

Controlled Substance Management

First things first. Conduct a complete inventory.

Remember to check all vaults in CHCS including the destruction vault. This can be accomplished in CHCS through (PRM, NRR, INR).

Also check all outstanding 579s (PRM, NRR, OIR). Sometimes some 579s are issued to units that are not part of the MTF. Be sure to obtain a good point of contact before you issue these 579s. If any 579s are missing or otherwise unattainable, the commander of the party that lost the 579 must sign off on the inventory adjustment voucher (AF Form 85) and return the form to the pharmacy.

Check the integrity of the Narcotic Supply system. (Pharmacy Practice Manual, Chapter 3)

Some things to think about:

Receipt

Who is authorized to sign the Form 222? Has the “power of attorney” authorizing someone in medical logistics to order/receive Schedule II drug been updated?

Is the issue/turn-in summary kept on file?

Storage

Are all controlled drug cabinets and vaults/safes kept LOCKED?

When was the last vault combination change and why was it changed? When are changes to the combination required?

Do you have an updated vault access letter?

How many people have access to the vault? Why did you decide on that number?

Dispensing

When do you complete the RX Transaction after the patient picks it up or after it is checked and ready for pick up? Why?

When do you return Rx transactions and when do you remove Rx transactions? (returns add to the inventory, removals neither increments nor decrements the inventor)

Disinterested Inspections

While the disinterested inspection program is not the responsibility of the pharmacy, it is in the best interest of the pharmacy that all inspections are conducted every month and in a timely manner. Since pharmacy is in the best position to understand the flow of narcotic medications, you may want to ensure that the disinterested inspector is properly instructed in his duties.