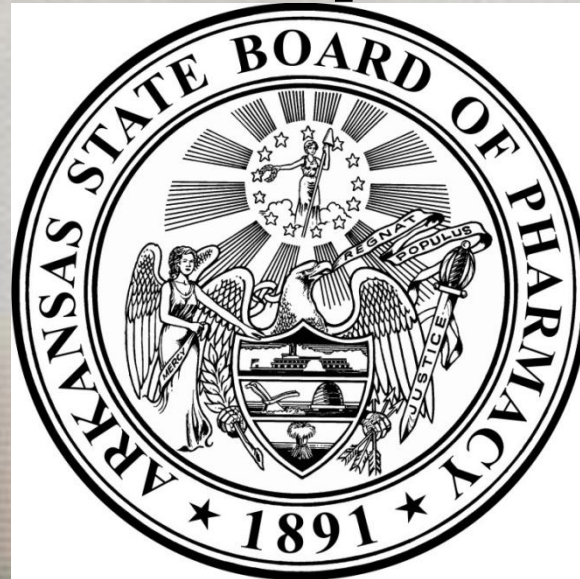


Arkansas Pharmacy Law Update



John Clay Kirtley, Pharm.D.
Executive Director
Arkansas State Board of Pharmacy

Objectives

- Analyze recent changes in Pharmacy regulations in Arkansas.
- Discuss the reasoning behind changes to pharmacy regulations.
- Demonstrate understanding of recent pharmacy regulatory changes and challenges.
- Identify three practice changes to protect your controlled substance inventory.

About the Board of Pharmacy



- The Board licenses:
 - Individuals
 - Businesses
- The Board tracks over 21 different license configurations / types
- We have a 3 member administrative team
- We are always busy
- Please remember to be patient and polite...
- Employment change notifications are *required*

State Board of Pharmacy

pharmacyboard.arkansas.gov

www.arkansas.gov/asbp

- Board News & Events
- Licensee Information - Newsletters
- Forms & Instructions
- Pharmacy Lawbook – Regulation Changes
- Complete – Up-to-Date Lawbook

pharmacyboard.arkansas.gov

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ARKANSAS STATE BOARD OF PHARMACY

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Search Site

About Us

- Who We Are
- Members
- Staff

News/Events

- 06/09/2014 | Law Exam for June 2014 Reciprocity Applicants
- 06/10/2014 | June 2014 Board Meeting
- 06/12/2014 | 132nd APA Annual Convention
- More >

Licensees

- License Maintenance
- Forms & Instructions
- Newsletter
- Frequently Asked Questions

Rules & Regulations

- Pharmacy Lawbook
- Statutes & Regulations

Hot Topics

- New FDA release on Hydrocodone/APAP
- Proposed Regulation Changes
- Arkansas Transparency Act Information
- Prescription Drug Summit
- Drug Takeback Program
- November Pharmacist Newsletter

How do I file a complaint?

Consumers Pharmacist

Arkansas State Board of Pharmacy

Find a Pharmacy or Pharmacist **SEARCH NOW!**

Find Us  Facebook

Arkansas State Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201
Phone: 501-682-0190 | Fax: 501-682-0195
Contact Us | Google Map

Accessibility | Privacy | Security | Acceptable Use

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ARKANSAS STATE BOARD OF PHARMACY

Home About Us Licensee Information Consumer Information Online Services News/Events Links FAQs

Roster Search -- Results


Found 2 results matching your search criteria. D

[Search Again?](#)

Name:	
License Type:	
License Number:	
Issue Date:	8/26/2002
Expiration Date:	12/31/2013
Current Status:	Active
Disciplinary Action:	<input checked="" type="checkbox"/> Yes
Preceptor:	No
Nursing Home Consultant:	No
Immunization Certification:	No
License Method:	Exam

[View List of Current Employers for this Individual](#)

Message from webpage



Please contact Arkansas Board of Pharmacy at (501) 682-0190 for more information about disciplinary actions.

OK

Proposed Regulation Changes

PUBLIC NOTICE

- On March 19, 2014 at Noon, the Arkansas State Board of Pharmacy will hold a public hearing at the Arkansas State Board of Pharmacy, 322 South Main, Suite 600, Little Rock, AR 72201. The following regulation changes will be considered:

Regulation 1 – General Operations:

- **01-00-0002—LOCATION OF BOARD OFFICES**

- The office of the Arkansas State Board of Pharmacy shall be located at **322 Main Street, Suite 600**, Little Rock, Arkansas. All communications thereto may be addressed to Arkansas State Board of Pharmacy, **322 Main Street, Suite 600**, Little Rock, AR 72201.

New Space for Board Offices

- Board room to seat up to 75
- Classroom for up to 50
- Conference room for committee meetings
- Extra Office for our Board Attorney
- ADA compliant
- File Room / Storage Workroom

Regulation 2 - :

- **02-01-0002—BOARD OF PHARMACY REGULATES INTERNSHIP PROGRAM**
- Up to 1,500 hours of the required 2,000 may be obtained in a training program as part of school curriculum.

Regulation 4 - :

- Cleanup language for electronic prescribing
- Minor technical corrections within the regulation

04-02-0011—CENTRAL FILL PHARMACY

- Changes will allow a pharmacy to electronically record that a prescription has been transferred to a central fill pharmacy rather than writing it on the original hard copy.

04-03-0002 METHADONE CLINIC SPECIALTY PHARMACY PERMIT

- Definitions:
 - “Methadone clinic pharmacy” means the place in which a licensed professional prepares methadone, ~~or~~ buprenorphine, or other approved medications to be administered and/or dispensed to a patient of the clinic.
- “other medications approved by the Board for research purposes”

Regulation 5 – Emergency Kits for In-patient Hospice Facilities

- Allow for Hospice Comfort E-kits for facilities that do not have an on-site hospital pharmacy permit
- This will NOT change requirements for 24 hour coverage for needs by the outside pharmacy
- In regulation 5 because it is an emergency kit

Regulation 7 - :

- Allow pharmacists to electronically receive and document prescriptions in accordance with Arkansas Act 1331 of 2013 and as allowed by federal regulations.

Definitions in Regulation 7

- “Prescription” means an order for medicine or medicines usually written as a formula by a physician, optometrist, dentist, veterinarian, or other licensed medicinal practitioner. It contains the names and quantities of the desired substance, with instructions to the pharmacist for its preparation and to the patient for the use of the medicine at a particular time.

Definitions in Regulation 7

- “Prescription drug order” means a lawful order of a practitioner for a drug or device for a specific patient that is communicated to a pharmacist.
- "Written prescription" means a prescription that is presented to an apothecary, pharmacy or pharmacist in compliance with federal law and regulations, including a written, oral, faxed, or electronic prescription.

Regulation 7 – Phoned in Rxs

- Updated language to clarify the option for a pharmacist to either enter verbal orders directly into the pharmacy's electronic prescription system or promptly reduce the verbal order to writing.
- **CONTROLS MUST BE REDUCED TO WRITING per DEA**

07-04-0008—SCHEDULE V—EPHEDRINE, PSEUDOEPHEDRINE & PPA

- Updated language according to Act 176 to allow use of a Military ID to purchase these Schedule V Products

What Else is Coming

- Act 274 by Rep. Marshall Wright and Sen. Jonathan Dismang
- Allow physicians to indicate that Therapeutic Substitution is Allowed and then allow an Arkansas licensed pharmacist to make such substitution

Board Issues

- Violations of Controlled Substance Laws
 - Diversion for Personal Use
 - Diversion for Distribution
 - Chemical Addictions
- Arkansas Pharmacy Support Group
 - The Arkansas Pharmacy Support Group helps pharmacy professionals who are fighting addiction. We know how to help, because we've been there. If you or someone you know has a problem, call:
 - The Arkansas Pharmacy Support Group HELP LINE (870) 636-0923 or <http://www.arpsg.org/>

Prescription Drug Losses – 106 Totals

	2010	2011	2012
Alprazolam (Xanax)	73,633	42,953	9,844
Hydrocodone	459,276	213,639	103,988
Oxycodone	16,538	32,422	18,448
Codeine	4,005	8,878	²² 3,726

Case Studies



- Case studies
 - How quickly does diversion happen
 - How long does a break-in take
 - ‘Trust’ in your employees
 - Review of faulty procedures resulting in loss
- Top Diverted Drugs in Arkansas
 - Hydrocodone Products
 - Benzodiazepines
 - Promethazine with Codeine

Educational Opportunities

- CE From the Board, by the Board
- Delivered in cooperation with:
- US Atty's Offices
- State Drug Director Fran Flener
- DEA – Lisa Barnhill

Mini Prescription Drug Summit– Northeast Arkansas

AGENDA

Tuesday

June 11th 2013

5 PM - 9 PM

Fowler Center

Grand Ball Room
Arkansas State University
201 Olympic Drive
Jonesboro, AR

Sponsored By:



Limited to the 1st 80
Registered Participants-
Please RSVP to Kelly Kendall
Arkansas Board of Pharmacy
501-682-0190 or
Kelly.Kendall@arkansas.gov

- **5:00 PM Reception-**
with heavy hors d'oeuvres
- **6:00 PM Opening Remarks-**
Justin Boyd, Pharm.D., MBA
- **6:05 PM Welcome-**
Wade Lewis, Smith Drug Company
- **6:10 PM Comments-**
Chris Thyer
U.S. Attorney Eastern Arkansas District
- **6:15 PM Comments-**
Fran Flener
State Drug Director
- **6:20 PM Protecting Your Inventory:**
An Overview of Employee Pilferage in
Arkansas Pharmacies- John Kirtley, Executive
Director, Arkansas State Board Of Pharmacy
- **7:20 PM Break-**
- **7:30 PM Prescription Drug Diversion-**
Lisa Barnhill, DEA Diversion Group
Supervisor
- **8:30 PM Question and Answer**
- **9:00 PM Dismissal**

What's Next?

- Up to 700 seats
- ACPE Accredited CE
- Healthcare Specific Breakout Tract

Save the Date: September 9 & 10

2014
ARKANSAS
Rx Drug Abuse
SUMMIT

September 9

Ron Robinson Theater

Full day of pre-conference workshops, followed by an evening screening of "The Hungry Heart" documentary

September 10

Statehouse Convention Center

Formal Summit with keynote lunch and break-out sessions for specialty tracks

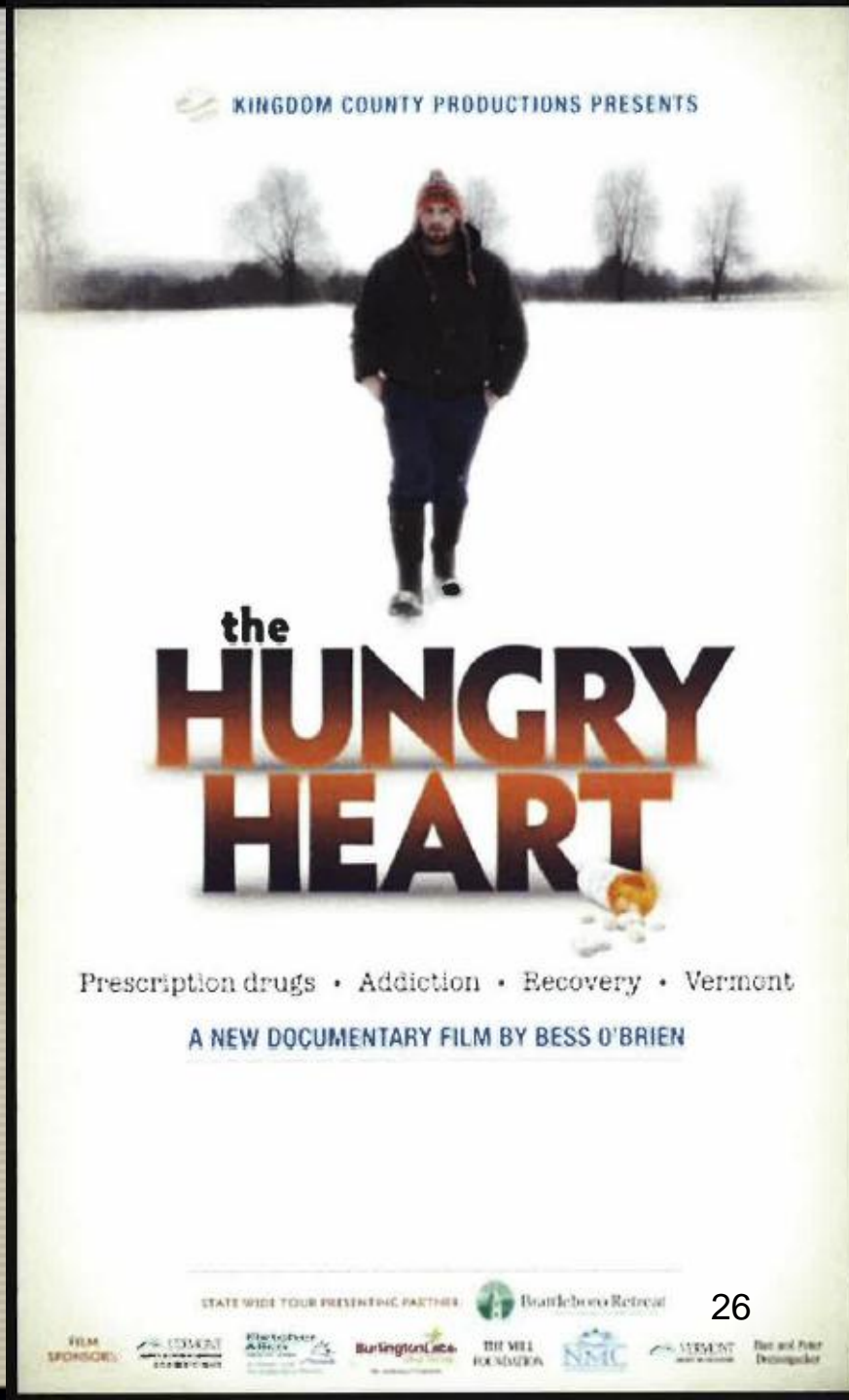
Watch www.ArkansasAG.gov
and www.CJI.edu for details

"The Hungry Heart"

<http://thehungryheartmovie.org>

Healthcare Breakouts Featuring:

- Dr. Jay Weiss
- Darren Davis, P.D.
- Dr. Carlos Roman



Upcoming Events

- Board is continuing In-Service type CE for prevention and identification of diversion in pharmacies
- **SHOW YOU HOW TO DO A SHRINK REPORT – You will see this today!**

DRUG DIVERSION:

**"Any criminal act involving a
prescription drug"**

DEA

*The diverting of legitimate
controlled substances (or chemicals)
into the Black Market*

Most Commonly Diverted Drugs according to DEA and NSDUH data

Prescription Opioids

The most commonly diverted CPDs are opioid pain relievers, according to DEA and NSDUH data. Opioid pain relievers are popular among drug abusers because of the euphoria they induce. Opioid pain relievers include codeine, fentanyl (Duragesic, Actiq), hydromorphone (Dilaudid), meperidine (Demerol, which is prescribed less often because of its side effects), morphine (MS Contin), oxycodone (OxyContin), pentazocine (Talwin), methadone (Dolophine), and hydrocodone combinations (Vicodin, Lortab, and Lorcet).

Street Values

Alprazolam - \$2.00 to \$6.00

Xanax - \$1.00 to \$20.00

Ambien - \$2.00 to \$15.00

Codeine Syrup – 1 pint - \$200.00 to \$400.00 to \$1000

Promethazine w/Codeine - \$12.00 to \$300.00

Dilaudid - \$25.00 to \$50.00

Fentanyl Patch - \$20.00 to \$70.00

Hydrocodone - \$.75 to \$25.00

Methadone - \$8.00 to \$50.00

Morphine - \$30.00 to \$50.00

Oxycontin - \$10.00 to \$80.00

Tussionex - \$5.00 to \$40.00

(NDIC/DEA, 2008)

Diversion Prevention

The background of the slide features a faded, sepia-toned photograph of a grand classical building with a series of tall, fluted columns and a pedimented roofline, suggesting a government or institutional setting.

- Ordering Process
- Receipt of Goods
- Daily Functions
- Returns
- Employee Hiring Process
- Red Flags
- Inventory Control
- Reporting, Inventory and Required Forms

Ordering Process

- Create system of checks and balances so that no one individual has total process control
- Limit number of individuals with DEA Power of Attorney to order
- Order placed by specific individual
- Different individual receives order and places into stock
- Pharmacist Verify Order before placed
- Pharmacist Check Order when received (Controls Especially)

Order/Receipt

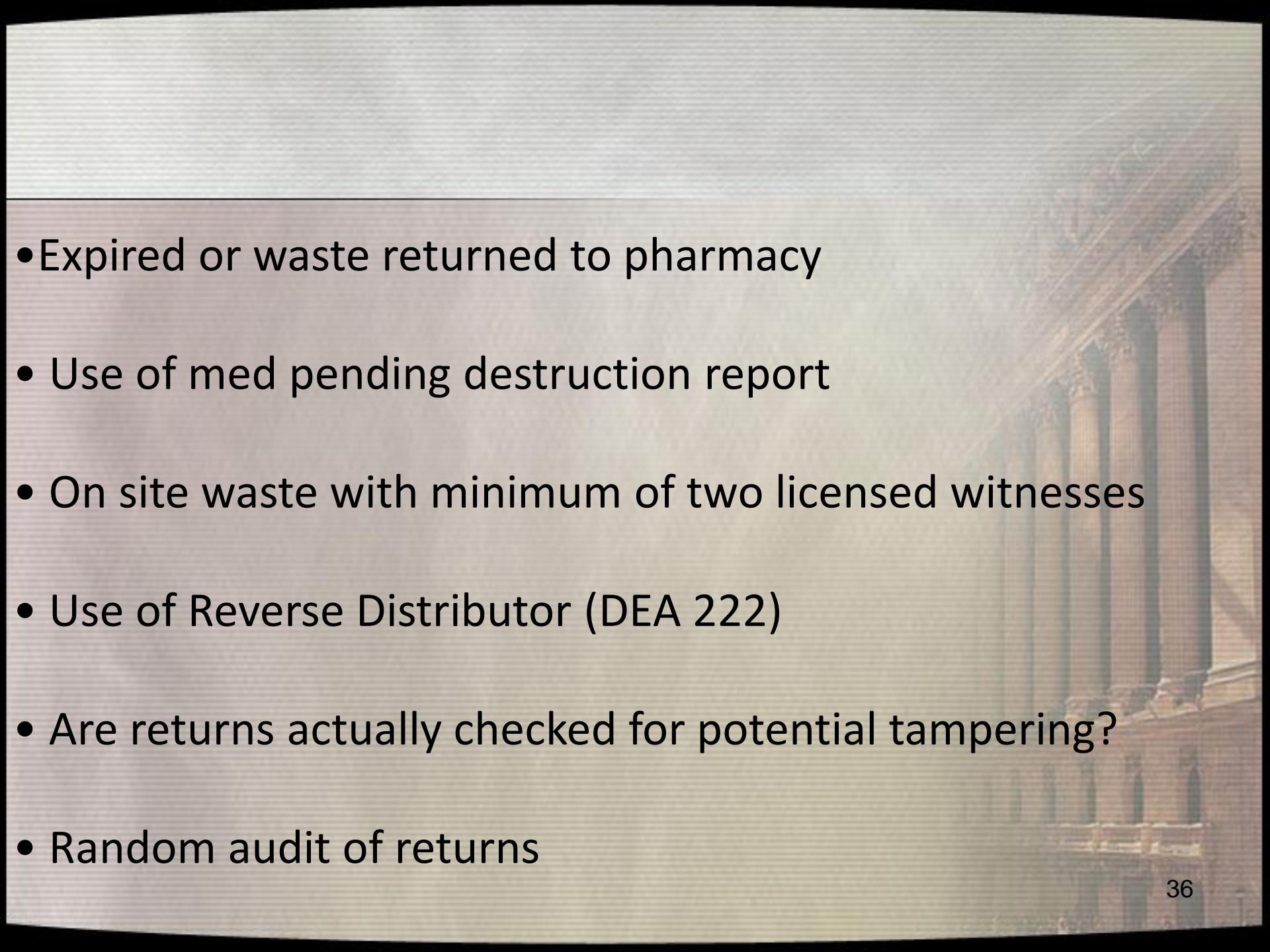
- Separation of duties is good but not infallible
- Individuals could agree to “work together” to beat the system
- Conduct regular audits of controlled substance purchases and inventory receipts
- Ensure control of DEA 222 forms
- Consider use of CSOS electronic order system to streamline process and enhance security
- Evaluate integrity of delivery/receipt process
- Consider use of tamper resistant or tamper evident packaging when available

Daily Functions

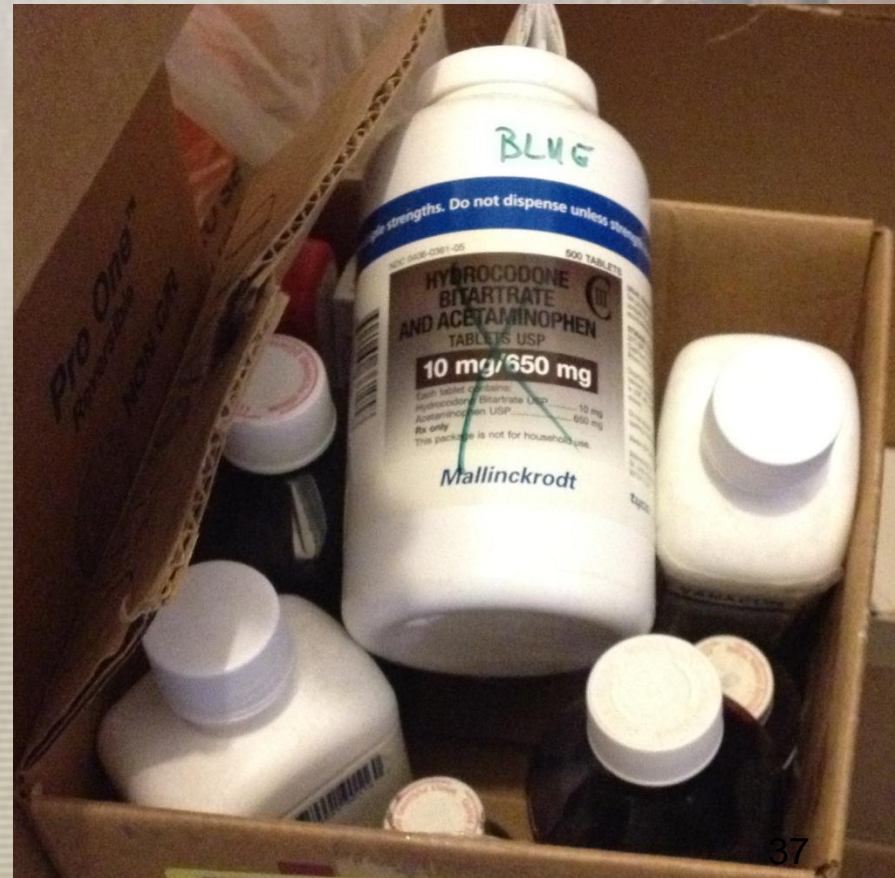
- Passwords – how are these issued and controlled?
- Alarm codes for each pharmacist at facility
 - No general code for everyone
- Creation of “temporary” user accounts
- Inventory counts –back count on all C-II controlled substances and spot audit on other controls
- Discrepancy resolution should be a priority

Returns/Waste – Hospital Vs. Retail

- Are controlled substances being wasted properly with appropriate witness/documentation?
- Are Controlled Substances inappropriately thrown in sharps or trash?
- How are unused Controlled Substances handled?
- How are out of date controlled substances processed?
- How do you perform an inventory?

- 
- Expired or waste returned to pharmacy
 - Use of med pending destruction report
 - On site waste with minimum of two licensed witnesses
 - Use of Reverse Distributor (DEA 222)
 - Are returns actually checked for potential tampering?
 - Random audit of returns

How NOT To Store Drugs



How NOT To Store Drugs



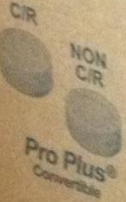
92-9824

Packaging

Return Drugs

Convertible/Reversible
Easy to use C/R and Non C/R
* Convenient
* Versatile

Pro One®
Reversible



Pro Plus®
Convertible

TRI STATE DISTRIBUTION

"The new leader in prescription packaging products"
(800) 392-9824
800 Viata Dr. Sparta, TN 38583

TS PRO33

PHILIP PHARMACY DEPT

THE PRO SERIES™
ADVANTAGE...
PRO PLUS™ PRO ONE™
PRO MAXX®

- One cap-one vial system
- Preferred by your customers
- Convertible/Reversible Design
- Easy to use C/R and Non C/R
- Convenient
- Versatile

Pro Plus™
C/R Convertible
NON C/R

QUALITY CONTROL	
BOX NUMBER	
ASSEMBLY MACH NO	
ASSEMBLY DATE	
INSPECTION DATE	

THE PRO PLUS™ ADVANTAGE...
• One cap-one vial system
• Preferred by your customers
• Innovative Patented Design
• Convertible Cap C/R - Non C/R

STERILIZED
IMPROVED WIPING ACTION
CLOROX
Disinfectant

How do you perform an inventory?

DEA Pharmacist's Manual SECTION VII – INVENTORY REQUIREMENTS

An “inventory” is a **complete and accurate list** of all stocks and forms of controlled substances in the possession of the registrant as determined by an actual physical count for schedule II controlled substances and an **estimated count or measure** of the contents of a schedule III, IV, or V controlled substance (unless the container holds more than 1,000 tablets or capsules in which case an exact count of the contents must be made). The CSA also requires that all inventory records be maintained at the registered location in a readily retrievable manner for at least two years for copying and inspection. In addition, the inventory records of schedule II controlled substances must be kept separate from all other controlled substances.

Inventory Requirements

The C.F.R. requires that the inventory include:

1. The date of the inventory,
2. Whether the inventory was taken at the beginning or close of business,
3. The name of each controlled substance inventoried,
4. The finished form of each of the substances (e.g., 10 milligram tablet),
5. The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle),
6. The number of commercial containers of each finished form (e.g., four 100 tablet bottles), and
7. A count of the substance - if the substance is listed in schedule II, an exact count or measure of the contents or if the substance is listed in schedules III, IV, or V, an estimated count or measure of the contents, unless the container holds more than 1,000 tablets or capsules in which case, an exact count of the contents is required.

Idiocy and Idiosyncrasies

The Permit Holder and PIC will share responsibility for any inventory and resultant inconsistencies with the inventory.

“DEA recommends, but does not require, an inventory record include the name, address, and DEA registration number of the registrant, and the signature of the person or persons responsible for taking the inventory.”

DO NOT SPREAD THIS OVER SEVERAL DAYS! Must be done in one day!
KEEP A SECOND COPY OR SCAN – You must be able to produce a copy of this inventory

MUST INCLUDE OUT OF DATE DRUGS OR ANY OTHER DRUGS PULLED FROM INVENTORY

- Expired or unused drugs returned to pharmacy
NO CONTROLS!
- On site waste with minimum of two licensed witnesses – **MUST BE WITNESSED – NOT IN RETAIL**
- Use of Reverse Distributor (DEA 222)
- Are returns actually checked for potential tampering? If not, how do you know your documentation is accurate?
- Random audit of returns

Employees

- Clear policy on diversion/impairment
- Drug testing policy
 - Screen on hire?
 - For cause?
 - Random?
- Background checks
- Controlled Access to Pharmacy
- Establish an audit process for controlled substance transactions
- Monthly Audit and Shrink Reports for control and accountability

“Red Flags”

- Changes in work habits, behavior, physical appearance
- Major change or chaos in personal life
- Change in Controlled Substance usage patterns
- Unexplained absences on a regular basis during work
- Excessive “accidents” broken vials, spills etc.
- Patient’s complaints due to being consistently short on tablets
- Personnel “in the wrong place” without good reasons
- Personnel at work early or stays late on a regular basis

How to Track Inventory Effectively

- Check on hand quantities
- Store controls correctly
Lock up all controls, only CII's or disperse in inventory
- Limit access to controlled substances
Interviewing potential employees – Verify Licensure
- Perpetual inventory -- Must be checked to actually work
- Invest or buy?
Security systems – Return on Investment

Reporting

Reports to professional licensing boards

Arkansas Dept. of Health

DEA Notification (Form 106)

Consideration of theft/criminal prosecution

Involvement of local law enforcement

Upon Discovery of Theft

- Arkansas State Board of Pharmacy Regulation 07-04-0006 requires that any holder of a pharmacy permit that suffers a theft or loss of controlled substances shall:
 - (a) Notify Arkansas Department of Health Division of Pharmacy Services and Drug Control, the nearest Drug Enforcement Administration Diversion Field Office, and the Arkansas State Board of Pharmacy immediately upon discovery by phone or fax, and
 - (b) Deliver a completed DEA Form-106 to each of the agencies listed in (a) within 7 days of the occurrence of said loss or the discovery of said loss.

*According to 21 CFR part 1301 Sec. 1301.74 (c) The registrant shall notify the Field Division Office of the Administration in his area, in writing, of any theft or significant loss of any controlled substances within one business day of discovery of the theft or loss. This written notice should be faxed to 501-217-6597.

Upon Discovery of Theft

- Arkansas State Board of Pharmacy
322 South Main Street, Ste 600
Little Rock, AR 72201
Phone: (501) 682-0190
Fax: 501-682-0195
- Arkansas Department of Health
Pharmacy Services and Drug Control
4815 W. Markham
Slot #H-25
Little Rock, AR 72205-3867
501-661-2325 fax 501-661-2769
- DEA – Submit online
501-217-6500 fax 501-217-6597
 - For additional information, please see regulation 07-04-0006

What is Missing?

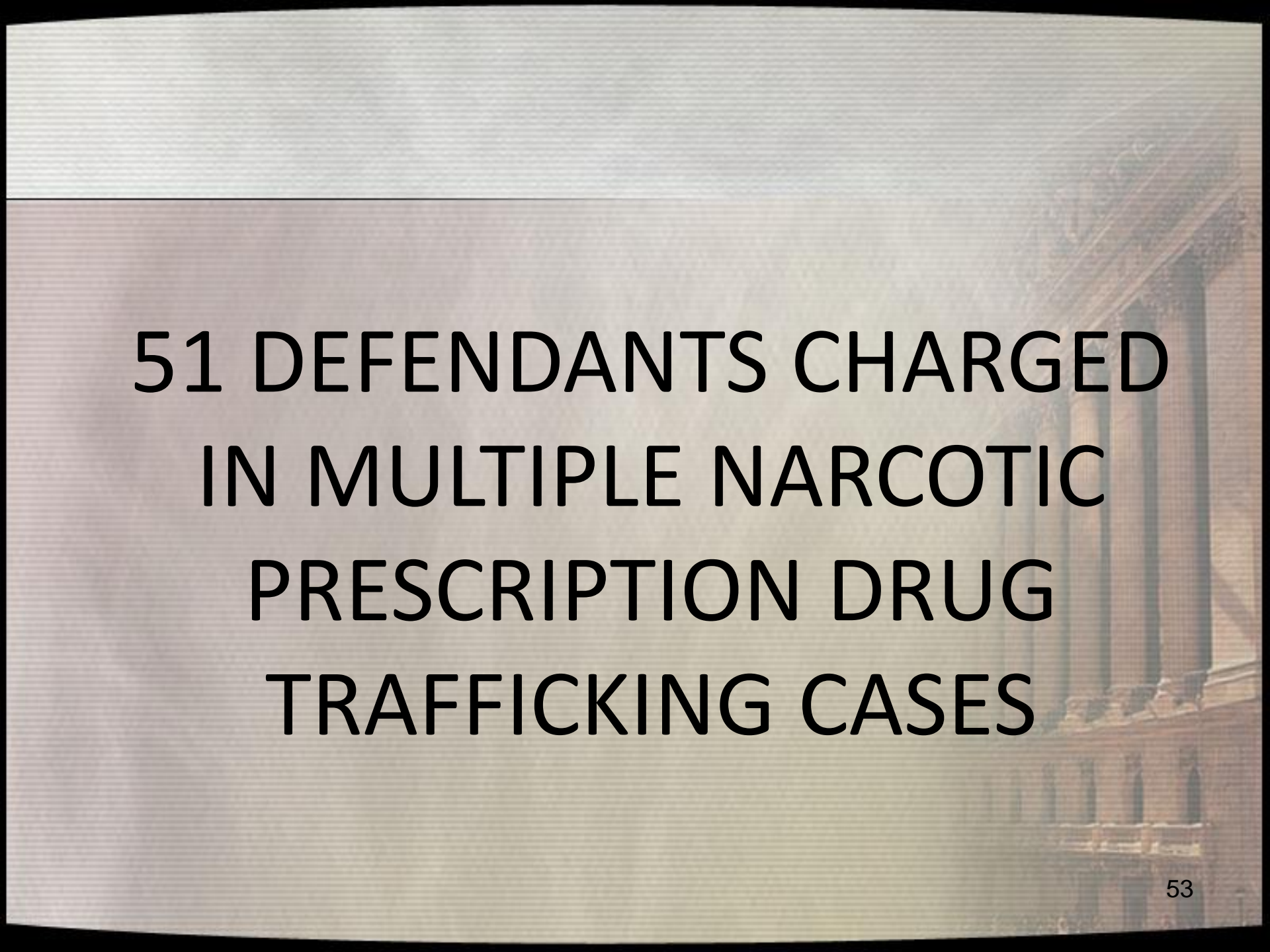
- Do a Controlled Substance inventory!
- Count everything
- Be sure you are up to date on your biennial inventory
- Get a police record of the theft
- Notify authorities if you notice something else is missing

DEA 106 Forms

- Must be filled out completely & correctly
- Must be sent within 7 days
- Must be signed
- www.dea diversion.usdoj.gov/21cfr_reports/theft/index.html
- www.pharmacyboard.arkansas.gov → FAQ

Diversion Investigations

The background of the slide is a faded, sepia-toned photograph of a grand classical building. The building features a series of tall, fluted columns supporting a heavy entablature. The perspective is from a low angle, looking up at the structure. The overall tone is historical and formal.



**51 DEFENDANTS CHARGED
IN MULTIPLE NARCOTIC
PRESCRIPTION DRUG
TRAFFICKING CASES**

January 20, 2012

Little Rock - Christopher R. Thyer, United States Attorney for the Eastern District of Arkansas, and William J. Bryant, Assistant Special Agent in Charge of the Drug Enforcement Administration's Little Rock District Office (DEA) announced a Superseding Indictment was unsealed today charging twenty-three defendants with multiple charges in a narcotic prescription drug conspiracy in an operation dubbed Big 80's. The sixty-five count Indictment handed down by a Federal Grand on Jury January 10, 2012, charges 20 defendants with conspiracy to possess with intent to distribute and to distribute oxycodone. Four defendants are charged with conspiracy to possess with intent to distribute and to distribute hydrocodone. Six defendants are charged with distribution or aiding and abetting distribution of oxycodone. The remaining counts in the indictment are for various possession of oxycodone charges and for use of telephone to facilitate a drug trafficking crime.

Where are the Defendants
getting these drugs?

Pharmacy Robberies

Pharmacy Burglaries

Pharmacy Employee Diversion

Doctor Shopping

Fraud

Burglaries / Robberies in Arkansas?

- 2012 – 8 Robberies, 38 Night Break Ins
- 2011- 6 Armed Robberies – 2 shootings, 39 Night Break Ins
- 2010 – 7 to 9 Armed Robberies, 44 Night
- 2009 – 3 Armed Robberies, 59 Night
- 61 Night Break Ins in 2006

Arkansas Pharmacy Loss

- Totals reported on a SINGLE DEA 106

Hydrocodone/APAP 7.5/650	101,212 tablets
Hydrocodone/APAP 10/650	128,743 tablets
<u>Alprazolam 2 mg</u>	<u>32,485 tablets</u>
Total	262,440 tablets

Dispensed _____

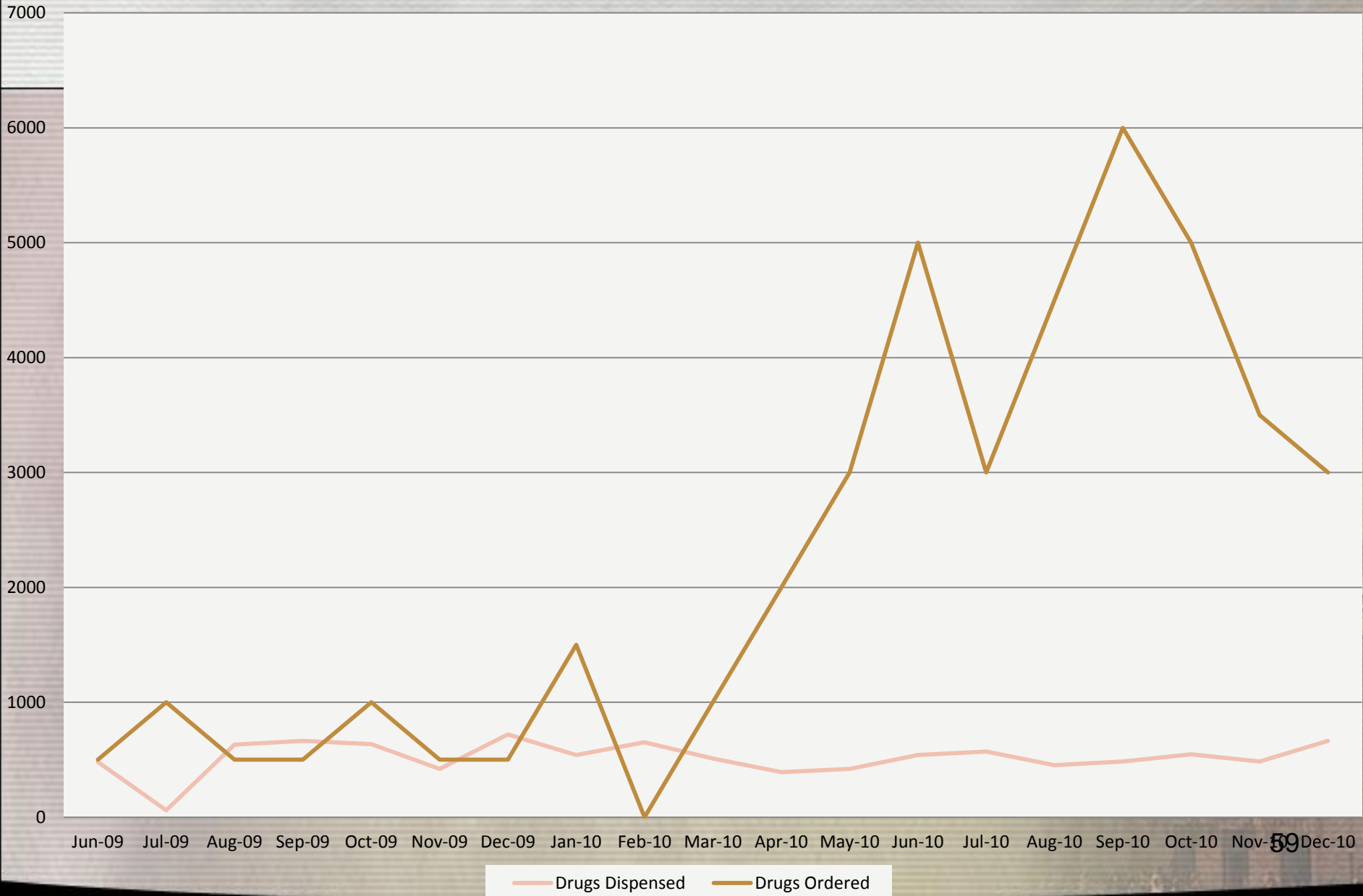
Ordered _____

	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Alprazolam 2mg	480	60	631	663	636	421	721	541	651	510	391	421	540	571	452	485	546	484	664
Alprazolam 2mg credits	500	1000	500	500	1000	500	500	1500	0	1000	2000	3000	5000	3000	4500	6000	5000	3500	3000
	-4500																		

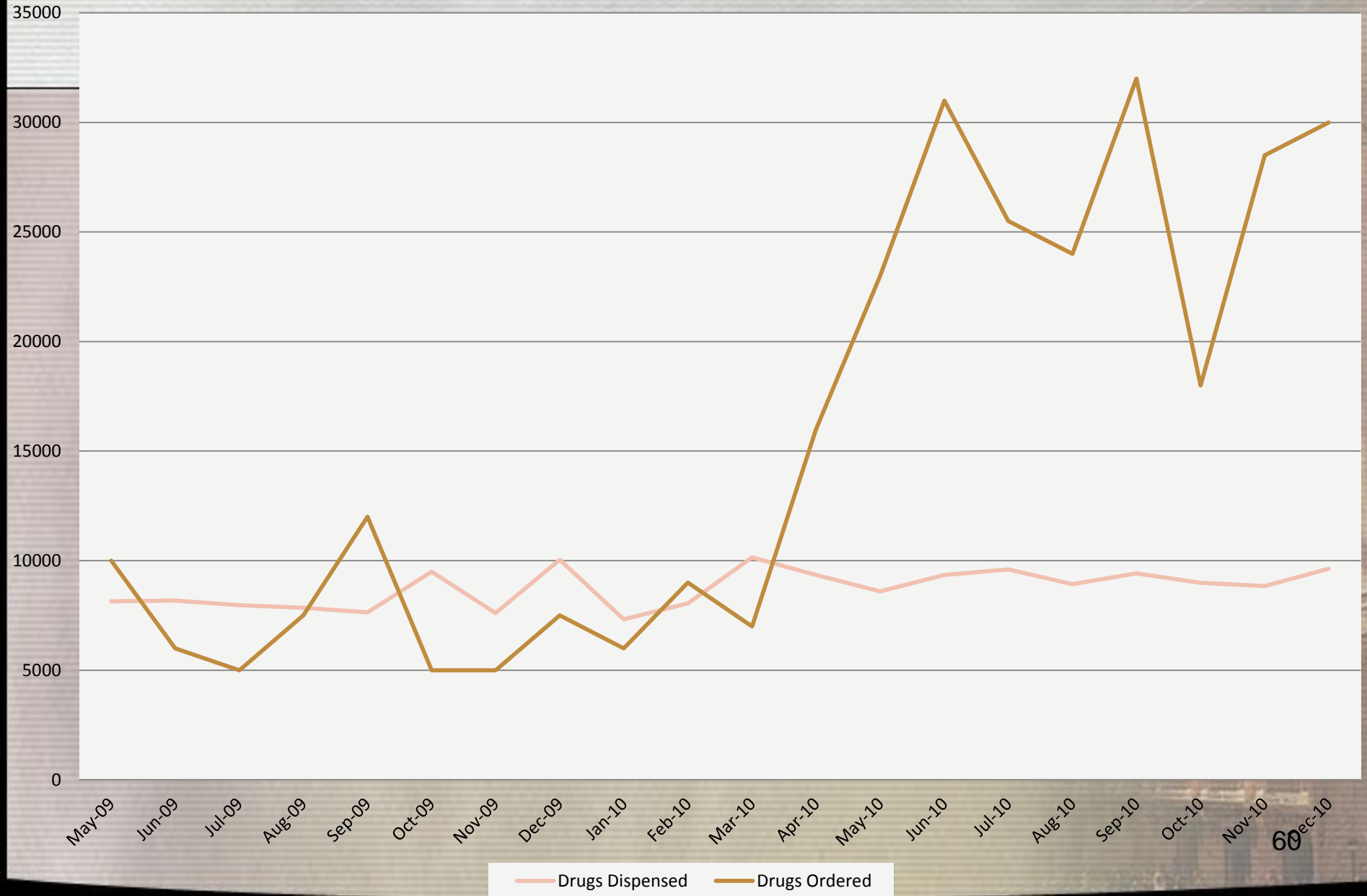
Drug and Strength

Hydrocodone 10/650	8181	7966	7851	7644	9491	7610	10048	7321	8050	10152	9348	8596	9345	9601	8929	9426	8992	8846	9636
Hydrocodone 10/650	6000	5000	7500	12000	5000	5000	7500	6000	9000	7000	16000	23000	31000	25500	24000	32000	18000	28500	30000
Hydrocodone 7.5/650	1228	2166	2041	74	2215	2082	2548	2418	2524	344	2200	2086	2391	2380	2064	2104	1916	2070	2083
Hydrocodone 7.5/650	0	0	0	5000	0	5000	0	4000	6000	0	6000	17500	21000	18000	15000	10000	10000	17000	15000

Alprazolam 2mg



Hydrocodone 10/650



Investigative Process



- Recognize a problem exists
 - Inventory issues (PIC Reports and Tools)
 - Complaints
 - Anonymous tips
 - Drug Testing
- Preliminary Investigation
 - Initial gathering of information
- Isolate the loss
 - Items
 - Potential Suspects
 - Time Frames
 - Red flags
- Gather evidence
 - Review / Install Cameras
 - Reports, Invoices, witness statements

Investigative Process (continued)

- Extend investigation (comprehensive)
 - Look for other areas of loss, possible fraud
- Interview/Interrogation
 - Interview
 - Interrogation
 - Benefit of a private/internal investigation – No Miranda Required
- Contact Law Enforcement
 - Investigation wrapped up, case already prepared
- Follow up after theft
 - Look for areas of improvement, opportunities to deter theft

Loss Prevention Tools

- Perpetual Inventory
- Visibility (camera systems, inventory systems)
- Witnesses
- Assistance
- Investigative Experience
- Background Checks
- **Audit and Shrink Reports**

Board of Pharmacy Regulations



REGULATION 4 — PHARMACY

04-00: GENERAL REGULATIONS REGARDING PHARMACIES

REGULATION 4 — PHARMACY

- Permit holder and the pharmacist in charge are jointly responsible for the security and accountability of all controlled drugs stored in and/or ordered by a pharmacy
- Permit holder shall provide diversion prevention and detection tools appropriate for the particular pharmacy setting and the pharmacist in charge shall implement and monitor the diversion control and detection tools provided by the permit holder
- Pharmacist in charge and the permit holder shall also develop policies and procedures to prevent and detect diversion and the pharmacist in charge shall ensure that pharmacy staff is trained to follow the policies and procedures
- Pharmacists, pharmacy interns and pharmacy technicians shall implement the tools provided by the permit holder and follow the pharmacy's policies and procedures as instructed by the pharmacist in charge.

Audit and Shrink Reports

- Contact wholesaler-request report by NDC of purchases (can be sent in excel format for specific date range or printed at store from wholesaler system and saved in excel format)
- Run a drug usage report from pharmacy system for same date range as above (save in excel format)
- Copy and paste to a new spreadsheet with purchases minus dispensed quantity—should be very close to 1 or 2 bottles of whatever package size you carry
- Check shelves for any drugs that the report indicates you should have a large quantity on hand
- Do an additional report using biennial inventory to compare those drugs that look suspicious (on hand on date of biennial plus drugs ordered from biennial date to date of audit minus drugs dispensed=what you should have on hand)
- Verify on hand quantity on shelf
- Report any losses

Audit and Shrink Reports

Who already does this?

In and Out Reports

Shrink Reports

Monthly Review

Inventory Management

How difficult is it?

How easy is it?

How long does it take?

What special tools do I need?

**53 Pilferage or Diversion
Notifications in 2012**

38 Burglaries

9 Armed Robberies

- 1 was an order delivery

Audit and Shrink Reports

TOOLS?

Shrink Report Tool Monthly

Drug Example 1		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Example Alprazolam 2mg	1500	0	1000	2000	3000	5000	3000	4500	6000	5000	3500	3000	37500	
Dispensed	Example Alprazolam 2mg	541	651	510	391	421	540	571	452	485	546	484	664	6256	
Credits	credits Line here or subtract from Purchases	500												500	
Montly Totals		459	-651	490	1609	2579	4460	2429	4048	5515	4454	3016	2336	30744	Ordered more than dispensed or - dispensed more than ordered
Drug Example 2		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Example Hydrocodone 10/650	1500	1000	1000	1500	500	100	1000	2000	2000	2000	500	200	13300	
Dispensed	Example Hydrocodone 10/650	1541	1651	1510	1391	421	1540	1571	1452	1485	1546	1484	1664	17256	
Credits	credits Line here or subtract from Purchases	500												500	
Montly Totals		-541	-651	-510	109	79	-1440	-571	548	515	454	-984	-1464	-4456	Ordered more than dispensed or - dispensed more than ordered
Drug Example 3		January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Example Hydrocodone 10/325	1500	0	1000	2000	3000	5000	0	0	0	0	0	0	12500	
Dispensed	Example Hydrocodone 10/325	541	651	510	391	421	540	0	0	0	0	0	0	3054	
Credits	credits Line here or subtract from Purchases													0	
Montly Totals		959	-651	490	1609	2579	4460	0	0	0	0	0	0	9446	Ordered more than dispensed or - dispensed more than ordered
Drug #	METHADONE 10	January	February	March	April	May	June	July	August	September	October	November	December	TOTAL FOR SHEET	
Purchased	Drug Bought	2300	2200	1800	2600	2300								11200	
Dispensed	Drug Sold	3035	1970	1880	2320	2388								11593	
Credits	credits													0	
Montly Totals		-735	230	-80	280	-88	0	0	0	0	0	0	0	-393	70

Full Audit Sheet

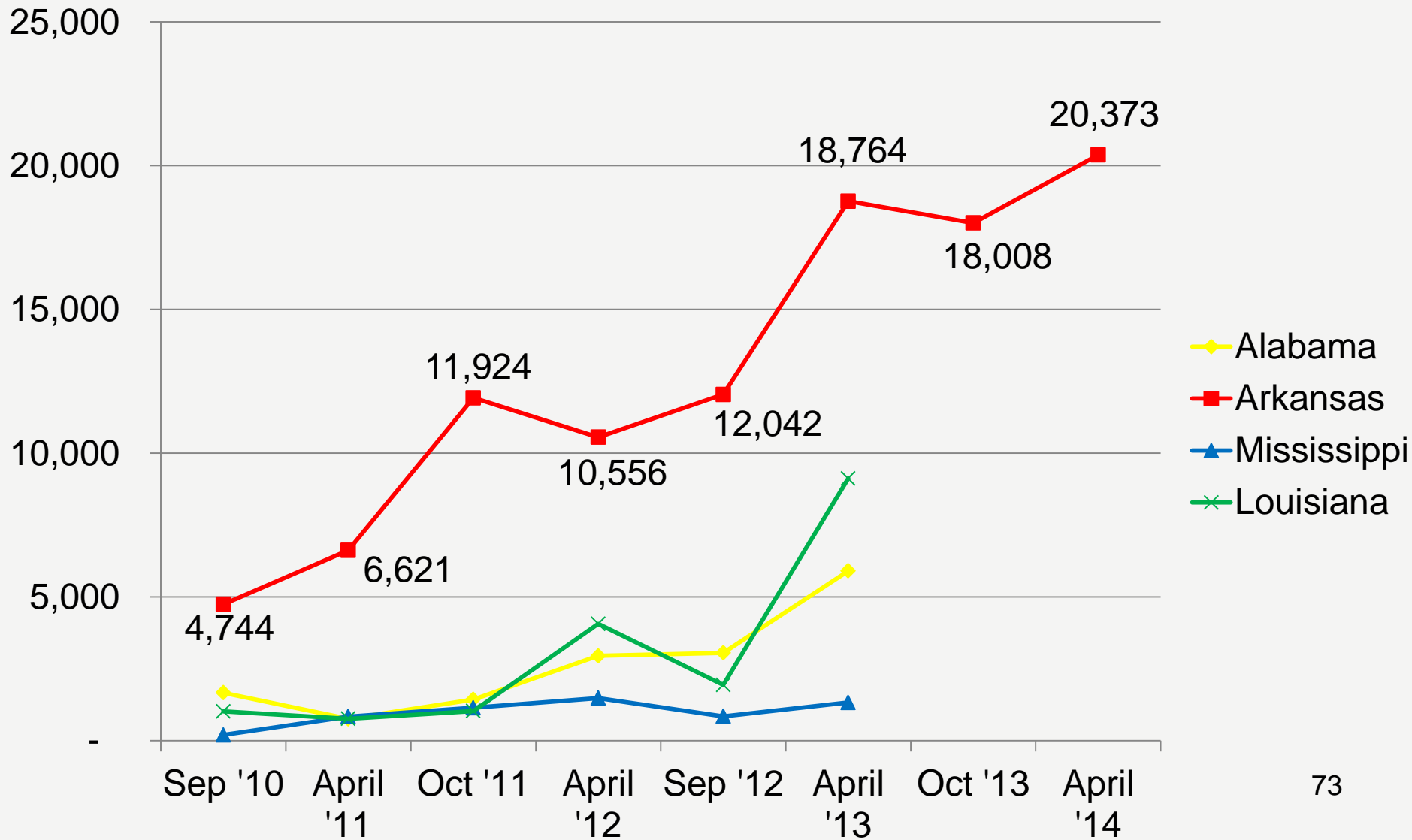
AUDIT DATE:		PHARMACY:						
		ADDRESS:						
1	2	3	4	5	6	7	8	
DRUG & STRENGTH	Starting Inventory	Total Purchases	Total Accountable For:	Closing Inventory	Should Have Disposition Records For	Have Disposition Records For:	Number (+) Over or (-) Short:	% Different
	<i>Date:</i>		<i>(2+3)</i>	<i>Date:</i>	<i>(4-5)</i>		<i>(6-7)</i>	<i>(8/6)</i>
Example Drug	123	5000	5123	149	4974	1587	-3387	-68%
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!
			0		0		0	#DIV/0!

Take BACK

APRIL 2014 Take BACK

20,373 Pounds

Drug Take Back – Quantity?



Monitor, Secure and Dispose

Patients should

- Know what they are taking and how much they have
- Secure their prescription medications
- Properly dispose of prescription drugs

- www.smarxtdisposal.net
- www.ioit2me.com
- www.artakeback.org



What Else are We Doing?

Home / FAQs / Collection Site Search



ARKANSAS TAKE BACK



DEA NATIONAL TAKEBACK INITIATIVE

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News, Video, Links

COLLECTION SITES

Drop Off Locations

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Locate a [Collection Site](#) Near You

Arkansas Take Back has over 100 collection sites around the state, chances are there is one close to you

[Find a Site](#) **75**

www.artakeback.org

• Updated Website with New Info



Resources/News

Make sure you check out the resources section of our website for helpful and educational information about the growing problem in our state.



FAQ's

Our FAQ section of the website has answers to common questions you may have. Keep checking back, we update them regularly!



Myths & Facts

What are some of the common disposal myths? Find out the facts here.



Partners

Businesses and Organizations that have partnered with us on this initiative.



Helpful Links

Helpful links to other websites and information. Keep checking back, we are adding more links on a regular basis.



Media & Videos

Commercials, PSA's, and more about the Take-Back can be found here.

Latest from the ARTake back



Take-Back this Saturday

📅 24-Apr-2013

Arkansas's next prescription drug take back will be held Saturday, April 27, 2013, from 10 AM until 2 PM.



We have a problem in Arkansas

📅 24-Apr-2013

Our teenagers are dying from recreational prescription drug abuse

Mission and Partners

★ Our Mission

🔗 Q&A

By returning your expired or unused medications on April. 27th, you help Take Back Our Health, Our Environment, and Our Communities!

- ✓ Prevent Youth Prescription Abuse
- ✓ Minimize Dangers
- ✓ Reverse These Consequences
- ✓ Control Pollution
- ✓ Eliminate Contamination
- ✓ Protect the Natural State

Our Partners



SAMHSA, 2007, as reported in ONDCP *Teens and Prescription Drugs* report, Feb. 2007)

Arkansas has the worst teen prescription pain reliever abuse problem in the entire United States.

ON SATURDAY APRIL 28, CLEAN OUT YOUR MEDICINE CABINETS . . .



BEFORE YOUR KIDS DO IT FOR YOU!!!

More than 3 of 5 teens believe that prescription drugs are easy to get from parents' medicine cabinets.



OPERATION SPRING CLEANING

Arkansas's 4th Prescription Drug Take Back

On Saturday, April 28, turn in your unused, expired, or unwanted prescription medications. Visit www.artakeback.org to find a site near you!



Prescription Drug Abuse Facts

- Arkansas has the worst teen prescription pain reliever abuse problem in the entire United States. (SAMHSA, 2007, as reported in ONDCP *Teens and Prescription Drugs* report, Feb. 2007)
- By the time Arkansas high school students have reached their senior year, 22% have abused prescription drugs. (APNA, 2008)
- Close to 10% of Arkansas high school seniors reported non-medical use of prescription drugs in the past thirty days. (APNA, 2008)
- Arkansas **sixth graders** abuse prescription drugs more than any other substance except alcohol and cigarettes. (APNA, 2008)
- Over-the-counter and prescription drug abuse is rapidly increasing in earlier grades and at a rate comparable to, but **faster** than alcohol and cigarettes. (DBHS, Special Report on Over the Counter and Prescription Drug Use Among Arkansas Students, unreleased)

Prescription Drug Abuse Facts

- In 2007, the rate of past 30 day sedative use among Arkansas youth was roughly three times that of the national rate (DBHS, APNA, 2007, and NIDA, Monitoring the Future, 2007)
- Arkansas has consistently ranked among the ten states with the highest rate of non-medical use of pain relievers by twelve to twenty-year old individuals since state estimates of this measure first began in 2002. (SAMHSA, Office of Applied Studies, Short Report on Substance Abuse and Mental Health Issues - Arkansas, December, 2008).
- Nationwide, prescription pain relievers have more first-time users than any illicit drug, including marijuana, cocaine, ecstasy, inhalants, LSD, Meth, Heroin, and PCP. (SAMHSA, NSDUH, 2007)
- Seven of the 10 drugs most abused by high school seniors are prescription or over-the-counter drugs acquired primarily from teens' friends or relatives. (NIDA, Monitoring the Future, 2009)

Questions?

Please do not hesitate to call us with regulatory or practice questions. If you are a licensed pharmacist in Arkansas, you should be asking us what our regulations mean and how to follow appropriate procedures to maintain your license.

Future Questions?

Arkansas State Board of
Pharmacy

pharmacyboard.arkansas.gov

www.arkansas.gov/asbp

(501) 682 - 0190

Post Test Questions

1. The definition of a “written prescription” includes which types of prescriptions?
 - A. Written Prescriptions
 - B. Oral Prescriptions
 - C. Faxed Prescriptions
 - D. Electronic Prescriptions
 - E. All of the above

Post Test Questions

2. Pharmacists may receive verbal orders and directly input them into their computer processing system for:
 - A. Non- Controlled Substances
 - B. Non-Controlled Substances and Schedule V
 - C. Non-Controlled Substances and Schedule 3-5
 - D. All legal drugs including Schedule 2-5
 - E. All verbal orders must be reduced to writing prior to input in the computer system

Post Test Questions

3. How many hours of CE are required for Arkansas pharmacists?
- A. 15 hours per biennium
 - B. 30 hours per biennium
 - C. 30 hours per year
 - D. 1 live hour per month
 - E. 1 ACPE hour per month

Post Test Questions

4. What is the 3 step approach to medication safety as advised by the Arkansas campaign through the Arkansas Drug Director's Office?
- A. Monitor, Seclude, Dispense
 - B. Micromanage, Share, Didact
 - C. Monitor, Secure, Dispose
 - D. Malign, Shorten, Denigrate

Post Test Questions

5. What are potential steps you can take to protect your controlled substance inventory?
 - A. Limit Access to Controls by Authorized Personnel only
 - B. Limit Access to Inventory Adjustments and Ordering for Controlled Substances
 - C. Do Shrink Reports for Controlled Substances
 - D. Perpetual Inventory
 - E. Surveillance systems with a Public View Monitor
 - F. All of the Above plus several other steps.

Future Questions?

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