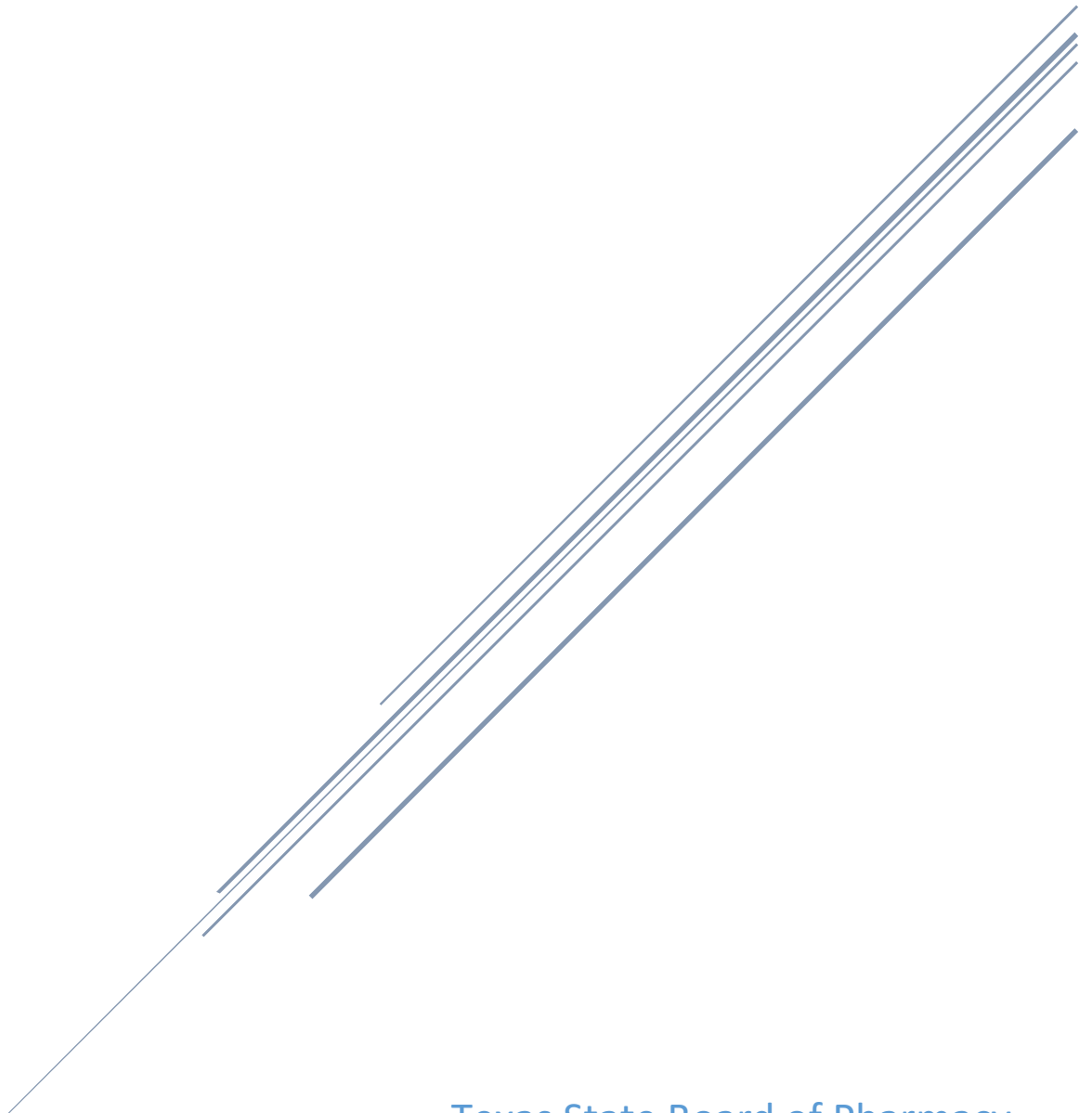


# POLICY AND PROCEDURE RECOMMENDATIONS

to Help Prevent the Theft and Loss of Controlled Substances  
in the Pharmacy



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The following guidelines are recommended for inclusion in your pharmacy Policies and Procedures.

### **Security**

There are several security actions which may reduce the opportunity for someone to steal from the pharmacy department.

1. Actions regarding the physical location of the pharmacy may include:
  - a. Pharmacy department must be clean orderly: no boxes stored on the floor; no trash stored in the pharmacy department; limit stacking items that may prohibit supervision; no food stored in the pharmacy, etc.;
  - b. Monitored alarm systems which include HD cameras which may be remotely accessed; motion sensors; glass breakage alarms; and loss of power back up;
  - c. Cameras positioned at all points of entry;
  - d. Cameras conspicuously and covertly placed within the pharmacy premises;
  - e. Adequate lighting both in and outside the pharmacy, possibly motion sensor control;
  - f. Security windows and doors that can withstand entry by force;
  - g. Security locks on all entrances into the pharmacy (including docking doors);
  - h. Pull down gates to secure the area of the pharmacy where drugs are stored; and
  - i. Controlled substances stored in a safe (preferably electronic safes with timeout or time delay mechanism) in a locked secure cabinet
2. Keys (building, drugs, etc.)
  - a. Building access given to only specific staff (e.g., PIC and pharmacists is recommended) and a record of the staff with access kept and updated as needed;
  - b. Provide individual access codes for each employee who has key/alarm access codes and regularly update these codes;
  - c. Keys to the pharmacy and safe need to be prohibited from copying;
  - d. Drug safe access given only to the PIC and pharmacists;
  - e. All locks should be rekeyed immediately following the termination of staff due to theft from the pharmacy in order to reduce the chance keys or codes have been copied; and
  - f. Consider biometric access to the building and pharmacy department which logs each entry and departure.
3. If electronic monitoring is enabled for the security system, consider the following:
  - a. Notifications for monitoring after business hours (overnight);
  - b. Electronic logs of all access to the pharmacy, including logging date and time employees opened, closed, or accessed the pharmacy with their code;
  - c. Remote video monitoring of personnel when the pharmacist is not in the prescription department; and
  - d. Regularly scheduled review of surveillance footage; and
  - e. Remote back up of all security footage, preferably not on the pharmacy grounds (i.e., cloud, corporate office, etc.).
4. Drive through:
  - a. Ensure drive through access to the pharmacy has strong, tamper proof locks;
  - b. Consider a secondary access deterrent (i.e. – locks on the drive through window and a locked pull down metal partition);
  - c. Remote monitoring of both in interior and exterior section of the drive through which allows for monitoring of all items delivered to and from the pharmacy window.
5. Trash:
  - a. Use clear plastic trash bags to facilitate easier visual inspection;

- b. Scheduled trash removal with pharmacist review of trash bags;
- c. Smaller trash receptacles in the pharmacy to enable easier visual inspection;
- d. Remove the caps from empty plastic pill bottles and caps and store them separately to ensure all bottles leaving the prescription department are empty.

### ***Personnel***

1. The following actions regarding personnel are recommended:
2. Perform criminal background check; Board Licensure/Registrant verifications for current license status and review of any disciplinary action history; and previous employer reference checks for all new employees prior to employment;
3. Annually review Licensure/Registrant Verifications with licensing Board on-line verification to ensure current licensure or registrations and review of disciplinary actions;
4. Prior to employment, employee must pass a Pre-Employment Drug Screen. Continual random drug screening may be beneficial;
5. Dress code:
  - a. No purses, backpacks, or bags, unless see through and minimal in size, allowed in the prescription department;
  - b. No jackets with pockets or, if allowed, pharmacist will verify pockets are empty upon departure from the prescription department;
  - c. No baggy or cargo pants (this limits the space available to store drug bottles or bags of pills);
  - d. No food storage containers or bags allowed in the prescription department; and
  - e. Storage lockers located outside of the pharmacy.
6. Only pharmacy staff are allowed in any area where drugs are stored;
7. Any access by non-pharmacy staff is continually monitored by pharmacist-in-charge or staff pharmacist;
8. Visually inspect all items entering and leaving the prescription department (recommend action occurring by pharmacist as they have responsibility by rule for shortages);
9. Smocks without pockets or, removal of smocks prior to employees leaving the prescription department at all times; and
10. Ensure two pharmacy staff members are present in the pharmacy at all times.

### ***Controlled Substances***

1. Inventory:
  - a. Keep a perpetual inventory of CII drugs with serious consideration to include high risk controlled substances such as, carisoprodol, alprazolam, and promethazine with codeine;
  - b. Conduct biennial inventory of all controlled substances with exact counts;
  - c. Reconciliation of controlled substances dispensed, ordered, and on hand between annual inventories (perform monthly at a minimum);
  - d. Limit the receipt and check in of all controlled substances to the PIC or pharmacist on duty or use a double check system involving two separate check in reviews and two verification signatures on all invoices;
  - e. Keep all distributor containers sealed until verified by the pharmacist;
  - f. Check in controlled substances within the hour of arrival (handled as a priority) and immediately update perpetual inventories;
  - g. Immediate reporting by the pharmacist to the distributor of incomplete or shortages of controlled substances received;

- h. Pharmacist review and approval of controlled substances and quantities of controlled substances ordered;
- i. Double count all dispensed controlled substances and require double verification with both staff initials performing the verification recorded on the hardcopy, if available, and on the prescription bottle label;
- j. Pharmacist-in-charge conducts random periodic checks of high risk controlled substances;
- k. Back count stock bottles as used and track quantity remaining on the outside of the bottle with date and initials of staff performing each withdrawal; and
- l. Pharmacist is responsible for bagging all controlled substances for final delivery.

### ***Drug Returns***

1. Expired/Damaged
  - a. Secure all expired, returned, or damaged controlled substances;
  - b. Keep a perpetual log of drugs pulled for destruction;
  - c. Keep exact counts of drugs to be destroyed and require double verification recording on the log, DEA form 41, and invoicing;
  - d. Reconcile drugs removed with the record and invoice verifying destruction received from the destruction company or reverse distributor;
2. Customer Returns
  - a. Customer returns of controlled substance are allowed only in accordance with the Controlled Substance Act, as amended by the Secure and Responsible Drug Disposal Act of 2010 (“Disposal Act”) 21 C.F.R. 1317.10 and 1317.85 ;
  - b. Refer to the DEA Diversion website for more information or see the fact sheet [https://www.deadiversion.usdoj.gov/drug\\_disposal/fact\\_sheets/disposal\\_registrant.pdf](https://www.deadiversion.usdoj.gov/drug_disposal/fact_sheets/disposal_registrant.pdf)
3. Will Call Medication Not Delivered (Return to Stock Inventory)
  - a. Verification by the pharmacist and one other pharmacy staff member controlled substance prescriptions were removed from the Will Call area and returned to stock; and
  - b. Verification that dispensing information is reversed in the Prescription Monitoring Program system and insurance company.

### ***Theft and/or Loss***

1. Upon discovery of a theft or loss of controlled substance(s), file the required DEA 106 and appropriate notice to the Board;
2. Notify local law enforcement of all theft of controlled substances and keep a copy of the police report with your DEA 106;
3. Review all surveillance video footage as soon as a theft is suspected in the pharmacy;
4. Question all employees about the theft and record your findings;
5. Immediately notify and involve your company’s Theft and Loss Prevention manager if applicable;
6. Perform a complete inventory of controlled substances as soon as a theft of controlled substances is suspected: this will enable you to quickly determine if any other drugs are short;
7. Review all invoices and compare with your inventory completed in step above and dispensing history;
8. Request invoice reports from all suppliers and compare with your inventory records;