

TECHNICAL ASSISTANCE BRIEF

DISPENSING CONTRACEPTIVES AND OTHER
PRESCRIPTION MEDICATIONS IN COLORADO
SCHOOL-BASED HEALTH CENTERS

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COLORADO ASSOCIATION FOR
SCHOOL-BASED HEALTH CARE

TECHNICAL ASSISTANCE:

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PRESCRIPTION MEDICATIONS IN COLORADO
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INTRODUCTION

As more school-based health centers (SBHC) in Colorado begin making contraceptive services available on-site, many questions regarding the rules and regulations of pharmacies and dispensing of medications have emerged. During the 2010–2011 school-year, four SBHC programs reported having on-site pharmacies in their SBHCs while 14 reported not having pharmacies. Recent research demonstrates that immediate access to birth control in SBHCs can help prevent pregnancy. In fact, when immediate access to contraception is not available, students delay selecting a contraceptive method and less than 50% of students requesting contraception receive it.¹ While immediate access to contraception is a well documented best practice, the limited funding of SBHCs requires additional analysis of the costs associated with on-site medication dispensing. Most contraceptives are only available with a prescription. Understanding the pharmacy rules and regulations, the cost of selected medications, and the various existing models will help Colorado SBHCs determine the best approach to meet the contraceptive needs of their patients.

PHARMACY RULES AND REGULATIONS

While the information below pertains to all medications, this paper focuses on contraception because of the concerns many teens have regarding confidentiality when accessing contraception. With other medications, teens often have a parent or adult that can help them maneuver within the health care system to obtain the medication.

The resources available from the medical sponsor help determine if and how prescription medications are distributed through a SBHC. There are two options. The first is establishing a licensed pharmacy. The second is distributing medication by virtue of the practitioner’s license to practice (prescriptive authority). If the SBHC chooses to have a licensed pharmacy, it is often in the form of an other-outlet pharmacy. Other-outlet pharmacies engage in the compounding, dispensing, and delivery of drugs or devices and are regulated by the Colorado Department of Regulatory Agencies (DORA). In order to become licensed, the other-outlet must have a supervising pharmacist who is responsible for the licensure application to the state board of pharmacy and overall operation of the pharmacy. He or she writes protocols, completes annual compliance reviews, conducts monthly inspections, maintains records of medications received and dispensed, reviews medication destruction logs and packing records for medications packaged on-site, and oversees evaluation planning.

Title 12, Article 22 of the Colorado Revised Statutes discusses the rules and regulations of pharmaceutical and pharmacist professionals. While the statute largely pertains to pharmacists, one section outlines the ability of practitioners with prescriptive authority to compound and dispense medication. As defined by the statute, a practitioner is a person authorized by law to prescribe any drug or device, acting within the scope of such authority, which in Colorado would include nurse practitioners and physician assistants.

Section 12-22-121-6a states that “A practitioner may personally compound and dispense for any patient under the practitioner’s care any drug that the practitioner is authorized to prescribe and that the practitioner deems desirable or necessary in the treatment of any condition being treated by the practitioner, and such practitioner shall be exempt from all provisions of part 1 except for the provision of

section 12-22-26 (unlawful acts).” The Colorado State Board of Pharmacy states that practitioners with prescriptive authority are not regulated by the Colorado Department of Regulatory Agencies (DORA) unless they work in a clinic with a licensed other-outlet pharmacy. Without a pharmacy license, but with prescriptive authority, practitioners are able to procure, administer and dispense medications according to their own organizational standards. In this case, no oversight by a supervising pharmacist is necessary, which eliminates some of the cost associated with providing medications to patients.

In some SBHCs, the pharmacy department of the medical sponsor may assume responsibility for the operation and oversight of an other-outlet-pharmacy at the SBHC. This is often a win-win as many of the SBHC patients needing medication would otherwise have to fill their prescriptions in the sponsor’s main pharmacy or a commercial pharmacy. Licensed pharmacists are available for consult and conduct quality assurance measures, which lessens the burden placed on providers in the SBHC. Availability of medication in the SBHC helps reduce barriers that may otherwise be present when acquiring medication in another location. Additionally medications are available at the same cost at the SBHC and the sponsor’s other locations.

In SBHCs where the sponsoring agency does not have a pharmacy department or resources available to provide pharmaceutical oversight and medication, the SBHC should explore if pharmacy licensure is desired or if the practitioners working in the center can dispense medications without a pharmacy. While the use of prescriptive authority to dispense medication eliminates the cost associated with a supervising pharmacist, the SBHC is still responsible for purchasing and developing a set of standards regarding storage and tracking of medications. For quality assurance purposes, protocols and self-audits should be conducted on a regular basis. A copy of the form used by supervising pharmacists of some other-outlet pharmacies in Colorado is included in Appendix A as a starting point for establishing a self-audit. Depending on the medical sponsor, the SBHC may be bound by standards set forth by a national organization such as the Accreditation Association for Ambulatory Health Care (AAHC) or the Joint Commission.

EXISTING MODELS IN SCHOOL-BASED HEALTH CENTERS

In Colorado, there are currently a variety of models in use to dispense medication in SBHCs. Some SBHCs have licensed other outlet pharmacies in which they partner with a supervising pharmacist. Others have a relationship with a central agency which fills and delivers prescriptions to the SBHC so patients can pick up medications within a day or two of their visit. Still others rely on the ability of practitioners with prescriptive authority to procure and dispense medications. And, finally, some simply write prescriptions and refer patients to low cost retail pharmacies in the community.

Figure 1: Medication Dispensing Models

MODEL	HOW IT WORKS	DISADVANTAGES	ADVANTAGES
Other Outlet Pharmacy	The school-based health center contracts with a licensed pharmacist to provide management and oversight of an other outlet pharmacy which is regulated by DORA.	The SBHC is responsible for buying the medications as well as paying for a supervising pharmacist's time. Funds from grants or billing revenue may be used to cover these costs. If the SBHC medical sponsor has a pharmacy department, the medication and/or pharmacist's time may be an in-kind donation to the SBHC.	SBHC patients are able to obtain the medication at the SBHC. Barriers to access are reduced for patients. Licensed pharmacists are available for consult.
Central Fill Partnership	The school-based health center works with a central fill pharmacy to obtain medications for patients. A prescription is written, sent to central fill, filled, and then delivered to the SBHC to be dispensed to the patient.	The SBHC must have access to a central fill pharmacy that is willing to partner. Prescriptions are not available the day they are written and patients must return to pick-up the prescription once it is delivered.	Billing is dealt with by the central fill pharmacy. Patients are able to access their medications at the SBHC.
Practitioner Only, No Pharmacy	A practitioner with prescriptive authority procures, administers and dispenses medications without a licensed other outlet pharmacy.	Medications are purchased in small quantities and therefore may be more expensive than when purchased in bulk. The SBHC is responsible for implementing protocols and conducting audits for quality assurance purposes.	Patients have immediate access to prescribed medications. Barriers to access are reduced.
Referral	The school-based health center writes prescriptions or calls in prescriptions to a pharmacy in the community.	Studies show that 50% of patients will not obtain their prescribed contraception. Many will not obtain other prescribed medications.	Off-site pharmacy is responsible for billing.

COSTS OF MEDICATIONS

When SBHCs offer medication either with or without a pharmacy, the cost of medications must be considered. On average, a SBHC serving approximately 600 students can expect to spend between five and ten thousand dollars on medication annually. Programs such as the 340B Drug Pricing Program are available to promote access to affordable medications; however not all SBHCs qualify for the program.

The 340B Drug Pricing Program was enacted as part of the Veterans Health Care Act of 1992, codified as Section 340B of the Public Health Service Act. Section 340B limits the cost of covered outpatient drugs to

certain federal grantees, federally-qualified health centers (FQHCs) and look-alikes and qualified disproportionate share hospitals.² The program can save participating entities between 15% and 60% on their prescription drug costs. The amount of savings depends on types of drugs that are purchased as well as volume.³

Enrollment in the 340B program requires strict adherence to rules associated with the program. For example, the amount of the 340B discount is the same as the discount that is required in the Medicaid drug rebate program. In order to maintain compliance with the 340B rules, either the 340B program or Medicaid pays for the drugs. This separation prevents a practice called “double dipping” or “duplicate discount” and requires working with the Department of Health Care Policy and Financing to determine who will purchase the drugs and who will seek rebate for the drugs. This determination is often based on the state Medicaid reimbursement level and the medical sponsor’s Prospective Payment System.

The 340B Drug Pricing Program is an excellent way to provide low cost medications to patients if the SBHC has the resources to comply with the rules and regulations and is sponsored by a qualifying agency. An other-outlet pharmacy is not necessary to purchase medications through the 340B program.

Another option for lowering the cost of medications is to purchase them through a group purchasing arrangement. By increasing the volume of medications purchased from a drug manufacturer each month, these programs can lower the per unit cost. However, a group purchasing arrangement may not be available in every community with an SBHC.

Although providing contraception and other commonly used medications on-site is the recommended practice, SBHCs should, at a minimum, refer to pharmacies with reduced pricing programs for low income, uninsured individuals. For select medications on their formulary, many retail pharmacies provide a 30-day supply for \$4 or a 90-day supply for \$10. Some birth control pills are also available in many retail pharmacies for a reduced cost of \$9 for a 30-day supply or \$24 for a 90 day supply. Since even \$9 a month for birth control can be a significant barrier for many adolescent patients, SBHCs should maintain working relationships with Title X clinics¹ in their communities which can provide contraception free of charge to adolescents. Although these options do not make medications available in the SBHC, they provide an alternative affordable way for patients to receive necessary medications.

CONCLUSION

Each school-based health center in Colorado is uniquely structured and has different resources available. Depending on the medical sponsor, the type of provider working in the SBHC, and the funding available, SBHCs should determine the best model to meet the contraceptive and other medication needs of patients. When possible, the availability of select medications in the SBHC can help reduce barriers to access commonly experienced by adolescent patients. When medication cannot be offered in the SBHC, partnerships and active referrals facilitate affordable access.

¹The Title X Family Planning program [“Population Research and Voluntary Family Planning Programs” (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only Federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families.

APPENDIX A: SAMPLE AUDIT FORM

Date:

Location/Clinic:

Staff Conducting Audit:

RECORDS

Pharmacy dispensing written logs: _____

Receiving invoices (warehouse): _____

Clinic to clinic (Casual Sale) records: _____

Repack logs: _____

Labeling: _____

INVENTORY/STORAGE

Expiration dates/rotation: _____

Security (locked room, cabinets): _____

Refrigerator/Freezer:

 Temperature Log: _____

 Current temp/food: _____

Emergency Kit:

 Expiration Date: _____

 Complete? Y N

DISPOSAL

Expired drugs quarantined: _____

Frequency of returns: _____

Records: _____

PROTOCOL REVIEW

Date of last review (annual): _____

Internal review of repack rules (if applicable): _____

CHART REVIEW

1.

2.

3.

4.

COMMENTS/CORRECTIVE ACTIONS

Signature of Staff Conducting Audit

Date

APPENDIX B: DEFINITIONS

- Administer-the direct application of a drug to the body of a patient or research subject by injection, inhalation, ingestion, or any other method.
- Dispense-to interpret, evaluate, and implement a prescription drug order or chart order, including the preparation of a drug or device for a patient or patient's agent in a suitable container appropriately labeled for subsequent administration to or use by a patient.
- Labeling-the process of preparing and affixing a label to any drug container, exclusive, however, of the labeling by a manufacturer, packer, or distributor of a nonprescription drug, commercially packed legend drug or device. Any such label shall include all information required by federal and state law or regulation.
- Prescription order-any order, other than a chart order, authorizing the dispensing of a single drug or device that is written, mechanically produced, computer generated and signed by the practitioner, transmitted electronically or by facsimile, or produced by other means of communication by a practitioner to a licensed pharmacy or pharmacist and that includes the name or identification of the patient, the date, the symptom or purpose for which the drug is being prescribed, if included by the practitioner at the patient's authorization, and sufficient information for compounding, dispensing and labeling.
- Other outlet-any hospital that does not operate a registered pharmacy and any rural health clinic, family planning clinic, school, jail, county or district public health agency, community health clinic, university, or college that has facilities in this state registered pursuant to this article and that engages in the compounding, dispensing, and delivery of drugs or devices.
- Practitioner-a person authorized by law to prescribe any drug or device, acting within the scope of such authority.
- Sample-any prescription drug given free of charge to any practitioner for any reason except for a bona fide research program.
- Satellite-an area outside the prescription drug outlet where pharmaceutical care and services are provided and that is in the same location.

REFERENCES

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² Pharmacy Affairs & 340B Drug Pricing Program. <http://www.hrsa.gov/opa/introduction.htm> (accessed November 12, 2010).

³ National Association of Community Health Centers: Understanding the 340B Program: A Primer for Health Centers. May 2011.

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