

## IREDELL HEALTH SYSTEM

<b>Hospital Inpatient Free Trial (HIFT) Program: Iredell Davis Behavioral Health</b>	
Approved by: Randi Raynor, PharmD, MBA, BCPS Laura Rollings, PharmD, BCPS, BCGP	Last Revised/Reviewed Date:
P&T Committee	Date: 04/2025
<i>The contents of this policy are applicable to Iredell Davis Behavioral Health only.</i>	

### Purpose

To provide guidance on the Inpatient Hospital Pharmacy Free Trial (HIFT) Program to receive trial units for Iredell Davis patients at no cost to the facility or patient.

### Policy

Prescription Drug Marketing Act (PDMA) compliant drug samples shall not be accepted within IDBH as is requirement for HIFT programs.

Each individual HIFT program has differing program requirements and shall be reviewed and adhered to for each patient enrolled.

Program Product may be dispensed only with a valid order from a provider licensed or authorized under state law to prescribe the product requested.

Orders for HIFT program agent shall be placed during the weekday to ensure program criteria is reviewed in a timely manner.

#### Approved HIFT Program Agents:

- **aripiprazole lauroxil (Aristada)** - Alkermes®  
See full program details at [www.alkermeshospitalprogram.com](http://www.alkermeshospitalprogram.com)
- **paliperidone palmitate (Invega Sustenna®)** – Janssen  
See full program details at [www.inpatientfreetrialprogram.com](http://www.inpatientfreetrialprogram.com)
- **risperidone (Uzedy®)** – Teva  
See full program details at [Hospital Inpatient Free Trial Program | UZEDY® \(risperidone\) extended-release injectable suspension](#)

### Procedure:

1. Upon receiving a medication order for an approved HIFT program agent, pharmacists shall review history to ensure patient has not exceeded program limitations for the current year.
2. Patient history shall be reviewed to ensure tolerability of an oral agent prior to initiating a long-acting injectable.
3. As per *Medication Ordering and Processing*, ensure dose and indication are appropriate.
4. Documentation by pharmacist to include medication order, prescriber, patient and order/administration date as well as dispensed unit serial and lot number. Records to be retained for 3 years.
5. Pharmacist shall order replacement unit via HIFT program website.

INITIAL EFFECTIVE DATE: 04/2025

DATES REVISIONS EFFECTIVE:

DATES REVIEWED (no changes):