Department of Veterans Affairs **VHA DIRECTIVE 2012-029**
Veterans Health Administration
Washington, DC 20420 **October 5, 2012**

COMPLIANCE WITH THE MANAGEMENT OF NON-CONTROLLED DRUGS

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy for the transfer of non-controlled medications between pharmacies, limiting the reprinting of prescription labels, and processing of non-controlled medications returned from the mail-stream.

2. BACKGROUND

a. The Office of Inspector General (OIG) Report No. 08-01322-114, "Audit of Veterans Health Administration's Management of Non-Controlled Drugs," dated June 23, 2009, concluded that VHA needed to improve its ability to account for its non-controlled drug inventories in order to reduce the risk of waste and diversion.

b. OIG identified that pharmacy personnel were not consistently recording information on transactions in Veterans Health Information and Technology Architecture (VistA), such as pharmacy stock transfer, drug dispensing, and drug returns. OIG also noted that VistA lacks the capacity to account for drugs that are dispensed by a VHA Consolidated Mail Outpatient Pharmacy (CMOP) and returned to the medical facility because they could not be delivered to the patient. The Under Secretary for Health agreed with OIG's findings and recommendations. This Directive updates the Department of Veterans Affairs' (VA) policy intended to address OIG's findings.

c. VHA Directive 2010-002, Inventory Management of Selected Non-Controlled Drugs, provides policy for managing inventory of selected non-controlled drugs that have been identified as high cost or high risk for diversion; in compliance with the first recommendation under OIG Report No. 08-01322-114.

3. POLICY: It is VHA policy that all VHA pharmacies must not restock into inventory, nor reissue to another patient, any CMOP or locally-dispensed prescription medications that have been returned as undeliverable.

4. ACTION

a. **Medical Facility Director.** The medical facility Director is responsible for:

(1) Limiting the number of individuals with access to the outpatient label re-printing function.

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(2) Requiring the use of the Automatic Replenishment/Ward Stock software to document movement of inventory from the medical facility to any other site.

(3) Ensuring that the Chief of Pharmacy complies with the processes identified in this Directive.

b. **Chief, Pharmacy Services, and the Director, CMOP.** The Chief, Pharmacy Services, and the Director, CMOP, are responsible for ensuring compliance with this Directive to include the following procedures:

(1) The transfer of medications from the medical facility to remote storage areas, including Community-Based Outpatient Clinics, must be documented using the Automatic Replenishment/Ward Stock software if the remote site does not have its own pharmacy to purchase medications directly.

(2) When packages of prescriptions, which were originally mailed from either the medical facility or CMOP, are returned to the medical facility, every effort must be made to correct the patient's address and forward the package to the correct address. Appropriate judgment must be exercised to determine that the environmental handling conditions for the medications are adequate for re-mailing the prescription. In all cases, a prescription may only be resent to the patient for whom it was originally intended. Under no circumstances may a prescription returned from the postal or delivery stream be returned to stock for ultimate dispensing to another patient.

(3) When a corrected address has been identified and the original package is not suitable for re-mailing, the pharmacy staff member must correct the address using the Patient Record Update option and re-issue the prescription. In order to appropriately account for a re-issued prescription, the steps in Attachments A and B must be followed.

(4) The use of the outpatient pharmacy label reprinting function must be limited by local policy to as few people as possible. Currently there is no way to limit this function in the outpatient pharmacy software. The outpatient pharmacy supervisor must manually monitor the audit logs in VistA at least monthly, more frequently if necessary, to ensure that the reprint function is correctly used.

(5) The use of the outpatient pharmacy partial prescription function is intended to be used only as an interim prescription filling process. It is not suitable for situations regarding prescriptions returned from CMOP after being mailed, or prescription transmission data being returned from CMOP before being dispensed. A partial prescription may be used to provide adequate supply of a medication until a delayed CMOP prescription is received in the mail, or to replace a portion of a previous prescription that has been lost or damaged.

5. REFERENCE: OIG Report No. 08-01322-114, "Audit of Veterans Health Administration's Management of Non-Controlled Drugs," dated June 23, 2009.

6. FOLLOW-UP RESPONSIBILITY: The Pharmacy Benefits Management Services (10P4P), Office of Patient Care Services, is responsible for the content of this Directive. Questions may be referred to (202) 461-7326.

7. RESCISSIONS: VHA Directive 2010-039, Compliance with the Management of Non-controlled Drugs, dated September 9, 2010, is rescinded. This VHA Directive expires January 31, 2015.

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Under Secretary for Health

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ATTACHMENT A

PROCEDURES TO ACCOUNT FOR A RE-ISSUED PRESCRIPTION

1. View the RELEASE DATE in Veterans Health Information and Technology Architecture (VistA). This is seen in the VIEW PRESCRIPTION option. There will be other Consolidated Mail Outpatient Pharmacy (CMOP) activity, such as the specific National Drug Code (NDC), used to fill the prescription.

2. Using the RETURN TO STOCK option, returns the prescription to stock. (Even though this has the undesired effect of increasing the local inventory, the medication must not be put back into circulation).

3. Use the REFILL option to fill the prescription locally and send it out for mailing.

4. The inventory will decrease as a result of the refill, but be unchanged overall for the entire situation. A manual correction is necessary to decrease the stock lost by the amount wasted from the postal stream return. ***NOTE:*** *See Attachment B for explanation of the impact on inventory balances when using this procedure.*

5. The CMOP medications that cannot be forwarded to the original patient must not be returned to stock as part of the Department of Veterans Affairs' (VA) medical facility inventory; they must be held for destruction in a secured (locked) location within the pharmacy.

NOTE: *The United States Postal Service and other carriers do not guarantee stability based on conditions during transport.*

6. When an electronic order for a prescription is returned to the local VA medical facility as a rejected prescription due to a problem with its data, the following steps must be taken:

(a) A rejected electronic order is confirmed by the receipt of an e-mail from the CMOP that returns or rejects the prescription. The CMOP status of the prescription will be "NOT-DISPENSED" in the CMOP event log of the prescription's activity as shown by the VIEW PRESCRIPTION option.

(b) The pharmacy staff member uses the REPRINT option for the fill or refill.

(c) The pharmacy staff member uses the RELEASE function to document that the fill or refill has been completed.

(d) The pharmacist or technician sends out the prescription through the local mail.

NOTE: *These steps are specifically recommended in order to correctly update the local drug file inventory upon release.*

ATTACHMENT B

EXAMPLE FOR REFILLING A PRESCRIPTION DISPENSED BY CONSOLIDATED MAIL OUTPATIENT PHARMACY (CMOP)

1. Pharmacy One has 1000 tablets of drug A on hand. Pharmacy One receives a return from the Postal Service with 90 tablets of drug A. When Pharmacy One returns the drug from the CMOP to stock in order to restore the refill count, the inventory count increases to 1090 tablets (as if the CMOP medications were placed back in circulation).

2. When a replacement prescription for 90 tablets of drug A is filled and released, there are 910 tablets left in stock. The inventory count; however, shows 1000 tablets. Pharmacy One must manually adjust the tablet stock balance to reflect the dispensation of 90 tablets for a new total inventory of 910 tablets of drug A.

3. The returned 90 tablets must be placed in separate storage with the other medications held for destruction.