TITLE 30: PROFESSIONS AND OCCUPATIONS PART 3001: MISSISSIPPI PHARMACY PRACTICE REGULATIONS

ARTICLE LI ADVISORY PHARMACISTS TO AMBULATORY SURGERY CENTERS AND MULTI-PROVIDER CLINICS

1. For purposes of this article, an advisory pharmacist for an ambulatory surgery center (ASC) or multi-provider clinic (MPC) shall mean any Mississippi licensed pharmacist who is listed on an ASC/MPC permit (pharmacist-in-charge). The advisory pharmacist is on site at least monthly to conduct a review of medication related processes and to ensure appropriate reconciliation of controlled substances. The advisory pharmacist for an ASC/MPC would not need a nursing home consultant certificate. The advisory pharmacist is responsible for providing recommendations only to the ASC/MPC.

- 2. Responsibilities of the ASC/MPC Advisory Pharmacist
 - A. The ASC/MPC Advisory Pharmacist shall be responsible for advising the ASC/MPC on all matters related to safe and efficient administration, control, and accountability for drugs and proper licensing. The responsibilities of the advisory pharmacist shall include developing policies and procedures and implementation for the following:
 - (1) All medications shall be purchased from facilities registered with the Mississippi Board of Pharmacy
 - (2) Preparation of sterile medications prepared within the ASC/MPC
 - (3) Admixture of parenteral products
 - (4) Compounding of drugs, solutions, ointments, lotions, etc.
 - (5) To assure that no legend medication shall be stored in patient care areas except upon the approval of the advisory pharmacist
 - (6) Establishment of specifications for procurement of all materials, including drugs, chemicals and biologicals, subject to approval of the appropriate committee of the ASC/MPC and compliance with DSCSA requirements
 - (7) Participation in the development of a formulary for the ASC/MPC where applicable
 - (8) Proper filling and labeling of all containers from which drugs are to be administered
 - (9) Maintenance of records of all transactions of the ASC/MPC as may be required by applicable law, state and federal, and as may be necessary to maintain accurate control and accountability for all pharmaceutical materials
 - (10) Assure that all drugs shall be stored in areas within the ASC/MPC and satellite storage areas to provide proper sanitation, temperature, light, ventilation, moisture control, segregation and security; that disinfectants and drugs for external use are stored separately and apart from drugs for internal use or ingestion; that outdated or other unusable drugs are identified and stored in a manner that will prevent their administration prior to disposition; that emergency drugs are in adequate and proper supply at designated locations
 - (11)Assure that all areas occupied by the ASC/MPC shall be capable of being locked to prevent unauthorized access, and that all areas where drugs are stored or administered shall be locked

- (12)Ensure that discontinued and outdated drugs are returned to a MS Board of Pharmacy registered reverse distributor or destroyed onsite following DEA rules for onsite destruction and use of DEA Form 41.
- (13)Drugs shall be administered only upon receipt of a written or oral order. There shall be no "take home" medications dispensed under this permit. Samples are exempt from this Article.
- (14)All requirements of the Controlled Substances Act of 1970 and the requirements set forth in the regulations of the Mississippi Board of Pharmacy in the purchasing, storing, administration, record keeping, and disposal of controlled substances are met. There shall be policies and procedures to ensure the control of these drugs at all times, including those instances when drugs are stored in the surgery departments, nursing stations, clinics, diagnostic laboratories, etc. Periodic (at least monthly) inspections by the advisory pharmacist of the proper storage of these drugs is required and deficiencies must be corrected.
- (15)At least monthly audits of records of acquisition and disposition. Monthly audits of controlled substance inventory.
- (16)Assisting the medical director as applicable in developing inventory listings of drugs to be included in these areas and assure that:
 - (a) Such drugs are available therein, properly stored and labeled
 - (b) Only pre-packaged drugs are available therein, in amounts sufficient for immediate therapeutic requirements
 - (c) Each drug stored in these areas shall be assigned a "par value" and each addition or withdrawal by authorized persons shall be properly documented. The advisory pharmacist shall audit these areas on a regular basis but no less than once per month.
- (17) The advisory pharmacist shall provide a monthly report to the ASC/MPC outlining any findings from their review. This document shall be signed by the medical director or designee and dated.
- (18)An advisory pharmacist for an ASC/MPC shall report to the appropriate regulatory or licensing agency any serious deficiency or violation noted on his/her advisory report if such deficiency is not corrected or addressed by the permit holder by the date of the next monthly visit by the advisory pharmacist at the permit site.

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ARTICLE LICONSULTINGADVISORY PHARMACISTSTOAMBULATORYSURGERY CENTERS AND MULTI-PROVIDER CLINICS

- For purposes of this article, an <u>advisory consultant</u> pharmacist for an ambulatory surgery center (ASC) or multi-provider clinic (MPC) shall mean any Mississippi licensed pharmacist who is listed on an ASC/MPC permit (pharmacist-in-charge). The <u>advisory consultant</u> pharmacist is on site at least monthly to conduct a review of medication related processes and to ensure appropriate reconciliation of controlled substances. The <u>advisory consultant</u> pharmacist for an ASC/MPC would not need a nursing home consultant certificate. The <u>advisory consultant</u> pharmacist is responsible for providing recommendations only to the ASC/MPC.
 - 2. Responsibilities of the ASC/MPC Consultant Advisory Pharmacist
 - A. The ASC/MPC Consultant Advisory Pharmacist shall be responsible for advising the ASC/MPC on all matters related to safe and efficient administration, control, and accountability for drugs and proper licensing. The responsibilities of the consultant advisory pharmacist shall include developing policies and procedures and implementation for the following:
 - (1) All medications shall be purchased from facilities registered with the Mississippi Board of Pharmacy
 - (2) Preparation of sterile medications prepared within the ASC/MPC
 - (3) Admixture of parenteral products
 - (4) Compounding of drugs, solutions, ointments, lotions, etc.
 - (5) To assure that no legend medication shall be stored in patient care areas except upon the approval of the Consultant advisory pharmacist
 - (6) Establishment of specifications for procurement of all materials, including drugs, chemicals and biologicals, subject to approval of the appropriate committee of the ASC/MPC and compliance with DSCSA requirements
 - (7) Participation in the development of a formulary for the ASC/MPC where applicable
 - (8) Proper filling and labeling of all containers from which drugs are to be administered
 - (9) Maintenance of records of all transactions of the ASC/MPC as may be required by applicable law, state and federal, and as may be necessary to maintain accurate control and accountability for all pharmaceutical materials
 - (10) Assure that all drugs shall be stored in areas within the ASC/MPC and satellite storage areas to provide proper sanitation, temperature, light, ventilation, moisture control, segregation and security; that disinfectants and drugs for external use are stored separately and apart from drugs for internal use or ingestion; that outdated or other unusable drugs are identified and stored in a manner that will prevent their administration prior to disposition; that emergency drugs are in adequate and proper supply at designated locations
 - (11) Assure that all areas occupied by the ASC/MPC shall be capable of being locked to prevent unauthorized access, and that all areas where drugs are stored or administered shall be locked

- (12) Ensure that discontinued and outdated drugs are returned to a MS Board of Pharmacy registered reverse distributor or destroyed onsite following DEA rules for onsite destruction and use of DEA Form 41.
- (13) Drugs shall be administered only upon receipt of a written or oral order. There shall be no "take home" medications dispensed under this permit. Samples are exempt from this Article.
- (14) All requirements of the Controlled Substances Act of 1970 and the requirements set forth in the regulations of the Mississippi Board of Pharmacy in the purchasing, storing, administration, record keeping, and disposal of controlled substances are met. There shall be policies and procedures to ensure the control of these drugs at all times, including those instances when drugs are stored in the surgery departments, nursing stations, clinics, diagnostic laboratories, etc. Periodic (at least monthly) inspections by the consultant <u>advisory</u> pharmacist of the proper storage of these drugs is required and deficiencies must be corrected.
- (15) At least monthly consultant audits of records of acquisition and disposition. Monthly audits of controlled substance inventory.
- (16) Assisting the medical director as applicable in developing inventory listings of drugs to be included in these areas and assure that:
 - 1. Such drugs are available therein, properly stored and labeled
 - 2. Only pre-packaged drugs are available therein, in amounts sufficient for immediate therapeutic requirements
 - 3. Each drug stored in these areas shall be assigned a "par value" and each addition or withdrawal by authorized persons shall be properly documented. The consultant advisory pharmacist shall audit these areas on a regular basis but no less than once per month.
- (17) The consultant <u>advisory</u> pharmacist shall provide a monthly report to the ASC/MPC outlining any findings from their review. This document shall be signed by the medical director or designee and dated.
- (18) A<u>n</u> consultant <u>advisory</u> pharmacist for an ASC/MPC shall report to the appropriate regulatory or licensing agency any serious deficiency or violation noted on his/her consultant <u>advisory</u> report if such deficiency is not corrected or addressed by the permit holder by the date of the next monthly visit by the consultant <u>advisory</u> pharmacist at the permit site.