



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT  
AND**

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**(PHARMACY NAME)**

**FOR EMERGENCY PHARMACEUTICAL DISPENSING**

This Memorandum of Understanding (MOU) is made and entered into by and between the Central Michigan District Health Department (CMDHD) and \_\_\_\_\_(Pharmacy Name), for the purpose of cooperation and coordination as it relates to emergency preparedness and response to a public health emergency.

**WHEREAS**, the Central MI District Health Department is responsible for supporting and maintaining the public health of Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon Counties' residents, preparing the community for public health disasters and/or emergencies, and responding to public health threats, emergencies and disasters, and,

**WHEREAS**, \_\_\_\_\_(Pharmacy Name) supports the local community and has agreed to support in preparing for, and responding to the current public health threat.

**NOW THEREFORE**, The CMDHD and \_\_\_\_\_(Pharmacy Name) have agreed to the roles and responsibilities expressed in this memorandum.

**Responsibilities:**

**CMDHD:**

- Serve as the lead local governmental agency for preparedness and response to public health threats, disasters, and emergencies in Arenac, Clare, Gladwin, Isabella, Osceola and Roscommon Counties within these Counties' Emergency Operation Plan Framework.
- Work with local hospitals, healthcare providers, and pharmacies to ensure that there is a community-wide, coordinated effort for planning for and responding to the H1N1 influenza health emergency.

- Establish the specific reporting/recording requirements necessary for community pharmacy to dispense the antiviral medications in a quick and efficient manner (i.e. - name, address, DOB, Phone # of patient and Name, NDC, strength, dose, qty, and Lot Number of medication)
- Provide to \_\_\_\_\_(Pharmacy Name) antiviral medications in such quantities and at such times as shall be determined solely by the CMDHD to protect the health and welfare of county residents.

**(Pharmacy Name):**

Adhere to all dispensing, compounding, and recording guidelines related to the antivirals as directed by the FDA, CDC, Michigan Department of Community Health, and/or the CMDHD. Such guidelines will be attached to this Memorandum as Attachment A, which will be subject to written revisions as conditions warrant.

Safeguard antiviral medications from damage, theft or loss according to manufacturer’s recommendations on storage, handling, and temperature control.

Promptly return all medications provided pursuant to this memorandum to the CMDHD upon request.

**Compliance with Applicable Laws, Regulations, and Policies:**

Both parties understand that this memorandum is intended to be in compliance with all applicable Federal, State, and local laws, regulations, and CMDHD and \_\_\_\_\_(Pharmacy Name) policies. Any part of this agreement that is in conflict with aforementioned laws, regulations, and policies shall be deemed invalid. The balance of the agreement shall survive and shall remain in full force and effect.

**Duration of the Agreement:** This agreement shall remain in place until either party notifies the other in writing (no less than 30 days) their desire to terminate the agreement. Termination of this agreement can be with or without cause.

**Approvals:**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Pharmacy Representative

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Central MI District Health Department