


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Controlled Medication Dispensing	POLICY NO: AD-PHARMA-06	Page 1 of 4
RESPONSIBILITY: Pharmacy		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL: SEP 24 2018	
	LAST REVIEWED/REVISED: 9/24/19	

PURPOSE:

To outline the regulation measures taken when dispensing controlled substances to Guam Behavioral Health and Wellness Center (GBHWC) Outpatient and Inpatient consumers.

POLICY:

- A. GBHWC ensures that dispensing controlled substances are in accordance with the Controlled Substances Act (CSA), and that Pharmacists keep abreast with the current laws and regulations.
- B. The Pharmacist must verify all controlled substance prescriptions by consulting the Guam Prescription Drug Monitoring Program (PDMP).
- C. The Pharmacy shall dispense controlled substances to outpatients/consumers pursuant to a written prescription order for Scheduled II, III, IV, V drugs. The prescription shall provide all of the information required by law and be imprinted or stamped with the prescriber's name and license/registration number. All prescriptions for controlled substances must include the following;
 - 1. Date prescription was issued
 - 2. Patients full name and address
 - 3. Patients date of birth
 - 4. Prescribers full name and address
 - 5. Prescribers' signature
 - 6. Prescriber's DEA registration Number
 - 7. Drug Name (generic and brand name)
 - 8. Drug Strength
 - 9. Dosage form
 - 10. Quantity prescribed
 - 11. Directions for use
 - 12. Number of refills authorized (if any)
 - 13. Imprint or Stamp of Physician's Name, DEA and CSR Registration number.
- D. The Pharmacy shall issue controlled drugs to the Inpatient Units for floor stock. The Inpatient Units will only stock necessary controlled drugs for Inpatient consumers' needs.

DEFINITIONS:

Controlled Substances Act (CSA): CSA places all regulated substances under existing federal law into 1-5 schedules and outlines manufacturing, dispensing, and distributor requirement.

Schedule I drugs, substances, or chemicals: drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

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Schedule II drugs, substances, or chemicals: drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin

Schedule III drugs, substances, or chemicals: drugs with a moderate to low potential for physical and psychological dependence. Schedule III drug abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone.

Schedule IV drugs, substances, or chemicals: drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol.

Schedule V drugs, substances, or chemicals: drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin.

PROCEDURE:

A. Outpatient Dispensing Protocol

1. Verification of Prescription

- a. The Pharmacist must verify the controlled substance prescription by consulting the Guam Prescription Drug Monitoring Program (PDMP) and check whether all the specific requirements in the prescription, as stated above, are complete.
- b. The Pharmacist shall make any corrections or initiate a phone inquiry to the prescribing Psychiatrist to clarify the order. If medication is not available, the pharmacist will inform the prescribing Psychiatrist and make recommendations for alternative medication.

2. Filing of Prescription

- a. The Pharmacist shall then proceed to fill the prescription as per the prescriber's orders, if all the requirements above are met.
- b. The Pharmacist shall issue a prescription number through the pharmacy software.
- c. The Pharmacist shall enter the quantity dispensed, the lot number, the date dispensed, the manufacturer, and sign and date the face of the prescription.
- d. The pharmacist shall dispense only up to a maximum thirty (30) day supply of the drug according to the Psychiatrist's directions unless the patient is going off island for vacation or further treatment.
- e. The pharmacist shall affix to the immediate container a label containing the following information:
 - i. Pharmacy name and address
 - ii. Date
 - iii. Prescription Number
 - iv. Patient Name

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- v. Patient Address
 - vi. Name & Strength of the Drug
 - vii. Directions for Use
 - viii. Prescriber's Name
 - ix. Lot Number and Manufacturer
 - x. Initials of Dispenser
 - xi. Cautionary Statement (Controlled Substance: Dangerous unless used as directed. Caution: Federal Law Prohibits the transfer of this drug to any person other than the patient for whom it was prescribed).
 - f. The prescription shall be filled properly; separating Schedule II from other scheduled drugs.
 - g. The Pharmacist shall deduct the quantity dispensed from the inventory log and enter the required information.
3. Dispensing Medication
- a. The Pharmacist must check the identification of the consumer prior to handing off the medication. If a consumer's representative is picking up the medication on his/her behalf, the pharmacist must verify that proper authorization is in order.
 - b. Medication education is conducted to the consumer by the Pharmacist.

B. Inpatient Floor Stock Dispensing Protocol

1. The shift charge nurse will order controlled drugs from the Pharmacy based on stock availability by completing the *Controlled Drug Floor Stock Requisition Form (F-AD-PHARMA-06.1)* signed by the Charge Nurse and Psychiatrist on Duty.
2. The form will be forwarded to the Pharmacy department to fill the order. The following information is entered by the Pharmacist through the Pharmacy software:
 - a. Name of Drug
 - b. Strength and Dosage Form
 - c. Requisition Station
 - d. Date Dispensed
 - e. Quantity Issued
 - f. Expiration Date
3. The Pharmacist shall prepare the controlled medication and place it in bubble wrap.
4. The prescription is logged in the *Controlled Drug Inventory Log* under the corresponding drug record.
5. The Pharmacist shall decrement the inventory accordingly.
6. The medication and the blank *Controlled Drug Administration Record (F-AD-PHARMA-06.2)* are placed in a designated area and the Inpatient Unit will be informed that their order is ready for pick up.
7. After informed by the Pharmacy, a Registered Nurse (RN) will pick up the medication and Administration Record from the Pharmacy. Note: Only registered nurses are allowed to sign and pick up the drugs.
8. The RN, with valid identification, shall count and verify the controlled drug order then sign and date the receipt, the Administration Record, and the *Controlled Drug Floor Stock Requisition Form (F-AD-PHARMA-06.1)*.
9. The nurse shall enter into the *Daily Controlled Drug Administration Record (F-AD-06.3)* all controlled drugs that are administered to patient and send a copy of the form to pharmacy for charging purposes on a daily basis before the end of pharmacy operating hours. Any wastage of dose, spills, and disposals shall be recorded accordingly.

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10. Once the *Controlled Medication Administration Record (F-AD-PHARMA-06.2)* is completed, the nurse shall sign and return it to pharmacy in a timely manner. The Pharmacist or Pharmacy Technician shall accept the completed Administration Record and controlled drug returns after verifying all the information written on the administration record and confirming the number of doses to be returned, including double signature for wastage.
11. The returned completed Administration Record shall be matched against the original receipt, stapled, and filed by drug name.
12. At the end of the business day, the Pharmacist will double check the inventory log to ensure the record keeping was done correctly.
13. The Pharmacist will inspect the storage of controlled drugs in the Inpatient Units monthly. Any expiring drug or drug that is not in use for 30 days will be brought back to Pharmacy for proper disposition.
14. All controlled substances issued to Inpatient Units should be returned to the Pharmacy if they are not used for over 30 days. The return should be accompanied with the Controlled Drug Administration Record. The Pharmacy shall check whether the Record was properly signed, dated, and the quantities returned match the Administration Record. The Pharmacist shall add up the returned quantities into the books and post to the pharmacy inventory software accordingly.

REFERENCE(S):

Drug Scheduling: <https://www.dea.gov/drug-scheduling>

ATTACHMENT(S):

F-AD-PHARMA-06.1 Controlled Drug Floor Stock Requisition Form

F-AD-PHARMA-06.2 Controlled Drug Administration Record

F-AD-PHARMA-06.3 Daily Controlled Drug Administration Record

Controlled Drug Inventory Log



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790 Gov. Carlos G. Camacho Rd. Tamuning, Guam 96913

TEL: (671) 647-5330 FAX: (671) 649-6948

CONTROLLED DRUG FLOOR STOCK REQUISITION

Requisition No. **CD-**_____

Date: _____

To: The Pharmacist

Request for initial/replenishment floor stock of the controlled drug named below:

Name of controlled drug, dosage strength and drug	Quantity	Ward

(Note: Only (one) 1 drug strength and form per requisition)

The undersigned undertakes to submit the corresponding Controlled Drug Administration Record to fully account the disposition of the requested controlled drug and to facilitate replenishment of stock. Furthermore, take full responsibility and accountability on requested controlled drug.

Printed Name of Charge Nurse

Signature of Charge Nurse

Conforme:

Printed Name of Psychiatrist

Signature of Psychiatrist

Medication Dispensed by:

Printed Name of Dispensing Pharmacist

Signature of Dispensing Pharmacist, Date

Medication Received by:

Printed Name of Registered Nurse

Signature of Registered Nurse, Date



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CONTROLLED DRUG ADMINISTRATION RECORD

CONTROL NO.

Floor: RX #: Date:

Drug: Strength: Dosage Form:

Quantity: Exp. Date:

Pharmacist Signature: Registered Nurse Signature:

PLEASE RETURN TO PHARMACY

QTY	BALANCE	DATE	TIME	PATIENT NAME	DOCTOR	NURSE	DRUG WASTAGE
25			AM PM				
24			AM PM				
23			AM PM				
22			AM PM				
21			AM PM				
20			AM PM				
19			AM PM				
18			AM PM				
17			AM PM				
16			AM PM				
15			AM PM				
14			AM PM				
13			AM PM				
12			AM PM				
11			AM PM				
10			AM PM				
9			AM PM				
8			AM PM				
7			AM PM				
6			AM PM				
5			AM PM				
4			AM PM				
3			AM PM				
2			AM PM				
1			AM PM				



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DAILY CONTROLLED DRUG ADMINISTRATION RECORD

DEPARTMENT: _____

CONTROL NUMBER: _____

DATE	TIME	QTY	PATIENTS NAME	RX NUMBER	MEDICINE	DOCTOR	NURSE	DRUG WASTAGE
	AM PM							
	AM PM							
	AM PM							

F-AD-PHARMA-06.3 Daily Controlled Drug Administration Record; Updated 09/17/2019



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DAILY CONTROLLED DRUG ADMINISTRATION RECORD

DEPARTMENT: _____

CONTROL NUMBER: _____

DATE	TIME	QTY	PATIENTS NAME	RX NUMBER	MEDICINE	DOCTOR	NURSE	DRUG WASTAGE
	AM PM							
	AM PM							
	AM PM							

F-AD-PHARMA-06.3 Daily Controlled Drug Administration Record; Updated 09/17/2019



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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Controlled Medication Dispensing

Policy No: AD-PHARMA-06

Initiated by: Pharmacy

Date	Signature
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Quenie-Mei Fisher
Pharmacist

Date	Signature
9/20/19	

Leonora Urbano, MSN, RN-BC
Nurse Administrator

Date	Signature
9/20/19	

Dr. Ariel Ismael
Medical Director

Date	Signature
SEP 20 2019	

Carissa Pangelinan
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