

Owner Andrea Darr: Vice President and General Manager, Pharmacy Servi

Area Pharmacy

# **Avel eCare Pharmacy Visual Verification**

### **PURPOSE**

Avel eCare Pharmacy will provide visual verification of medications via either a live, two-way audio-visual link or still image where necessary per applicable state laws unless variances exempting this practice have been obtained.

### SCOPE

This Visual Verification policy applies to Avel eCare, LLC.

### **POLICY**

#### Procedure for live audio-visual verification:

- 1. The remote site will contact an Avel eCare Pharmacist to connect to the site via the live, twoway audio-visual link.
- 2. The pharmacist will connect to the requesting facility to identify and verify medication(s) not previously approved by a pharmacist, to verify the compounding of a non-sterile or sterile product, and to verify high-risk medications per the facility's high-risk medication policy.
- 3. The pharmacist will then document the verification as per established process.
- 4. This documentation will be kept in Avel eCare Pharmacy in compliance with current legal standards.

#### Procedure for still image verification:

- 1. Personnel from the requesting facility will transmit the image into Trax for pharmacist review.
- 2. An eCare pharmacist will evaluate the still images in Trax and communicate either approval or additional information that is needed before the medication can be approved back to the

facility.

- 3. The pharmacist will then document the verification as per established process.
- 4. This documentation will be kept in Avel eCare Pharmacy in compliance with current legal standards.

## **RELATED DOCUMENTS**

None

## **DEFINITIONS**

None

## **REFERENCES**

None

This policy was developed as a guide for the delivery of telehealth services and is not intended to define the standard of care. This policy should be used as a guide for the delivery of service, although originating site or Avel eCare personnel may deviate from this guide to provide appropriate individualized care and treatment for each patient.

### **Approval Signatures**

| Step Description | Approver                                                              | Date    |
|------------------|-----------------------------------------------------------------------|---------|
| Policy Owner     | Andrea Darr: Vice President<br>and General Manager,<br>Pharmacy Servi | 08/2023 |
| Manager Approval | Jeremy Mueller: Pharmacy<br>Manager                                   | 08/2023 |
| Manager Approval | Cari Davis: Pharmacy Manager                                          | 07/2023 |