



Defense Health Agency

ADMINISTRATIVE INSTRUCTION

NUMBER 6025.30

November 6, 2024

Healthcare Operations/Pharmacy

SUBJECT: Military Medical Treatment Facility Outpatient Pharmacy Prescription Dispensing

References: See Enclosure 1.

1. PURPOSE. This Defense Health Agency-Administrative Instruction (DHA-AI), based on the authority of References (a) and (b), and in accordance with the guidance of References (c) through (h), establishes the Defense Health Agency's (DHA) procedures to implement standardized and efficient procedures related to military medical treatment facility (MTF) outpatient pharmacy prescription dispensing.
2. APPLICABILITY. This DHA-AI applies to the DHA Enterprise (components and activities under the authority, direction, and control of the DHA) to include assigned, attached, allotted, or detailed personnel.
3. POLICY IMPLEMENTATION. It is DHA's instruction, pursuant to References (a) through (h), for DHA to maintain and operate pharmacy services within MTFs.
4. RESPONSIBILITIES. See Enclosure 2.
5. PROCEDURES. See Enclosure 3.
6. PROPONENT AND WAIVERS. The proponent of this publication is the Director, Healthcare Operations. When components and activities are unable to comply with this publication, the activity may request a waiver that must include a justification, including an analysis of the risk associated with not granting the waiver. The activity director or senior leader will submit the waiver request through their supervisory chain to the Director, Healthcare Operations to determine if the waiver may be granted by the Director, DHA or their designee.

7. RELEASABILITY. **Cleared for public release.** This DHA-AI is available on the Internet from the Health.mil site at: <https://health.mil/Reference-Center/DHA-Publications> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/DHA%20Publications%20Signed/Forms/AllItems.aspx>.

8. EFFECTIVE DATE. This DHA-AI:

- a. Is effective upon signature.
- b. Will expire 5 years from the date of signature if it has not been reissued or canceled before this date in accordance with Reference (c).

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Enclosures

1. References
2. Responsibilities
3. Procedures

Glossary

ENCLOSURE 1

REFERENCES

- (a) DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
- (b) DoD Directive 5136.13, “Defense Health Agency (DHA),” September 30, 2013, as amended
- (c) DHA-Procedural Instruction 5025.01, “Publication System,” April 1, 2022
- (d) DHA-Procedural Instruction 6025.31, “Military Medical Treatment Facility Pharmacy Operations,” December 20, 2019
- (e) DHA-Procedural Instruction 6010.01, “Healthcare Benefit Eligibility Verification and Patient Registration Procedures,” Incorporating Change 1, Effective June 24, 2021
- (f) The Joint Commission National Patient Safety Goals, 2024
- (g) DoD Manual 6025.18, “Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs,” March 13, 2019
- (h) The Joint Commission Medication Management Standards, 2024

ENCLOSURE 2

RESPONSIBILITIES

1. DIRECTOR, DHA. The Director, DHA will assign responsibilities to the Director, DHA Healthcare Operations to implement this DHA-AI in accordance with Reference (b).

2. ASSISTANT DIRECTOR, HEALTHCARE ADMINISTRATION. The Assistant Director, Healthcare Administration will ensure the necessary functions are in place to support compliance with this DHA-AI.

3. DEPUTY ASSISTANT DIRECTOR, HEALTHCARE OPERATIONS. The Deputy Assistant Director, Healthcare Operations will:
 - a. Monitor compliance with this DHA-AI through the DHA Pharmacy Operations Division (POD).

 - b. Solicit recommendations for DHA-wide improvements to MTF Pharmacy Operations and coordinate recommendations through the DHA's Enterprise Solutions Board.

4. CHIEF, DHA POD. The Chief, DHA POD will:
 - a. Identify and develop more specific processes and procedures as needed in accordance with this DHA-AI.

 - b. Provide direction and support through the DHA Pharmacy Workgroup.

5. DHHQ PHARMACY CONSULTANTS (DPCs). The DPCs will:
 - a. Provide DHA POD's network level administrative oversight of MTF Pharmacy Operations.

 - b. Monitor the performance of network MTF pharmacies, develop and devise a plan for ensuring compliance with DHA policies and standardized procedures.

6. DIRECTORS, DEFENSE HEALTH NETWORKS. The Directors, Defense Health Networks will ensure compliance with this DHA-AI.

7. DIRECTORS, MTFs. The Directors, MTFs will ensure compliance with this DHA-AI.

8. DIRECTOR OF MTF PHARMACY SERVICES. The Director, MTF Pharmacy Services, will oversee all pharmacy operations to ensure MTF Pharmacy compliance with this DHA-AI.

9. MTF PHARMACY STAFF. The MTF Pharmacy Staff will:

a. In accordance with References (a) through (h), adhere to the policies and practices of the DHA and MTF.

b. Maintain all necessary licenses, certifications, training, and current knowledge of best practices for their role.

c. Provide consistent, effective, safe, high quality patient care by using the most cost-effective means possible.

ENCLOSURE 3

PROCEDURES

1. PRESCRIPTION DISPENSING PROCESS. This guidance standardizes the patient experience for MTF pharmacy outpatient prescription dispensing. For the purposes of this DHA-AI, “dispensing” refers to the act of providing a patient or a person on behalf of the patient with prescription(s), either directly from a pharmacy, an external patient facing will-call system, or through a provider remote dispensing (PRD) process.

a. Pharmacy in-person prescription dispensing.

(1) The pharmacy is the primary area for medication dispensing during normal operating hours. MTFs will develop policies for any after hours or alternate dispensing operations/locations and ensure patients are made aware of this information.

(2) Patient self-pickup.

(a) Pharmacies will establish procedures for creating streamlined pick-up options separate from prescription activation and will provide beneficiary education regarding the available options and how to use them.

(b) Pharmacies will notify patients that once a medication is activated, they have a 10-calendar day grace period for pickup. After that, the prescription activation process may need to be restarted. Sites may have more stringent timelines based on physical space, scale of operations, and/or beyond use date of the prescription.

(c) Verify patient identity.

1. Checking patients’ DoD ID card is the standard for patient identification. If a patient is not in possession of a DoD ID card, at the time of pick-up, then the MTF pharmacy staff will follow eligibility verification processes in accordance with reference (e).

2. In accordance with reference (f), pharmacy staff will confirm patients’ identification with two patient identifiers. Each patient will provide at minimum the following two identifiers:

a. First Patient Identifier: Verification of the patient’s full name.

b. Second Patient Identifier: Verification of the patient’s date of birth.

(3) Person pickup for patient.

(a) Consistent with paragraph 4.3b in Reference (g), and with Health and Human Services guidance, pharmacy staff may use professional judgment and experience with common

practice to make reasonable inferences of the patient's best interest in allowing a person, other than the patient, to pick up a prescription.

(b) If the DoD ID card or a representation of the DoD ID card (e.g., copy, digital picture) is not in the person's possession at the time of pick up, the MTF Pharmacy will follow policies in accordance with reference (e).

(c) Pharmacy staff will obtain accurate identification of the patient using a minimum of two patient-specific identifiers as per 1.a.(2)(c)2.

(4) Medication retrieval from will call.

(a) Once the patient's identification has been verified, if available, pharmacy staff will use barcode technology to the greatest extent possible to verify medication information against the patient's information.

(b) Pharmacy staff will confirm with the patient that the correct medications have been filled, will inform the patient if any items were not filled due to being out of stock, and provide alternative fill options.

(c) Pharmacy staff will check the contents of each prescription bag or container to ensure that the correct medications match the patient-specific identifiers as per 1.a.(2)(c)2.

(5) Counseling.

(a) Prior to dispensing, pharmacy staff will offer to conduct counseling with demonstration where appropriate, as required by applicable laws and as requested by the patient.

(b) The patient or the person picking up prescription(s) on behalf of the patient will be offered the opportunity to speak with a licensed pharmacist or other appropriate licensed healthcare professional at the earliest available opportunity.

(c) Counseling options include, but are not limited to:

(1) Utilizing virtual medication information via websites or 2D barcodes on prescription labels.

(2) Providing MedGuides, patient education monographs, or prescription information leaflets.

(3) Providing business cards or pamphlets with pharmacy contact information for further counseling.

(4) Proactively calling patients and counseling prior to loading the new prescription into patient facing will-call locations.

(6) Documentation.

(a) Medication(s) will be recorded in the patient's electronic health record (EHR) and/or the pharmacy workflow software as dispensed/picked up.

(b) If the patient fails to pick up their prescription(s) within 10 calendar days, it will be returned to stock in the EHR, the pharmacy workflow, and will call solutions where appropriate. Sites may have more stringent timelines based on physical space, scale of operations, and/or beyond use date of the prescription.

(c) Patients or the person picking up prescription(s) on behalf of the patient will sign for all prescriptions when electronic means are available.

(d) All controlled substance prescriptions will require either electronic or physical patient signature. In situations where the patient or the person picking up prescription(s) on behalf of the patient are unable to provide a signature (e.g., pharmacy drive-thru, functional limitations or impairments, etc.), pharmacy staff may provide that signature on the patient's behalf. If the pharmacy staff sign on behalf of the patient, the staff will print their own name legibly and further state "on behalf of the patient."

b. Pharmacy external will-call. Will-call vendor or workflow software vendor will ensure prescriptions are marked as dispensed/picked up in the EHR.

c. In-clinic medication dispensing/provider remote dispense (PRD).

(1) Provider staff who meet the conditions of remote dispensing as set forth by the local MTF Medical Executive Committee may directly dispense medications as appropriate.

(2) Provider staff determined to be qualified by the local MTF Medical Executive Committee will ensure all medications dispensed to patients outside of the pharmacy are appropriately documented in the corresponding patient's EHR.

(3) Prior to dispensing medication, provider staff will ensure the medication has appropriate labeling to include but not limited to: patient name, medication name, strength, prescribed quantity, and administration instructions in accordance with applicable laws, regulations, and standards.

(4) Healthcare professionals will offer to conduct counseling with demonstration, when appropriate, as required by local Medical Executive Committee Medication Management Policy, applicable laws, and as requested by the patient.

d. Downtime dispensing procedures.

(1) Will-call vendor or workflow software vendor will ensure there are ways to retrieve prescriptions in the event of system outage/downtime.

(2) In the event of scheduled and unscheduled network downtime or power outage, sites will develop local policies and procedures for dispensing medications that are ready for dispensing.

(a) Non-pharmacy dispensing locations will develop and follow local MTF downtime procedures.

(b) Downtime(s) with a projected length for the outage will be immediately communicated to the appropriate personnel and all patients in the waiting area.

(c) Pharmacy staff will postpone non-urgent matters until service is restored or will find alternate arrangements, taking into account contingency plans for extended downtimes.

(d) Sites will ensure ready medications are appropriately labeled and can be retrieved and dispensed. Pharmacy staff will manually track all dispensed prescriptions and prioritize adjudication within the EHR once service is restored.

GLOSSARY

PART I. ABBREVIATIONS AND ACRONYMS

DHA	Defense Health Agency
DHA-AI	Defense Health Agency-Administrative Instruction
DoD	Department of Defense
DPC	Defense Health Agency Pharmacy Consultant
EHR	Electronic Health Record
MTF	Military Medical Treatment Facility
POD	Pharmacy Operations Division
PRD	Provider Remote Dispensing

PART II. DEFINITIONS

in-clinic medication dispensing/provider remote dispense (PRD). This includes but is not limited to in-clinic dispensing, emergency room dispensing.

Medical Executive Committee. A governing body within the local MTF that develops local rules, regulations, policies, and procedures per relevant accreditation standards.

patient facing will-call. Automated pharmacy kiosks and locker systems located outside of the pharmacy.

pharmacy staff. Includes pharmacists, pharmacy technicians, pharmacy volunteers and other assigned personnel.