

Virginia Pharmacists Association

Policy & Procedure Manual

Revised September 25, 2015

1959

59 – 10 Professional Prescribing

That the Board of Pharmacy be asked to give close attention to such clinics and hospitals wherein any laws are being violated relating to the practice of pharmacy and the dispensing of drugs, and

That the Virginia Pharmacists Association vigorously endeavor to protect the individual rights of the practicing pharmacist in each community as established under the free enterprise system, and the right of the public to exercise free choice where drugs, medicine, and pharmaceutical service may be obtained, and that all efforts be made to work with physicians, other practitioners, and other groups and associations to militantly oppose any activity of movement which will lower the standards of professional pharmaceutical service and/or promote “welfare statism” in the health field, whether public or private.

1961

61 – 25 Campaigning for VPhA Officers

That no elected officer of the VPhA shall lend his name to any mass-produced campaign letter or other form of mailing in the interest of any candidate for office in the V.Ph.A. That nothing in this resolution is intended to interfere in any manner with such elected officers to promote by personal letter or other personal contacts or electioneering before groups of his fellow pharmacists, in the interest of candidates of his choice.

1970

70 – 08 Policy Statement on Employment

The Virginia Pharmacists Association endorses the APhA policy statement on Employment Standards and immediate steps to provide for arbitration and mediation of disputes between employers and employee pharmacists and pharmacy technicians so that they can seek assistance through their state professional society, when required.

1970 Employment Standards Policy Statement

The employment relationship between pharmacists and their employers must start with the principle that pharmacists have a professional, inherent right to practice in a manner which will engender self-respect in pursuit of their professional and economic objectives.

It is the policy of APhA to further the following basic employment standards:

1. Employers are obligated to respect the professional status, privileges, and responsibilities of employed pharmacists.

2. Employers are obligated to provide working conditions that enhance the ability of employed pharmacists to utilize their full professional capacity in providing pharmaceutical service to the public.
3. Employers are obligated to provide employed pharmacists opportunities to increase their professional knowledge and experience.
4. Employers are obligated to fairly compensate employed pharmacists commensurate with their duties and performances. Such compensation should include benefits generally available to other professionals including, but not limited to, vacation, sick leave, insurance plans, and retirement programs.
5. Employed pharmacists are obligated to use their best efforts to further the services offered to the public by their employers.
6. Employed pharmacists are obligated to unhesitatingly bring to the attention of their employers all matters which will assist the employers in maintaining professional standards and successful practices.
7. Employed pharmacists are obligated, when negotiating compensation, to consider not only prevailing economic conditions in their community, but also their economic position relative to other health care professionals.
8. Employed pharmacists are obligated to recognize that their responsibility to the individual sick person includes not depriving the public of their pharmaceutical services by striking in support of their economic demands or those of others.
9. Both employers and employed pharmacists are obligated to reach and maintain definite understandings with regards to their respective economic rights and duties by resolving employment issues fairly, promptly, and in good faith.

It is the policy of APhA to support these basic employment standards by:

1. Encouraging and assisting state pharmaceutical associations and national specialty associations to establish broadly representative bodies to study the subject of professional and economic relations and to establish locally responsive guidelines to assist employers and employed pharmacists in developing satisfactory employment relationships.
2. Encouraging and assisting state pharmaceutical associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
3. Assisting state pharmaceutical associations and national specialty associations to use their good offices, whenever invited, to resolve specific issues which may arise.
4. Assisting state pharmaceutical associations and national specialty associations to develop procedures for mediation or arbitration of disputes which may arise between employers and employed pharmacists so that pharmacists can call on their profession for such assistance when required.
5. Increasing its activities directed towards educating the profession about the mutual employment responsibilities of employers and employed pharmacists.
6. Developing benefits programs wherever possible to assist employers in providing employed pharmacists with economic security.
7. Continuously reminding pharmacists that the future development and status of pharmacy as a health profession rests in their willingness and ability to maintain control of their profession.

(JAPhA NS10:363 June 1970) (Reviewed 2001)

1972

72 – 01 Unified Voice for Pharmacy – Local, State & National

That the Virginia Pharmacists Association urges all pharmacies, regardless of their environment of practice, to dedicate themselves to developing an organizational structure for pharmacists which will give us a unified voice for pharmacists and further urge them to work diligently to implement the adoption of this organizational structure at the district, state and national levels.

1977

77 – 06 Consumer Patient Education

The Virginia Pharmacists Association seeks to disseminate to the consumer, through the practitioner or in cooperation with other professional and civic groups, such information as will elevate the quality of drug therapy and preventative medicine.

77 – 13 Sale of Periodicals Which May Enhance Drug Abuse

All pharmacies with magazine sections be alerted to the content of these periodicals that they be encouraged to ask their suppliers to cease the practice of indiscriminate and unsolicited sale of magazines that may lead to increased drug abuse.

77 – 17 Veterans of Armed Forces Freedom of Choice for Pharmacy Services

That the VPhA urges the U.S. Congress and the Veterans Administration to take the necessary steps to involve the nation's community pharmacists in pharmacy programs providing that same quality of health care delivery available to all other beneficiaries of publicly funded programs.

1979

79 – 34 Federal Support of Health Education Programs

Provide for pharmacy educational programs on the same equitable and proportional basis as other health professional programs and that future funding proposals supporting health education provide program entry and application for pharmacy schools on the same basis as those used for other health professional programs.

1981

81 – 18 Malpractice Liability

The Virginia Pharmacists Association opposes any proposed legislation, which extends the period of liability under malpractice suits.

81 – 19 Triplicate Prescription Forms

That the Virginia Pharmacists Association oppose legislation mandating the use of such forms, and

That the Virginia Pharmacists Association work diligently to help find workable solutions to the problem of drug diversion.

1982

82 – 09 Compensation

That VPhA encourage in all ways possible usual and customary compensation for prescriptions be obtained by pharmacies from all fee-system oriented third party organization.

82 – 19 Blood Pressure

The Virginia Pharmacists Association encourage all pharmacists of Virginia to study the need for and feasibility of blood pressure screening services in the pharmacists service areas, and that such screening services be encouraged and undertaken by pharmacists in areas shown to have need of this.

82 – 21 Cost of Prescription Drugs

That the VPhA strongly urges the pharmaceutical manufacturers to exercise all due restraint in the area of cost increases.

82M – 01 Medicaid Reimbursement for Non-Prescription Drugs

The Virginia Pharmacists Association supports the coverage of certain non-prescription drug products for Medicaid recipients; and promote an equitable method of reimbursement to the dispenser.

82M – 03 Medicaid Co-pay

The Virginia Pharmacists Association encourages an increase in co-pay as a means of decreasing Medicaid costs.

1983

83 – 06 Freedom of Choice for Pharmacy Services

The Virginia Pharmacists Association encourages freedom of choice for pharmacy services.
(Revised April 12, 2011)

83 – 08 Separate Category of OTC Drugs

That VPhA encourage the adoption, through state and federal laws, and regulations, of a separate category of drugs, to be dispensed only by pharmacists.

1988

88 – 02 Pharmacist Counseling

The Virginia Pharmacists Association supports the position that patients have the right to be informed participants in decisions related to their personal health care; and

The VPhA supports the position that pharmacists have a professional obligation to contribute to the education of patients to help achieve optimal drug therapy; and

The VPhA supports the position of pharmacists providing drug related information to the patients by verbal consultations, by written or printed material, or by any other means that is best suited to an individual patient's needs for specific information; and

The VPhA supports the position that any legislative actions mandating communication of drug related information to patients should provide the prescriber and the pharmacist discretion to make professional judgments regarding the content and manner of communication.

(Revised April 12, 2011)

88 – 03 Physician Selling of Drugs

That the Virginia Pharmacists Association support any effort to eliminate physician selling of drugs and specifically endorse current legislation to curb this practice in conjunction with the Virginia Department of Health Regulatory Boards in general and the Virginia State Board of Medicine in particular; and

That the VPhA strongly encourage the Medical Society of Virginia to implement voluntary cooperation among its members to include the purpose of the prescription on each prescription within guidelines established by a joint effort of both associations.

(Revised April 12, 2011)

88 – 04 Mail Order Prescriptions

The Virginia Pharmacists Association supports a local, personal, and direct physician/pharmacist/patient relationship for the provision of optimal drug therapy. VPhA supports only those third party contractual agreement provisions that allow patients complete freedom of choice in selection of their personal family pharmacist. VPhA further encourages personal pharmacist involvement in home health care to ensure safe and effective home-use of medications and drug delivery systems. VPhA also supports those endeavors that, in the interest of improved patient care, utilize the pharmacist's expertise before drug treatment plans are finalized. VPhA supports a close pharmacist/patient/physician relationship that enhances the detection of wrongful or unintended drug prescribing and supports those efforts that enhance the pharmacist's role as a patient advocate in promoting safe, rational, and appropriate drug therapy.

(Revised August 2010)

88 – 08 Regulations of the Practice of Pharmacy

Any entity or individual that engages in the practice of pharmacy must have a comparable education and be licensed, inspected, and governed by the same act of regulations and requirements.

(Revised April 12, 2011)

1989

89 – 05 Patient Bill of Rights

That the Virginia Pharmacists Association adopt the following Patient Bill of Rights; and that the VPhA promote the Patient Bill of Rights to the Public and other interested parties as appropriate.

Patient Bill of Rights for Medication or other treatment received.

- The right to privacy concerning the medication or other treatment received.
- The rights to confidentiality in all communications and patient records.
- The right to expect receipt of service and medications, which is of good quality and meets the standards established by law.
- Tuition of medication
- The right to receive explanation of charges for pharmacy services.
- The right to be informed of any substitution or opportunity for substitution of medication.
- The right to freedom from subjection to discrimination by reason of race, creed, religion, sex or based upon the fact that the recipient of services is not the payor of such services.

(Revised April 12, 2011)

89 – 06 Discriminatory Pricing by Pharmaceutical Manufacturers

That the Virginia Pharmacists Association supports legislation and other measures or actions designed to end such discrimination and guarantee equal access to equitable prices to all providers of pharmacy services.

89 – 07 Prescription Dispensing Through Mail or Common-Carrier

That the Virginia Pharmacists Association supports legislation, state or federal, or other actions or measures, which will impose upon those pharmacy operations devoted primarily to dispensing by mail or common carrier the same regulatory scheme currently imposed upon all other pharmacy operations; and

That the VPhA prescription drugs and/or devices to a patient in the Commonwealth of Virginia must license with the Virginia Board of Pharmacy.

1. Agent of Record:

Each non-resident pharmacy that ships, mails or delivers legend drugs and/or service of process.

2. Conditions of Licensure:

As conditions of licensure, the non-resident pharmacy must comply with the following:

- a. Be licensed and in good standing in the state of residence;
- b. Maintain, in readily retrievable form, records of legend drugs and/or devices dispensed to Virginia patients;

- c. Supply, upon request, all information needed by the Virginia Board of Pharmacy to carry toll-free telephone number on the label affixed to each legend drug container;
 - d. Comply with all statutory and regulatory requirements of the Commonwealth of Virginia regarding mailing, shipping or delivering of excessive quantities of controlled substances to any one patient;
 - e. Comply with all the statutory and regulatory requirements of the Commonwealth of Virginia regarding generic substitute for dispensing prescriptions in accordance with the quantities indicated by the prescriber;
 - f. Develop and provide the Virginia Board of Pharmacy with a policy and procedure manual that sets forth;
 - i. Normal delivery protocols and times.
 - ii. A policy of the procedure to be followed if patient medication is not available at the non-resident pharmacy or if delivery will be delayed beyond the normal delivery date.
3. Disciplinary Action:
 Except in emergencies that constitute an immediate threat to public health, the Virginia Board of Pharmacy shall not prosecute a complaint or otherwise take formal action against a non-resident pharmacy based upon desolves the violation complained of within ninety (90) days from the date that the violation was reported.
- a. Comply with all the statutory and regulatory labeling requirements of the Commonwealth of Virginia for brand and/or generic drugs.
 - b. Comply with all the statutory and regulatory requirements of the Commonwealth of Virginia for dispensing prescriptions in accordance with the quantities indicated by the prescriber;
 - c. Develop and provide the Virginia Board of Pharmacy with a policy and procedure manual that sets forth;
 - i. Normal delivery protocols and times.
 - ii. A policy of the procedure to be followed if the patient's medication is not available at the non-resident pharmacy or if delivery will be delayed beyond the normal delivery time.
 - iii. A policy of the procedure to be followed upon request of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the non-resident pharmacy at the earliest possible time (i.e. courier delivery) or an alternative that assures the patient the opportunity to obtain the medication at the earliest possible time.
 - iv. A policy of the procedure to be followed when advised that the patient's medication was not received within the normal delivery time, the patient is out of medication and requires interim dosage until mailed legend drugs become available.
4. Disciplinary Action:
 Except in emergencies that constitute an immediate threat to public health, the Virginia Board of Pharmacy shall not prosecute a complaint or otherwise take formal action against a non-resident pharmacy based upon desolves the violation complained of within ninety (90) days from the date that the violation was reported.

1990

90 – 09 Pharmacy Month

That the Virginia Pharmacists Association will request the Governor of the Commonwealth of Virginia to designate October as Virginia Pharmacists Month.

(Revised April 12, 2011)

1991

91 – B1 Pharmacist Appointment to Boards and Committees

The Virginia Pharmacists Association should seek the appointment of a pharmacist to all health-related boards and committees by submitting a list of proposed pharmacists to serve as members to the appropriate authorities.

(Revised April 12, 2011)

1993

93 – 23 Cease of Tobacco Sale

The membership of the Virginia Pharmacists Association recommend that all pharmacy operations within the Commonwealth of Virginia cease selling tobacco products immediately.

(Revised April 12, 2011)

1994

94 – PB02 Prescribing privileges

The Virginia Pharmacists Association supports prescribing privileges for pharmacists.

94 – PR01 Health Care Reform

- A. That the Virginia Pharmacists Association (VPhA) supports reform of the health care system in America that improves patient outcomes and contains a payment methodology that will enable pharmacists to meet the individual needs of each patient.
- B. The VPhA believes that any Health Care Plan adopted at the local, state or national level must incorporate the following basic concepts and/or services:
 - 1. There must be an outpatient prescription drug benefit.
 - 2. Patients must have the freedom to choose the pharmacist of their choice to provide their medication and medication/disease management needs.
 - 3. Any pharmacy provider who is willing to accept a plan must have equal access to the plan without exclusion.
 - 4. Pharmacists must be relieved of antitrust laws and regulations in order to establish systems that balance provider needs relative to corporate and governmental interests.

5. There must be fair reimbursement for basic distributive prescription functions included in the reimbursement schedule.
6. Pharmaceutical Care services, which include cognitive drug therapy management, beyond the basic dispensing functions must be included in the reimbursement schedule.
7. There must be a single pricing schedule by wholesalers and manufacturers that would ensure all patients, payers and providers a fair and equitable payment system that disadvantages no one.
8. The controlling board of any health plan should include pharmacist representation.

(Revised August 7, 2001)

(Revised April 12, 2011)

1995

95 – PR03 Code of Ethics of the Virginia Pharmacists Association

The Virginia Pharmacists Association adopts the following code of Professional Conduct.

CODE OF ETHICS OF THE VIRGINIA PHARMACISTS ASSOCIATION

Code of Professional Conduct:

A Statement of Principles of Professional Conduct Recommended to the Association for the Self-governance of its Members

Preamble

Pharmacists possess a unique and specialized body of knowledge that together with their skill and competency must be maintained. In order to serve the public health and welfare, law is established to restrict the practice of pharmacy to persons with special education and training whose qualifications and demonstrated competency grant them license and privilege denied to others. Because a profession requires its practitioners to consider the needs of its patients paramount, a basic and fundamental component is an unselfish concern for the welfare of others. Accordingly, pharmacist recognize their responsibility to the community they serve to foster its well-being and to fulfill their professional obligations with honor and integrity.

These principles of professional conduct for pharmacists are therefore established to guide relationships with patients, the public, fellow practitioners, and other health professionals.

Section 1

Pharmacists should hold the health and safety of patients to be of first consideration; they should render to each patient the full measure of their ability as an essential health care provider.

Section 2

Pharmacists should provide medication, medical devices and accessories that are safe and effective and that meet recognized standards of quality. They should never condone, support, nor assist in the distribution of any drug or drug paraphernalia used to facilitate, or intended or designed to facilitate, violation of law.

Section 3

Pharmacists should always strive to enhance, broaden and perfect their professional knowledge and information necessary to apply to the delivery of their professional services.

Section 4

Pharmacists have the duty to observe the law, to uphold the dignity and honor of the profession, and to accept its ethical principles. They should not engage in any activity that will

bring discredit to the profession and should expose, without fear or favor, illegal or unethical conduct in the profession.

Section 5

Pharmacists should neither agree to nor practice under terms or conditions which tend to interfere with or impair the proper exercise of their professional judgment and skill, which tend to cause a deterioration of the quality of their service or which require them to consent to unethical conduct.

Section 6

Pharmacists should provide complete and accurate information to patients regarding professional services and should not misrepresent the quality, cost or value of those or related services.

Section 7

Pharmacists should seek at all times only fair and reasonable remuneration for their services. They should never agree to, or participate in, transactions with practitioners of other health profession or any other person under which fees are divided or which may cause financial or other exploitation associated with the rendering of their professional services.

Section 8

Pharmacists should respect and honor the confidential and personal nature of patient-related information and associated professional records; except where the best interest of the patient requires or law demands, they must not disclose such information to anyone without proper authorization.

Section 9

Pharmacists should associate with professional organizations having for their objective the protection of the public health and welfare and the betterment of pharmacy. They should contribute of their time and resources to carry on the work of these organizations.

95 – PR04 Distribution of Samples of Prescription Drugs

- A. The Virginia Pharmacists Association supports federal legislation to amend the Federal Food, Drug and Cosmetic Act to prohibit the distribution of samples of prescription drugs.
- B. The Virginia Pharmacist Association supports the implementation, in conjunction with the pharmaceutical industry, of a distribution system capable of providing a complimentary supply of prescription drugs (e.g., starter pack or indigent care maintenance pack) through a voucher system or trial prescription program that is restricted to licensed pharmacies with adequate reimbursement of the professional services of the pharmacist.

95 – PR05 Standards in the Activities of Pharmacy Benefits Managers (PBMs)

The Virginia Pharmacists Association advocates the following standards in the activities of Pharmacy Benefits Managers (PBMs):

1. Patient confidentiality must be protected at all times. In no case should patient specific data be available to pharmaceutical manufacturers for any purpose without the express written consent of the patient. The information release on the universal claim form and log does not justify release of patient information to pharmaceutical manufacturers.
2. Patient interest should be of primary concern in the establishment of formularies and similar drug coverage policies. Manufacturer market share should not be considered when determining availability of specific therapeutic agents on formularies.

3. Rebates, and other forms of incentives from pharmaceutical manufacturers should not be issues in the selection of drug products for formularies.
4. PBMs can promote therapeutic alternative only in conjunction with an organized P&T Committee including physicians and pharmacists to determine which drugs may be exchanged as therapeutic alternatives according to the established protocols. PBMs should not have unilateral authority to add or restrict items from formularies without an organized P&T Committee.
5. PBMs should apply administrative rules and financial incentives equally to all participating pharmacies regardless of its class of trade.
6. PBMs should promote the technology that links the pharmacy network and various other parts of the patient care network (e.g., physicians office, laboratory, hospital)
7. The use of claims data by PBMs should be limited to aggregate utilization data and not associated with either a patient or physician identification number.
8. The cost of drug therapy includes the cost of managing drug therapy outcomes. VPhA supports inclusion of compensation for pharmacy cognitive services, which reduce total health care costs.

96 – PR03 Disease State Management

- A. The Virginia Pharmacists Association accepts the following definition of Disease State Management:
Comprehensive, integrated approach to care and reimbursement based fundamentally on the natural course of a disease, with treatment designed to address the illness by maximizing the effectiveness and efficiency of care delivery. The emphasis is on preventing and/or managing it aggressively where intervention will have the greatest impact.
- B. Disease States appropriate for disease state management include, but are not limited to asthma, hypertension, diabetes mellitus, and lipid disorders.
- C. The Virginia Pharmacists Association acknowledges that a disease state management program includes one or more of the following components:
 1. Development and application of treatment guidelines. When available, nationally accepted standards should be utilized.
 2. Comprehensive educational programs for patients that enhance compliance with therapeutic recommendations.
 3. Review and assessment of pharmacotherapeutic options, and appropriate interventions to provide the highest quality cost effective alternative.
 4. Development of risk sharing or case management agreements.
- D. The Virginia Pharmacists Association recognizes that while disease state management programs may both reduce health care costs and improve patient outcomes, the primary goal of a well designed program should be to improve patient outcomes.
- E. The Virginia Pharmacists Association understands that a comprehensive disease state management program must incorporate the expertise of multiple health care disciplines. In most cases pharmacotherapy represents a strong component of the available treatment options.

Studies have shown that when pharmacists provide disease state management in a variety of health conditions, improved outcomes result, which cost the health care systems significantly less money. The Virginia Pharmacists Association supports fair compensation for pharmacists’

involvement of the development, implementation and provision of disease state management programs.

1996

96 – PR05 Medication Errors

A. The Virginia Pharmacists Association recognizes its role and responsibility in preserving public safety. Therefore, the VPhA accepts and supports the definition of “medication error” as defined by the National Coordinating Council for Medication Error Reporting and Prevention:

“Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedure, and systems including prescribing; order communication; products labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use.”

B. The Virginia Pharmacists Association supports and encourages pharmacists to report incidences of medication errors to, but not limited to, a patient safety organization that has as its primary mission Pharmacy Continuous Quality Improvement under the United States Patient Safety and Quality Improvement Act of 2005.

C. The Virginia Pharmacists Association shall actively assist practitioners of the Commonwealth to reduce and avoid medication errors.

(Revised August 2, 2010)

96 – PB01 Misleading Advertisements on Prescription and Non-prescription Products

The Virginia Pharmacists Association condemns unethical, unprofessional and misleading advertisements on prescription and non-prescription products by any supplier and urges the Federal Trade Commission and the Food and Drug Administration to investigate these types of advertisements and the companies as to their legality. In addition, the Virginia Pharmacists Association supports sanctions and/or legislation against any such advertising.

96 – PB03 Providing Education on HIV Testing

To decrease the risk of HIV transmission to unborn children, VPhA encourages pharmacists to provide education about the availability and benefits of HIV testing in pregnancy.

96 – PB04 Awareness Campaign Spotlighting Unregulated Products

To protect the health of the citizens of Virginia, the Virginia Pharmacists Association supports an awareness campaign spotlighting unregulated products; and be it further resolved, that VPhA will support legislation and/or regulation if necessary to provide appropriate safeguards to the public from the potential dangers of unregulated promotion and sale of these products.

96 – PB06 Formation of Relationships

The Virginia Pharmacists Association supports the formation of relationships with other groups when it benefits the Association, the profession and the public.

96 – PB07 Providing Information to the Public through the Media

The Virginia Pharmacists Association supports and encourages any attempt by pharmacists or other groups to disseminate information to the public through the media; both in print and broadcast, which highlights the value of pharmacists care.

96 – PB08 Continuing Education

VPhA supports informing the public of pharmacists' requirements for and achievements in continuing education.

96 – PB09 Policy on Immunizations

The Virginia Pharmacists Association adopts the following policy on immunizations:

1. VPhA encourages pharmacists to take an active role in immunizations, which includes increasing the rate of basic immunization series among children under the age of two to at least 90 percent and increasing the immunization rate of other pediatric, adult and health care professionals, through advocacy, contracting with other health care professionals, or pharmacists administering vaccines to patients.
2. VPhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.
3. VPhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.
4. VPhA should facilitate the provisions of programs that educate pharmacists about their role in immunizations in public health.
5. VPhA shall advocate that pharmacies and health systems require health care workers to receive an annual influenza vaccination except when it is contraindicated, or the worker has religious objections, or the worker signs an informed declination; further, to encourage all hospital and health-system pharmacy personnel to be vaccinated against influenza.
6. VPhA shall encourage hospital and health-system pharmacists to take a lead role in developing and implementing policies and procedures for vaccinating health care workers and in providing education on the patient safety benefits of annual influenza vaccination.
7. VPhA shall encourage the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

(Revised August 2, 2010)

1997

97 – PR01 Conducive Work Environment

As health care providers and essential providers of health services, pharmacists have a professional, legal and ethical obligation to safeguard the health, safety and welfare of patients. In order to provide safe and effective drug therapy for patients, pharmacists must function in a conducive work environment.

Such an environment would include adequate equipment, staff, space, and other practice related resources. Pharmacy laws and regulations outline certain basic principles which must be adhered to, however recent evolution of the business aspect of pharmacy practice have given rise to concerns regarding work place issues. In order that public safety be protected the Virginia Pharmacists Association supports the following principles related to Pharmacist's work environment.

1. Pharmacists must have final supervisory authority over all nonpharmacist personnel engaged in prescription department activities. This includes technicians, clerks, and any other non-licensed personnel present in the prescription department, or involved in direct to patient prescription related services. According to Virginia Board of Pharmacy Regulation #110-20-110 anyone who overrides the professional decisions of the pharmacist is guilty of practicing pharmacy without a license and subject to appropriate penalties.
2. Pharmacists must have sufficient resources to locate and provide drug information to patients. These resources should include, but not be limited to, current well maintained computer databases, current references texts and periodicals. Access to quality consultants should also be available to the Pharmacists.
3. Pharmacists must have reasonable security to provide personal safety while safeguarding against the diversion of drugs from the prescription department. Security should include physical barriers, electronic instruments appropriate to the location and safe access to and from the premises.
4. Pharmacists' workload must be balanced with available resources to promote the public safety. Sufficient support personnel and automation must be provided to provide safe drug therapy without undue stress, external pressure or overwhelming workload.
5. Pharmacists must be free from reprisal and intimidation when exercising professional judgment regarding the care of patients. This includes the right to refuse to provide certain services when such services are in violation of prevailing professional or personal moral standards.
6. Pharmacists must not be impeded from the provision of pharmacy care services, triage services or similar patient care activities by the imposition of unrealistic workloads or deprivation of resources.

(Revised April 12, 2011)

97 – PR02 Block Grants

VPhA should focus efforts at the state level to ensure the allocation of resources from block grants to recognize the benefits of pharmacists as practitioners providing pharmacist care as well as providers of pharmaceuticals and services.

(Revised August 2010)

97 – PR03 Compensation for Cognitive Pharmaceutical Services

The Virginia Pharmacists Association supports pharmacists being compensated for cognitive pharmaceutical services.

- A. Monitoring for efficacy and appropriateness of drug therapy and making recommendations for improvement.
- B. Providing monitoring services such as blood pressure readings, glucose, cholesterol, INR, or other lab measurements related to drug therapy.
- C. Monitoring for drug related problems and intervening where appropriate.
- D. Identifying adherence problems and implementing special programs for these patients, such as compliance packaging or refill reminder systems.
- E. Providing education to patients regarding correct medication use, lifestyle modifications, and home monitoring skills for a given medical condition.
- F. Implementing established drug treatment protocols in cooperation with physicians.
- G. Calculating and recommending appropriate drug dosages for specific patients.
- H. Providing physical assessments and making referrals when appropriate.
- I. Serving as a consultant to other healthcare providers.

97 – PB01 Disaster Relief Plan

The Virginia Pharmacists Association supports development of a disaster relief plan in the event of a disaster in cooperation with state and local agencies, other health care providers, organizations, and emergency management agencies.

97 – PB03 Definition of Pharmacy Care

- A. The Virginia Pharmacists Association accepts the following definition of pharmacy care:
Pharmacy care is a patient centered approach which assures the responsible provision of drug related care for the purpose of achieving definite outcomes that improve a patient quality of life. This may include but is not limited to patient education about drug therapy, non-drug therapy, their disease state, screening for adverse effects and measuring of therapeutic endpoint when appropriate, assisting the patient in realization that treatment goals are being met.
- B. The Virginia Pharmacists Association asserts the major function of pharmacy care is to identify and resolve both potential and actual drug related problems on behalf of the patient. This involves cooperation between the pharmacist, patient, and other health care providers. The eight types of drug related problems include:
 - 1. Untreated Indications
 - 2. Improper Drug Selection
 - 3. Subtherapeutic Dosage
 - 4. Non-Compliance
 - 5. Overdosage
 - 6. Adverse Drug Reactions
 - 7. Drug Interactions
 - 8. Drug Use Without Indication

- C. The Virginia Pharmacists Association supports education and advancement of the profession toward universal implementation of pharmacy care in all pharmacy practice settings.
- D. The Virginia Pharmacists Association supports fair compensation for the provision of pharmacy care.

97 – PB05 Billing for Pharmacy Care

The Virginia Pharmacists Association supports recognition and implementation of a universal method of billing for pharmacy care.

1998

98 – PR01 Automation in Distributive and Cognitive Functions

The Virginia Pharmacists Association supports the use of automation in both the distributive and cognitive functions of delivery of Pharmacy Services only when such automation provides for the following

- Safety and accuracy in medication dispensed,
- Security of drug product,
- Confidentiality information,
- Comprehensive information and counseling services.

Additionally, systems designed for direct-to-patient dispensing must allow for face to-face consultation between the patient or his/her agent and the pharmacist to provide information, ensure understanding and respond to questions by the patients.

Finally, the pharmacist must have access to relevant patient information including allergies, age, medication history, language spoken, disease states, physical limitations and other specific information to ensure proper medication use.

98 – PR02 Patient Privacy and Confidentiality

The Virginia Pharmacists Association urges all pharmacists in all practice settings to implement and maintain safeguards that ensure patient privacy and the confidentiality of individually identifiable health information.

98 –PB01 Use of Symbols/Words Indicating the Practice of Pharmacy

VPhA opposed the use of symbols/words indicating the practice of pharmacy in the signage or the name of a business in which the practice of pharmacy is not conducted. For example, but not limited to: Rx, pharmacy, drugstore, apothecary.

In addition, VPhA supports the use of the one symbol for pharmacy to indicate a business where the practice of pharmacy is conducted.

98 – PB02 Involvement of Pharmacists in Community Service Activities

VPhA recognizes the unique role and accessibility of pharmacists in the community. Given this role, VPhA supports the involvement of pharmacists in community service activities where health related activities occur.

VPhA, along with local associations, should assist in providing necessary information to help pharmacists and student pharmacists carry out this role.

1999

99-PR01 Public Health Awareness Responsibility of the Pharmacist

To assist pharmacists in assuming responsibility for public health awareness, the Virginia Pharmacists Association:

- encourages efforts to inform and advise public health policymakers that pharmacists are the most accessible health care provider to the general public capable of providing information and education about public health issues;
- encourages pharmacists to participate in promoting health in their community through public health activities including, but not limited to, the following:
 - providing information to the public about the safe and effective use of prescription, non-prescription and alternative medications to minimize drug misuse;
 - promoting the public health benefits of immunizations and administering vaccines in pharmacies;
 - participating in activities that focus on the prevention and treatment of sexually transmitted and other communicable diseases;
 - participating in routine health screening activities;
 - participating in substance abuse prevention through educational interventions;
 - providing information to reduce the occurrence of poisonings;
 - providing information about the health risks associated with smoking
 - providing information about proper nutrition
 - supporting the fluoridation of water to reduce dental caries;
 - providing the availability of self-diagnostic tests and related information to assist in the detection of disease and,
 - participating in collaborative agreements with physicians to manage and educate patients about their medications and monitoring their drug therapy to assure the achievement of therapeutic outcomes.
- encourages the Schools of Pharmacy in the Commonwealth of Virginia to incorporate public health education in the curricula of Doctor of Pharmacy degree programs to promote the advancement of health promotion and disease prevention;
- encourages pharmacists to utilize their expertise as drug experts to inform and advise public health policymakers; and, supports the provision of information about local, state and national public health initiatives through VPhA coordinated activities, publications and continuing education programs

99-PR02 Endorsing Community Pharmacy Residency Programs

The Virginia Pharmacists Association encourages the development of sites and participation in accredited community pharmacy residency programs.

99-PR03 Certification of Pharmacists in Disease State Management

The Virginia Pharmacists Association endorses the certification of pharmacists and the accreditation of pharmacy facilities in Disease State Management for the purpose of recognizing and encouraging quality care in the provision of these services. VPhA supports certification and accreditation programs being administered by educational and standard setting bodies such as but not limited to, ACPE, BPS, and Schools of Pharmacy. The purpose of these programs is to recognize advanced skill and competency levels devoted to focused specialty areas of pharmacy practice.

The Virginia Pharmacists Association opposes the involvement in any way of licensing bodies such as Boards of Pharmacy in the certification and accreditation process.

99-PR04 Telepharmacy

VPhA acknowledges telepharmacy and supports the pharmacist as the only appropriate healthcare provider of these services.

VPhA encourages appropriate regulatory action that governs the practice of telepharmacy and maintains appropriate guidelines to protect the public health and patient confidentiality.

99-PB02 Expansion of Curricula

The Virginia Pharmacists Association encourages the schools of pharmacy to provide balanced education to pharmacist:

1. VPhA encourages schools and colleges of pharmacy to continue to develop educational requirements to ensure the provision of a balanced, general education in order to graduate educated citizens and competent, health care professionals.
2. VPhA supports development of admission processes by schools and colleges of pharmacy that assure that students possess qualities necessary to become educated citizens and competent, health care professionals.
3. Adequate instruction on administering injectable medications, including immunizations, information on disease epidemiology, drug characteristics, injection technique, and related topics.
4. Adequate training about herbal products, vitamins, homeopathic and other alternative therapies. This should include training regarding effectiveness, recognized use, indications, safety, and possible interactions.

(Revised August 2, 2010)

99-PB03 OTC Line Extension

The Virginia Pharmacists Association opposes the use of OTC recognized brand names on a different product as part of the product's name when the product does not contain the original ingredient of the recognized brand. VPhA also opposes the use of a recognized brand name on a different dosage form that does not contain the same active ingredient.

In addition, VPhA urges all pharmacists to pro-actively work to educate consumers of the potential risks associated with OTC product line extensions.

99-PB04 FDA MedWatch Program

The VPhA supports and encourages the active participation of pharmacists in post-marketing surveillance programs including, but not limited to the FDA's MedWatch Program used to enhance the effectiveness of post-marketing surveillance of adverse drug reaction reporting and drug product problem reporting for drugs and other medical products as they are used in clinical practice and to rapidly identify significant health hazards associated with these products.

The VPhA supports the development of educational programs to foster the active involvement of pharmacy practitioners and students in post-marketing surveillance programs to enhance the role of pharmacists as health care providers.

2000

00 – P 01 Tobacco Settlement Money

The Virginia Pharmacists Association supports using much of Virginia's share of the national tobacco settlement on fighting smoking and related health problems.

00- P02 Pain Management

The Virginia Pharmacists Association believes that pharmacists play a key role in the management of patients' pain. Pharmacists assist physicians in selecting and implementing the treatment plan; monitoring the efficacy of treatment; monitoring for adverse effects; assessing the patient's adherence; and giving the physician feedback on the patient's progress. The Association also believes that pharmacists should be compensated for services rendered in the management of a patient's pain.

00- P03 Standardized Prescription Cards

The Virginia Pharmacists Association is in favor of the adoption by pharmacy benefit managers of a standard template for the presentation of information on prescription drug cards. Further, VPhA is in favor of utilizing the pharmacy identification card standard developed by national pharmacy organizations and the National Council for Prescription Drug Programs (NCPDP).

00- P04 Drug Utilization Review Problems

The Virginia Pharmacists Association favors the development and implementation of improved automated drug utilization review (DUR) systems which are more efficient in reporting clinically significant drug therapy problems over the current industry standards. In addition, VPhA asserts it is the ultimate responsibility of the pharmacist to appropriately respond to DUR messages.

00- P05 Break Time

VPhA is in favor of adequate break time for pharmacists and pharmacy staff. Such breaks should be agreeable to employer and employee.

00-P 06 Physical Setting of Pharmacies

The Virginia Pharmacists Association believes that patients have a right to the confidential disclosure of personal medical information. In order to ensure the safe use and procurement of drugs with appropriate pharmaceutical care, VPhA is in favor that all pharmacies be equipped with a consultation area that is in place in such a manner that a reasonable person would feel secure that personal medical information is disclosed confidentially.

00-P 07 Drive-Thru Pharmacy Services

The Virginia Pharmacists Association supports the use of drive-thru pharmacy services as long as the additional patient convenience is not a barrier to attaining the level of pharmaceutical care that can be achieved in a traditional, non-drive-thru pharmacy environment. Further, drive-thru service should not disrupt pharmacy workflow, or in anyway create such a burdensome environment as to diminish the quality of the pharmacist's workplace and/or adversely affect public safety.

00-P 08 Collaborative Practice Agreements

The Virginia Pharmacists Association supports voluntary Collaborative Practice Agreements for patient health care between pharmacists and physicians with consent from the patient. Voluntary Collaborative Practice Agreements are characterized by an interdisciplinary approach between health care practitioners toward patient care with the goal of providing optimal patient care. The anchoring principle in collaborative health care management is improved patient outcomes and quality of life in a cost-effective manner.

00-P 09 Patient Counseling

The Virginia Pharmacists Association believes it is the pharmacist's responsibility to counsel patients or their designated agent to assure that information necessary for appropriate medication use is provided to the patient.

(Revised August 2, 2010)

00-P 10 Pharmacy Technicians

Definition of pharmacy technicians: Individuals working under the direct supervision and responsibility of a licensed pharmacist, who assist the pharmacist in the performance of selected professional duties including, but not limited to, preparing and repackaging of prescriptions or for the purpose of requesting or receiving refill authorization provided there is no change from the original prescription.

The Virginia Pharmacists Association supports the pharmacy technician to assist the pharmacist in the following ways: 1) assisting the pharmacist in serving patients, 2) maintaining medication and inventory control systems, and 3) participating in administration and management of the pharmacy practice setting.

The Virginia Pharmacists Association encourages pharmacy technicians to become certified by the Pharmacy Technician Certification Board (PTCB).

The Virginia Pharmacists Association recognizes pharmacy technicians as vital members of the healthcare team.

P00-12 Post-licensure Credentialing

The Virginia Pharmacists Association supports post-licensure credentialing activities that increase the pharmacist's knowledge and ability to implement patient care services.

2001

P01-01 Complementary and Alternative Medicine

In order to promote the safe and effective use of complementary and alternative medicines (CAM), the Virginia Pharmacists Association:

- Supports standardization and quality control in the manufacturer of CAM achieved through the implementation of federal regulations
- Encourages all pharmacists to participate in continuing education regarding CAM
- Encourages the school of pharmacy to incorporate CAM in the curricula of doctor of pharmacy programs to include training regarding effectiveness, recognized use, indications, safety and possible interactions
- Supports the voluntary role of the pharmacist in patient education and recommendations pertaining to CAM
- Advocates increased funding for scientific research investigating and evaluating CAM

P01-02 Pharmacist Lab Testing

VPhA supports the role of pharmacists in collecting and evaluating laboratory specimens and data in the process of screening, monitoring disease states, and responses to drug therapy.

P01-04 Internet Prescribing

The Virginia Pharmacists Association strongly opposes the practice of “prescribing” medications through internet sites that do not have the capacity for providing for direct physical examination by physician, and/or may rely on questionnaires as the sole basis for determining the patient’s medical condition.

P01-05 Internet Pharmacy Services

The Virginia Pharmacists Association supports public education on the potential hazards of uncertified internet pharmacy sites.

P01-06 Emergency Contraception

VPhA supports the voluntary involvement of pharmacists, in collaboration with a physician, in emergency contraception programs that include patient evaluation, patient education, and direct provision of emergency contraceptive medications.

P01 – PR08 Complimentary Memberships

That the Association confer complimentary membership upon the graduates of all schools of pharmacy in the Commonwealth of Virginia for six months.

P01-11 Mandatory Tablet Splitting for Cost Containment

The Virginia Pharmacists Association strongly opposes policies to deny payment for lower strengths of tablet dosage forms, or otherwise mandate splitting of tablets by patients.

P01-12 Prescription Order Requirements

1. Virginia Pharmacists Association supports the use of technology to facilitate the transmission of prescription order information from the prescriber to the pharmacist of the patient’s choice at no additional cost to the pharmacy. VPhA encourages all prescribers to use such technology or to legibly hand-print prescriptions.
2. VPhA supports the use of technology where appropriate standards for patient confidentiality and prescriber and pharmacist verification are established.
3. VPhA supports the transmission of complete prescriber information on or with the prescription order that enables the pharmacist to readily identify and facilitate communication with the prescriber.
4. VPhA supports the use if specific instructions with prescription orders. Use of potentially confusing terminology (such as “as directed”, unclear use of Latin phrases, confusing abbreviations, etc.) should be avoided.
5. VPhA supports the inclusion of the diagnosis or indication for use for which the medication is ordered on or with the transmission of the prescription order by use of standard diagnosis codes or within the directions for use. VPhA further supports the inclusion of patient-specific information on or with the prescription order where appropriate.

2004

04 – B01 Prescription Drug Importation

It is the position of the Virginia Pharmacists Association that the importation (including re-importation) of prescription medication poses a significant public safety risk when done without the oversight of the FDA. The FDA has stringent inspection and production requirements because unmonitored access and use of prescription medications can potentially lead to serious health risks and even death. In addition, importation removes the pharmacist from the patient-physician-pharmacist relationship. Due to the total lack of oversight by either the FDA or its equivalent body in the country of origin and the lack of coordinated care, we are unable to support any legislation that would make imported prescription medications more readily available to the citizens of the Commonwealth of Virginia. We recognize that the cost of prescription medications can place a heavy financial burden on some of our patients. However, we cannot in good conscience support any pro importation legislation that does not address the public safety concerns of the Virginia Pharmacists Association and our members.

These concerns include:

1. The law prohibits importing drugs that are approved by the FDA for sale in the US
2. Dispensing medication without a valid prescription is illegal. A “prescription” based an online questionnaire is usually not recognized as valid
3. The quality and efficacy of the imported medication may not be the same as for products manufactured in the US due to age, lack of safeguards, inappropriate labeling, storage or shipping.
4. The drug may be a counterfeit product, or contain a different active ingredient than the label indicates
5. Medications ordered through Internet sites may not actually be from the country claimed (e.g. many sites that claim to be for Canadian pharmacies are actually based in other countries).
6. The process bypasses services that pharmacist provide, such as:
 - a. Pharmacists counseling about questions or problems
 - b. Pharmacists screening for potential drug-drug interactions
 - c. Counseling on proper use
 - d. Counseling to minimize adverse effects of the medication

(Revised August 2, 2010)

04-B02 Prescription Drug Monitoring Program

The VPhA supports the PDMP, with strong emphasis on convenient access to data by pharmacists, in addition to efficient submission process.

2005

05-B01 JCPP Future Vision of Pharmacy Practice

The VPhA adopts the JCPP document as a blueprint for our future and as a guidance tool for our association’s activities.

Future Vision of Pharmacy Practice

Adopted by the Joint Commission of Pharmacy Practitioners on November 10, 2004

Vision Statement

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

Pharmacy Practice in 2015

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications, and the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice.

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes
- promotion of wellness, health improvement, and disease prevention
- design and oversight of safe, accurate, and timely medication distribution systems.

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications, and related devices and supplies
- the primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse and misuse of medications are minimized
- medication-related public health goals are more effectively achieved
- cost-effectiveness of medication therapy is optimized.

05-B03 Conscientious Refusal

VPhA recognizes the individual pharmacist's right to exercise conscientious refusal and supports the establishment of systems to ensure patient access to legally prescribed therapy without compromising the pharmacist's right of conscientious refusal.

2006

06-B01 Drug Classification

The Virginia Pharmacists Association recognizes the FDA expertise in assessing the safety and efficacy of drug products and their subsequent classification. We oppose any additional restrictions being placed on drug products by state legislative action unless unequivocal scientific and medical evidence exists that demonstrates a substantial risk of patient harm.

2010

10-B01 Pharmacist License Relocation Procedure

In order to facilitate pharmacists' ability to transfer a practice license from another state, VPhA recommends the Virginia Board of Pharmacy adopt the following procedures for granting a practice license to pharmacists who wish to relocate to Virginia:

1. Grant a temporary license to pharmacists who are relocating from another state in which they hold a license in good standing, while their application for licensure reciprocity is being processed.
2. Participate in the National Association of Boards of Pharmacy's (NABP) Electronic License Transfer Program (ELTP).
3. The applicant must hold an active unencumbered license, either by examination or reciprocity, from one of the 50 states, the District of Columbia, Puerto Rico, or the Virgin Islands.
4. The applicant must pass the Multistate Pharmacy Jurisprudence Examination (MPJE).

10-B02 Disposal of Patient's Home Medications

In an effort to minimize environmental impact, minimize effects on public health and maximize patient safety, the Virginia Pharmacists Association encourages collaborative efforts among interested organizations to develop safe methods for the disposal of patient's home medications. In addition VPhA encourages:

1. 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. appropriate government entities to accept responsibility for implementation and associated costs of safe medication disposal programs for consumers
3. educating the public, health professionals and other affected industry entities about methods to limit accidental poisoning, accidental ground water contamination and environmental impact.

2012

12-B01 Use of Pharmacy Coupons and Transfer Incentives

The Virginia Pharmacists Association recognizes the use of pharmacy competitor prescription coupons and other transfer incentives may encourage poly pharmacy. The use of these incentives does not facilitate the goal of a concise medical home or complete medication record for review by the pharmacist(s). Whereas the use of prescription coupons in the form of manufacturer coupons can assist patients with compliance to their medication regimen, VPhA discourages the use of transfer coupons and transfer incentives among pharmacies. Transfer coupons and other transfer incentives fragment the medication record of patients which leads to inaccuracies in the medication records and is detrimental to patient care. VPhA advocates for the use of a single pharmacy for pharmaceutical services and promotes the prescriber-pharmacist-patient relationship.

2015

15-B01 Opposition of Recreational Marijuana Sales in Pharmacies

The Virginia Pharmacists Association opposes the sales of recreational marijuana and its derivatives in pharmacies if legalized.