PCP:	Page 1 of 2
SECTION: Clinical Services	
POLICY AND PROCEDURE: Dispensing Sample Drugs	Approved date: _____ Approved by: _____ Effective date: _____ Revised date: _____

POLICY:

To ensure that the dispensing of sample drugs/medications follow state and federal pharmacy regulations as processes that do not screen for drug interactions, duplicate therapy, allergies, or contraindications with sample drugs/medications can pose patient safety risks.

PROCEDURE:

ACCEPTING/STORING SAMPLE DRUGS

- Store all sample medications in an area inaccessible to unauthorized persons Separate the medications by route of administration.
- Reserve storage shelves based upon route of administration (oral medications grouped together and topical medications grouped together]
- Organize samples by drug or drug group with labels facing out.
- At the time samples are received, visibly note expiry date on the drug/medication packaging and document sample received on the SAMPLE MEDICATION LOG:
  - o date received
  - o quantity received
  - o expiry date
  - o lot number
- Rotate stock, so that the oldest medications are dispensed first.
- Store medications according to the manufacturer's instructions.
- Check medications monthly for out dates, deterioration, and appropriate location and finalize documentation on the SAMPLE MEDICATION LOG

DISPENSING SAMPLE DRUGS

- Only physicians with prescribing authority may dispense medications.
- The provider should discuss the administration, storage, potential interactions, and side effects of the medication with the patient.
- When retrieving sample medications, the authorized personnel should:
  - o Confirm the expiration date of the medication.
  - o Double-check the name and second identifier (i.e., date of birth] of patient receiving the sample medication

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- o Verify the patient's allergies to medications.
- o Log the distribution of the drug/medication on the SAMPLE MEDICATION LOG (see attachments)
  - date dispensed
  - patient identifier (patient name and medical record#)
  - # of boxes/bottles and doses recommended to patient
  - Lot number
  - Staff/dispenser initial
  - Physician's initial

Last updated: 10/8/2025

Sample Medication Log

Drug Name children's motrin **Strength** Ibuprofen 100mg / 5ml **Drug Company** J&J Consumer Health

Month and Year Aug-22

Amount Remaining From Previous Month

Date Received	Quantity Received	Expiration Date	Lot Number
	2	7/31/23	KHB2B00
	3	11/30/23	LAB0700
Total Received			5

Date Out	MR#	Patient's Name	Boxes/ Bottles and Doses	Lot Number	Staff/ Dispenser Initial	Physician's Initial
8/11/22			1Box/5ml	KHB2B00		
Total Dispensed/Expired						0

Amount Remaining from Previous Month _____ 5

PLUS Total Qty. rec'd during Month _____ 5

Subtotal _____ 5

LESS Total Disp./Exp.During Month _____ 0

Total and of Month Inventory _____ 5

Last updated: 10/8/2025

Sample Medication Log

Drug Name _____

Strength _____

Drug Company _____

Month and Year _____

Amount Remaining from Previous Month _____

Date Received	Quantity Received	Expiration Date	Lot Number	Date Out	MR #	Patient's Name	Boxes/Bottles and Doses	Lot Number	Staff/Dispenser Initial	Physician's Initial
Total Received				Total Dispensed/Expired						

Amount Remaining from Previous Month _____

PLUS Total Quantity Received During Month _____

Subtotal _____

LESS Total Dispensed/Expiring During Month _____

Total End of Month Inventory _____

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