



Pharmacists Aren't the Telemedicine Police: But You Will Be Treated Like You Are

Practical Take Home Templates & Materials

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Notes

1 Telemedicine Rx Intake: Legal Landscape & Roles

(Training Document for Pharmacists and Attorneys)

1. Purpose and Overview

This training module educates pharmacy and legal personnel on the legal, regulatory, and operational framework governing receipt and verification of prescriptions issued through telemedicine. It defines each participant's role—pharmacist, prescriber, compliance officer, and counsel—in ensuring that prescriptions are valid, legitimate, and compliant under both state and federal law.

2. Learning Objectives

- Identify key federal and state statutes governing telemedicine prescribing.
- Explain the pharmacist's duty to ensure prescription legitimacy under the 'corresponding responsibility' rule.
- Describe red-flag indicators unique to telemedicine prescriptions.
- Outline a compliant intake and documentation workflow.
- Distinguish roles between the pharmacist, compliance lead, and legal counsel in telemedicine oversight.

3. Legal Framework

A. Federal Law

- Controlled Substances Act (CSA) — 21 U.S.C. § 801 et seq.: Pharmacists share 'corresponding responsibility' to ensure prescriptions are issued for a legitimate medical purpose.
- Ryan Haight Online Pharmacy Consumer Protection Act — 21 U.S.C. § 829(e): Requires a valid 'in-person medical evaluation' (or qualifying telemedicine exception) before controlled substances are prescribed.
- DEA EPCS Rule (21 C.F.R. §§ 1306.05–1306.21): Outlines digital identity proofing, two-factor authentication, and record retention for electronic controlled substance prescriptions.
- HIPAA & HITECH: Protect patient data and mandate secure transmission and storage of prescription records.

B. State Law Considerations

Each state defines permitted modalities (video, audio-only, asynchronous), prescriber licensure requirements (often must be licensed in the patient's location), the establishment of a prescriber-patient relationship, and pharmacy duties when accepting telemedicine prescriptions (PDMP checks, counseling, recordkeeping).

1 Telemedicine Rx Intake: Legal Landscape & Roles

4. Roles and Responsibilities

Role	Primary Responsibilities	Legal Emphasis
Pharmacist-in-Charge (PIC)	Establishes SOPs, reviews telemedicine workflow, ensures documentation integrity	Corresponding responsibility; audit defense
Staff Pharmacist	Verifies prescriber's authority, PDMP, patient identity, and encounter legitimacy; documents findings	Responsible for dispensing judgment
Compliance Officer	Monitors adherence to telemedicine policies, tracks trends, conducts internal audits	Ensures proactive risk management
Legal Counsel	Advises on state licensure, corporate structuring, and cross-state practice issues	Identifies exposure and advises on mitigation

5. Core Elements of a Compliant Telemedicine Prescription

- Valid Prescriber–Patient Relationship: Must be established according to state law (typically requires synchronous video visit or established relationship).
- Prescriber Licensed in Patient's State: Must hold an active, unencumbered license in the state where the patient is located at the time of prescribing.
- Legitimate Medical Purpose: Supported by adequate history, diagnosis, and documentation.
- Proper Documentation: Include encounter type, prescriber credentials, modality used, and supporting records.
- Secure Transmission: Must originate via certified EHR/eRx platform; faxed or emailed images must meet authenticity checks.

6. Pharmacist Verification Process

Step 1 — Intake Review

- Confirm prescription completeness per 21 C.F.R. § 1306.05.
- Verify prescriber credentials (license, DEA, CSR, NPI).
- Check patient location and state licensure match.

Step 2 — Encounter Validation

- Determine encounter type (in-person, telehealth, asynchronous).
- Document confirmation during counseling: 'When was your visit with Dr. X?' 'Was it a video or phone call?'

1 Telemedicine Rx Intake: Legal Landscape & Roles

Step 3 — Clinical Appropriateness

- Evaluate drug/dose/duration appropriateness given patient history.
- Query PDMP before dispensing controlled substances.

Step 4 — Documentation

- Maintain verification artifacts (screenshots, license checks).
- Record any communication with prescriber or patient.

7. Red Flag Indicators in Telemedicine

- Patient and prescriber in different states with no valid telemedicine registration.
- Multiple patients use same tele-clinic with identical prescriptions.
- Copy-paste clinical notes lacking individualized assessment.
- High-volume prescribers writing across multiple states.
- Cash-pay controlled substance prescriptions.

Action: Document, investigate, and escalate to PIC or counsel before dispensing.

8. Audit Readiness & Risk Mitigation

- Maintain Telemedicine Rx Verification Log and Prescriber License Proofs.
- Retain all documentation for at least seven years or as required by state law.
- Conduct quarterly audits of telemedicine encounters and PDMP use.
- Establish a corrective action and escalation SOP for noncompliance events.

9. Legal-Pharmacy Collaboration Framework

- Counsel reviews state-specific telemedicine legislation quarterly.
- PIC updates SOPs accordingly.
- Pharmacists' complete annual telemedicine compliance training.
- Joint pharmacy-legal review before onboarding new telemedicine prescribers or platforms.

10. Summary

Pharmacies play a pivotal gatekeeping role in the telemedicine ecosystem. Exceptional diligence in intake verification, encounter validation, and documentation not only protects the patient but also shields the pharmacy from PBM audits, DEA scrutiny, and board action.

2 Ryan Haight / EPCS Essentials for Pharmacy Teams

(Training Document for Pharmacists and Attorneys)

1. Purpose and Overview

This training module provides a detailed overview of the Ryan Haight Online Pharmacy Consumer Protection Act and Electronic Prescribing of Controlled Substances (EPCS) rules. It is intended for pharmacists, technicians, and attorneys to understand the compliance framework for receiving and dispensing telemedicine prescriptions involving controlled substances.

2. Learning Objectives

- Identify when an in-person evaluation is required before controlled substance prescribing.
- Recognize valid DEA telemedicine exceptions under the Ryan Haight Act.
- Understand EPCS requirements for identity proofing and two-factor authentication.
- Apply documentation standards to protect the pharmacy during inspections or audits.

3. Ryan Haight Act Overview

Citation: 21 U.S.C. § 829(e)

The Ryan Haight Act prohibits the delivery, distribution, or dispensing of a controlled substance by means of the Internet without a valid prescription. A valid prescription must be issued for a legitimate medical purpose by a prescriber who has conducted at least one in-person medical evaluation of the patient. The Act defines 'online pharmacy' broadly, encompassing any entity that fills prescriptions originating from Internet-based encounters

4. Telemedicine Exceptions

A prescription for a controlled substance may be issued without a prior in-person evaluation only if one of the DEA's seven telemedicine exceptions applies. Each exception must be properly documented in the prescriber's and pharmacy's records.

- Treatment in a hospital or clinic registered with DEA.⁶
- Prescriber is an Indian Health Service or tribal practitioner.
- Public health emergency declared under the Public Health Service Act.
- DEA-registered telemedicine provider treating patients in an inpatient hospital or clinical setting.
- Temporary DEA waivers (e.g., COVID-era provisions).
- Subsequent in-person evaluation within required timeframe under proposed DEA rule (anticipated 2025)..

5. EPCS Requirements

21 C.F.R. §§ 1311.100–1311.300 — DEA Electronic Prescriptions for Controlled Substances Rule

- Prescriber identity must be verified by a DEA-approved credentialing authority.
- Two-factor authentication must be used for all controlled substance transmissions (something you know, have, or are).
- EHR or e-prescribing platform must be DEA-certified for EPCS.
- Pharmacy systems must archive digital signatures and maintain audit trails.
- Pharmacy must be able to demonstrate EPCS certification documentation during an inspection.

6. Pharmacy Team Responsibilities

Role	Responsibility	Example Action
Pharmacist-in-Charge (PIC)	Ensure the pharmacy system is EPCS-certified and audited annually	Maintain certification documentation and audit logs
Staff Pharmacist	Verify prescriber DEA registration and confirm telemedicine legitimacy	Check DEA registration, telemedicine exception documentation
Technician	Confirm integrity of transmitted eRx data and alert pharmacist to anomalies	Verify patient and prescriber location consistency
Compliance Officer / Legal Counsel	Review telemedicine and EPCS logs, provide staff training	Maintain compliance matrix and conduct quarterly reviews

7. Common Compliance Gaps

- Accepting prescriptions from non-certified or unverified e-prescribing platforms.
- Failing to confirm prescriber's DEA registration and state licensure alignment.
- Missing record of telemedicine exception or in-person evaluation.
- No documentation of DEA digital signature verification.
- Incomplete or missing PDMP queries for controlled substances.

8. Audit Readiness Checklist

- DEA EPCS certification letter is maintained on file.
- Controlled substance prescription records are retained for at least two years (recommended five).
- Telemedicine exception documentation available for each controlled substance Rx.
- PDMP query documented for every Schedule II–V prescription. Annual staff training on Ryan Haight and EPCS rules completed and logged.

9. Key Takeaways

- No in-person visit = no valid controlled-substance prescription unless a DEA telemedicine exception applies.
- Pharmacies must ensure both technology compliance (EPCS certification) and clinical legitimacy (Ryan Haight).
- Documentation is the pharmacy's best defense in PBM, DEA, and Board of Pharmacy audits.

10. Possible Appendices

- Appendix A — Summary of DEA Telemedicine Exceptions
- Appendix B — EPCS System Validation Log Template
- Appendix C — Example Documentation Note for Telemedicine Prescription

3 Telemedicine Prescribing Rules by State (Training + Quick-Ref Matrix)

(Arizona Focus)

1. Purpose and Overview

This training module provides an Arizona-specific overview of the statutes, regulations, and professional standards governing prescriptions issued via telemedicine. It is designed to help pharmacists and their counsel understand the legal expectations for intake, verification, and dispensing of telemedicine prescriptions in compliance with state and federal law.

2. Key Arizona Statutes and Rules

- A.R.S. § 36-3601 to § 36-3609 – Arizona Telehealth Act.
- A.R.S. § 32-1901 et seq. – Arizona Pharmacy Practice Act.
- A.A.C. R4-23-110, R4-23-408, R4-23-411 – Pharmacist counseling, patient communication, and prescription verification standards.
- A.R.S. § 32-3248.02 – Controlled substances prescribing via telehealth.
- A.R.S. § 32-3216 – Prescribing authority by telehealth encounter.
- A.A.C. R9-10-1208 – Arizona Medical Board rule defining ‘established patient’ and encounter requirements.

3. Legal Highlights

Area	Arizona Requirement	Notes for Pharmacy Intake
Prescriber Licensure	Prescriber must hold an active Arizona license when the patient is physically located in Arizona at the time of the telehealth encounter	Out-of-state prescribers without Arizona license may not prescribe to AZ-located patients except under limited temporary emergency waivers
Telehealth Modalities	Arizona allows synchronous (audio-video) and audio-only encounters; asynchronous (store-and-forward) limited to follow-up care when medically appropriate	Verify encounter type when counseling or auditing
Establishing Relationship	A telehealth encounter that meets the standards of care is equivalent to an in-person exam under § 36-3602	Must document that patient interaction was sufficient to establish relationship

3 Telemedicine Prescribing Rules by State (Training + Quick-Ref Matrix)

Controlled Substances	Permitted via telehealth if the prescriber meets Ryan Haight Act and Arizona standards (A.R.S. § 32-3248.02)	Pharmacists must verify DEA registration and that prescriber had a qualifying in-person evaluation or DEA telemedicine exception
Pharmacist Obligations	Same counseling requirements apply as for in-person Rx (A.A.C. R4-23-408). Must verify prescriber identity, licensure, and legitimacy of the Rx	Best practice: Confirm encounter type and patient location during counseling
Recordkeeping	Maintain telehealth verification notes and supporting documentation for at least 7 years (R4-23-407)	Retain encounter validation logs and prescriber license proof

4. Telehealth Red Flags in Arizona

- Out-of-state prescriber without Arizona license or compact privilege.
- Prescription lacks encounter details or is issued from a non-HIPAA-secure platform.
- Repeated prescriptions for controlled substances without PDMP review.
- Same-day high-volume telehealth prescribers across multiple states.

5. Compliance Checklist (Arizona)

- Verify prescriber's Arizona license using <https://azmd.gov> or <https://azpa.gov>.
- Confirm encounter type and date with patient during intake or counseling.
- Ensure prescription contains prescriber's Arizona address and DEA number.
- Query Arizona CSPMP (PDMP) for all controlled substances.
- Document encounter verification in pharmacy system notes.
- Maintain telehealth documentation and counsel verification logs for audit readiness.

3 Telemedicine Prescribing Rules by State (Training + Quick-Ref Matrix)

6. Appendix A — Arizona Quick-Reference Matrix

Category	Requirement	Source
Telehealth Modality Permitted	Video & audio-only	A.R.S. § 36-3602
Establish Relationship via Telehealth	Yes, equivalent to in-person if standard of care met	§ 36-3602(A)(1)
Controlled Substances Allowed	Yes, if compliant with CSA & Ryan Haight	§ 32-3248.02
Prescriber Must Be Licensed in AZ	Yes	§ 32-1451, § 32-1854
Pharmacist Counseling Duties	Same as in-person	A.A.C. R4-23-408
PDMP Required	Mandatory for all controlled prescriptions	A.R.S. § 36-2606
Record Retention	Seven (7) years	A.A.C. R4-23-407

4 Intake SOP: Receiving & Triageing Telemedicine Prescriptions

(Standard Operating Procedure for Pharmacies Receiving Telemedicine Prescriptions)

1. Purpose

To establish a standardized procedure for receiving, triaging, and verifying prescriptions issued through telemedicine encounters, ensuring compliance with federal and state laws, including the Ryan Haight Act, DEA regulations, and applicable Board of Pharmacy rules.

2. Scope

This procedure applies to all prescriptions transmitted electronically, by fax, or verbally to the pharmacy that originate from a telemedicine encounter. It includes both controlled and non-controlled prescriptions for human and veterinary patients.

3. Policy Statement

The pharmacy shall accept prescriptions from telemedicine encounters only when the prescriber is properly licensed, the encounter meets the legal definition of a valid prescriber-patient relationship, and the prescription is legitimate, complete, and verifiable.

4. Definitions

- Telemedicine Encounter: A synchronous or asynchronous patient evaluation performed using telecommunications technology in accordance with state law.
- Originating Site: The location of the patient during the telemedicine encounter.
- Distant Site: The location of the prescriber during the telemedicine encounter.
- EPCS: Electronic Prescribing of Controlled Substances in compliance with DEA-certified technology and authentication standards.

5. Responsibilities

Role	Responsibility
Pharmacist-in-Charge (PIC)	Ensures compliance with this SOP, staff training, and periodic review of telemedicine prescription documentation
Staff Pharmacist	Performs intake verification, clinical review, and approval before dispensing
Technician/Clerk	Performs initial triage, data entry, and routing to pharmacist for review under supervision

4 Intake SOP: Receiving & Triaging Telemedicine Prescriptions

6. Procedure

Step 1 – Prescription Receipt

- Accept prescriptions only through approved transmission methods: EPCS, secure fax, or direct prescriber call.
- Record the date/time of receipt and method of transmission in the system.
- Flag all prescriptions identified as originating from telemedicine for enhanced verification.

Step 2 – Prescriber Verification

- Confirm prescriber's active state license and DEA registration (if applicable).
- Verify the state where the patient was physically located during the telemedicine encounter.
- Check for valid DEA telemedicine exception if the prescription involves a controlled substance.
- Document all verification steps with date, time, and staff initials.

Step 3 – Encounter Validation

- Confirm that the telemedicine encounter met state law standards for establishing a valid prescriber-patient relationship.
- When feasible, confirm encounter details directly with the patient using questions such as:
 - Was your visit conducted by video or phone?
 - When did your telemedicine visit occur?
 - Did you speak directly with the prescriber?
- Document patient responses in the pharmacy system notes.

Step 4 – Clinical Review

- Evaluate prescription for indication, dose, duration, duplication, and therapeutic appropriateness.
- Query the PDMP for all controlled substances before dispensing.
- If discrepancies or red flags are identified, hold the prescription pending further clarification.

Step 5 – Documentation

- Maintain verification logs, PDMP printouts, and prescriber license screenshots.
- Record all encounter validation notes and attach any supporting correspondence.
- Retain documentation for at least seven (7) years or as required by state law.

Step 6 – Exceptions and Escalation

- If unable to verify prescriber legitimacy or encounter validity, escalate to the PIC or compliance counsel.
- Do not dispense any prescription determined to be invalid or unverifiable.
- Document the findings in the telemedicine denial/deferral log and notify the prescriber and patient if appropriate.

4 Intake SOP: Receiving & Triaging Telemedicine Prescriptions

7. Quality Assurance

- Conduct quarterly audits of telemedicine prescriptions for compliance with this SOP.
- Track metrics such as: percentage verified, red-flag rate, deferrals, and corrective actions implemented.
- PIC shall review QA outcomes and ensure corrective action plans (CAPA) are executed as needed.

8. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act.
- 21 C.F.R. §§ 1306.05, 1311.100–1311.300 – DEA EPCS Rules.
- A.R.S. §§ 36-3601 et seq. – Arizona Telehealth Act.
- A.A.C. R4-23-408 – Arizona Board of Pharmacy Counseling Rule.

5 Prescriber Licensure & Authority Verification (SOP)

(Standard Operating Procedure for Pharmacies Receiving Telemedicine Prescriptions)

1. Purpose

To establish uniform procedures for verifying the prescriber's authority to issue prescriptions received via telemedicine, ensuring compliance with state licensure requirements, DEA registration, and applicable federal and state telehealth laws.

2. Scope

This procedure applies to all pharmacists and technicians performing intake, verification, or clinical review of prescriptions originating from telemedicine encounters, including both controlled and non-controlled substances.

3. Policy Statement

No telemedicine prescription shall be dispensed until the prescriber's credentials, licensure, and authority have been verified and documented in accordance with this SOP. Verification must occur before dispensing and whenever a new prescriber or telemedicine platform is introduced.

4. Definitions

- Prescriber: Any licensed practitioner authorized by state law to prescribe drugs or controlled substances.
- Licensure Verification: The act of confirming the prescriber's active license status, scope of practice, and disciplinary history.
- DEA Registration Verification: The act of confirming that a prescriber is authorized to prescribe controlled substances in the patient's state of residence or treatment.
- Telemedicine Authorization: Confirmation that the prescriber is registered or permitted to practice telemedicine in the applicable state.

5. Responsibilities

Role	Responsibility
Pharmacist-in-Charge (PIC)	Ensures this SOP is implemented, maintains master prescriber verification records, and audits compliance
Pharmacist	Performs prescriber verification at the time of dispensing or upon receipt of a new telemedicine prescriber
Technician/Clerk	Assists in capturing preliminary data, performing online searches, and saving verification screenshots under pharmacist supervision

5 Prescriber Licensure & Authority Verification (SOP)

6. Procedure

Step 1 — Identify the Prescriber

- Capture prescriber's full name, professional designation, NPI, DEA number (if applicable), and practice address.
- Determine patient's physical location during the telemedicine encounter to identify applicable state licensure requirements.

Step 2 — Verify Licensure

- Access the relevant state licensing board's online verification system (e.g., AZMD.gov, AZPA.gov, NMBOP.org).
- Confirm that the license is active, unencumbered, and within the appropriate scope for prescribing the medication ordered.
- Review any disciplinary actions, restrictions, or expired credentials.
- Save or screenshot verification results including date, time, and verifier initials.

Step 3 — Verify DEA Registration (Controlled Substances)

- Access the DEA Registration Validation Tool (<https://deadiversion.usdoj.gov/webforms2/spring/validationLogin>).
- Confirm that the DEA registration is active and current.
- Ensure the registered address corresponds to the prescriber's practice or telemedicine site.
- Confirm that the prescriber has authority for the specific drug schedule being prescribed.

Step 4 — Verify State Telemedicine Authorization

- Verify that the prescriber is licensed or registered to practice telemedicine in the state where the patient is located.
- Check for any special telemedicine registration number or compact authorization (e.g., IMLC, APRN Compact).
- Document telemedicine registration or compact participation details, if applicable.

Step 5 – Documentation

- Record the following details in the Prescriber Verification Log or patient profile:
 - Verification date and time.
 - Verified URLs and licensing board names.
 - Staff initials and/or signature.
- Attach screenshots of license and DEA verification results (secure storage).

5 Prescriber Licensure & Authority Verification (SOP)

Step 6 — Exception Handling

If prescriber verification cannot be completed or is inconclusive:

- Do not dispense the prescription.
- Escalate to the PIC and compliance counsel.
- Document the reason for failure and steps taken in the denial or deferral log.
- Notify the prescriber and/or patient if required by law or policy.

7. Quality Assurance

- PIC shall audit at least 10% of telemedicine prescriber verifications monthly.
- Maintain a list of high-volume telemedicine prescribers for quarterly review.
- Record audit findings and corrective actions in the QA log.
- Implement CAPA (Corrective and Preventive Actions) for any noncompliance findings.

8. References

- 21 C.F.R. § 1306.05 – Valid Prescription Requirements.
- 21 U.S.C. § 823(f) – DEA Registration Standards.
- 42 U.S.C. § 1395m(m) – Telehealth Practitioner Rules (Medicare).
- State Board of Pharmacy and Medical Board verification portals.

6 Prescriber Verification Checklist (Telemedicine Prescriptions)

(Operational Checklist for Verification of Prescriber Credentials and Authority)

1. Purpose

To document and standardize prescriber verification for all telemedicine prescriptions before dispensing. This checklist provides a consistent audit trail to demonstrate compliance with verification requirements.

2. Instructions

Complete this checklist for each new prescriber or telemedicine order. File or scan the completed form into the patient or prescriber verification record. All boxes must be verified and initialed by staff.

SECTION A — PRESCRIBER INFORMATION

Prescriber Full Name	
Professional Designation (MD, DO, NP, PA, etc.)	
NPI	
DEA Number (if applicable)	
State License #	
State(s) Licensed	
Telemedicine Registration / Compact #	
Practice / Business Name	
Practice Address	
Contact Phone	
Fax or Secure Email	

6 Prescriber Verification Checklist (Telemedicine Prescriptions)

SECTION B — LICENSE & AUTHORITY VERIFICATION

Item	Verification Step	Verified	Initials	Date
1	License status verified on official state board website	<input type="checkbox"/>		
2	License active and unencumbered	<input type="checkbox"/>		
3	Verified appropriate prescriptive authority for ordered drug	<input type="checkbox"/>		
4	DEA registration verified (if controlled substance)	<input type="checkbox"/>		
5	DEA address corresponds to prescriber's practice or telemedicine site	<input type="checkbox"/>		
6	DEA registration includes schedule of drug prescribed	<input type="checkbox"/>		
7	State telemedicine registration or compact confirmed	<input type="checkbox"/>		
8	Telemedicine encounter consistent with state law	<input type="checkbox"/>		

SECTION C — DOCUMENTATION ATTACHED

- Screenshot of state license verification
- Screenshot of DEA registration validation
- PDMP check completed (for controlled substances)
- Notes from encounter validation or patient counseling
- Other supporting documentation (describe): _____

SECTION D — STAFF ATTESTATION

Role	Name	Signature	Date
Pharmacist Verifying			
Technician (if applicable)			

6 Prescriber Verification Checklist (Telemedicine Prescriptions)

3. Retention

Maintain completed forms for a minimum of seven (7) years or longer if required by state law or payer audit policies.

4. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Act
- 21 C.F.R. § 1306.05 – Valid Prescription Requirements
- A.R.S. §§ 36-3601 et seq. – Arizona Telehealth Act
- Applicable State Board of Pharmacy and Medical Board Regulations

7 Telemedicine Encounter Validation & Red Flags (SOP)

(Standard Operating Procedure for Validating Telemedicine Encounters and Managing Red Flags)

1. Purpose

To define standardized procedures for validating that prescriptions received from telemedicine encounters meet federal and state requirements for a legitimate prescriber–patient relationship, and to identify and manage red flags signaling potential noncompliance or fraud.

2. Scope

This procedure applies to all prescriptions received by the pharmacy that originate from telemedicine encounters, including both controlled and non-controlled substances.

3. Policy Statement

The pharmacy shall dispense medications from telemedicine encounters only after confirming that the prescriber–patient relationship was legally and clinically established, that the encounter type was compliant with applicable laws, and that no unresolved red flags exist.

4. Definitions

- Telemedicine Encounter: A healthcare visit conducted via synchronous (live audio-video) or asynchronous (store-and-forward) technology.
- Valid Encounter: An encounter that meets all state requirements for establishing a prescriber–patient relationship and authorizes prescribing the ordered medication.
- Red Flag: Any information suggesting a prescription may not have been issued for a legitimate medical purpose or by an authorized practitioner.

5. Responsibilities

Role	Responsibilities
Pharmacist-in-Charge (PIC)	Oversees compliance with encounter validation procedures and reviews escalated cases
Pharmacist	Performs encounter validation, reviews documentation, and identifies red flags
Technician/Intake Staff	Documents encounter source and flags telemedicine prescriptions for pharmacist review

7 Prescriber Verification Checklist (Telemedicine Prescriptions)

6. Procedure

Step 1 — Identify Telemedicine Prescriptions

- Mark prescriptions that list a non-local prescriber or indicate 'telehealth' or 'telemedicine' in the notes or transmission metadata.
- Confirm that the prescriber's state matches the patient's location at the time of prescribing.
- Record the telemedicine platform or clinic name if available (e.g., Hims, Ro, Teladoc).

Step 2 — Validate Encounter Type

- Ask the patient or review available documentation to confirm:
 - Type of encounter (video, phone, asynchronous).
 - Date of encounter.
 - Whether the patient spoke directly with a licensed practitioner.
- Document this information in the patient profile or Telemedicine Verification Log.

Step 3 — Determine Legal and Clinical Legitimacy

- Review applicable state law to confirm that the encounter type is permitted and sufficient to establish a prescriber–patient relationship.
- For controlled substances, ensure compliance with the Ryan Haight Act and any DEA telemedicine exception.
- Evaluate whether the encounter supports medical necessity and meets the professional standard of care.

Step 4 — Identify and Manage Red Flags

Red Flag Indicator	Required Action
Patient and prescriber in different states with no telemedicine registration	Hold prescription; verify licensure and patient location
Same prescriber sends high volumes of identical prescriptions	Escalate to PIC for review
Prescription lacks documentation of patient evaluation	Request encounter note or prescriber attestation before dispensing
Controlled substance prescribed without PDMP check	Hold until PDMP verified
Cash-paid controlled prescriptions from online prescribers	Escalate immediately to PIC or compliance counsel
Patient reports no contact with prescriber	Refuse to dispense and document incident in the Telemedicine Denial Log

7 Prescriber Verification Checklist (Telemedicine Prescriptions)

Step 5 — Documentation

- Record all encounter validation steps in the patient's file or verification log.
- Document patient responses verifying encounter type and date.
- Retain supporting documentation (notes, screenshots, PDMP logs) for at least seven (7) years.

Step 6 — Escalation and Refusal

- If red flags cannot be resolved, escalate to PIC and compliance counsel for determination.
- PIC may contact the prescriber for clarification or supporting documentation.
- If prescription is refused or delayed, document the rationale in the Telemedicine Denial or Exception Log.

7. Quality Assurance

- Conduct quarterly reviews of telemedicine prescriptions resulting in denials or escalations.
- Track metrics such as number of telemedicine prescriptions, red-flag frequency, and average resolution time.
- Incorporate findings into CAPA and staff retraining programs.

8. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act.
- 21 C.F.R. § 1306.05 – Valid Prescription Requirements.
- A.R.S. §§ 36-3601 et seq. – Arizona Telehealth Act.
- NABP Model Act § 4.07 – Internet and Telepharmacy.

8 Patient Encounter Confirmation Script (Checklist + Script)

(Standardized Script and Verification Checklist for Telemedicine Prescriptions)

1. Purpose

To provide a consistent process for confirming and documenting key elements of a patient's telemedicine encounter before dispensing a prescription. This ensures compliance with federal and state telemedicine regulations and establishes a verifiable record of pharmacist diligence.

2. Scope

This procedure applies to all pharmacists and technicians conducting patient counseling, intake calls, or follow-up communications for prescriptions originating from telemedicine encounters.

3. Policy Statement

Pharmacy personnel must verify that a valid telemedicine encounter occurred between the prescriber and patient prior to dispensing. Responses must be recorded in the patient record or telemedicine encounter log.

SECTION A — CALL INTRODUCTION TEMPLATE

Pharmacist/Staff:

"Hello, this is [Name] calling from [Pharmacy Name]. I'm reviewing your recent prescription from Dr. [Name] that was issued after a telemedicine visit. I'd like to confirm a few details to ensure our records are complete and compliant."

SECTION B — PATIENT CONFIRMATION SCRIPT

Verification Question	Expected Response	Verified	Notes / Initials
What type of telemedicine visit did you have? (Video, phone, or online form)	Must be video or legally permitted per state law	<input type="checkbox"/>	
When did your telemedicine visit occur?	Within a reasonable timeframe (≤ 6 months preferred)	<input type="checkbox"/>	
Did you meet directly with a licensed prescriber (not just an assistant)?	Yes	<input type="checkbox"/>	

8 Patient Encounter Confirmation Script (Checklist + Script)

Was the prescriber located in your state or licensed to practice in your state?	Yes	<input type="checkbox"/>	
Did you consent to receive care via telemedicine?	Yes	<input type="checkbox"/>	
Were you provided a chance to ask questions during the encounter?	Yes	<input type="checkbox"/>	
Do you have any concerns or questions about the medication you received?	Free response	<input type="checkbox"/>	

SECTION C — COUNSELING CHECKLIST

- Patient identity confirmed using two identifiers (e.g., name and DOB or address).
- Counseling completed or declined per A.A.C. R4-23-408.
- PDMP checked if prescription is for a controlled substance.
- Patient location during telemedicine encounter verified and matches prescriber's licensure state.
- Counseling notes entered in the pharmacy management system or Telemedicine Verification Log.

SECTION D — ESCALATION TRIGGERS

Escalate to the PIC or compliance officer if any of the following occur:

- Patient indicates no direct contact with a prescriber.
- Encounter conducted solely via online form without interaction.
- Prescriber located out of state without valid telemedicine registration.
- Patient appears unaware of the medication's indication or purpose.

All escalations must be documented in the Telemedicine Encounter Review Log.

SECTION E — SIGNATURE

Role	Name	Signature	Date
Pharmacist Conducting Call			

8 Patient Encounter Confirmation Script (Checklist + Script)

4. Retention

Maintain completed forms in the patient's counseling or verification record for a minimum of seven (7) years or longer if required by state or payer audit policies.

5. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- A.R.S. § 36-3602 – Arizona Telehealth Act
- A.A.C. R4-23-408 – Counseling Requirements
- 21 C.F.R. § 1306.05 – Valid Prescription Rule

9 Clinical Appropriateness Review for Telemedicine Prescriptions (SOP)

(Standard Operating Procedure for Evaluating Clinical Appropriateness of Telemedicine)

1. Purpose

To outline the process by which pharmacists evaluate the clinical appropriateness, safety, and therapeutic legitimacy of prescriptions received through telemedicine encounters. This procedure ensures all prescriptions are dispensed in accordance with professional judgment, federal and state law, and applicable clinical standards.

2. Scope

This SOP applies to all pharmacists reviewing prescriptions transmitted electronically or via fax from telemedicine providers, including both controlled and non-controlled substances.

3. Policy Statement

Pharmacists must independently assess whether a telemedicine-issued prescription is clinically appropriate, taking into account therapeutic indication, patient-specific factors, and the legitimacy of the prescribing encounter. No prescription may be dispensed unless all clinical and regulatory criteria are satisfied.

4. Responsibilities

Role	Responsibilities
Pharmacist-in-Charge (PIC)	Ensures adherence to this SOP, reviews documentation of appropriateness checks, and signs off on escalated cases
Staff Pharmacist	Performs appropriateness reviews, documents findings, and escalates discrepancies to the PIC, as necessary
Technician/Clerk	Assists in data entry and record preparation under pharmacist supervision

9 Clinical Appropriateness Review for Telemedicine Prescriptions (SOP)

5. Procedure

Step 1 — Gather Required Information

- Confirm patient demographics (name, date of birth, allergies, relevant medical conditions).
- Review prescription details (drug name, strength, dosage form, quantity, and directions).
- Identify the prescribing practitioner and verify the telemedicine encounter date and type.
- Access and review PDMP data if the medication is a controlled substance.

Step 2 — Evaluate Clinical Appropriateness

- Verify therapeutic indication — ensure the drug is appropriate for the patient's diagnosis or symptoms.
- Assess dosage and duration — confirm the prescribed regimen is within standard clinical guidelines.
- Check for duplication or overlap with existing therapies.
- Review contraindications, allergies, and potential drug–drug interactions.
- Determine if additional monitoring, labs, or follow-up parameters are required before or after dispensing.

Step 3 — Validate Source and Encounter Legitimacy

- Confirm that the prescriber is properly licensed and authorized to prescribe the medication.
- Ensure the telemedicine encounter meets applicable state and federal standards for establishing a prescriber–patient relationship.
- Review supporting documentation or patient statements to validate the encounter details and timing.

Step 4 — Document Review Findings

- Record the date and time of clinical appropriateness review.
- Include pharmacist initials and notes summarizing review findings.
- Document any interventions such as prescriber outreach, holds, or denials.
- Reference PDMP verification results or documentation location.

Step 5 — Escalation Process

- Escalate cases to the PIC when the clinical justification is insufficient or contradictory.
- Hold prescriptions that appear to have been auto-generated or lack individualized patient evaluation.
- Escalate if the patient or prescriber cannot confirm the legitimacy of the telemedicine encounter.
- Document all escalations, communications, and resolutions in the Clinical Review Log.

9 Clinical Appropriateness Review for Telemedicine Prescriptions (SOP)

6. Red Flag Clinical Scenarios

Example	Action Required
Same prescriber issues multiple stimulant prescriptions for unrelated patients	Hold and escalate to PIC for review
High-dose GLP-1 agonist prescribed without baseline weight or diabetes status documented	Request prescriber documentation or clarification
Hormone therapy prescribed without recent labs or clinical assessment	Contact prescriber for additional records or verification
Opioid prescribed via telemedicine without documented pain assessment	Hold until prescriber provides justification or follow-up evaluation

7. Documentation & Recordkeeping

- Document all clinical appropriateness reviews within the pharmacy management system or telemedicine review log.
- Retain all documentation for a minimum of seven (7) years or as otherwise required by law.
- Maintain PDMP verification results, prescriber communications, and clinical encounter notes with each record.

8. Quality Assurance

- PIC shall review a minimum of 10% of telemedicine prescription clinical reviews each month.
- Track metrics including number of escalations, time to resolution, and corrective actions implemented.
- Incorporate audit findings into continuous improvement and staff training.

9. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act.
- 21 C.F.R. § 1306.05 – Valid Prescription Requirements.
- NABP Model Rules for Pharmacy Practice § 6.
- A.R.S. §§ 36-3601 et seq. – Arizona Telehealth Act.
- USP <1163> – Quality Assurance in Pharmacy Compounding.

10 Telemedicine Clinical Review Worksheet (Checklist)

(Pharmacist Clinical Review Documentation for Telemedicine Prescriptions)

1. Purpose

To document the pharmacist's clinical review of prescriptions originating from telemedicine encounters and confirm that dispensing decisions meet professional, legal, and patient safety standards.

2. Instructions

Complete this worksheet for each telemedicine prescription prior to dispensing. Attach supporting documentation (PDMP printout, prescriber verification, patient counseling notes) and file it within the patient or clinical verification record. Retain for audit readiness.

SECTION A — PRESCRIPTION DETAILS

Patient Name	
Date of Birth	
Date of Review	
Drug Name/Strength	
Quantity/Days Supply	
Directions	
Refills Authorized	
Prescriber Name	
Prescriber NPI/DEA	
Prescriber State License Verified Yes/No	
Telemedicine Encounter Type (Video/Audio/Asynchronous)	
Encounter Date	

10 Clinical Appropriateness Review for Telemedicine Prescriptions (SOP)

SECTION B — CLINICAL REVIEW CHECKLIST

Review Item	Verified	Notes/Actions
Drug appropriate for indicated condition	<input type="checkbox"/>	
Dose and duration within clinical guidelines	<input type="checkbox"/>	
Duplication of therapy ruled out	<input type="checkbox"/>	
Allergy and contraindication screen completed	<input type="checkbox"/>	
PDMP reviewed (for controlled substances)	<input type="checkbox"/>	
Prescriber license verified	<input type="checkbox"/>	
DEA registration verified (if applicable)	<input type="checkbox"/>	
Encounter meets state telemedicine standards	<input type="checkbox"/>	
Patient counseling completed or declined	<input type="checkbox"/>	
Any red flags identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION C — CLINICAL NOTES

Use this section to summarize professional judgment, prescriber communication, or final determination:

Disposition:

- Approved for dispensing
- Held pending prescriber clarification
- Denied – insufficient documentation

10 Clinical Appropriateness Review for Telemedicine Prescriptions (SOP)

SECTION D — SIGN-OFF

Role	Name	Signature	Date
Pharmacist Reviewer			
Pharmacist-in-Charge (if reviewed)			

3. Retention

Maintain this completed worksheet and all supporting documentation in the telemedicine verification record for a minimum of seven (7) years or as otherwise required by law or payer audit standards.

4. References

- 21 C.F.R. § 1306.05 – Valid Prescription Requirements
- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- NABP Model Act § 4.07 – Internet and Telepharmacy
- USP <1163> – Quality Assurance in Pharmacy Compounding

11 PDMP Query & Documentation for Telemedicine (SOP)

(Standard Operating Procedure for PDMP Querying and Documentation for Telemedicine-Controlled Prescriptions)

1. Purpose

To establish a consistent and compliant process for querying and documenting the Prescription Drug Monitoring Program (PDMP) for prescriptions originating from telemedicine encounters. This ensures that controlled substance prescriptions are dispensed only when appropriate and legitimate.

2. Scope

This SOP applies to all pharmacy personnel involved in receiving, verifying, and dispensing controlled substances prescribed through telemedicine encounters, regardless of the prescriber or patient location.

3. Policy Statement

The pharmacy shall query the PDMP before dispensing any controlled substance prescription originating from a telemedicine encounter. Pharmacists must document the PDMP query, findings, and any actions taken in the patient's record or PDMP verification log.

4. Definitions

- PDMP: A state-administered Prescription Drug Monitoring Program database that records controlled substance dispensing.
- Telemedicine Encounter: A virtual healthcare visit conducted by audio, video, or other lawful means under applicable state laws.
- Corresponding Responsibility: Pharmacist's obligation under federal law to ensure prescriptions are issued for a legitimate medical purpose by an authorized prescriber.

5. Responsibilities

Role	Responsibilities
Pharmacist-in-Charge (PIC)	Ensures compliance with PDMP query requirements and reviews PDMP logs quarterly
Pharmacist	Performs PDMP queries for telemedicine-controlled prescriptions and documents outcomes in the verification log
Technician/Support Staff	May assist with patient data entry but may not perform PDMP queries unless specifically authorized by state law

6. Procedure

Step 1 — Identify Controlled Substance Prescriptions

- Review all prescriptions received via telemedicine encounters.
- Flag all Schedule II–V controlled substances for mandatory PDMP query prior to dispensing.

Step 2 — Perform PDMP Query

- Access the state PDMP portal (e.g., Arizona CSPMP or equivalent).
- Search using at least two patient identifiers (name, date of birth, or address).
- Review controlled substance history, prescriber names, and dispensing locations.
- Save, print, or electronically store PDMP report in accordance with policy.

Step 3 — Evaluate PDMP Data

- Check for multiple prescribers or pharmacies within a short timeframe.
- Identify overlapping prescriptions for the same medication or therapeutic class.
- Review early refill patterns or excessive quantities.
- Flag any out-of-state prescribers or unusual dispensing trends for further review.

Step 4 — Document the Query

- Record the date and time of the PDMP query in the PDMP Verification Log or patient record.
- Include pharmacist initials and a summary of findings (e.g., 'No concerns', 'Prescriber contacted', 'Hold for review').
- Note any actions taken or escalations initiated.

Step 5 — Red Flag Response Protocol

- Do not dispense if PDMP findings indicate potential misuse, overutilization, or diversion. Refer for counseling/SA intake.
- Contact the prescriber for clarification or supporting clinical documentation.
- Escalate concerns to the PIC or compliance counsel immediately.
- Document all findings, communications, and outcomes in the Telemedicine Denial/Deferral Log.

Step 6 — Controlled Substance Exceptions

- For emergency verbal prescriptions, perform PDMP query immediately after dispensing and document the findings.
- For multi-state patients, query both the pharmacy-state and patient-state PDMP where interstate data sharing is available.

11 PDMP Query & Documentation for Telemedicine (SOP)

7. Documentation & Record Retention

- Maintain PDMP query logs, screenshots, and supporting notes for a minimum of seven (7) years.
- Store records electronically in secure systems accessible for audit or inspection.
- PIC must review PDMP audit trails quarterly and sign off on compliance.

8. Quality Assurance

- Conduct quarterly audits of PDMP query compliance for all telemedicine-controlled prescriptions.
- Track metrics such as percentage of telemedicine-controlled prescriptions with PDMP documentation, number of red-flag interventions, and CAPA (Corrective and Preventive Actions) implemented.

9. References

- 21 C.F.R. § 1306.05 – Valid Prescription Requirement.
- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act.
- A.R.S. § 36-2606 – Arizona Controlled Substances Prescription Monitoring Program (CSPMP).
- NABP PMP InterConnect Participation Guide.

12 Telemedicine Prescription Red Flag Decision Tree (Checklist + Flow Tool)

(Decision Framework and Documentation Tool for Telemedicine Prescription Review)

1. Purpose

To provide a structured decision-making framework for pharmacists and technicians to identify, assess, document, and respond to potential red flags in telemedicine prescriptions. This ensures compliance with professional, state, and federal requirements.

2. Scope

This SOP applies to all pharmacy personnel reviewing, processing, or dispensing prescriptions originating from telemedicine encounters, particularly those involving controlled substances or drugs with known diversion potential.

3. Policy Statement

All pharmacy team members must evaluate each telemedicine prescription for indicators of potential fraud, abuse, or invalid prescribing. Identified red flags must be documented, investigated, and resolved before dispensing.

4. Common Red Flags

Category	Indicator	Action
Prescriber	Prescriber located out-of-state without telemedicine registration	Verify license; escalate to PIC if unverified
Prescriber	Prescriber domain or email not linked to a valid medical practice	Verify legitimacy; document findings
Prescriber	Prescriber issues numerous identical prescriptions daily	Escalate to compliance for review
Patient	Patient is unaware of prescriber's name or encounter details	Hold prescription and document patient statement
Patient	Patient requests early refill or uses multiple pharmacies	Perform PDMP query and document findings
Medication	High-risk drug prescribed without supporting indication (e.g., stimulant, GLP-1, opioid)	Verify diagnosis and prescriber justification
Medication	Quantity or dosage exceeds standard therapeutic range	Contact prescriber for clarification
Encounter	No evidence of direct patient interaction (form-only visit)	Treat as invalid until documentation is obtained

12 Telemedicine Prescription Red Flag Decision Tree (Checklist + Flow Tool)

5. Decision Flow

Follow the steps below when evaluating a telemedicine prescription:

Step 1 — Identify the Red Flag

Prescriber issue Patient issue Drug issue Encounter issue

Step 2 — Verify Legitimacy

- Review PDMP, prescriber license, and telemedicine encounter documentation.
- Confirm prescriber–patient relationship per applicable state law.

Step 3 — Determine Action Path

Outcome	Next Step
Legitimate and verified	Document verification; proceed with dispensing
Unclear or incomplete	Hold prescription; contact prescriber for clarification
Suspicious or unverifiable	Escalate to PIC and compliance; do not dispense until resolved

Step 4 — Documentation Requirements

- Record findings in the Telemedicine Red Flag Log, including date/time, staff initials, issue type, resolution, and communication summary.

6. Escalation Protocol

Severity	Description	Action
Level 1 (Minor)	Simple data mismatch or clerical issue	Correct, verify, and document resolution
Level 2 (Moderate)	Unverified prescriber or unclear patient encounter	Escalate to PIC; hold until verification complete
Level 3 (Critical)	Evidence of fraud, diversion, or illegal prescribing	Refuse to dispense; notify PIC and appropriate authorities. SA treatment referral

12 Telemedicine Prescription Red Flag Decision Tree (Checklist + Flow Tool)

7. Documentation Checklist

- PDMP query completed and recorded
- Prescriber license verified
- Patient interview conducted and documented
- Telemedicine encounter date confirmed
- PIC notified (if applicable)
- Entry made in Red Flag Log

8. Retention

Maintain all red flag documentation, decision logs, and associated communication records for a minimum of seven (7) years or as required by applicable state regulations.

9. References

- 21 C.F.R. § 1306.05 – Valid Prescription Requirements
- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- DEA Pharmacist’s Manual (2023)
- NABP Model Act § 4.07 – Internet and Telepharmacy

13 Telemedicine Dispensing Documentation Log (Operational Template)

(Standardized Record for Telemedicine Prescription Dispensing and Verification)

1. Purpose

To record dispensing activity, verification steps, and pharmacist review outcomes for prescriptions originating from telemedicine encounters, ensuring compliance with state, federal, and PBM audit requirements.

2. Instructions

Complete this log for each telemedicine-originated prescription that is dispensed or reviewed. Attach supporting documentation, including PDMP verification, prescriber validation, and counseling notes. Logs must be maintained chronologically and reviewed monthly by the Pharmacist-in-Charge (PIC).

SECTION A — GENERAL INFORMATION

Date of Entry	
Patient Name	
Date of Birth	
Prescription Number	
Medication Name / Strength	
Quantity Dispensed	
Days Supply	
Prescriber Name	
Prescriber State	
Encounter Type (Video / Audio / Asynchronous)	
Date of Encounter	
Controlled Substance <input type="checkbox"/> Yes <input type="checkbox"/> No	

13 Telemedicine Dispensing Documentation Log (Operational Template)

SECTION B — VERIFICATION & COMPLIANCE CHECKS

Verification Item	Completed	Notes / Findings
Prescriber license verified	<input type="checkbox"/>	
DEA registration verified (if controlled)	<input type="checkbox"/>	
PDMP queried	<input type="checkbox"/>	
Patient location confirmed	<input type="checkbox"/>	
Counseling offered or completed	<input type="checkbox"/>	
Red flag screening performed	<input type="checkbox"/>	
Encounter documentation reviewed	<input type="checkbox"/>	
Clinical appropriateness confirmed	<input type="checkbox"/>	

SECTION C — OUTCOME & ESCALATION

- Dispensed as Written
- Held for Clarification
- Denied/Not Dispensed
- Escalated to PIC
- SA Treatment Referral

Reason for Hold / Denial: _____

Date Resolved: _____

Resolved By: _____

SECTION D — STAFF ATTESTATION

Role	Name	Signature	Date
Verifying Pharmacist			
Technician (if applicable)			
PIC Reviewer			

13 Telemedicine Dispensing Documentation Log (Operational Template)

4. Retention

Maintain this log and supporting documentation for a minimum of seven (7) years or longer if required by state or payer audit policy. Logs should be readily retrievable for inspection and audit review.

5. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- 21 C.F.R. § 1306.05 – Valid Prescription Requirements
- A.R.S. §§ 36-3601 et seq. – Arizona Telehealth Act
- NABP Model Rules § 6 – Documentation Standards

14 Telemedicine Exception Handling & Prescriber Outreach (SOP)

(Standard Operating Procedure for Managing Exceptions and Conducting Prescriber)

1. Purpose

To establish a standardized process for identifying, investigating, and resolving exceptions or discrepancies related to telemedicine prescriptions, and for conducting appropriate outreach to prescribers in compliance with state and federal law.

2. Scope

This SOP applies to all pharmacy personnel responsible for intake, verification, or dispensing of telemedicine prescriptions, including both controlled and non-controlled substances.

3. Policy Statement

No prescription from a telemedicine encounter shall be dispensed until all exceptions or discrepancies have been resolved. All communication with prescribers must be documented in a verifiable and auditable format.

4. Definitions

- Exception: Any deviation from normal prescription workflow requiring clarification, verification, or correction before dispensing.
- Prescriber Outreach: Direct communication between pharmacy staff and the prescriber or prescriber's agent for the purpose of resolving an exception.
- Telemedicine Encounter: A patient-prescriber interaction conducted by audio, video, or asynchronous technology in compliance with applicable law.

5. Responsibilities

Role	Responsibilities
Pharmacist-in-Charge (PIC)	Ensures staff compliance with exception handling procedures and maintains the Prescriber Communication Log
Pharmacist	Identifies exceptions, performs outreach, and documents all communications with prescribers
Technician / Clerk	Flags incomplete or questionable prescriptions and assists with recordkeeping

14 Telemedicine Exception Handling & Prescriber Outreach (SOP)

6. Procedure

Step 1 — Identify the Exception

- Common triggers for exceptions include:
 - Missing prescriber information (license number, DEA number, or address).
 - Mismatch between prescriber and patient state of residence.
 - Incomplete telemedicine encounter documentation.
 - Questionable dosage, indication, or potential duplicate therapy.
 - Patient reports no contact with prescriber.

Step 2 — Classify Exception Severity

Level	Description	Example	Action
1 – Minor	Clerical error or missing field	Missing DOB or address	Correct and document
2 – Moderate	Requires prescriber clarification	No encounter date or unclear diagnosis	Hold Rx and contact prescriber for clarification
3 – Critical	Potential illegitimate prescribing or invalid encounter	Prescriber unlicensed or unverifiable encounter	Escalate to PIC and do not dispense

Step 3 — Conduct Prescriber Outreach

Contact the prescriber directly via phone, fax, or secure email to verify and resolve identified exceptions. Use the following standardized script for verbal communication:

“Hello Dr. [Name], this is [Pharmacist Name] from [Pharmacy Name]. We received a prescription for [Medication Name] for [Patient Name] that appears to have originated from a telemedicine encounter. I’d like to verify a few details to ensure compliance with DEA and state telehealth requirements.”

Better:

“Hi Dr. [Name], this is [Pharmacist Name] from [Pharmacy Name]. We got a prescription for [Medication Name] for [Patient Name]. It’s ready, I’m calling to let you know that and get a little more information for my record.”

Confirm the following during the conversation:

- Date and modality of encounter (video, audio, or asynchronous).
- Prescriber’s location and state license number.
- Patient’s location during the encounter.
- Legitimacy and indication for therapy.

Document all responses in the Prescriber Communication Log.

14 Telemedicine Exception Handling & Prescriber Outreach (SOP)

Step 4 — Document the Communication

Record the following details for every outreach:

- Date and time of communication.
- Method (phone, fax, or secure email).
- Name and title of contact person.
- Summary of discussion and outcome.
- Initials of staff member conducting communication.

Step 5 — Resolve or Escalate

- If the exception is resolved: document corrective action and proceed to dispensing.
- If unresolved: escalate to the PIC and place the prescription on hold until verification is obtained.
- If the prescriber is nonresponsive after two contact attempts: refuse to dispense and document the rationale in the Exception Log.

7. Documentation Requirements

- Maintain records including the original prescription, exception summary, communication notes, PDMP verification (if applicable), and final disposition.
- All records should be stored in the pharmacy's electronic management system and retained for at least seven (7) years.

8. Quality Assurance

- PIC reviews all exception cases monthly to identify trends and ensure compliance.
- Track and categorize exception causes to identify recurring issues or problematic prescribers.
- Implement CAPA (Corrective and Preventive Actions) for systemic or repeated findings.

9. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act.
- 21 C.F.R. § 1306.05 – Valid Prescription Requirement.
- DEA Pharmacist's Manual (2023).
- NABP Model Act § 4.07 – Internet and Telepharmacy.
- A.R.S. §§ 36-3601 et seq. – Arizona Telehealth Act.

15 Denial/Deferral Documentation Form (QA Form)

(Quality Assurance Record for Telemedicine Prescription Denial or Deferral)

1. Purpose

To provide a standardized form for documenting instances in which a telemedicine prescription is denied, deferred, or delayed due to compliance, clinical, or verification concerns. This form serves as a QA record to demonstrate due diligence, corresponding responsibility, and adherence to legal standards.

2. Instructions

Complete this form immediately when a prescription is denied or held pending clarification. Attach supporting documentation such as PDMP reports, prescriber communications, or encounter notes. Submit a copy to the Pharmacist-in-Charge (PIC) for monthly quality assurance review.

SECTION A — PRESCRIPTION DETAILS

Date	
Patient Name	
Date of Birth	
Prescription Number	
Drug Name/Strength	
Quantity	
Prescriber Name	
Prescriber State/License #	
Encounter Type (Video/Audio/Asynchronous)	
Controlled Substance <input type="checkbox"/> Yes <input type="checkbox"/> No	
PDMP Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B — REASON FOR DENIAL OR DEFERRAL

- Incomplete telemedicine encounter documentation
- Prescriber unverified or out-of-state without telemedicine registration
- No patient–prescriber interaction confirmed
- PDMP inconsistency or potential diversion pattern
- Dosage or indication questionable
- Duplicate or overlapping prescription
- Patient declined counseling or refused to answer validation questions
- Other (explain): _____

15 Denial/Deferral Documentation Form (QA Form)

SECTION C — ACTIONS TAKEN

Action	Date/Time	Staff Initials	Notes
PDMP Queried			
Prescriber Contacted (Phone/Fax/Email)			
Awaiting Prescriber Response			
PIC Notified			
Decision to Deny/De- fer Finalized			

SECTION D — PRESCRIBER RESPONSE SUMMARY (if applicable)

Date	Contact Method	Contact Person	Summary of Discussion	Resolution

SECTION E — FINAL DISPOSITION

- Dispensed after clarification
- Deferred pending documentation
- Denied – Not dispensed
- Escalated to Compliance / Legal Counsel

Summary of Decision:

Final Determination Date: _____

Reviewed By (PIC): _____

Signature: _____

15 Denial/Deferral Documentation Form (QA Form)

4. Retention

Maintain all Denial/Deferral Documentation Forms for a minimum of seven (7) years or longer as required by state regulations. Forms must be readily available during inspections or audits conducted by Boards of Pharmacy, DEA, or PBMs.

5. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- 21 C.F.R. § 1306.05 – Valid Prescription Requirement
- NABP Model Act § 4.07 – Internet and Telepharmacy
- A.R.S. § 36-3601 et seq. – Arizona Telehealth Act

16 Third-Party Payer & PBM Audit Readiness (Training + Checklist)

(Training Module and Operational Checklist for Telemedicine Prescription Audit Preparedness)

1. Purpose

To train pharmacy personnel on audit preparedness, documentation standards, and defensive recordkeeping practices for prescriptions received via telemedicine. This ensures compliance with payer policies, PBM agreements, and state and federal regulations.

2. Objectives

- Identify red flags that trigger payer audits for telemedicine prescriptions.
- Understand documentation requirements under PBM contracts and federal law.
- Implement proactive strategies to demonstrate compliance and due diligence.
- Use the attached checklist to verify readiness for on-site or desk audits.

3. Training Overview

Topics Covered:

- Common PBM audit triggers
- Required documentation for telemedicine claims
- Best practices for record organization
- Communication and response timelines
- Quality assurance and follow-up procedures
- Target Audience: Pharmacists, PICs, technicians, compliance staff, and audit response coordinators.

Duration: 45 minutes.

4. PBM Audit Triggers Related to Telemedicine Prescriptions

Trigger Category	Example	Prevention Strategy
Prescriber Legitimacy	Prescriber not licensed in patient's state	Maintain up-to-date license verification logs
Encounter Validation	No documentation of telemedicine visit	Require and retain encounter confirmation statements
Controlled Substance Concerns	Missing PDMP log or incomplete Rx details	Document PDMP checks and maintain logs
Duplicate Claims	Multiple telemedicine claims for same patient	Perform cross-checks in PMS before billing
Questionable Quantities	High-cost or high-volume telemedicine claims	Document clinical justification in patient file

5. Core Audit Readiness Standards

- Maintain a Telemedicine Rx Intake File including encounter documentation, prescriber verification, PDMP, and counseling notes.
- Document corresponding responsibility showing review of legitimacy and clinical appropriateness.
- Use written SOPs to demonstrate that dispensing decisions follow defined procedures.
- Retain audit-ready files, electronic or hard copy, organized by patient or prescriber.
- Track CAPA (Corrective and Preventive Actions) for all audit findings.

16 Third-Party Payer & PBM Audit Readiness (Training + Checklist)

6. PBM Audit Readiness Checklist

Area	Verification Item	Status	Notes
Licensure & Enrollment	Prescriber licensed in patient's state	<input type="checkbox"/>	
Licensure & Enrollment	Pharmacy licensed in patient's state	<input type="checkbox"/>	
Licensure & Enrollment	DEA registration active (if applicable)	<input type="checkbox"/>	
Telemedicine Encounter	Encounter documentation on file	<input type="checkbox"/>	
Telemedicine Encounter	Patient informed consent documented	<input type="checkbox"/>	
Telemedicine Encounter	Prescriber encounter date and type verified	<input type="checkbox"/>	
Prescription Review	Clinical appropriateness documented	<input type="checkbox"/>	
Prescription Review	PDMP checked and logged	<input type="checkbox"/>	
Prescription Review	No duplicate or overlapping Rx's	<input type="checkbox"/>	
Prescription Review	Controlled substance documentation complete	<input type="checkbox"/>	
Billing & Claims	Correct NPI/NDC/quantity billed	<input type="checkbox"/>	
Billing & Claims	Prescriber and pharmacy identifiers match claim	<input type="checkbox"/>	
Billing & Claims	Documentation supports diagnosis and therapy	<input type="checkbox"/>	
Audit Communication	Designated contact identified	<input type="checkbox"/>	
Audit Communication	Response procedure and timeline known	<input type="checkbox"/>	
Audit Communication	Audit log maintained with outcomes	<input type="checkbox"/>	
Payment Collection	Provide proof of payment to YOUR PHARMACY	<input type="checkbox"/>	

16 Third-Party Payer & PBM Audit Readiness (Training + Checklist)

7. Best Practices for Audit Defense

- Maintain telemedicine-specific audit folders for each prescriber.
- Respond within 72 hours of any PBM or payer audit request.
- Provide scanned and signed documentation; avoid screenshots alone.
- Ensure all documents display consistent patient identifiers.
- Review PBM contracts for audit and recoupment provisions.
- Conduct quarterly mock audits with CAPA documentation.

8. Roles & Responsibilities

Role	Key Duties
PIC/Compliance Officer	Oversees audit preparedness, conducts quarterly readiness checks, and ensures CAPA tracking
Pharmacist	Ensures every telemedicine Rx meets documentation and clinical review standards
Technician/Clerk	Maintains document filing system and ensures audit record retrievability

9. QA Review Frequency

- Monthly: Random ten (10) prescription audit for documentation completeness.
- Quarterly: Full audit readiness simulation with CAPA tracking.
- Annually: Review PBM agreements for updated audit language.

10. References

- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- NABP Model Act § 4.07 – Internet and Telepharmacy
- 42 C.F.R. § 455.18 – Medicaid Provider Screening Requirements
- PBM Provider Manual (payer-specific)

17 Contracting & Legal Review Checklist for “Tele-Clinician Partners”

(Standardized Compliance and Legal Due Diligence Checklist for Telemedicine Partnerships)

1. Purpose

To provide a standardized checklist for reviewing, approving, and documenting all contractual relationships between the pharmacy and telemedicine clinician networks or virtual medical groups.

2. Scope

This checklist applies to pharmacy owners, compliance officers, and counsel responsible for contracting with prescribers or tele-clinician entities providing patient care or prescription services to the pharmacy.

3. Policy Statement

No telemedicine or prescriber-related contract may be executed until the pharmacy has verified compliance with applicable laws, reviewed key contractual provisions, and documented approval by legal counsel or the Pharmacist-in-Charge (PIC).

4. Legal and Regulatory Compliance Checklist

Category	Review Item	Verified	Notes/Actions
Corporate Structure	Entity is legally organized and in good standing	<input type="checkbox"/>	
Corporate Structure	Ownership structure reviewed for conflicts of interest	<input type="checkbox"/>	
Corporate Structure	Pharmacy and prescriber entities are independent (no prohibited financial ties)	<input type="checkbox"/>	
Licensure	Each prescriber licensed in state(s) where patients are located	<input type="checkbox"/>	
Licensure	Tele-clinician entity registered or authorized to provide telemedicine services	<input type="checkbox"/>	

17 Contracting & Legal Review Checklist for "Tele-Clinician Partners"

Licensure	DEA registration (if applicable) verified for controlled substances	<input type="checkbox"/>	
Telemedicine Practice Standards	Contract specifies prescriber compliance with state telemedicine laws	<input type="checkbox"/>	
Telemedicine Practice Standards	Encounter modality (video/audio) meets applicable standard of care	<input type="checkbox"/>	
Telemedicine Practice Standards	Documentation retention responsibilities defined	<input type="checkbox"/>	
Contractual Risk Allocation	Agreement includes mutual indemnification provisions	<input type="checkbox"/>	
Contractual Risk Allocation	Insurance coverage verified (E&O, malpractice)	<input type="checkbox"/>	
Contractual Risk Allocation	HIPAA Business Associate Agreement (BAA) executed	<input type="checkbox"/>	
Contractual Risk Allocation	No exclusivity clauses that limit patient freedom of choice	<input type="checkbox"/>	
Contractual Risk Allocation	Termination clause includes notice and audit cooperation provisions	<input type="checkbox"/>	
Anti-Kickback / Fee Arrangements	Compensation reviewed for Fair Market Value (FMV)	<input type="checkbox"/>	
Anti-Kickback / Fee Arrangements	Payment structure is not based on volume or value of prescriptions	<input type="checkbox"/>	
Anti-Kickback / Fee Arrangements	No referral or rebate arrangements tied to utilization	<input type="checkbox"/>	

17 Contracting & Legal Review Checklist for “Tele-Clinician Partners”

Data & Privacy	Secure data transmission and storage verified	<input type="checkbox"/>	
Audit & Oversight	Pharmacy reserves right to audit prescriber compliance	<input type="checkbox"/>	
Audit & Oversight	Tele-clinician entity agrees to cooperate with PBM, DEA, or state investigations	<input type="checkbox"/>	
Audit & Oversight	Quarterly review of prescribing patterns required	<input type="checkbox"/>	

5. Documentation & Approval Record

Step	Responsible Party	Date	Initials	Notes
Legal review completed				
Compliance sign-off				
PIC approval				
Executed contract stored in compliance folder				

6. Retention

Maintain all completed checklists and associated agreements for a minimum of seven (7) years from the date of contract termination. Ensure that both electronic and physical copies are accessible for audit and inspection.

7. References

- 42 U.S.C. § 1320a-7b(b) – Federal Anti-Kickback Statute
- 21 U.S.C. § 829(e) – Ryan Haight Online Pharmacy Consumer Protection Act
- 45 C.F.R. § 164 – HIPAA Privacy and Security Rules
- NABP Model Act § 4.07 – Internet and Telepharmacy

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