OLIVE VIEW-UCLA MEDICAL CENTER
POLICY & PROCEDURE

NUMBER: 384
VERSION: 2

SUBJECT/TITLE: **CONTROLLED SUBSTANCES**

POLICY: All members of the Olive View-UCLA Medical Center workforce will comply with all regulations of the Controlled Substances Act, including the practical system for procurement, storage, security, dispensing, and accountability of controlled substances.

PURPOSE: To establish a mechanism for compliance with the Controlled Substances Act and the provision of full accountability for all controlled substances issued to patients at Olive View-UCLA Medical Center.

DEPARTMENTS: **ALL**

DEFINITIONS: **Controlled substances** are identified by the Drug Enforcement Agency (DEA) as substances having the potential for misuse or abuse. There are five established schedules of controlled substances.

SCHEDULED DRUGS:

Schedule I: Substances in this schedule have a high potential for abuse and have no currently accepted medical use They are the most dangerous substance with potentially severe psychological or physical dependence.

Schedule I drugs may not be prescribed unless specifically accepted or unless listed in another schedule. Examples of Schedule I drugs are heroin, marijuana and lysergic acid diethylamide (LSD).

Schedule II: Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence. Examples are hydromorphone, methadone, oxycodone, fentanyl, hydrocodone and amphetamine.

Schedule III: Substances in this schedule have a potential for abuse less than substances in Schedule I or II and abuse may lead to moderate or low physical dependence or high psychological dependence. Examples are products containing more than 90mg of codeine per dosage unit (acetaminophen with codeine), ketamine, anabolic steroids, dronabinol and testosterone.

Schedule IV: Substances in this schedule have a low potential for abuse relative to substances in Schedule III.
Examples are alprazolam, carisoprodol, diazepam, lorazepam, and tramadol.

Schedule V: Substances in this schedule have a low potential for abuse relative to Schedule IV substances and consist primarily of preparations containing limited quantities of certain narcotics.
Examples are cough preparations containing not more than 200mg of codeine per 100mL, diphenoxylate/atropine, and pregabalin.

CSOS: The DEA's controlled substance ordering system (CSOS) allows for secured electronic schedule II controlled substance ordering without the support of the paper DEA form 222. CSOS requires that each individual purchaser enroll with the DEA to acquire a CSOS digital certificate.

PROCEDURE:

I. Registration

A. Olive View-UCLA Medical Center is registered with the Drug Enforcement Administration (DEA) as a "Hospital/Clinic" which permits the Inpatient and Outpatient Pharmacies to dispense controlled substances to their patients.

B. The Hospital Administration-approved Pharmacy designee, by virtue of a Power of Attorney, may order scheduled II controlled substances. A CSOS certificate shall be obtained through the DEA for electronic ordering. The DEA numbers are available from Pharmacy Administration for the Inpatient and Outpatient Pharmacies.

II. Procurement of Controlled Substances

A. The Pharmacy is responsible for the procurement orders for all Controlled Substances.

B. Schedule II, III, IV, and V controlled substances will be procured from the wholesaler or directly through Central Admixture Pharmacy Services (CAPS).

1. Schedule II controlled substances

a. The approved Pharmacy Designee is required to review and sign all scheduled II controlled substances order. A CSOS signing certificate is used to sign for electronic orders from the wholesaler. A DEA Form 222 shall be completed and signed by the Pharmacy Designee when electronic ordering is not available. The blue copy of the DEA 222 form is retained in the Pharmacy and the green copy is sent

to the DEA by the vendor.

C. Upon receipt, all controlled substance orders are verified by a pharmacist and inventory is added to the Pyxis® CII Safe System in the inpatient pharmacy and into the outpatient pharmacy inventory. The invoice is received electronically when using CSOS. If a DEA form 222 was used, the receiving pharmacist completes the blue copy of the DEA Form 222 by entering the NDC, package quantity, and expiration date and retains the copy for three years.

III. Controlled Substance Storage and Security

A. In the Pharmacy:
   1. All controlled substances in the Inpatient and Outpatient Pharmacies are secured in double locked vaults or Pyxis® C-II Safe and a Pyxis® MedStation, respectively.
   2. A perpetual record shall be kept for all controlled substance inventory. The Pyxis® C-II Safe and Pyxis Medstation maintains a perpetual inventory record. The vault is used to stock overstock of drugs, as well as additional inventory not found in the Pyxis machines. Non-controlled drugs and non-formulary drugs may also be stored in the Pyxis® C-II Safe and Medstation. The System Manager and Pharmacy Supervisors will be responsible for maintaining the medication database.
   3. The controlled substances pharmacist shall be responsible to perform inventory for all controlled substances.
      a. Inventory of CII controlled substances will be completed every three months. The report shall be submitted to the pharmacist-in-charge.
      b. Additionally, controlled substance physical inventory is completed every two (2) years. The report shall be submitted to pharmacist-in-charge.
      c. The date and time of inventory completion will be recorded on the report. Any discrepancy should be resolved immediately. Any unresolved discrepancies shall be reported to the narcotic pharmacist or pharmacy supervisor.
   4. Access is allowed only for Pharmacists via MCM System door BioID (vault key, as back-up), vault combination, or Pyxis® BioID. A Pharmacist must accompany the Pharmacy Technician to the vault. The Pyxis® C-II Safe System Manager and Pharmacy Supervisors will be responsible for maintaining C-II Safe users. For employees of Los Angeles County, the user ID will be the individual's employee number. For registry pharmacists, the assigned "C" number will be used.

5. No other department – including Sheriff, Safety Office, and Facilities – will have access to the vault.
6. Inpatient Pharmacy will utilize unit dosed tablets and capsules, and single dose vials to reduce the possibility of pilferage. The Outpatient Pharmacy has controlled substances in bulk bottles.

B. In Nursing Units:
   1. Controlled substances are stored in Pyxis® MedStations. Pyxis® MedStations are accessed with a user ID and BioID fingerprint.
   2. Only a licensed Olive View-UCLA Medical Center nurse or anesthesiologist may have possession of these keys. Pyxis® MedStations are accessed with a user ID and BioID.
   3. Olive View-UCLA Medical Center licensed nursing staff inventory ALL controlled drugs at least once weekly, typically on Wednesday.
      a. Additionally, inpatient areas and DEM will conduct inventory reconciliation of last accessed narcotics during the shift at end of every shift. Clinics will conduct daily inventory of last accessed narcotics.
   4. Discrepancy Reports will be generated in those areas with Pyxis® MedStations.

C. In the Operating Room & Delivery Suites
   1. Controlled substances are secured in the Pyxis® Anesthesia Systems.
   2. A pharmacist will inventory all controlled substances stocked in the Pyxis® Anesthesia Systems once weekly, typically on Wednesday.
   3. All controlled substance use is reviewed by pharmacist.
   4. Any discrepancy will be reported by the Pharmacy to the Chief of Anesthesiology or designee for investigation.

D. Resolving a Discrepancy
   1. Pharmacy will notify area nursing supervisor of the discrepancy. Any discrepancy should be resolved immediately. Upon notification from pharmacy, nurse managers will have 48 hours to resolve discrepancy or pyxis user access will be removed.
   2. To resolve a discrepancy "Controlled Substance Discrepancy Reporting Form" is to be completed with appropriate signatures. (see appendix)
   3. The completed form is to be scanned and sent to ovmc controlled subtances group email. OVMControlledSubstances@dhs.lacounty.gov
   4. Removed pyxis user access may be reinstated by narcotic

pharmacy or pharmacy supervisor once discrepancy form is reviewed and accepted. During night hours and weekends/holidays, Administrative Nursing Officer may accept the discrepancy form and grant temporary pyxis access until pharmacy review.

IV. Dispensing of Controlled Substances

A. Inpatient Pharmacy:

1. Controlled substances are dispensed by a licensed pharmacist by two methods: a) narcotic requisition received by the Pharmacist and b) Pyxis® MedStation Inventory Report.
    a. For units without Pyxis®, these orders will be sent by one licensed nurse, filled by the Pharmacist, and received by another licensed nurse. Completed "Controlled Drug Administration Record" (CDAR), must be returned for each controlled drug.
    b. For controlled substances not stocked in the Pyxis® Medstation, a licensed nurse must pick up the medication from the pharmacy. That nurse will be accountable for the medication use process, including administration, waste if applicable and documentation in the patient's chart. Only one dose will be dispensed for immediate administration. Medication will be dispensed with CDAR, which must be completed upon medication administration and returned to pharmacy.
    c. Pyxis® MedStations will be refilled by pharmacy staff. A licensed nurse must sign the Delivery Report to verify receipt of those drugs and witness the refill of controlled drugs.
2. A Pyxis® C-II Safe Discrepancy Report is completed daily to ensure all medications dispensed were refilled accurately.

B. Outpatient Pharmacy

1. Corresponding Responsibility
    a. Prescriptions for a controlled substance shall only be issued for a legitimate medical purpose. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.
    b. The following prescriptions shall not be dispensed by the pharmacists as they are not legal prescriptions:

i. an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

c. All pharmacists must submit an application for CURES PDMP access and maintain access to ensure appropriate dispensing of controlled substances when deemed professionally necessary.

2. All orders for controlled substances must be supplied:
   a. By Electronic Prescribing for Controlled Substances (EPCS) using Cerner to electronically transmit through Surescripts to a designated pharmacy for dispensing. Physicians with an active DEA license in good standing must be enrolled in EPCS and their personal smart device must be registered at Olive View Medical Center. EPCS will involve two factor authentication process and each EPCS user can utilize only one device.
   b. Or by using a facility approved tamper resistant security prescription as specified in Health & Safety Code Section 11162.1.
   c. Schedule II prescriptions for terminally ill patients can be written on a plain prescription form if the patient meets the criteria specified in Health and Safety Code section 11159.2 exemption. The prescription must contain the notation "11159.2 exemption."
3. In addition to all prescription content requirements outlined by the Board of Pharmacy in Business and Profession Code 4040. **The prescription must be signed and dated in ink in the handwriting of a prescriber with a valid DEA number.** The following may be prepared by the prescriber or his/her agent:
   a. The name and address of the person for whom the controlled substance is prescribed. If the prescriber does not specify this address on the prescription, the pharmacist filing the prescription or pharmacy technician acting under the direct supervision of the pharmacist shall write the address on the prescription or maintain this information in a readily retrievable form in the pharmacy.

   b. Drug name, strength and quantity
   c. Complete directions for use
   d. Date of issue
   e. Prescriber's name, address, telephone number, license number and DEA number.
   f. Additional prescription elements such as patient's medical record number and clinic location may be added.

4. A pharmacist may not fill a prescription for a controlled substance containing an error(s) unless the pharmacist notifies the prescriber of the error and the prescriber approves any correction. The pharmacist shall document on the hard copy of the prescription the approved changes with the date/time and who approved the change and what the change was.
5. Prescriptions for controlled substances are valid for six (6) months from the date written.
6. Refills are not permitted for Schedule II medications. There are no QTY limitations on amount dispensed at one time as long as the QTY does not exceed a 6 month supply. However, any QTY more than a 30 day supply must be reasonable for the amount ordered and indication for use. Pharmacists are encouraged to discuss with the prescriber and to document any decision made for dispensing quantity exceeding a 30 day supply.
7. No prescription for a Schedule III-V substance may be refilled more than five (5) times and in an amount, for all refills of that prescription taken together, exceeding a 120 day supply.
8. In the event of an emergency where failure to issue a prescription may result in loss of life or intense suffering, an order for a controlled substance may be dispensed upon an oral order, an electronic data transmission order or a written order not made on a controlled substance form as required in Section 11162.1 Prior to filling such an oral prescription, the pharmacist shall reduce it to writing with all information required in Section 11162.1 of the Health & Safety Code. The prescriber shall, within seven (7) days, submit his/her controlled substance prescription form to the pharmacy; a postmark by the seventh day following transmission of the initial order shall constitute compliance. If the prescriber does not provide such a prescription within seven (7) days, the pharmacist filling the emergency prescription shall, within 144 hours (i.e., six days) of the prescribers failure to do so, inform the Bureau of Narcotic Enforcement in writing, and shall make and retain a hard copy, readily retrievable record of the

prescription, including the date and method of notification of the Bureau of Narcotic Enforcement.

9. Prescriptions shall not be antedated or postdated.
10. A prescriber may issue multiple orders for the same schedule II controlled substance on the same date to be filled sequentially with the second, third, etc. prescription marked "do not fill before (a given date-with the date indicated)" as long as the total amount of the prescriptions do not exceed a 90-day supply. This rule does not limit the amount of any single prescription or for what period of time a single order may be written.
    a. For Example, a physician might issue an order for Oxycontin 80 mg #30, take one every 12 hours, and issue up to five more prescriptions, all dated, as an example, on January 1. The second prescription would be marked, "Do not fill before January 15;" the third "Do not fill before February 1;" the fourth "Do not fill before February 15;", and the fifth "Do not fill before March 1."
11. The original copies of all filled prescriptions are kept on file for at least three (3) years.
12. Data is automatically sent to CURES (Controlled Substance Utilization Review and Evaluation System) program in a frequency and format specified by the Department of Justice for Schedule II, III, and IV prescriptions filled by the Olive View-UCLA Medical Center Outpatient Pharmacy.
13. A pharmacist may transfer out a prescription for a Schedule III, IV or V controlled substance to another pharmacy for refill purposes as long as the first fill was dispensed by OV Pharmacy. **Controlled substance prescriptions not filled in the pharmacy (i.e. on file) shall not be transferred.** The following information shall be maintained: identification of the pharmacist, name and address of the pharmacy. Scheduled II Controlled Substances shall not be transferred.
    a. Prescriptions shall not be transferred into OV Pharmacy
14. Prescriptions for Scheduled II Controlled Substances will be be partially filled per Article 3 section 4052.10 Partial Fills of Schedule II Controlled Substance.
    (a) A pharmacist may dispense a Schedule II controlled substance, as listed in Section 11055 of the Health and Safety Code, as a partial fill if requested by the patient or the prescriber.
    (b) If a pharmacist dispenses a partial fill on a prescription

pursuant to this section, the pharmacy shall retain the original prescription, with a notation of how much of the prescription has been filled, until the prescription has been fully dispensed. The total quantity dispensed shall not exceed the total quantity prescribed.
(c) Subsequent fills, until the original prescription is completely dispensed, shall occur at the pharmacy where the original prescription was partially filled. The full prescription shall be dispensed not more than 30 days after the date on which the prescription was written. Thirty-one days after the date on which the prescription was written, the prescription shall expire and no more of the drug shall be dispensed without a subsequent prescription.
(d) The pharmacist shall record in the state prescription drug monitoring program only the actual amounts of the drug dispensed.
(e) The pharmacist shall record the date and amount of each partial fill in a readily retrievable form and on the original prescription, and shall include the initials of the pharmacist who dispensed each partial fill.

15. Methadone shall not be filled or dispensed as part of drug treatment program.

V. Return of Controlled Substances to the Pharmacy

A. All hospital clinic/unit supplied controlled substance that is expired, surplus, unneeded, broken, or damaged controlled substances must be returned to the inpatient pharmacy.
    1. Medications removed from the Pyxis® Med Station that are in its original, unopened packaging may be returned to the Pyxis® return bin. Pharmacy staff will retrieve returned medications on a daily basis.
    2. Medications not stocked in the Pyxis® Med Station or medications that will not fit in the return bin must be returned to Inpatient Pharmacy by a licensed staff member.
B. Pharmacy will determine the disposition of the returned controlled substances.

VI. Disposition of Controlled Substances

A. In the Pharmacy:
    1. Expired, damaged, contaminated or broken Schedule II drugs will be handled by a DEA-approved pharmaceutical return processor. Olive View-UCLA Medical Center uses a certified, County-approved pharmaceutical reverse distribution

company, which is currently EXP, to handle its controlled substance returns and waste. DEA Form 222 will be used for transfer of ownership..

a. Broken ampules or opened vials are not accepted by reverse distributor will be disposed in the presence of two pharmacists and documented on the "Controlled Substance Salvage Log" sheet. The Pyxis® C-II Safe inventory shall be adjusted to reflect such disposition.

2. Unclaimed patients' own medication containing schedule II-V controlled substances shall ultimately be sent to a take back program. The transport and transaction shall be documented on the "Unclaimed Patients' Own Medication Disposal Log" and witnessed by two pharmacists. Patient identifiers shall be removed prior to transport.

B. In Nursing Units

1. Controlled substance waste will be disposed of in a pharmaceutical waste container by two licensed nursing personnel, one licensed nurse disposes of the medication and the second acts as the witness. The witness should verify that the drug product and the volume or amount being wasted matches the documentation.
2. The medication shall be wasted in a manner to prevent diversion.
3. The physical waste and documentation of the waste in the Pyxis® should occur immediately or as close to the administration time as possible to minimize the risk of diversion. If not performed immediately, documentation must occur prior to the end of the working shift.
4. Fentanyl patches are assumed to still have residual drug present. A licensed nurse must fold the patch in half prior to disposal in pharmaceutical waste container with a witness. The waste must be documented on the medication administration record by both nurses.

C. In Non-Profiled Pyxis® Nursing Areas (e.g., DEM, Cath Lab, IR, Endoscopy, SDSU, OPSA)

1. The physical waste and documentation of the waste in the Pyxis® should occur immediately after each patient (case/procedure) to minimize the risk of diversion.

D. Anesthesiology (Pyxis Anesthesia Systems)

1. All controlled substance waste shall be labeled with patient name, medication, and concentration and placed in a designated locked container located in the Anesthesia workroom and Recovery Room. Two licensed personnel shall document the waste.

2. A pharmacist shall empty the designated locked container daily and generate a Pyxis report to reconcile the waste. All waste shall be accounted for and logged by the pharmacist. Any discrepancies noted shall be immediately reported to the Pharmacy Supervisor. Once complete, the controlled substance waste shall be de-identified and placed in a pharmaceutical waste container in a manner to prevent diversion. The waste shall be documented and witnessed.
3. A random audit of shall be performed weekly and include the use of a refractometer to properly identify syringe waste contents. At least two samples shall be included in the weekly refractometer audit.

VII. Monitoring and Surveillance

A. The pharmacy will review and audit relevant data that could indicate potential controlled substance diversion and ensure that discrepancies are resolved in a timely manner.
B. Outstanding controlled substance must be resolved within 48 hours or Pyxis medstation user access will be revoked until resolution. A witness or supervisor co-signature may be required in situations a witness is required (such as in correct waste documentation). If user commits more than 2 unresolved discrepancies, user access may be terminated temporarily or indefinitely as determined by outcome of investigation. (Pyxis Medstation Automated Dispensing Machines Policy Number 1636, Version 3)
C. Pharmacy will audit controlled substance removal from the Pyxis® MedStations in the nursing units to ensure appropriate removal, documentation of medication administration and wastage.
    1. All controlled substances removed from non-profiled Pyxis® MedStations will be audited for compliance.
    2. Controlled substances removed from profiled Pyxis® MedStations will be randomly audited for compliance.
    3. Pyxis undocumented waste report will be reviewed daily for resolution. Nurse Manager of the area will be notified for resolution and for correct documentation of waste as applicable.
    4. All override narcotic removals will be reviewed for physician order, dose administered and recording of appropriate waste, if applicable. All discrepancies will be notified to nurse manager for resolution.
    5. Pyxis narcotic discrepancy report will be reviewed for resolution
    6. Patients on fentanyl patch and PCA will be reviewed prospectively for compliance. (Fentanyl Transdermal Patch Policy No.5576 and Patient Controlled Analgesia Policy No.236.)

7. Pharmacy will review periodically for any pattern or users with repeat discrepancies and notify nurse manager for any corrective action. During the investigation pharmacy may utilize controlled substance program RX Auditor® and/or Pyxis® Knowledge Portal for additional information and data analysis.

D. Controlled drug administration record (CDARs) must be returned to pharmacy. The controlled substance pharmacist will audit all returned CDARs for compliance and ensure accurate documentation.

E. The unit nurse manager and clinical nursing director will be notified of all discrepancies for investigation and corrective action.
   1. Pyxis® user access to controlled substances will be removed if the discrepancy remains unresolved after 48 hours. If the discrepancy involves a nurse witness, their Pyxis® access will also be removed until the discrepancy is resolved. User access will be reinstated after the discrepancy has been resolved.
   2. If a user commits multiple discrepancies, their access to controlled substances may be terminated for a specified time or indefinitely as determined by Pharmacy and Nursing Administration.

F. Outpatient Pharmacy:
   Outpatient pharmacy will keep a perpetual inventory log of all controlled substances dispensed specific to drug name. The Pyxis® will keep a log of all transactions related to dispensing. In addition, a NDC specific weekly inventory reconciliation of all controlled substances shall be performed. Any discrepancies found shall be investigated and corrected. The pharmacy supervisor shall be notified of any medication errors or unresolved discrepancies.

VIII. Reporting Theft or Loss of Controlled Substances

A. In the Pharmacy:
   1. Pyxis® C-II Safe Discrepancy reports will be generated and any variances resolved. If the Discrepancy Report illustrates that the loss is physical and significant then the Pharmacy Director or Supervisor will report such loss to the DEA (within one business day). All losses shall be reported to the California Board of Pharmacy.
   2. If pilferage is suspected, the Pharmacy Supervisor will investigate and make a report to the Pharmacy Director, CEO and Sheriff. At the end of the investigation, the Pharmacy will issue a report describing the incident and recommended corrective action to mitigate its reoccurrence.
   3. A person who has been implicated with controlled drug diversion shall have his/her access to controlled substances

severely limited or removed.

B. In the Nursing Units
   1. The Clinical Nursing Director for the area involved will immediately report a possible controlled substance diversion and pilferage to the Pharmacy and Sheriff.
   2. Pharmacy and Sheriff will investigate the loss or pilferage and report the loss to the DEA if required.
   3. Pharmacy and Nursing will complete a report on DEA Form 106 and follow the same procedures as above pertaining to pharmacy thefts. Sheriff will undertake proper action against a suspected employee.
   4. A person who has been implicated with controlled drug diversion shall have his/her access to controlled substances severely limited or removed.

C. Reporting Loss
   1. Complete DEA Form 106 within one business day **for any significant loss of controlled substance**
      a. Send original and copy to nearest DEA Regional Office.
      b. Send a copy to DEA
         255 East Temple Street, 17th floor
         Los Angeles, CA 90012
         (213) 621-6700
   2. The pharmacy shall report **any loss of controlled substance** to the California Board of Pharmacy within 30 days of discovery. If the loss is due to theft, the Board of Pharmacy will be notified within 14 days.
      1625 N. Market Blvd., N219
      Sacramento, CA 95834
      (916) 574-7900
   3. Complete a Loss of Controlled Substance Reporting Form (OV1381) **for any loss** of controlled substance. This form shall be signed by a witness and the department supervisor. A copy of this form shall be submitted to the Inpatient Pharmacy Department if the loss involves departments outside of the pharmacy.

D. Loss resulting from breakage, damage, contamination
   1. If the loss is the result of breakage, damage, or contamination of no more than one or two doses of any schedule drug, a nurse will call the Pharmacy to explain the nature of the loss and what was lost.
   2. The Pharmacy will issue a lost controlled substance number, which will be used in lieu of a patient name of the "CDAR" Sheet.

3. The Loss of Controlled Substance Reporting Form (OV1381) is completely filled out and signed by a reporting nurse and a nurse witness within 24 hours.
4. One copy of the "Loss of Controlled Substances Reporting Form" is sent to the pharmacy where it will be reviewed and filed for three (3) years. A second copy will be sent to the Nursing Supervisor then submitted to Chief Nursing Officer for signature.
5. Pharmacy supervisor will review these forms quarterly for trends.

IX. Furnishing Controlled Substances to Outside External Disaster Areas

A. Olive View-UCLA Medical Center is a partner with California Task Force-2 (CA-TF2/USA2), also known as FEMA Urban and Rescue Response System, which will authorize a request to supply medical supplies to outside areas requiring assistance. The Pharmacy Department will immediately fill those items on the FEMA Medical Equipment Group list and have it available for pickup within two to three hours. (Refer to "External Disaster" policy 805 for a complete list of drugs.) This list contains scheduled controlled substances.

B. When furnishing Schedule II drugs follow these directions:
   1. In accordance with DEA law, FEMA or requesting physician, hospital, or pharmacy must supply the Olive View-UCLA Medical Center Pharmacy with their own DEA Form 222 to appropriately record the transfer of Schedule II Controlled Substances.
   2. The Pharmacy will list Schedule II items filled on DEA form 222. Schedule III, IV, and V controlled substances are not to be listed on this form.
   3. The Pharmacist will record name of supplier, address, city, state, and date on form.
   4. Enclose "Blue" Purchaser's copy page 3 with the filled order.
   5. The Pharmacy will retain the pages 1 and 2 of DEA form 222; page 2 will be sent to the DEA office.

C. When furnishing Schedule III-V Controlled Substances these instructions are to be followed:
   1. The transfer of Schedule III, IV, and V Controlled Substances does NOT require a DEA Form 222.
   2. List the name, strength, and package size dispensed on the FEMA medication list sheet.
   3. Enclose a photocopy of this list with the filled order. Pharmacy will retain the original copy.
   4. The Pyxis® C-II Safe will document all stock transfers.

X. Controlled Substances Records

A. The following records must be kept on file for at least two (2) years:
   1. Pyxis® C-II Safe Delivery Receipts
   2. OVMC Pharmacy controlled Substances inventory record is stored in the Pyxis® C-II Safe database.
   3. Receipts for return of CDAR sheets
   4. Monthly Floor Stock Inspection sheets

B. The following records must be kept on file for at least three (3) years.
   1. Controlled Drug Administration Record
   2. Controlled Substances Salvage Log
   3. Loss of Controlled Substance Reporting Form (OV1381)
   4. Lost Controlled Substance Log
   5. DEA Form 106
   6. DEA Form 222
   7. Biennial controlled substances inventory
   8. Reference No. 702.1 - Missing/Expired Narcotic Reporting Form

XI. FORMS

A. DEA Form 106 - Report of Theft or Loss of Controlled Substances.
B. DEA Forms 222 - U.S. Official Order Forms
C. Controlled Substance Proof of Use Record (OV1382)
D. OVMC Pharmacy Controlled Substance Inventory Record
E. Loss of Controlled Substance Reporting Form (OV1381)
F. Controlled Substance Salvage Log
G. Lost Controlled Substance Log
H. Receipts for Return of CDAR Sheet to Pharmacy
I. Patient's Return of Controlled Substances to the Pharmacy for Disposal

References: California Pharmacy Law 2017 (Federal) Comprehensive Drug Abuse Prevention and Control Act of 1970 Joint Commission Standards on Medication Management	
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