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POLICY AND PROCEDURE

340B MEDICATION PROGRAM COMPLIANCE

8038

OBJECTIVE: To ensure compliance with federal regulations regarding the 340b medication program.

PROCEDURES:

1. Pharmacist will verify each individual prescription qualifies for the 340b medication program by , looking in patient chart to see if they qualify for the slide, slide expiration date, from there, the pharmacist will then verify that the prescriber is an eligible prescriber of our entity (if provider is not a Bullhook provider, then pharmacist will ensure all referrals have appropriate documentation in patient chart and will also follow up on subsequent refills to ensure patient referral notes are charted in our patient charts)
2. Nightly 340b medication reports are printed and filed with daily log copies.
3. Monthly reports are printed out and filed
4. Yearly audits will be performed by designated independent agency.
5. Any discrepancies or errors will be reported to CEO in addition to filing all errors with HRSA per Apexus 340b PVP guidelines.



 CHIEF EXECUTIVE OFFICER

Date: 1.29.15



 CHAIR, BOARD OF DIRECTORS

Date: 1/28/15

Date first adopted	01/07/2015
Date revised/QI	01/07/2015
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