

**MILLE LACS BAND OF OJIBWE  
HEALTH AND HUMAN SERVICES POLICY & PROCEDURE**

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**Department:** Health Services - Pharmacy

**Policy Number:** HHS-HS-PHM 1839

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**Policy Title:** Emergency Prescription Fills

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**Attachments:**

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**Revision History:** new policy

**Revised by/Date:** Jesse Godding, PharmD 10/2020

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**Approved by:**

Jesse Godding, PharmD, Pharmacy Manager



**Date:**

1-12-2021

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**Approved by:**

Nicole Anderson, Commissioner of HHS



**Date:**

1-13-2021

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**POLICY STATEMENT:** Ne-Ia-Shing Clinic Pharmacy will provide emergency fills on prescriptions with no refills left on a case by case basis.

**PURPOSE:** To ensure patients have access to needed medications in the event a current fillable prescription is not on file.

**PROCEDURE:** Up to a 30 day supply of medication may be supplied to a patient if the following are met:

1. The patient is an established patient of Ne-Ia-Shing Pharmacy
2. The patient has been filling the medication in question at Ne-Ia-Shing Pharmacy.
3. The prescription for the medication is out of refills or expired and has not been discontinued by the provider.
  - A. If the prescription has a note that the patient must follow up for more refills the pharmacy should direct the patient to make an appointment, at which point the pharmacy will provide the patient with enough medication to last until the appointment date.
4. The prescription must be for a chronic medication. The pharmacy will not do an emergency refill for antibiotics or acute pain medications.
5. The prescription must be for a non-controlled medication. The pharmacy will not do an emergency refill for Schedule II-V medications or for gabapentin unless it is prescribed for controlling seizures.
6. The patient must be completely out of the medication in question.
7. The pharmacy must have made a good faith effort to obtain a new prescription from a provider prior to issuing an emergency refill.
8. All emergency refills must be authorized by the pharmacist on site.
9. When the emergency refill is issued, it will be run under the previous ordering provider's name and it will be noted in the pharmacy system that it is an emergency refill with the name of the authorizing pharmacist.
10. Nothing in this policy requires a pharmacist to authorize an emergency refill even if all the above criteria are met. The pharmacist may refuse to authorize an emergency refill based on his or her clinical judgement.

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<b>Internal and/or External References</b>	
<b>Compliance - Posting Date</b>	1/13/21 (44)
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