Title: PRESCRIPTIONS BY TELEPHONE

Policy Number: EP 4.5

Regulation Reference: Joint Commission, Texas Health & Safety Code §481.073

Effective Date: 9/2017

Policy Statement:

It is the policy of Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) that only designated agents may call in prescriptions to the pharmacies, in accordance with Texas Health & Safety Code.

Scope and Distribution:

This policy applies to all Texas Tech Physicians of El Paso ambulatory clinics.

Procedure:

In order for the designated agent to call a prescription into a pharmacy, the following conditions must be met:

1. The agent must be listed as one of the physician’s or practitioner’s (licensed to dispense) designated agent(s) and this designation must be in writing.
2. Each clinic shall maintain a list of each agent authorized to call in prescriptions by telephone signed by the Chair of the Department or Medical Director.
3. Upon request by the pharmacist or Texas Medical Board, the clinic shall furnish a copy of written authorization for a specific agent.
4. Designated agents/staff may not call in prescriptions for anyone other than those specifically directed by a TTUHSC El Paso physician or practitioner.
5. Only licensed persons (licensed independent practitioners, mid-level providers, RNs, LVNs, etc.) may call prescriptions (including refills) to a pharmacy. It is not within the scope of practice for a medical assistant, nursing assistant, technician, or other non-licensed person to call a prescription to a pharmacy.
6. Verbal orders for prescriptions by telephone can be taken by designated agent(s) (as outlined in EP 3.5) from their designating physicians or practitioners. The agent should record the order into the medical record, indicating the ordering practitioner. Writing the order temporarily in paper for convenience is acceptable. The agent should read back what has been written to the ordering provider, validating the accuracy of the order. The order and documentation should include:

   2) Patient weight (when appropriate)
   3) Drug name
   4) Dosage form
   5) Exact strength or concentration
   6) Dose frequency and route
   7) Purpose indication (as appropriate)
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<th>Policy Number:</th>
<th>EP 4.5</th>
<th>Original Approval Date:</th>
<th>03/2014</th>
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<tr>
<td>Version Number:</td>
<td>2</td>
<td>Revision Date:</td>
<td>9/2017</td>
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<td>Signatory approval on file by:</td>
<td>Juan Figueroa, M.D.</td>
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<td>Director of Clinical Operations</td>
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<td>Clinic Operations Committee, Chair</td>
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