



Standard Intent:

Verbal and telephone orders of medication are orders given by authorized health care practitioner to other authorized health care practitioner verbally (in case of emergency) and via telephone (in an urgent situation that needs prompt medical attention but is not an immediate threat to the patient). Verbal and telephone orders are proven to be error prone and may result in fatal medical errors due to different accents and pronunciations among healthcare providers. Though it is acknowledged that they may be required in exceptional care delivery situations, however hospitals must ensure that they will be accurate, complete, and mostly understood by the recipient and timely authenticated.

MM.24 The hospital has a system for prescribing non-formulary medications and prescribing formulary medications for off-label (unapproved) indication or investigation.

MM.24.1 The hospital has a multidisciplinary policy and procedure on prescribing non-formulary medications.

MM.24.2 The hospital has a multidisciplinary policy and procedure on prescribing formulary medications for off-label (unapproved) indications.

MM.24.3 There is clear documentation, on a special request form, of every individual case where non-formulary medication is used.

MM.24.4 There is clear documentation, on a special request form, of every individual case where a formulary medication is used for unapproved indication or investigation.

MM.24.5 The department head approves every single case where non-formulary medication is used or where a formulary medication is used for unapproved indication or investigation.

MM.24.6 The pharmacy and therapeutics committee reviews and monitors all cases of using non-formulary medication and all cases of using formulary medication for unapproved indication or investigation.

Standard Intent:

Since not all medications could be made available on the shelf all the time, a limited formulary list is defined by each hospital. When a clinical need arises to obtain a non-formulary drug, a process must be in place to prescribe and obtain the required medication in a reasonable time. Proper documentation and justification of drug request must be maintained on file and regularly reviewed by the pharmacy and therapeutics committee.



Whenever standard therapeutic modalities are tried and failed or when there is no established treatment for a medical illness, the need may arise to try an investigational agent or an approved formulary drug for un-approved indication (Off-label). The ethics committee as well as the pharmacy and therapeutics committee could allow such practice by developing policies and procedures. Clear justification of drug need, dose, duration, and route of administration, therapeutic and toxic monitoring parameters must be clearly documented and approved by the prescriber and department head. Approval of such treatment must be limited to one individual patient at a time. Close monitoring and outcome reporting must be made by the treating physician to the concerned committees.

MM.25 The hospital has a system for reviewing the appropriateness of medication orders before medication is dispensed.

MM.25.1 The hospital maintains an updated and complete medication profile (electronic or paper record) for each patient in the pharmaceutical care department.

MM.25.2 A trained pharmacist reviews all medication orders or prescriptions before dispensing (except in emergencies, lifesaving situations, or diagnostic imaging where the prescriber is physically present).

MM.25.3 All medication orders are reviewed for:

 MM.25.3.1 Patient's allergies or sensitivities.

 MM.25.3.2 Approved indications for use.

 MM.25.3.3 Therapeutic duplications.

 MM.25.3.4 Existing or potential interactions (drug-drug and drug-food interactions).

 MM.25.3.5 Appropriateness of the medication dose, frequency, and route of administration.

 MM.25.3.6 Contraindications.

MM.25.4 All issues, concerns, or questions regarding medication order or prescription are clarified with the prescriber and documented before medication dispensing.

Standard Intent:

Patients are prescribed different medications at different times during their hospital stay. Maintaining and updating the drug profile allows pharmacy to monitor for drug allergy, indications, dosing, and route of administration, therapeutic duplication, drug interactions, adverse drug reactions and contraindications.

Allergy to prescribed medication constitutes a major patient safety issue. It is the responsibility of admitting physician to take drug history for any known allergies and communicate it in writing to the pharmacy. Pharmacy should not dispense any