FREE CLINIC OF SOUTHWEST WASHINGTON

DISPENSARY INFORMATION

Some quick notes about our dispensary

1. Not a Class A pharmacy but a dispensary.

2. Past:
   a. 20-30 patients per day with prescriptions for patients unable to afford their medicines. 600+ prescriptions per month.
   b. Stocked about 200+ meds, obtained thru McKesson, donations, including insulins and other sources. It is unknown how many patients filled their prescriptions outside of the dispensary.
   c. Formal policy and procedures were developed by a pharmacist for consistency of prescription processing. Drug tables and therapeutic interchange were available to look for cheaper alternatives. A limited voucher program existed with Safeway for drugs not available at the dispensary.
   d. The prescriptions were all hard copies; no electronic medical records (EMR) were done.
   e. Staffed by 20+ pharmacists and 20+ technicians and pharmacy assistant volunteers (several). The pharmacists and pharmacy technicians were had current licenses.

3. Now:
   a. Stocked with small supplies of seventeen medications. Procurement mostly through McKesson; occasionally, donated insulins.
      i. Other meds occasionally stocked: donated insulins, cancelled patient assistance programs meds. We no longer accept other donated meds.
      ii. Medications available include amlodipine (Norvax), hydrochlorothiazide (Hydrodiuril), Lisinopril (Prinivil, Zestril), Losartan (Cozaar), atorvastatin (Lipitor), albuterol inhaler (Proair), all varying strengths. Diabetic meds include glipizide (Glucotrol) and metformin (Glucophage); insulin products (both formulary and patient assistance) include insulin glulisine (Apidra), insulin lispro (Humalog), insulin glargine y-fgn (Semglee), dulaglutide (Trulicity), semaglutide (Ozempic) and dapagliflozin (Farxiga); we do carry some miscellaneous OTCs.
      iii. Not sure about the dispensary budget; we currently have about $900 worth of medications.
      iv. Vaccines are in a refrigerator and are obtained through Washington state. Certified medical personnel do administration of the vaccines.

   b. Currently only 1 volunteer pharmacist.
i. The pharmacist is available 3-4 hours every Wednesday and is always available for consultation, assisting with drug inventory and newsletter contribution. The pharmacist has not been actively involved in ambulatory pharmaceutical care yet.

2. The pharmacist is available to administer vaccinations.

c. We process about 30-40 prescriptions/month, mostly for our diabetic program patients. The EMR does have a record of the type of medicine dispensed from the dispensary or sent out to a pharmacy. It is estimated that about six hundred prescriptions/month are generated; discount programs and GoodRx.com are at various pharmacies are used for most of the prescriptions generated.

d. Hard copies of the prescriptions for medications filled at the dispensary are maintained; we are working on getting a better EMR access for these.

e. We have an updated voucher program with Safeway.

f. Prescriptions processing: Ideally by the pharmacist. In the pharmacist absence, the Free Clinic staff does the process.

i. PAs, ARNPs and medical assistants (with MD signatures verifying the prescriptions and medications when necessary). MDs also process prescriptions occasionally.

4. Future projects: incorporate the possible ambulatory role for the pharmacist, learn the Athena EMR and use of pharmacy residents as volunteer pharmacists; continue to assist in formulary management.

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