_\_\_\_\_

PLUS Total Quantity Received During Month \_\_\_\_\_

Subtotal \_\_\_\_\_

LESS Total Dispensed/Expiring During Month \_\_\_\_\_

Total End of Month Inventory \_\_\_\_\_