

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

Department: Health Services-Pharmacy

Policy Number: HHS-HS-PHM 1841

Policy Title: 340B Inventory Management

Attachments:

Revision History: 9/27/2018

Revised by/Date: Jesse Godding 2/25/2020

Approved by:

Jesse Godding, Pharmacy Manager



Date:

4-21-2020

Approved by:

Nicole Anderson, Commissioner of HHS



Date:

4-22-2020

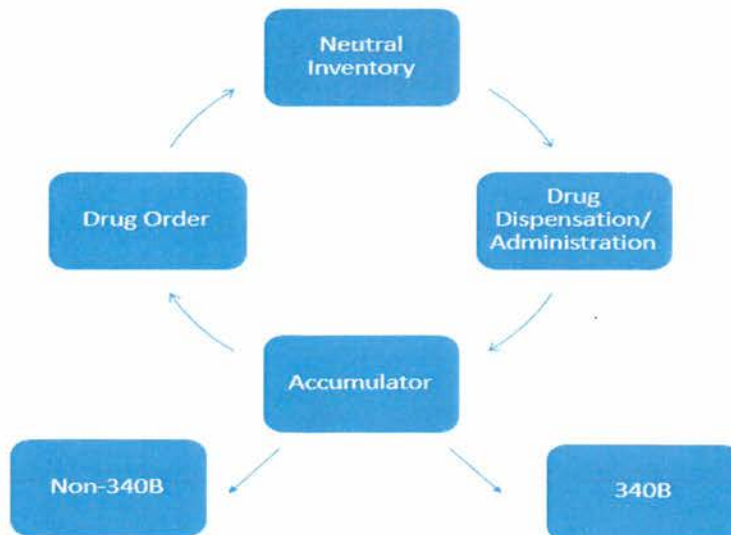
POLICY STATEMENT: Mille Lacs Band of Ojibwe (MLBO) Indians doing business as Ne-Ia-Shing (NIS) Clinic, must be able to track and account for all 340B drugs to ensure the prevention of diversion. ScriptPro's 340B Management Package is used to electronically separate 340B and non-340B purchased inventory. 340B inventory is accounted for at all registered sites: Ne-Ia-Shing, Aazhoomog, East Lake and Four Winds.

PURPOSE: Ensure the proper procurement and inventory management of 340B drugs.

PROCEDURE:

Mixed-use Pharmacy Replenishment Standard Processes:

- ScriptPro Central Pharmacy Management System 340B Guide contains information on how the software operates.
- Mixed-use inventory replenishment system (340B/non-340B) is maintained at Ne-Ia-Shing Clinic Pharmacy
- The child sites use 340B inventory for provider/nurse administered medications.



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1. McKesson Drug is the wholesaler used to purchase drugs for each location.
 - a. Customer #780269 340B account
 - b. Customer #005301 Non-340B account
2. CuraScript SD is used to purchase Nexplanon Implant Customer #68737 340B account
3. Split billing software accumulates drug utilization based upon patient and provider eligibility including service location. This accumulation occurs at the 11-digit NDC level and a full package size will be accumulated before replenishment.

<u>340B</u>	<u>Non-340B (Can be GPO)</u>
Patients met 340B patient definition and received services on an outpatient basis in a 340B registered/participating clinic	Products that do not have an 11-digit NDC match on the 340B contract but are otherwise eligible for 340B purchase Products that currently are not available (e.g., drug shortages) such that an 11-digit NDC match is not available 340B ineligible outpatients, i.e.: <ul style="list-style-type: none"> • Out-side prescriptions presented at In-house pharmacy not pursuant to a referral • Wasted or expired product

4. MLBO receives the shipment and verifies quantity received with quantity ordered.
 - a. Identifies inaccuracies
 - b. Resolves inaccuracies
 - c. Documents resolution of inaccuracies
5. MLBO documents manual manipulations to the 340B split-billing accumulator, including reason for manual manipulation.
6. MLBO reconciles purchasing records with dispensing records monthly to ensure that covered outpatient drugs purchased through the 340B program are used only for 340B eligible patients.
 - a. MLBO resolves inventory discrepancies when 340B drugs are dispensed to ineligible patients.
 - i. Reversing and resubmitting the prescription in the pharmacy software.
7. Pharmacy staff reports significant discrepancies (excessive quantities based on utilization or product shortages) to MLBO 340B Program management within 30 days.
8. MLBO maintains records of 340B-related transactions for a period of 3 years in a readily retrievable and auditable format located in pharmacy or pharmacy report storage area.
 - a. These reports are reviewed by MLBO every 6 months as part of its 340B oversight and compliance program.

Wasted 340B Medication

1. MLBO nursing staff documents wastage and usage on medication transaction log.
2. Pharmacy staff replaces medication through appropriate purchasing account.

Internal and/or External References	
Compliance - Posting Date	4/22/2020 2021
Replaces – Policy Number	
Next Review - Due Date	4/22/2021