

	INODAYA Hospitals - Kakinada		Documentation code: INH/MOM.Doc.No: 01
	Policy on Pharmacy Services & Usage Of Medications		Prepared date: 11/11/2025
	Reference: MOM.01. NABH Standards – 6 th Edition		Issue Date:11/11/2025
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POLICY AND PROCEDURE ON PHARMACY SERVICES AND USAGE OF MEDICATION

1. PURPOSE

To ensure that pharmacy services meet patients needs with compliance to applicable laws and regulations.

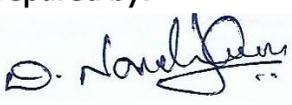
2. SCOPE

This policy and procedure is applicable to pharmacy services provided to in-patients and outpatients.

3. DEFINITION

3.1. **Formulary** - : A formulary drug is a drug which has been reviewed and accepted by the Drug & Therapeutic Committee and which, in the opinion of clinicians from various departments knowledgeable and experienced in the use of the drug, is conducive to rational drug therapy, is considered essential for patient care, is cost effective and whose therapeutic efficacy is well established.

3.2. **Prescription** - A prescription is a health-care program implemented by a physician or other medical practitioner in the form of instructions that govern the plan of care for an individual patient. Prescription includes orders to be followed for patient by caretaker, nurse, pharmacist or other therapist.

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3.3. **Drug Dispensing** - The preparation, packaging, labeling, record keeping, and dispensing of a prescription drug to a patient or an intermediary, who is responsible for administration of the drug.

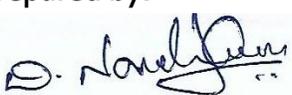
3.4. **Drug Administration** - The route of a medication to be administered for patient; as per the Doctors orders written in medical case sheet.

3.5. **Committee** - A Pharmaco & Therapeutic Committee (PTC) is formed under the supervision of the PTC chairperson. This committee guides the formulation and implementation of the policy and procedure of pharmacy services and medication usage in the hospital. The PTC members include Consultants from various specialities such as General Medicine, OT, Emergency, and operations, Dietician, Nursing Superintendent, Clinical Pharmacist, and Pharmacy In charge.

The PTC Meeting conducted every quarterly and minutes of meeting are documented.

4. RESPONSIBILITY

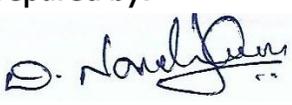
Pharmaco Therapeutic Committee to develop and revise the policies and procedures applicable to the hospital pharmacy services. Doctors, nurses and pharmacists are responsible to implement this policy and procedure. Medical administration, nursing administration and pharmacy in charge to monitor the compliance to this policy and procedure.

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5. POLICY

- 5.1 To comply with applicable laws and regulations of Drugs and Cosmetic Act, Narcotic Drugs and Psychotropic Substances Act and Pharmacy Act.
- 5.2 To have license for a pharmacy established at any identified area in the hospital and to display the license in an area visible to public.
- 5.3 To stock NDPS drugs only at a place for which license is available.
- 5.4 Only a registered pharmacist whose certificate is used for establishment of pharmacy at **Inodaya Hospital**, whose original certificate is available with Inodaya Hospital, are authorized to sign the bills or indents.
- 5.5 To dispense medications to patients/wards only by or under the supervision of a registered pharmacist against a written order or online indent.
- 5.6 To store medicines as per the manufacturer's recommendations
- 5.7 Medications are to be prescribed by doctors and to be dispensed to patient/ward against a written order by a doctor or online indent.
- 5.8 To procure medications from authorized distributors or stockiest of respective drug manufacturers / Pharmaceutical companies.
- 5.9 Medications are to be administered to patients only by a doctor / nurse who are permitted by law to do so.
- 5.10 Patients to be monitored by a doctor/nurse after medication administration as per their clinical needs.

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5.11 Patient/attendant is educated about use of prescribed medications.

5.12 Hospital Drug formulary to be developed by the Drug and Therapeutic Committee as per the patient needs and the same to be updated once in every year or as and when required.

5.13 Drugs not listed in the hospital Drug formulary are to be procured only on specific request (telephonically or in writing) by doctors which may be required to treat a patient.

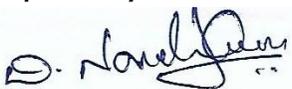
6. PROCEDURE

6.1 PHARMACO THERAPEUTIC COMMITTEE (PTC)

6.1.1 The Pharmaco Therapeutic Committee is a multidisciplinary committee which includes Refere Apex Manual/ Quality Manual, Committee members list available in Pharmacy & Quality Department

6.1.2 Functions of Committee is:

- a. To formulate policies and procedures for storage, formulary, prescription, dispensing, administration, monitoring and use of medications.
- b. To ensure the pharmacy services comply with applicable laws and regulations.
- c. To define process for acquisition of medications listed in formulary and also for those not listed in formulary.

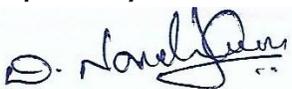
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d. To conduct PTC meeting once in every three months or as and when necessary.

6.1.3 Responsibilities of PTC are:

- a. To serve in as advisory committee to the medical staff and administration in all matters pertaining to drug use.
- b. To develop the criteria for evaluating drugs for inclusion in the hospital formulary.
- c. To design and develop a drug formulary list.
- d. To review regulatory and statutory requirements applicable for pharmacy.
- e. To develop the list of drugs accepted for procurement and use in the hospital.
- f. To objectively evaluate clinical data regarding new drugs proposed for use in the health facility.
- g. To prevent duplication of drugs in the Drug formulary.
- h. To advise the pharmacy department in the implementation of effective drug distribution and control procedures.
- i. To recommend and approve additions and deletions from the Drug formulary.
- j. To establish and plan suitable educational programs for professional staff on pertinent matters relating to drugs and their use.
- k. To monitor and evaluate adverse drug reactions, medication errors and near misses and to make appropriate recommendations to prevent their occurrence.
- l. To conduct ongoing drug use evaluation programs.

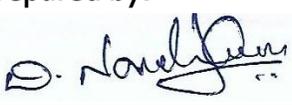
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- m. To ensure that no drug to be added in / Hospital drug formulary without approval from Drug and Therapeutic Committee.
- n. IP-Pharmacy in-charge is responsible to prepare list of drugs to be added or deleted from formulary on monthly basis, if necessary.
- o. IP-Pharmacy in-charge to submit list of drugs to be added / deleted from formulary to Drug and Therapeutic committee prior to the Committee meeting.
- p. Drug and Therapeutic Committee to review and decide on approval of addition / deletion of drugs in Hospital Formulary.
- q. The decision on addition or removal to be taken within two weeks of time from the date of DTC meeting.
- r. To develop protocols and procedures for the use of and access to non formulary drug products.
- s. Monitoring and review on non formulary drugs procured and recommendations to eliminate such incidents.
- t. IP-Pharmacy in-charge is responsible to update the recommendation / approval of Drug and Therapeutic Committee in Hospital Formulary.

6.2 Laws and Regulations

6.2.1 Pharmacy license and NDPS license are to be displayed in the pharmacy.

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6.2.2 NDPS drugs are stocked at IP-Pharmacy (Refer Policy and Procedure on Narcotic Drugs and Psychotropic Substances).

6.2.3 Licensed pharmacists who are authorized to sign bills and indents are made available in every shift at IP-Pharmacy.

6.3 Procurement Process

6.3.1 All drugs are to be procured from authorized distributors after order is placed to Central Purchase Unit of Inodaya Hospitals

6.3.2 Vendor selection and evaluation is done by Central Purchase team involving pharmacists.

6.3.3 An online request for purchase is sent to Central Purchase Unit through which purchase orders to authorized distributors is sent.

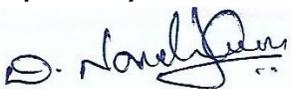
6.3.4 Goods are received at pharmacy stores as per the Goods Receipt Note.

6.3.5 The pharmacists are responsible to identify the drug shortage on a day to day basis.

6.3.6 The pharmacy in-charge is responsible to maintain a minimum stock level (7 to 15 days consumption) as per the movement of the drugs.

6.3.7 To control stock outs effectively, ROL for emergency and fast moving drugs is maintained in software to reduce manual errors if any.

6.4 Medication Storage

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6.4.1 Medication storage policy is designed to ensure accuracy and speed in dispensing the drugs.

6.4.2 Refer Policy and Procedure on Storage of Medications

6.5 Hospital Drug formulary

6.5.1 Hospital Drug formulary is developed by a multidisciplinary committee.

6.5.2 The committee updates the formulary once in every year or as and when necessary.

6.5.3 Procurement of drugs not listed in formulary is preferably to be procured through authorized distributor.

6.5.4 However, this is to be followed in case of emergency only. Such procurement also to be done from authorized distributor only.

6.5.5 The information of such procurement to be submitted to PTC in the forthcoming meeting.

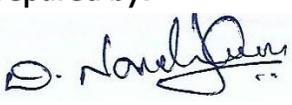
6.6 Prescription

6.6.1 Only doctors are authorized to prescribe medications to patients.

6.6.2 Whenever a medication is prescribed to a patient, it is written in OP prescription form or medication chart of IP patient case sheet.

6.6.3 Refer Policy and Procedure on Prescription of Medications.

6.7 Dispensing

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6.7.1 Medications are to be dispensed to patients/wards only by or under supervision of a registered pharmacist.

6.7.2 Refer Policy and Procedure on Dispensing of Medications.

6.8 Medication Administration

6.8.1 Medications are administered to patients only by a doctor and / or a nurse as per the doctor's orders.

6.8.2 Refer Policy and Procedure on Medication Administration.

6.9 Monitoring of Patients

6.9.1 Nurses / doctors monitor the patients after medication administration.

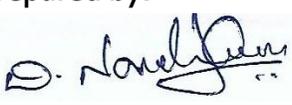
6.9.2 All in-patients are monitored after medication administration and document the same in doctor's notes or nurses notes of patient case sheet.

6.9.3. Refer Policy and Procedure on Adverse Drug Events / Reactions.

6.10 Use of Medications

6.10.1 Patients and family members are educated by doctor/nurse/pharmacist about safe medication administration.

6.10.2 Refer Policy and Procedure on Food and Drug Interaction.

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