

DEPARTMENT OF THE ARMY
US ARMY MEDICAL DEPARTMENT ACTIVITY
FORT HUACHUCA, ARIZONA 85613

MEDDAC MEMORANDUM
No. 40-52

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Medication Services

SAFEGUARDING CONTROLLED SUBSTANCES AND COMMAND SENSITIVE ITEMS

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- 1. HISTORY:** This issue publishes a revision of this publication.

- 2. PURPOSE:** To prescribe uniform procedures for safeguarding and controlling Schedule II-V items, injection devices, precious metals, and other materials designated by the Commander as command sensitive items.

- 3. SCOPE:** This memorandum applies to all elements under US Army Medical Department Activity, Fort Huachuca, which maintain, administer or utilize controlled substances.

*This revision supersedes MEDDAC MEMO 40-52 dated 22 February 2005.

4. REFERENCES:

- 4.1 AR 25-400-2, The Modern Army Record Keeping System (MARKS).
- 4.2 AR 40-2, Medical, Dental and Veterinary Care
- 4.3 AR 40-61, Medical Logistics Policies and Procedures, MEDCOM Supplement
- 4.4 AR 190-13, The Army Physical Security Program
- 4.5 AR 190-40, Serious Incident Report, MEDCOM Supplement
- 4.6 AR 190-51, Security of Unclassified Army Property (Sensitive and Non-sensitive)
- 4.7 AR 380-5, Department of the Army Information Security Program.
- 4.8 FM 19-30, Physical Security

5. RESPONSIBILITIES:

- 5.1 The Commander, USA MEDDAC Fort Huachuca and the commanders/officers in Charge (OIC's) of subordinate entities are responsible for accountability, control and physical security of controlled substances within their respective facilities. The Commander, USA MEDDAC Fort Huachuca will furnish necessary administrative support to subordinate OIC's to ensure that monthly inspection and audit of controlled substances accounting records can be conducted.
- 5.2 Individuals having custody of controlled substances are responsible for the physical security, control, and accountability of those specific substances.
- 5.3 Supervisors are responsible for ensuring the careful selection of personnel who are assigned duties that require access to controlled substances and sensitive item storage areas, or who have custodianship or possession of key/combinations to locks securing these areas.
- 5.4 Mobilization, Education, Training and Security (METS) Division will coordinate with the Installation Physical Security Officer to conduct the Pharmacy Physical Security Inspections, in accordance with (IAW) AR 190-13 and AR 40-61.
- 5.5 Responsibilities of other staff members are outlined in the appropriate paragraphs of this publication.

6. DEFINITIONS:

6.1 Schedule II Controlled Substances: Alcohol, alcoholic beverages, drugs, or other substances, determined by the Drug Enforcement Agency (DEA) to be designated schedule Symbol II, or defined in the Controlled Substance Act, effective May 1971. A list of Schedule II Controlled Substance stocked by U.S. Army Medical Department Activity, (USA MEDDAC), Fort Huachuca Pharmacy is at Appendix A.

6.2 Schedule III-V Controlled Substances: An item, drug or other substance, determined by the drug enforcement agency (DEA) to be designated scheduled Symbol III, IV, or V as defined by the Controlled Substance Act, effective 1 May 1971, and other items requiring security storage. A list of Schedule III-V Controlled Substance stocked by USA MEDDAC, Fort Huachuca Pharmacy is at Appendix B.

6.3 Command Sensitive Items: Items excluding Schedule II-V items which, due to their high dollar value, pilferability or abuse potential, may be designated for security or vault storage or may require accountability and inventory under the provisions of this publication. (AR 40-3, Appendix D-4,b.)

6.4 Controlled Access Area: A storage area to which access is restricted to specifically designated individuals.

6.5 Limited Access Area: An area which is limited to staff members involved in patient care or medically related logistical operations (including pharmacy and laboratories), and which is not readily accessible to others.

7. GENERAL: Controlled substances will only be dispensed by a licensed pharmacist, a dispensing physician, a dispensing dentist or a dispensing physician assistant/nurse practitioner for those drugs they are authorized to prescribe IAW AR 40-3. The accountability, control and physical security of controlled substances are of major concern to laboratory, veterinary, medical and dental treatment facilities because of the potential for their abuse, misuse, or misappropriation. This memorandum summarizes and localizes, for applicable personnel, the requirements contained in numerous statutory publications and provisions thereof; the specific provisions of these publications will govern the actions of all assigned/attached personnel.

8. POLICY:

8.1 Controlled drugs must be approved for stockage at Material Branch by Commander, USA MEDDAC Fort Huachuca through the Pharmacy and Therapeutics (P&T) Committee.

8.2 Authorized Controlled Substance Accounts:

8.2.1 MEDDAC activities authorized to request controlled substances from the Material Branch are located at Appendix C, paragraph 4.

8.2.2 All other MEDDAC activities must request controlled substances through the Pharmacy Service. A list of these authorized activities is at Appendix C, paragraph 5. MEDDAC activities that are not presently authorized to stock controlled substances must request authorization in writing from the Commander, USA MEDDAC, Fort Huachuca, AZ 85613-7079, through the Chief, Pharmacy Service. Individuals ordering must have a Signature Card (DD Form 577) on file and be authorized as stated in paragraph 8c.

8.2.3 Organizations other than MEDDAC units can only order controlled substances on DA Form 2765-1 (Request for Issue or Turn-in) with appropriate fund citation. Only those activities authorized by the Commander, USA MEDDAC, Fort Huachuca, or the Unit Surgeon to obtain controlled substances may initiate the request. The request will be presented to the Material Branch, which is the Installation Medical Supply Account (IMSA) at Fort Huachuca, for processing. Personnel ordering will have a properly endorsed delegation of authority card on file at the Material Branch.

8.3 Categories of personnel who may be authorized to order bulk stocks of controlled substances for their facilities from the Pharmacy Service are:

8.3.1 Clinics: A physician or registered nurse assigned to that unit/clinic may originate an order for clinic stock. Weekend or after hours (RNs only) may sign prescription orders (DD Form 1289) for controlled substances for units/clinics when required.

8.3.2 Dental Activity: Credentialed dentists may order for their Dental Clinics as authorized by the Commander, USA DENTAC.

8.4 Individuals authorized to receipt for controlled substances include all those personnel authorized to order controlled substances, and as specified LPNs and 91Ws. The Laboratory officer may receipt for alcohol ordered from Material Branch. These individuals must have a delegation of authority card on file in the pharmacy or in MMB authorizing this function.

8.5 Authority to administer controlled substances: the following personnel may administer Controlled substances upon the order of an authorized prescriber:

8.5.1 Professional nurses, including RNs, LPNs, and 91W MOS personnel.

8.5.2 MOS 91T personnel (veterinary technicians) for the treatment of animals as authorized by a commissioned veterinarian.

8.5.3 A prescriber authorized to prescribe the substance being administered.

8.5.4 Pharmacy will double check narcotic usage in the facility.

8.6 Authority for access to, or possession of, controlled substances is limited to those individuals who may be required to have access in the course of their official duties, as specified below:

8.6.1 Clinics: Medical, dental, and veterinary personnel are authorized to administer controlled substances as stated in paragraph 7e above and are authorized to have possession of controlled substances while administering them. Custodians of veterinary, medical and dental clinic stocks of controlled substances will be limited to commissioned officers, NCOICs, or DA civilians of those facilities, if qualified to administer controlled substances.

8.6.2 Medical Supply Personnel: Individuals whose duties include receipt, storage, transportation, inventory, or issue of controlled substances as authorized by the Chief, Logistics Division.

8.6.3 Laboratory Personnel: Individuals who are required to handle controlled substances in the course of their laboratory duties.

8.6.4 Pharmacy Service Personnel: Individuals whose duties include compounding, dispensing, issuing, receiving, storage, transportation or inventory of controlled substances.

8.6.5 Couriers: Individuals as authorized by the Commander in the course of their courier duties.

8.6.6 Authorized Prescribers: When in the course of their professional responsibilities.

8.7 Stock levels: IAW AR 40-61, subordinate pharmacy storage areas are authorized a 30-day stock level of controlled substances. Units and clinics are authorized a 15-day stock level. Unit/Clinic levels are based on demand history as specified in AR 40-61. Non-demand supported stock levels of controlled substances on units/clinics must be authorized in writing and will be maintained only in quantities justified for treatment of emergencies until supplies can be issued from the Pharmacy Service.

8.8 Any loss or theft of controlled substances, precious metals or command sensitive items shall be reported as a serious incident IAW MEDCOM Supplement 1 to AR 190-40. As an exception, inventory shortages from Pharmacy or Logistics require serious incident reporting when theft is suspected and/or the shortage exceeds normally experienced operational losses.

9. SAFEGUARDING CONTROLLED SUBSTANCES:

9.1 Physical Security Inspection. A physical security inspection will be conducted at least every 24 months IAW AR 190-13. This survey is to be requested by commanders

through their local Provost Marshal. The Chief, METS Division in conjunction with the Installation Medical Supply Officer and the Chief, Pharmacy Service will request physical security surveys for the MEDDAC.

9.2 Storage standards:

9.2.1 Installation Stocks (Medical Material). As noted in AR 40-61 and AR 190-51, Appendix B.

9.2.2 Pharmacies - Vault IAW AR 40-61 and AR 190-51, Appendix B.

9.2.3 Clinics, Laboratories and Veterinary Clinics:

9.2.3.1 When duty personnel are in attendance 24 hours per day, normal operating quantities of Schedule II items will be stored in double locked containers. Containers must be constructed so that forced entry is readily apparent to visual examination. When duty personnel are not present 24 hours per day, normal operating quantities of Schedule II items will be stored in a GSA-approved safe and an additional barrier will be provided, such as securing safes inside a locked room.

9.2.3.2 Normal operating quantities of Schedule III-V items will be stored according to paragraph (9.2.3.1) above.

9.2.4 Dental Facilities; As in paragraph 9.2.3.1 above, precious metals shall be treated as Schedule II Controlled Substance, and will be secured against theft or loss consistent with their monetary value.

9.2.5 Containers for storage of Schedule II-V items must be constructed so that forced entry is readily apparent when visually examined.

9.3 Physical Security Measures and Control Procedures.

9.3.1 Personnel Screening: IAW paragraph 6.3, of this memorandum, command sensitive items will be discussed with personnel.

9.3.2 Lock and Key Control: Keys and combinations will only be accessible to or known by individuals whose official duties require access to them. The OIC of all areas where controlled substances are stored will establish lock and key/combo control procedures. AR 190-51 will be consulted for additional guidance in preparing these procedures.

9.3.3 Locks on containers will be secured during non-operational hours. To prevent loss or theft during operational hours, containers will be unlocked only when drugs are being removed, or when the container is under the direct observation of authorized personnel in a position to control access.

9.3.4 All storage containers of schedule II - V items will be located in limited access areas. When operationally feasible, pharmacy containers of schedule II - V items will be positioned so that their locations are not visible to the public.

9.3.5 The Pharmacy Service and its storage areas will be provided with both exterior and interior lighting of sufficient intensity to enable visual surveillance by security forces, duty officers, or other designated personnel.

9.3.6 Where Intrusion Detection Systems (JSIDS) are installed, the system shall be tested each month, and a memo of such test forwarded to the Physical Security Officer, METS, MEDDAC.

9.3.7 In-Transit Security of Controlled Substances: Couriers will transport controlled substances in locked containers.

9.3.8 Locks or combinations (including push button or cipher lock combinations) will be changed when loss of a key or compromise of a combination is suspected. Compromised combinations will be changed as soon as possible. If a key is lost, the Chief, METS Division will be notified immediately. The Service/Department Chief and Chief, METS Division will investigate and direct the replacement of locks. Interim precautions will be taken to safeguard the controlled drug container. A written report of all such incidents and corrective actions will be furnished to the Chief, METS Division and the Commander, USA MEDDAC, Fort Huachuca, with copies filed within the service/department.

9.3.9 Combinations will be changed a minimum of every 6 months or when personnel having access, change duty stations or separate.

9.3.10 The MEDDAC Security Officer will schedule crime prevention surveys on an as needed basis, IAW AR 190-51.

9.3.11 Use of Standard Form (SF) 702 (Classified Container Information) and SF Form 700 (Safe and Cabinet Security Record): Activities using safes or vaults to secure controlled substances will have a properly filled out SF Form 700 affixed to the container IAW AR 380-5. SF Form 702 will be used to record all openings and closings of the container IAW AR 380-5. When the form is completely filled, it will be retained for 90 days from the date of the last entry.

10. ORDERING, ISSUING, RECEIVING, AND ACCOUNTABILITY OF CONTROLLED SUBSTANCES.

10.1 Authorized Activities/Individuals.

10.1.1 Activities authorized to order controlled substances must have been previously authorized IAW paragraph 8.3.1 and 8.3.2 of this memorandum.

10.1.2 Individuals authorized to sign orders for controlled substances. See paragraph 8.3.1 of this memorandum.

10.1.2 Individuals authorized to receipt for controlled substances. See paragraph 8.4 of this memorandum.

10.2 Activities will order controlled substances as indicated in Appendix C, paragraphs 3.d. Stock levels will conform to paragraph 8.7 of this memorandum.

10.3 Issue Procedure: Issue of drugs to authorized activities will be made only upon receipt of the correct order form. Pharmacy supported activities will order controlled substances on DD Form 1289 (prescription form)(for use directions see AR 40-3). Materials Branch supported activities will order using DA Form 2765-1 (Request for Issue or Turn-in) and/or Customer Re-order Lists generated by TAMMIS.

10.4 Receipt Procedures. When controlled substances are issued to a unit/clinic, the Pharmacy Service representative will record on the appropriate DA Form 3949 (Controlled Substances Record) the information required by AR 40-3, Appendix D-6. The individual receiving the controlled substance will also place the signature, grade/rank, social security number (SSN), date, and hour of receipt on the reverse side of the DD 1289. Activities ordering directly from logistics will utilize DA Form 3862 (Controlled Substances Stock Record) for the accountability of controlled substances, IAW AR 40-3.

10.5 Maintaining Accountability for Controlled Substances.

10.5.1 Medical Material Branch - IAW AR 40-61.

10.5.2 Units/Clinics/Anesthesia Service - IAW AR 40-3.

10.5.3 Pharmacies - IAW AR 40-3.

10.5.3.1 CHCS reports shall be used by Pharmacies to maintain accountability for Schedule II-V substances IAW AR 40-3. The box heading will identify the item by product name, unit of issue, conversion factor and accountable unit. Every item will be accounted for and inventoried each duty day. Discrepancies will be reported to NCOIC upon discovery and a daily tracking log of discrepancies will be maintained.

10.5.3.2 Transactions in CHCS controlled drug files shall be completed by the vault technician on a daily basis prior to inventory so that the balance on hand reflects the correct balance.

10.5.4 Health Center Clinics:

10.5.4.1 Activities maintaining a continuous chain of custody of controlled substances will maintain DA Form 3949 and DA Form 3949-1 for accountability IAW procedures set forth in AR 40-3 and described in Appendix D of this memorandum.

10.5.4.2 The box heading of each DA Form 3949 will be completed to reflect the clinic designation, date, correct drug name (to include generic name and nomenclature), accountable unit of measure, and balance on hand.

10.5.4.3 A joint inventory will be conducted at change of shift, recorded on DA Form 3949-1, and discrepancies managed IAW Appendix D, this memorandum and AR 40-3.

10.5.5 Specialty Clinics, Laboratory, Dental Clinic and Veterinary Activity:

10.5.5.1 Those non-pharmacy activities not maintaining a continuous chain of custody will utilize DA Form 3949 as outlined in AR 40-3. These activities are exempt from maintaining DA Form 3949-1.

10.5.5.2 To ensure accountability of substances, the custodian of controlled substances in these areas will conduct a daily inventory by unit of issue.

10.5.5.3 If a discrepancy cannot be resolved, nursing activities will promptly notify the Nursing Supervisor. Non-nursing activities will promptly notify, through supervisory channels, the Chief, Pharmacy Service.

10.5.5.4 DA Form 4106 (Report of Unusual Occurrence) will be completed explaining all circumstances surrounding the discrepancy as well as all actions taken.

10.5.5.5 An entry will be made on the DA Form 3949 recording the actual inventory quantity and the statement, "documentation of discrepancy will be attached upon receipt of investigating officer's findings", along with the date, signature, and grade/rank of the custodian.

10.5.5.6 At this point, the procedures outlined in Appendix E, paragraphs 4c, 4d, and 4e will be followed.

10.6 Accounting for Expenditure of Controlled Substances.

10.6.1 Pharmacy:

10.6.1.1 Prescriptions will be the authorizing documents for the issue of controlled substances from pharmacy vaults. The prescriber will make documentation of the controlled substance prescribed, in the outpatient medical record. Prescriptions (DD Form 1289) with the RX symbol lined out will be issued by units/clinics and other authorized activities to order controlled substances for stock.

10.6.1.2 When controlled substances are used within the Pharmacy Service for manufacturing, they will be accounted for on a DD Form 1289, with the RX symbol lined out, signed by the Chief, Pharmacy Service/Manufacturing Pharmacist. This document will be cross-referenced to the prescription number of the item compounded or manufactured. The issue will be documented by entering into CHCS to account for issue of a controlled substance from the Pharmacy Service vault IAW AR 40-3.

10.6.2 Clinics: Controlled substances administered by clinic personnel will be documented on SF Form 600 (Chronological Record of Patient Care) or DA Form 4256, as applicable. Entries on DA Form 3949 will be made as above, except that the prescriber will personally sign for every dose of controlled substances administered.

10.6.3 Weekend/Holiday Access Clinic issues will be documented as in 10.3 and a prescription will be typed into CHCS by the provider prior to dispensing.

10.6.4 Pathology: Entries on DA Form 3949 documenting expenditures will include the name of the reagent, formulation or preparation, or the instrument/device in which the controlled substance was used in lieu of the name of the patient. The name of the physician ordering the expenditure and the signature of the person authorized to withdraw the controlled substance will be entered in the appropriate spaces on DA Form 3949.

10.6.5 Veterinary Clinic: Entries on DA Form 3949 recording expenditures will include the name of the animal, the veterinarian, and the person authorized to administer the dose. The administration will also be recorded on SF Form 600 in the animal's medical record.

10.6.6 Dental Clinic:

10.6.6.1 When controlled drugs are administered, documentation will include an entry in the patient's dental records (DA Form 603) and an entry on DA Form 3949. The dentist will sign his name to confirm the expenditure.

10.6.6.2 Precious metals will be maintained on DA Form 1296 (Stock Record Card) as they are received by dental supply. When issued to dental activities, these items shall also be accounted for on DD Form 2322 (Prosthetic Prescription and Consultation) and will be IAW DENTAC SOPs.

10.7 Administration of Fractional Dose of a Whole Unit Dispensed.

10.7.1 In cases where the dose administered is a fraction of the accountable unit for the drug, the dose administered will be placed in parentheses before the number of units indicated in the "expenditure" column; for example, "(10mg) 1" would indicate that

one cartridge-needle unit of morphine sulfate injection, 15mg (15 milligrams), had been expended, but that only 10mg was administered IAW AR 40-3, Appendix B, paragraph 5e(2).

10.7.2 The administration of a fractional dose and destruction of the remainder require the signature or initials of a licensed witness in addition to the signature of the person administering the drug. This is done on the appropriate DA Form 3949 using the same line as the administered portion as described above or the next line on the DA Form 3949.

10.8 Managing and reporting controlled drug discrepancies in the Pharmacy Service:

10.8.1 When a discrepancy (including missing documentation) is discovered, the custodian will attempt to resolve the discrepancy by examining the records for mistakes, conducting recounts, etc.

10.8.2 Unresolved discrepancies will be recorded on the daily CHCS inventory record. The custodian will report all circumstances surrounding the discrepancy and any information known that may assist in a subsequent investigation of the incident. The report will be presented to the Chief, Pharmacy Service as soon as possible. He/she will determine if an investigation will be undertaken IAW AR 40-3. The custodian will not aggregate discrepancies. All discrepancies will be recorded and reported individually, with documentation maintained for examination by the inventory officer.

10.8.3 An adjustment for minor overages and shortages caused by operational handling or undiscoverable posting errors, will be made by posting an inventory adjustment to the stock record. All adjustments will be given to the monthly inventory team to be included in their report and a copy will go to the security officer.

10.8.4 Major inventory shortages will be reported immediately and treated as a serious incident IAW AR 190-40.

10.9 Correcting mathematical or logging errors on accounting forms: Whenever an addition, subtraction or logging error is discovered on DA Forms 3862, 1296, 3949 or 3949-1, the following procedures will be followed:

10.9.1 If the error is discovered before an entry has been made on the next line, simply draw a single line through the erroneous entry and redo the entry on the next line.

10.9.2 If the error is discovered after subsequent entries have been made, use the first open line to write the statement, "ERROR CORRECTION". Cite the date and prescription number or patient name on the line on which the error occurred, and enter the change (plus or minus) to the balance that is necessary to correct the error. Include the date and time that the correction was made and the signature of the person making the correction.

10.9.3 DO NOT obliterate wrong entries on any Controlled Substance Accounting forms.

10.10 Transfer of Controlled Substances between Accounts:

10.10.1 Controlled substances may be obtained from an adjacent activity if Pharmacy service is not immediately available. Drugs will be furnished on a dose-by-dose basis only. The account furnishing the controlled substances must make the appropriate entries to DA Form 3949 that show the location and name of the patient to whom the controlled substance is to be administered. Recording the administration of the dose to the patient on the SF600 is the responsibility of the unit obtaining the dose.

10.10.2 Practitioners requiring controlled substances for use in clinical procedures in clinics where no stocks exist, may obtain them as follows:

10.10.2.1 CLINIC/SURGERY PATIENTS - obtain the dose from the unit where the patient is located. The physician must sign DA Form 3949, and the administration of the drug must be documented in patient records.

10.10.2.2 OUTPATIENT - Prescriber may write an outpatient prescription in CHCS to be filled by pharmacy. The patient or his agent may take the dose to the clinic.

10.11 Accountability for Controlled Substances Doses Accidentally Destroyed, Damaged or Contaminated.

10.11.1 Activities accounting for controlled substances on DA Form 3949, may obtain relief from accountability for a single unit (one tablet, one ampule, etc.) of a controlled drug that is accidentally destroyed, damaged, or contaminated during preparation for administration by the following procedure IAW AR 40-3.

10.11.2 On DA Form 3949, record the date, amount of controlled substance damaged, destroyed or contaminated, with a brief statement of circumstances, new balance and the signature of person making the entry.

10.11.3 Another Licensed employee (RN/LPN/Prescriber) who witnessed the incident or the entry must also sign DA Form 3949.

10.12 Turn-in of Controlled Substances:

10.12.1 Outdated, deteriorated or excess stocks of controlled substances will be turned-in to the Pharmacy Service on DD Form 1289. This form will be prepared in duplicate by the activity returning controlled substances. The Pharmacy Service will acknowledge receipt of the turn-in by issuing a document number and by logging the quantity received into the appropriate CHCS controlled drug file. Activities accounting

for controlled substances on DA Form 3949 will also have this form annotated by the Pharmacy Service evidencing the turn-in. A copy will be maintained with other receiving documents in the vault records.

10.12.2 The Pharmacy Service will log returned patient prescriptions in the appropriate CHCS controlled drug file. The prescription number on the returned vial and the patient name will be included in the entry.

10.12.3 Return of controlled substances to Material Branch may be done only by units authorized to do business with Material Branch IAW AR 40-61.

10.12.4 Controlled substances that are provided for use by patients being transferred must be ordered and accounted for in the same manner as controls that are issued at the clinics. Upon reaching destination, the accountable person will turn-in excess controlled substances to the receiving facility and obtain proper receipt forms (DD Form 1150 or DA Form 3161- both are Request for Issue or Turn-In). Alternatively, the person may keep the controlled substance and DA Form 3949 and return these to the Pharmacy Service upon their return to the MEDDAC. All documents obtained from a turn-in at another facility will be turned over to the Pharmacy Service upon return of the accountable person.

10.13 Destruction of Controlled Substances:

10.13.1 The Pharmacy Service and Material Branch are the only activities authorized to accomplish destruction of controlled substances stocks IAW AR 40-61 and AR 40-3.

10.13.2 The Chief, Material Branch may destroy controlled substances when authorized by supply messages directing such action. Destruction must be done IAW AR 40-61 and documented.

10.13.3 Controlled substances on hand at the Pharmacy Service that are expired, contaminated or that have deteriorated to a point where they are unsuitable for use will be turned-in to DoD contract return company for possible credit. A copy of the DA Form 3161 (Request for Issue or Turn-In), will be appropriately signed, witnessed as required by AR 40-61, assigned a document number, appropriate information entered into the proper CHCS controlled drug file, and the copy will be retained with vault records as evidence of the turn-in.

11. MONTHLY AUDIT AND INVENTORY OF CONTROLLED SUBSTANCES. A monthly audit and inventory will be conducted by a disinterested party holding the rank of E7/GS-7 or above IAW AR 40-3 and MEDCOM Supplement to AR 40-61.

12. DISPOSITION OF RECORDS.

12.1 Hard copies of daily inventories and all supporting documents will be maintained and retired IAW AR 25-400-2. (Destroyed after 5 years)

12.2 DD Form 1289 and all supporting documents shall be maintained and retired IAW AR 25-400-2. (Destroyed after 5 years)

12.3 DA Form 3949 and 3949-1, and all supporting documents shall be maintained IAW AR 25-400-2. After monthly controlled substances audit and inventory, DA Form 3949 and 3949-1 and all supporting documents that are completed or have been inactive since the previous monthly audit and inventory will be withdrawn from the inactive files section and collected by the Disinterested Inventory Person during the monthly inspection. These forms will be turned-in to the Adjutant's Office for disposition at the time the report is rendered by the team chief, IAW AR 40-3. These documents may be discarded after 90 days.

13. CONTROLLED DRUG MONITORING PROGRAM. See Appendix E.

14. STORAGE OF COMMAND SENSITIVE ITEMS. See Appendix F.

The proponent of this memorandum is Pharmacy Service.. Users are invited to send comments on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, USA MEDDAC, ATTN: MCXJ-RX, Fort Huachuca, AZ 85613-7079.

FOR THE COMMANDER:

OFFICIAL:

Gregory Swanson
LTC(P), MS
Deputy Commander for Administration

ROBERT D. LAKE
Information Management Officer

DISTRIBUTION: E

APPENDIX A
SCHEDULE II CONTROLLED SUBSTANCES STOCKED AT RWBAHC

Adderall 5mg tablets

Adderall 10mg tablets

Adderall 20mg tablets

Adderall XR 10mg capsules

Adderall XR 15mg capsules

Adderall XR 20mg capsules

Adderall XR 30mg capsules

Alcohol ethyl absolute 473ml

Codeine sulfate 30mg tablets

Dextroamphetamine 5mg tablets (Dexedrine)

Dextroamphetamine 10mg tablets (Dexedrine)

Dextroamphetamine 10mg sustained release capsules (Dexedrine)

Fentanyl citrate 50mcg/ml ampules (Sublimaze)

Meperidine 50mg tablets (Demerol)

Meperidine 50mg tubex (Demerol)

Meperidine 75mg tubex (Demerol)

Meperidine 100mg tubex (Demerol)

Methadone 10mg tablets

Methylphenidate 2.5mg chewable tablets(Methylin)

Methylphenidate 10mg chewable tablets(Methylin)

Methylphenidate 5mg/5ml oral solution(Methylin)

Methylphenidate 5mg tablets (Ritalin)

Methylphenidate 10mg tablets (Ritalin)

Methylphenidate 20mg tablets SR (Ritalin)

Methylphenidate 18mg SR tablets (Concerta)

Methylphenidate 27mg SR tablets (Concerta)

Methylphenidate 36mg ER tablets (Concerta)

Methylphenidate 54mg ER tablets (Concerta)

Morphine 15mg SR tables (MS Contin)

Morphine sulfate 15mg tablets IR

Morphine sulfate 30mg tablets SR (MS Contin)

Morphine sulfate 30mg tablets IR

Morphine sulfate 60mg tablets SR

Morphine sulfate 100mg tablets SR

Morphine 10mg/ml 1mil tubex

Oxycodone HCl 5mg tablets

Oxycodone 5mg/Acetaminophen 325mg tablets (Percocet)

Oxycontin 10mg tablets

Oxycontin 20mg tablets

Oxycontin 40mg tablets SR

APPENDIX B

SCHEDULE III – IV CONTROLLED SUBSTANCES STOCKED AT RWBAHC

Acetaminophen 325mg with Codeine 30mg tablets (Tylenol #3)

Acetaminophen with Codeine 120/12mg/5ml elixir

Alprazolam 0.25mg tablets (Xanax)

Alprazolam 0.5mg tablets (Xanax)

Butalbital/ASA/caffeine 325/40/50mg capsules (Fiorinal)

Butorphanol Tartrate 2 mg/ml 2ml vials (Stadol)

Chloral Hydrate 500mg/5ml syrup (Noctec)

Chlordiazepoxide 5mg capsules (Librium)

Chlordiazepoxide 25mg capsules (Librium)

Clonazepam 0.5mg tablets (Klonopin)

Clonazepam 2mg tablets (Klonopin)

Clorazepate 3.75mg tablets (Tranxene)

Clorazepate 7.5mg tablets (Tranxene)

Diazepam 2mg tablets (Valium)

Diazepam 5mg tablets (Valium)

Diazepam 10mg/2ml tubex (Valium)

Diphenoxylate/Atropine 2.5/0.025mg tablets (Lomotil)

Eszopiclone 1mg tablets(Lunesta)

Eszopiclone 2mg tablets(Lunesta)

Eszopiclone 3mg rablets(Lunesta)

Ephedrine Sulfate 50mg/ml/1ml ampule

Guaifenesin/Codeine 100/10mg/5ml syrup (Robo AC)

Hydrocodone/APAP 5/500mg tablets (Vicodin)

Ketamine 100mg/ml 5ml vials

Lorazepam 1mg tablets (Ativan)

Mephobarbital 32mg tablets (Mebaral)

Methyltestosterone 10mg capsules (Android)

Midazolam 5mg/ml 2ml vials (Versed)

Midazolam 5mg/5ml 5ml vials (Versed)

Midrin (EQ) capsules

Oxazepam 15mg capsules (Serax)

Pentazocine/Naloxone 50/0.5 mg tablets (Talwin NX)

Pentothal sodium 500mg injection syringe (Thiopental)

Phenobarbital 20mg/5ml elixir

Phenobarbital 1/4gr or 16.2mg tablets

Phenobarbital 1/2gr or 32.4mg tablets

Promethazine/codeine 6.25/10mg/5ml syrup

Temazepam 15mg capsules (Restoril)

Testosterone 2.5mg/day transdermal patches(Androderm)

Testosterone 5mg/day transdermal patches(Androderm)

Testosterone 2% cream 60gm Kit (FIRXST)

Triazolam 0.25mg tablets (Halcion)

Zolpidem 5mg tablets (Ambien)

Zolpidem 10mg tablets (Ambien)

APPENDIX C
ACTIVITIES AUTHORIZED TO STOCK CONTROLLED SUBSTANCES

1. **PURPOSE:** This appendix establishes a list of all approved activities subordinate to USA MEDDAC/USA DENTAC Fort Huachuca authorized to receive and maintain schedule II-V controlled substances as specified in paragraph 8.

2. **RESPONSIBILITIES:**

a. The Commander is responsible for authorizing activities to stock controlled substances.

b. The Chief of each authorized activity is responsible for designating individual who are authorized to order and/or receive controlled substances for that activity (must be a prescriber or an RN to order - LPNs and 91Ws may also receive).

c. The Chief, Pharmacy Service is responsible for ensuring that only authorized individuals and activities order and receive controlled substances from Pharmacy activities IAW AR 40-3.

d. The Chief, Material Branch is responsible for ensuring that only authorized individuals and activities order and receive controlled substances from Material Branch IAW AR 40-61.

3. **PROCEDURES:**

a. Chiefs of activities not listed herein that require stockage of controlled substances will submit a request through the Chief, Pharmacy Service to the Commander, USAMEDDAC Fort Huachuca, for approval.

b. Facilities that are authorized to order controlled substances from the Pharmacy Service will provide the same with a current categorized list of individuals, including SSN and signature, who are authorized to order, receive, and sign for controlled substances for that activity. Only authorized prescribers, pharmacists, or registered nurses may order controlled substances and must have DD Form 577 (Signature Card) on file at the Pharmacy Service. LPNs and 91Ws may receive controlled substances with a DD Form 577 on file.

APPENDIX D
CONTROL AND ACCOUNTABILITY OF CONTROLLED SUBSTANCES IN
ANESTHESIA

1. ORDERING, RECEIVING, AND SECURING CONTROLLED SUBSTANCES

a. Anesthesiologists, CRNAs, and RNs assigned to the Anesthesia Service can order, receive, and secure controlled substances.

b. Controlled substances will be stored under lock and key either single or double as appropriate. Schedule III-V substances require only one lock. Schedule II substances require double lock protection.

c. Controlled substances will be secured under the conditions described above or in the possession and control of personnel administering them.

2. Controlled Substance Inventory

a. A 100% inventory will be accomplished at the beginning and end of each workday by two licensed personnel assigned to the section.(only applicable in clinics stocking controlled substances)

b. Discrepancies in inventory will be handled as described in paragraphs 10.g and 10.h of this Appendix and will be reported to the Chief, Pharmacy Service if not resolved within 24 hours.

3. Documentation of usage and waste will be made on DA Form 3949 as described in paragraph 10.g of this Appendix. This waste is also documented on page 2 of the Recovery Room Flow Sheet-Overprint (DA Form 4700). Sodium Thiopental may be accounted for by the syringe. All other controlled substances will be accounted for in ml's and differentiation made between used and unused volumes.

4. Key Control for Controlled Substance cabinets will be IAW AR 190-51.

APPENDIX E
MANAGEMENT OF THE SOLE PROVIDER PROGRAM (SPP)

1. **PURPOSE:** To delineate the policy and procedure for the identification and management of patients exhibiting signs of drug-seeking behavior, insufficient analgesia, psychosocial issues, or other complex pharmaceutical care issues.

2. **REFERENCES:**

- a. AR 40-3, Medical, Dental, and Veterinary Care, 12 November 2002.
- b. AR 40-66, Medical Record Administration and Health Care Documentation, 10 March 2003.
- c. Comprehensive Accreditation Manual for Ambulatory Care (Joint Commission), Current Edition.

3. **DEFINITIONS:**

- a. **Sole Provider (SP):** Except for small quantities of a controlled substance used for a specific procedure (i.e. a tooth extraction, acute injury, etc.), the SP is the only medical practitioner that is authorized to order or prescribe controlled substances for a particular patient.
- b. **Alternate:** The Alternate (Sole Provider) is another provider who is authorized to act on behalf of that Sole Provider in their absence. The Alternate will usually be designated by a duty position, (i.e., the department or service chief). If that individual is also not available, the acting chief will assume the duties of the Alternate.

4. **RESPONSIBILITIES:**

- a. RWBAHC's Pharmacy and Therapeutics (P&T) Committee will:
 - (1) Designate the Sole Provider Subcommittee (SPS) as a permanent subcommittee.
 - (2) SPS membership will include the Chief, Pharmacy Service, the involved PCM (if provider is familiar with patient and his/her condition and care), and clinical provider representatives from the clinical departments (Department of Military Medicine, Department of Primary Care, Department of Specialty Services, and Department of Behavioral Health).
 - (3) Nominate and approve replacement members for the SPS as required.
- b. The SPS will:
 - (1) Perform routine screening of medication profiles within the Electronic Medical Record (CHCS and AHLTA) to identify possible difficulties with pain management, psychosocial issues, drug-seeking behavior, or other complex pharmaceutical care issues.

(2) Establish and apply criteria for Electronic Medical Record screening of medication records.

(3) Accept direct referrals made by a provider.

(4) When a SPP appointment is deemed appropriate, the SPS will discuss the proposed designation with the prospective provider before forwarding a by-name recommendation to the Deputy Commander for Clinical Services (DCCS) for appointment. Efforts will be made to maximize involvement of a patient's existing primary care manager as the SP (if appropriate, based on established patient-provider relationship).

(5) Make recommendations to the DCCS to approve the designation of a patient to the SPP.

(6) Monitor and report on the patients' compliance with their designated SPs as required by the P&T Committee.

(7) Recommend that a patient be removed from SPP when either the designated SP, or another provider involved in the patient's care, furnishes evidence that the patient no longer exhibits drug seeking behavior or that their complex care issue has resolved.

c. The DCCS will:

(1) Designate the duty appointments of the SPs and their Alternate SPs in writing.

(2) Notify appropriate clinical leadership of a gaining Medical Treatment Facility (MTF) when a SPP patient relocates to that location/area of responsibility, if the patient's destination and departure is known.

(3) Oversee general functions and monitor practices of the SPS through his role as the Chairman of the Pharmacy and Therapeutics Committee.

(4) Ensure RWBAHC providers are oriented to the pertinent components of this policy and monitor clinical practices for compliance.

d. The Chief, Department of Pharmacy will:

(1) Ensure that the prescription records for controlled substances are screened, on a quarterly basis (at a minimum), to identify candidates for evaluation, and report findings to the SPS.

(2) Ensure that the medication profiles of the SPP patients are flagged, electronically, to indicate their assignment into the program and to allow other providers to be aware of an SPP patient's assignment in the program. (Electronic designation in the SPP should be accomplished using AHLTA and/or CHCS screens that are readily available to providers during the time of their order entry)

- (3) Provide automation support for the program.
 - (4) Act as the point of contact for a provider to directly refer a case for review and evaluation.
 - (5) Relay pertinent information to the SPS.
 - (6) Ensure that the Pharmacy staff is knowledgeable and compliant with the provisions of this policy.
 - (7) Maintain a database of all patients and providers currently in the program.
 - (8) Ensure that patient's profile in the Composite Health Care System (CHCS) is flagged with the appropriate Sole Provider entry. This flagging process places an alert comment in both the "Pharmacy Comment" field and the patient's "Allergy" field. The entry will state "Sole Provider" followed by the individual provider's name and then the Alternate (e.g. "Sole Provider - Dr Welby, Marcus 371-xxxx // Alt C, DPC").
- e. All clinical department and service chiefs will ensure their staffs are familiar with this policy.
- f. All RWBAHC providers will comply with the procedures of this policy.

5. PROCEDURES:

- a. Screening of Medication Profiles and Evaluation of Flagged Profiles/Direct Referrals.
 - (1) The SPS will specify screening criteria for searching the prescription database. The thresholds for the screening criteria will be adjusted by the SPS as necessary.
 - (2) The SPS will evaluate medication profiles on a case by case basis to determine if there is objective evidence to support flagging and recommendation for assignment to the SPP.
 - (3) Reports of known or suspected cases of drug-seeking behavior or patients with complex pharmaceutical care issues will be referred through the Chief, Department of Pharmacy to the SPS for evaluation.
 - (4) A suggested list of criteria for screening and evaluating records by the SPS includes such items as:
 - (a) Evidence of altering or forging prescriptions.
 - (b) Pursuing simultaneously care from multiple providers for the purpose of obtaining controlled substances.

- (c) Providing fraudulent information when requesting medication.
 - (d) Repeated unscheduled visits to request medication.
 - (e) Medication usage is non-compliant with the prescribed care (i.e. increasing use or overuse).
 - (f) Repeated claims of lost, stolen, or damaged medication.
 - (g) Threatening or abusive behavior when denied requested drugs.
 - (h) History of drug or alcohol abuse or dependence.
 - (i) Patient on chronic pain medications/controlled substances who is also assigned to the Warrior Transition Unit (WTU). (WTU PCM will be designated as the SP for Warriors in Transition-WTs).
- b. There are three possible outcomes after the SPS has reviewed a case. They include the following:
- (1) The care appears to be appropriate and no further action is warranted.
 - (2) The care does not appear to be appropriate and the SPS makes a recommendation to the DCCS to assign a Sole Provider.
 - (3) The appropriateness of care is questionable and further monitoring by the SPS is necessary before a determination can be made.
- c. Contacting the Prospective SP.
- (1) Before any case is referred to the DCCS, the SPS will contact any pertinent provider(s) involved in the case for their input. This inquiry will also aid the SPS in nominating a specific provider to the DCCS.
 - (2) If, after gathering additional information, the SPS determines that a SP recommendation is not warranted, the case will not be referred to the DCCS.
- d. Referring the case to the DCCS.
- (1) All recommendations to forward a case to the DCCS for inclusion into the SPP will be by a simple majority vote of the SPS.

(2) When forwarding its recommendation to the DCCS, the SPS will summarize its rationale (e.g. unusual controlled medication-seeking behavior, complex pharmaceutical care issue, WTU patient, etc.) for recommending entry of a patient into the SPP.

(3) If the DCCS non-concurs with a recommendation by the SPS to enroll a patient into the program, the case will be returned to the SPS for further review.

e. Sole Provider - Assignment Process:

(2) DCCS will oversee the designation of duty (via Chief, Pharmacy Service) appointments of the Sole Providers/Alternates in writing or via electronic mail.

(a) The Alternate will assume the duties of the Sole Provider, as necessitated by leave, TDY, etc. and will usually be designated by a duty position, (i.e., a specific department or service chief). If that individual is also not available, the acting chief will assume the duties of the designated Alternate SP.

(b) Whenever possible, the selection of a SP should be a staff member from the RWBAHC; however, this will not preclude the DCCS from selecting a more appropriate individual to manage the patient's case. If a designated Sole Provider is an outside civilian practitioner, the DCCS will designate a special coordinator from the Department of Pharmacy to assist that outside provider.

f. Sole Provider – Initial Actions:

(1) The provider designated as an SP will inform the patient of their enrollment into the SPP, will identify themselves as a SP, and identify the listed alternate SP.

(2) Using a non-confrontational approach, they will express their concern about the patient's on-going health problems. At the initial visit after SPP designation, the SP will:

(a) Furnish the patient with an assessment of their problem, and propose a management plan.

(b) Ensure the patient knows the mechanism to access care while in the SPP and present the SPP as being in the patient's best long-term interest.

(c) Review and complete a Pain Management/Sole Provider Contract Agreement. Sample pain management contracts are available in the form of an electronic (AHLTA) contract or a hardcopy pain management contract. (See Pages E-7 thru E-8 for a preexisting AHLTA RWBAHC Pain Contract) The patient and the SP will sign the contract. A copy of the signed contract/agreement will be maintained in the patient's outpatient medical record. The SP will also provide a copy of the contract to the patient and the pharmacy service.

(d) Prescribe any prescriptions that are medically indicated.

(e) If medically appropriate, present the patient with additional adjunct care options through such avenues as: Psychiatry; the Army Substance Abuse Program (ASAP), or to the Tricare Network for Pain Management Services, etc.

g. Patient Follow-up and Reporting.

(1) Except for small quantities of controlled substances for acute injuries, dental work, etc., only the designated SP or Alternate will prescribe, countersign, or telephonically authorize controlled substance prescriptions for a patient in the program.

(2) Providers who are not an SP or ASP will notify the C, Pharmacy Service if a patient assigned to the SPP attempts to obtain a controlled substance from them. The Chief, Department of Pharmacy will ensure that the SP is notified and will monitor for any indications that such cases should be re-referred and reviewed by the SPS.

(3) The Chief, Pharmacy Service will routinely (quarterly basis, at minimum) query SPs regarding their patients' progress, the appropriateness of their controlled substance usage, as well as their other pharmaceutical care needs. The Chief, Pharmacy Service will present recommendations from this review to the SPS.

(4) The SP will attempt to arrange for a similar continuum of care when the patient relocates to another geographical area. The SP must inform the SPS of any pending patient moves to allow appropriate notification to clinical leadership of receiving MTFs and to coordinate the hand-off process. The SP should document in their final chart visit the patient's status in the SPP and recommendations for continued SPP care, if required.

(5) The SPS will administer the SPP and will report to the P&T Committee as required.

h. Disengagement and Appeals:

(1) Disengagement, whether through problem resolution, noncompliance, PCS, or ETS, must be reviewed by the SPS. On a case-by-case basis, the SPS will determine if any follow-up action is needed. Recommendations, if any, will be referred to the P&T Committee for approval.

(2) SPs and Alternates will provide as much advance notice as possible on their PCS or ETS departures. This will allow the SPS and the DCCS to find and appoint a new individual to monitor the patient.

(3) If a patient chooses to contest either the initial or continued assignment into the SPP, the SPS will review the case with the DCCS and will formulate a written recommendation for approval by the MEDDAC Commander.

i. Pain Management Contracts. Preexisting templates for a pain management contract are available for use on AHLTA by following these steps: Under the Folder List in the left margin of a selected patient's encounter, select these tabs/phrases in the following order:

(1) **Health History/Patient Questionnaires**

(2) **Interview**

(3) **Clinic**

(4) **Questionnaires**

(5) **Agave Team**

(6) **Pain Contract**

(7) **Select**

(8) Specific medications and comments pertinent to the patient's care can be added by selecting the **Add Comment** button in the left margin of the contract.

A sample RWBAHC Pain Contract is attached on the following page. Upon completion of the AHLTA entries, the SP can print the document and sign, along with the patient. The original will be maintained in the patient's medical record and a copy should be given to the patient and the pharmacy service.

PAIN CONTRACT- RWBAHC Version: 2
REVIEW QUESTIONNAIRE WITH PATIENT AND ENTER PAIN MANAGEMENT MEDICATIONS FOR
FUTURE REFERENCE.

[Click here to add comment on Questionnaire as a whole.](#)

<p>1. <u>Add</u> <u>Comment</u></p>	<p>- This agreement is essential to the trust and confidence necessary between a provider and patient with chronic pain.~ - The goals of treatment are not to completely eliminate pain but to partially relieve my pain in order to improve my ability to function. Chronic opioid therapy is only one part of my overall pain management plan.~ ~ PATIENT RIGHTS: As a person with pain, I have the right to:~ - Have my reports of pain taken seriously. My reports are the best indicator of the amount of pain present.~ - Have my pain assessed and treated appropriately.~ - Actively participate in decisions about managing pain.~ - Be treated with dignity and respect by all medical personnel.~ - Have my acute pain managed with opiates if indicated.~</p> <p><input type="checkbox"/> ~THE PATIENT AND PROVIDER ACKNOWLEDGE AND AGREE TO THE PATIENT'S RIGHTS AS LISTED ABOVE</p>
<p>2. <u>Add</u> <u>Comment</u></p>	<p>PATIENT RESPONSIBILITIES:~ 1. I will attend all appointments, treatments, and consultations as requested by my providers. I will follow my pain management treatment plan as prescribed. ~ 2. I will obtain my narcotic medications only from my assigned provider or his/her designee.~ 3. I will not attempt to obtain any controlled medicines, including narcotic pain medicines, stimulants or tranquilizers from any other provider.~ 4. I will take medications as prescribed and will not increase or decrease without approval of provider. No allowance will be made for using more frequently than prescribed. I understand that my provider and I will continually evaluate the effect of opioids on achieving the treatment goals and make changes as needed. I agree to take the medication at the dose and frequency prescribed by my provider. I agree not to increase the dose of opioids on my own and understand that doing so may lead to the treatment with opioids being stopped. I understand that if my prescription runs out early for any reason, my provider will not prescribe extra medication for me. I will have to wait until the next prescription is due.~ 5. Lost or stolen medicines will not be replaced. It is my responsibility to safeguard my medicines. ~ 6. I understand there is a small risk of addiction with narcotic use. However, it is likely that I will develop physical dependence. I will permit referral to addiction specialists as a condition of my treatment plan.~ 7. I will have an opportunity to discuss my medications at each visit.~ 8. I agree to use no other pharmacy outside of RWBAHC.~ 9. I will not sell, hoard or share my medication with anyone else, including family members, or otherwise misuse my medication.~ 10. I will not attempt to obtain any controlled medicines, including narcotic pain medicines, stimulants or tranquilizer medicines from any other provider.~</p> <p><input type="checkbox"/> ~THE PROVIDER ACKNOWLEDGES THAT HE/SHE HAS REVIEWED THE ABOVE PATIENT RESPONSIBILITIES WITH THE PATIENT AND THAT THE PATIENT HAS AGREED TO THESE RESPONSIBILITIES AS WRITTEN.</p>

	<p>MEDDAC MEMO 40-52 February 25 2008</p>
<p>3. <u>Add</u> <u>Comment</u></p>	<p>11. I agree to refrain from driving a motor vehicle or operating dangerous machinery and/or engaging in other hazardous activities until narcotic associated drowsiness resolves. Drowsiness may occur when starting opioid therapy or when increasing the dosage. I understand other common side effects include nausea, constipation or itchiness of skin.</p> <p>~12. I will not use any illegal substances such as marijuana or cocaine. I agree to drug screening upon provider request.</p> <p>~13. I will inform my provider of any alcohol use. I understand the use of alcohol with narcotics could be extremely damaging to my health.</p> <p>~14. I will notify my provider if I become pregnant.</p> <p>~15. I agree to participate in programs to improve my pain: such as yoga, exercise physical therapy, behavioral modification, biofeedback, psychological aspects of pain management, counseling therapy, stress reduction program, pain coping skills, nutrition if recommended by my provider.</p> <p>~16. If there is no evidence of benefit from narcotic pain medication or improvement of daily functional ability, I agree to taper off narcotic medications.</p> <p>~17. If I break this agreement my provider will taper the medication over a period as necessary to avoid withdrawal symptoms and I will need to find a new provider.</p> <p>~18. I should be aware that providers may, by law, share information with other healthcare providers about my care.</p> <p><input type="checkbox"/> ~THE PROVIDER ACKNOWLEDGES THAT HE HAS REVIEWED THE ABOVE PATIENT RESPONSIBILITIES WITH THE PATIENT AND THAT THE PATIENT HAS AGREED TO THESE RESPONSIBILITIES AS WRITTEN.</p>
<p>4. <u>Add</u> <u>Comment</u></p>	<p>THIS AGREEMENT IS ENTERED INTO ON:</p> <p>Answer: <input type="text"/> (Enter answer using the following format 'dd mmm yyyy')</p>
<p>5. <u>Add</u> <u>Comment</u></p>	<p>A list of the pain medications that the patient and provider have agreed to has been written in the Add Comment box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. <u>Add</u> <u>Comment</u></p>	<p>A list of the providers authorized to refill the patient's pain medications has been written in the Add Comments box.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

APPENDIX F
COMMAND SENSITIVE ITEMS

1. **PURPOSE:** To establish local procedures for controlling and safeguarding of command sensitive items (CSIs).
2. **SCOPE:** Applies to all elements of the MEDDAC that stock, handle, or utilize CSIs.
3. **DEFINITIONS:**
 - a. CSIs - items, other than Schedule II-IV substances and precious metals, that may be subject to misuse, or theft because of abuse or pilferage potential.
 - b. User activities - activities within the MEDDAC exclusive of the Pharmacy and Materials Branch that administer or dispense CSIs to patients. These activities include units, clinics and the WHA Clinic.
4. **RESPONSIBILITIES:**
 - a. The Chiefs and OICs/NCOICs of all activities that stock drugs, syringes, and other command sensitive items are responsible for maintaining control of these items.
 - b. The Chief, Pharmacy Service and the Chief, Logistics Division are responsible for evaluating pharmaceuticals and other supply items of high unit cost or abuse/pilferage potential and recommending addition of such items to the CSIs list.
 - c. The P&T Committee is responsible for reviewing the CSIs list and making recommendations for additions/deletions.
5. **PROCEDURES:**
 - a. The list of CSIs will be developed by the Chief, Pharmacy Service and the Chief, Logistics Division and submitted through the P&T Committee for approval by the Commander.
 - b. Supplies of CSIs will be stored in accordance with the following guidelines:

(1) CSIs will be stored under lock and key at the medical supply level. Issue of CSIs will be reviewed by the Chief, Material Branch or his designee.

(2) At the Pharmacy Service level, CSIs will be stored as determined by the Chief, Pharmacy Service.

(3) CSIs will be stored under lock and key at user activities.

(4) Items of special interest may require additional security measures as required by the Chief, Pharmacy Service or the Chief, Material Branch.

MEDDAC MEMO 40-52, Controlled Substances
Coordination Started 3 Jan 2008

Office/Dept	Name	Approve	Approve w/changes	Disapprove	Comment # below
DCCS/Chairman	LTC Vento				
DCHS	LTC Lock				
DCA	LTC Swanson				
CSM	SGM Carver				
C, DPC	LTC Kreklau				
C, DMM	MAJ Diaz				
C, DAPS	LTC Sheehan				
C, PAD	CPT Pagotto				
C, QMD	Mr. Dan Evans				
C, DAS	1LT Paap				
C, PMWARS	MAJ Sarsfield				
C, BHS	MAJ Hughes				
C, DSS	LTC Taylor				
C, Pharm	Ms. Boardman		CKB		1.
[Other –insert as many as needed or delete]					

COMMENTS SECTION

1. These changes reflect updates to the Feb 2005 MM 40-52
- 2.
- 3.