



River Falls Medical Clinic

A DIVISION OF WESTERN WISCONSIN MEDICAL ASSOCIATES. S.C.

Also Providing Services at Ellsworth and Spring Valley Medical Clinics

March, 2009

Dear Pharmaceutical Representative,

As most of you know, The River Falls Medical Clinic has made the decision to limit medication samples provided by pharmaceutical representatives. The list is comprised of medications that do not have another generic equivalent in each medication category. Please see the attached list.

You will have the opportunity to request a medication be added by completing the "Pharmaceutical Representative Request for Medication Sampling" form. We have attached this form with this letter. Your request will be reviewed by our Quality Leadership Team and a written response will be given within 60 days of your request submission. Pharmaceutical representatives continue to be invited to present new medication information to our providers even if the medication is not on the accepted list.

When presenting to the Clinic, you will be required to sign in. Following staff check-in and the signature of a Health Care Provider, you will be required to log the following: 1) your company name; 2) your name; 3) the medication; 4) amount requested; 5) lot #; 6) expiration date; 7) and the amounts requested by the Health Care Provider. You will not be allowed to deliver more than the requested amount.

We are implementing a labeling system process for documentation that will require documentation in the patient record as well as patient information. We have attached a copy of the required information needed on the 3 labels along with the process for the health care provider to follow. It will be the responsibility of the pharmaceutical representative to provide the medication samples in a baggie with the label completed and stapled to the baggie. We do not require the medication samples be dispensed in their original packaging; however, you must complete the label in its entirety except for the date, chart number and directions. You will be responsible for providing the labels. The labels we have created can be found on our website at www.WWMA.org. Packaging of the samples in the patient lobby areas will not be allowed and we will not be accepting any samples via the postal service.

Please review the list of accepted medications. If your medication sample is listed, we ask you please provide us with your company name, your name, the medication name as well as your email address and phone number in the event that we need to contact you. You can give your information to Kelly Arbogast, the Registration Lead in Unit 3-4.

We appreciate your patience and welcome your feedback with this process.

Sincerely,

Health Care Providers
River Falls, Ellsworth and Spring Valley Medical Clinics