

CDC A4P051

Pharmacy Journeyman

Volume 3. Supply, Inventory Control, and Information Systems



**Air Force Career Development Academy
The Air University
Air Education and Training Command**

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Career Development Course (CDC) A4P051, Pharmacy Journeyman, is designed to satisfy the 5-skill level CDC subject and task knowledge requirements specified in the specialty training Standard (STS). You are about to begin a volume consisting of many different subjects that will aid you in your day-to-day pharmacy operations. This, along with the information that you received in Volumes 1 and 2, will help you understand how your pharmacy operates and why you follow certain procedures. This volume has two units and is set up as follows.

Unit 1, Pharmacy Resources Management, introduces you to the pharmacy budget, management of medical equipment, and explores pharmaceutical management principles. Although you may not be assigned as a logistic technician right away, you need to be familiar with budget, formularies, and ordering procedures. We also discuss pharmaceutical sources for requisition, supply files and reports, Department of Defense (DOD) contract compliance, monitoring the Best Pharmacy Report, and generic conversion. This unit concludes with procedures for disposition of expired or recalled items. All these subjects are vital to your growth as a pharmacy technician in this era of fiscal constraints.

Unit 2, Pharmacy Information Systems, covers a lot of information about the Composite Healthcare System (CHCS) and the pharmacy options you will work with as you progress through your career. The first section covers CHCS support, narcotic, reports, and supervisory menu operations. The last section explores patient safety and the role CHCS plays in safely dispensing medications. The unit will finish up with procedures for verifying prescriptions and inspecting drug storage areas.

This volume covers resource and system topics that may seem overwhelming but are critical to the daily operations of pharmacy. The lessons contained in this volume will expand your knowledge and make you a better technician and supervisor.

A glossary is included for your use.

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To get a response to your questions concerning subject matter in this course, or to point out technical errors in the text, unit review exercises, or course examination, call or write the author using the contact information on the inside front cover of this volume.

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NOTE:

In this volume, the subject matter is divided into self-contained units. A unit menu begins each unit, identifying the lesson headings and numbers. After reading the unit menu page and unit introduction, study the section, answer the self-test questions, and compare your answers with those given at the end of the unit. Then complete the unit review exercises.

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Unit 1. Pharmacy Resources Management

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ONE OF THE KEYS to efficient pharmacy operations is the proper management and maintenance of pharmacy resources. Your pharmacy cannot provide outstanding healthcare without resources. To properly manage and maintain these resources you must first understand what resources your pharmacy has and how those resources affect your pharmacy operations.

In this unit, you'll become acquainted with how your pharmacy budget is prepared and executed, how your pharmacy works to procure its supply and equipment requirements, how and why certain medication is listed on your pharmacy formulary, and finally, how to handle medical material complaints or medication recalls. All of these subjects are crucial to the successful operation of your pharmacy.

1–1. Understanding Your Pharmacy Budget, Management of Equipment, and Formulary Requirements

Budgeting and formulary management are two of the most critical aspects of pharmacy operations. If you don't have the funds to buy pharmaceutical supplies patient care is compromised. As a pharmacy supply custodian, you must ensure that budgetary funds entrusted to your care are used wisely. You must understand the budgetary principles and how they relate to your pharmacy.

401. Pharmacy budget

A budget is a detailed plan for the acquisition and use of financial resources over a specified time period. The military budgeting process flows from the Department of Defense (DOD), after Congressional approval, to each Service (Army, Navy, and Air Force). The Air Force divides its share among the major commands (MAJCOM), who in turn provide each base with its operating funds. The base further divides available funds among its organizations *except* the medical treatment facility (MTF). The MTF receives its budget from the USAF Surgeon General, who receives the budget from the DOD, Health Affairs. Health Affairs sends the budget to the services divided into program element codes (PEC).

A PEC is a five-digit number identifier representing a combination of personnel, equipment, and facilities that together constitute an identifiable military capability or support activity. The PECs for pharmaceuticals are 0807701, Pharmaceuticals in Defense Medical Centers, Station Hospitals, and Medical Clinics, continental United States (CONUS); and 0807901, Pharmaceuticals in Defense Medical Centers, Station Hospitals, and Medical Clinics, outside of the continental United States (OCONUS). The expectation is for expenditure funds to be within the authorized PEC.

The MTF divides its share among departments based upon budgets submitted by cost center managers. Pharmacy is considered a cost center, usually with a noncommissioned officer (NCO) assigned as the cost center manager. The cost center manager is responsible for monitoring pharmacy expenditures and maintaining data used in preparation of the pharmacy budget. The budget fiscal year is the period from 1 October through 30 September. Sound resource management by pharmacy is critical to the MTF. A typical pharmacy spends at least half of the MTF's medical supply funds. An accurate budget is important to the commander in planning how MTF funds are distributed, ensures funds are available to provide optimal patient care within available resources, and serves as a vehicle for communicating plans throughout the organization.

Budget preparation

The key to preparing a budget is planning. If you do not know the facility's plans, preparing an accurate budget is difficult. You may project for a growth in workload, yet the MTF may be planning to eliminate services.

In getting ready to prepare a budget, you need to collect some data beforehand. The Resource Management Office (RMO) is the focal point for budgeting within the MTF; the RMO can provide historical cost and workload data for use in projecting future pharmacy expenditures. Another source to collect data from is medical logistics. Medical logistics can provide reports on what was purchased, and what quantities were purchased.

Along with historical data, a projection needs to be made on base growth or decline, as well as new services offered at the MTF, and should be factored into budget preparation. This information, along with the knowledge of current trends in workload and associated costs, new drug therapies that are likely to have a significant impact on pharmacy costs, and new or replacement equipment needs, form the basis of a budget proposal.

Current workload for your pharmacy should be tracked at least quarterly. Professional journals, along with the Food and Drug Administration (FDA) Website, should be considered as valuable resources to determine changes that may occur in workload due to new therapies.

Along with medication (the most expensive part of the budget) and replacement equipment (which can also be very expensive), consideration needs to be given to maintenance contract renewals, personnel contract renewals, the reference library, temporary duty (TDY) assignments, rental contracts, and nonmedical supplies.

Once you have collected the data, it needs to be compiled into a report and submitted in the format required by your MTF. It is your responsibility to ensure the budget has gone through the appropriate chain of command before submitting the budget to the RMO.

Forecasting and requesting equipment

Certain equipment must be available for your section to complete its mission. Eventually you'll become involved in forecasting for equipment and supplies. Forecasting is not difficult but it does require a certain amount of planning. For the Air Force, the pharmacy must justify and submit a detailed budget plan before it can receive money. However, only essential items are approved for purchase.

If your section expects to make realistic budget requests, a long-range equipment program must be established and continued. This program becomes a long-range plan for replacing existing equipment as it wears out and programming the procurement of new equipment.

The Equipment Replacement Report, obtained through the Defense Medical Logistics Standard Support (DMLSS) system or the Medical Equipment Management Office (MEMO), provides a list of equipment items the facility needs to replace. This report can project requirement needs through the next five years.

Only equipment having MEMO in-use tracked balances are considered in the report. Equipment items are reviewed, and items are suggested for replacement based on MEMO criteria. Each property custodian having equipment meeting the criteria for review is given a copy of this list. You should review the list with your pharmacy officer/noncommissioned officer in charge (NCOIC) and validate the requirements of your pharmacy. If you determine a requirement is valid, indicate the replacement priority; prepare a supporting AF Form 601, Equipment Action Request, electronic The Integrated Global Equipment Request System (TIGERS) form, or submit a DMLSS Equipment Request using the Customer Support module for each replacement item required, and project the cost of the equipment in the budget.

Often, the equipment request will not be funded in your budget, but instead will be prioritized for purchase based on the successful execution of the MTF's budget. If funds are left over at the end of the fiscal year, the funds are often used for equipment requests, so it is imperative appropriate planning occurs to ensure consideration of pharmacy's equipment requests.

Budget execution

The budget will come to pharmacy in two parts. The first part is pharmaceutical expenditures, and the second part is non-pharmaceutical expenditures. The cost center manager is primarily concerned with pharmaceutical expenditures and appropriate execution of funds. Normally, the pharmacy is allocated its funds in quarterly allotments to prevent excessive overspending.

The cost center manager, and often the Chief of Pharmacy, receives a monthly status report from the RMO on expenditures and determines whether under- or over-executing the budget is occurring. However, to be successful, at the beginning of the fiscal year the cost center manager should take the pharmaceutical supply budget and divide the total by 12. Once this amount is determined, consider this your checkbook. The starting balance is 1/12 of the total budget and each day, the daily orders should be subtracted from the amount, so that on any given day you will know approximately where you stand on execution of your budget. This will prevent any unexpected surprises at the end of the quarter and alleviate reliance on receiving the monthly or quarterly status report.

If *under-executing* the budget occurs over the span of several months, then pharmacy leadership needs to consider potential formulary additions, reducing restrictions on medication dispensing, or potentially ordering extra supplies on upcoming seasonal medications. Each of these scenarios depends upon the amount that the budget is under-executed and the length of time this has been ongoing.

If *over-executing*, it is the responsibility of the pharmacy supply custodian, who is often the cost center manager, to ensure the pharmacy is compliant with DOD contracts and the Basic Core Formulary. In order to correct over-execution, the pharmacy supply custodian can return expiring medications for credit, ensure shelves are not overstocked, and ensure products that are ordered are reaching the pharmacy's shelves and not being diverted. Additionally, if the pharmacy is compliant with the above, and if workload is steadily going up, this is justification for requesting additional funds.

Successfully executing the budget relies on scrutiny of expenditures. Although pharmacy pays the pharmaceutical bill from its budget for the medications purchased for beneficiaries, the pharmacy does not really spend the money. So, you might be asking, "Who does spend the money?" The easy answer to this question is the practitioners who prescribe medications to their patients—our beneficiaries. Let's take a moment to analyze this statement: Our beneficiaries earn their medical and pharmaceutical benefits through service to the country. Pharmacies stock hundreds, sometimes thousands, of different medications ranging from the relatively inexpensive to the high-priced. All of these medications are available to our beneficiaries.

Let's use a short scenario to illustrate how executing your budget successfully can be challenging. Think of all of the classes of drugs you have learned about so far in your career, the variety of

medications your local providers can choose to prescribe to their patients, and what your pharmacy stocks. Now, let's narrow the field down and think about the antibiotics your facility has on its formulary. Antibiotic A may cost 90 cents per dose, whereas Antibiotic B may cost three dollars per dose. In most cases, the provider will decide which antibiotic to use. Will the provider choose the higher-priced medication or the lower-priced one? Just looking at the cost of these two drugs (of the many that your pharmacy stock), you can see how executing your budget successfully could be a challenge.

Since pharmacy is such a large cost center, it is scrutinized near the end of every fiscal year to try to stretch the last monies of the year. It may be suggested that you decrease day's supply in order to save money. Resist plans like this respectfully but emphatically. Decreasing the days supply from 90 to 30 may look like it saves money, but in reality, it actually increases expenditures. It now takes three times the manpower and packaging supplies to dispense the same amount of medication. More importantly, this maneuver triples the chance of making a mistake on a prescription. It is not wise to sacrifice patient safety as a means to meet the fiscal year's budget.

402. Management of equipment

Property responsibility means each individual is obligated to take proper care of AF property, whether or not such property is issued with a receipt (and regardless of duty assignment or level of supervision). Property management responsibilities limit the use of government property to official purposes.

The property you use in your duty—whether it's a desk, a typewriter, or a computer—is your responsibility. No matter how inexpensive the item is, and regardless of whether the Air Force retains records on the item after it has been issued, you are still obligated to take proper care of the item and use it only for its intended purpose.

The terms public property, government property, AF property, or military property are used interchangeably. Whichever term you use, this property includes everything owned by the US government—from a bottle of Motrin to a fighter aircraft. To ensure all public property is correctly accounted for and properly used, protected, and safeguarded, Congress passed laws placing responsibility for public property directly on all government employees, both military and civilian.

Equipment/property custodial responsibilities

Someone in your section will be designated and appointed by the MTF commander, or squadron commander if delegated, as the property custodian, sometimes also referred to as the equipment custodian. Regardless of who is appointed as your pharmacy property custodian, it should be noted again that effective management of property begins with each individual in the Air Force and not just the property custodians. Property management applies to all civilian and military personnel, retired, or active duty. All persons are charged with providing proper custody, care, use, and safeguarding of all government property under their control, whether or not they have signed a receipt. Property issued to individuals does not become private property by act of issuance or possession, but remains public property. For this reason, acceptance of and relief from custodial responsibility is a very serious matter and should be dealt with in a professional manner.

Before a property custodian is relieved from duty, transferred, separated from service, or absent from the account in excess of a 45-day period, the Medical Equipment Management Office (MEMO) will take action to transfer the property or have it assigned to an authorized successor. When custodial responsibility is to be assumed, MEMO will provide the property custodian with a custodian receipt location (CRL) list that shows all property charged to the custodian's account. The CRL indicates each specific item for which the custodian is responsible.

The following information is recorded on the CRL:

- The description of equipment/property item(s) (for example, hot plate with magnetic stirrer).
- The quantity and dollar value of assets on hand are shown in stock number sequence.
- The total dollar value of in-use assets is summarized on the last page of the list for each activity.
- Location, equipment control number (ECN), and serial numbers are shown for maintenance-coded equipment and maintenance significant supply items.

The assuming property custodian and outgoing property custodian must conduct an inventory and account for all property on the CRL. Upon signing and dating the CRL, the new custodian assumes responsibility for all in-use items in the quantities indicated on the list. As custodian, the equipment becomes his or her administrative and financial responsibility. He or she must personally verify all items and their stock numbers.

Generally, the accounting process is accomplished by visually identifying each item on the list and is also a great time for the assuming property custodian to inspect each item for damage before signing for the account. Sometimes items cannot be easily visually identified and inspected because they have been temporarily loaned to other departments. When this happens, it is important the custodian of that property tracks the item for accountability.

When property is loaned, an AF Form 1297, Temporary Issue Receipt (fig. 1-1) should be initiated. Both the custodian loaning the item and the individual borrowing the item sign the issue receipt. It is important the loaning custodian file the receipt in his or her records until the loaned item is returned. The receipt becomes proof the property custodian is properly accounting for resources assigned to him or her. When loaned items are returned, temporary issue receipts can be destroyed, but in many cases, the person returning the item may ask for the issue receipt to be dated and annotated that the item has been returned. The individual returning the item may also ask for either a copy of the receipt or the receipt itself as proof the item has been returned.

I acknowledge receipt of and responsibility IAW AFI 23-111 for the items described below and will return them by the return date indicated.			
ISSUED TO: SIGNATURE <i>Michael Bryant</i>		DUTY PHONE 808-2062	ISSUED BY TSgt Dez Irvin
ISSUED TO: NAME, GRADE, ORGN (Type or print) SSgt Michael Bryant		ORGN ACCT NO. 1006	DATE OF ISSUE 20150531
STOCK NUMBER	DESCRIPTION OF ITEM	U/I	QNTY
231245	Electronic counting balance	ea	1
<i>LAST ITEM</i>			
AF IMT 1297, 19870701, V4			
PREVIOUS EDITION WILL BE USED.			
TEMPORARY ISSUE RECEIPT			

Figure 1-1. AF Form 1297, Temporary Issue Receipt.

Any property in the duty area but not recorded on the CRL should be identified and coordinated with the MEMO for addition to the account or turn-in. Only after the inventory has been performed and all corrective actions documented, should the new custodian sign for the listed property. Upon signing and dating the CRL, the custodian assumes responsibility for all in-use items in the quantities indicated on the list. The original signed list will be returned to MEMO and a signed copy is retained by the property custodian as a record of equipment authorized on hand.

Equipment/property turn-ins

If property items need to be turned in from an account, an AF Form 601, Equipment Action Request, is generated by the account's property custodian. The property custodian will ensure medical equipment is inspected by the biomedical equipment repair technicians (BMET) prior to turn-in to MEMO. BMET will determine what condition the equipment is in prior to turn-in, log an equipment *condition code* on the AF Form 601, and place an inspection tag on the equipment. Once MEMO receives the AF Form 601, the equipment is scheduled for pickup. MEMO signs the AF Form 601 and gives a copy to the property custodian. The property custodian should retain the AF Form 601 until a custodian action list (CAL) is generated reflecting the loss of the equipment item and/or the item is removed from the account's CRL. These two lists document the official change in the custodial account. At that time, the AF Form 601 may be destroyed. Inexperienced property custodians may regard this issue or turn-in Equipment Action Request (AF Form 601) as just another piece of paper that is cluttering their files, so they may be reluctant to retain this document. You may be asking why this document is so important. Occasionally, a piece of equipment is turned in, but fails to be removed from the account's CRL. The retained 601 showing the turn-in transaction for this property might be the only proof available that the property is no longer associated with the account. Proof of this turn-in is important in relieving the custodian from liability for this item.

Transferring equipment assets

When approved by the MEMO, equipment may also be relocated between property custodians. To transfer equipment, the property custodian relinquishing the item completes an AF Form 601 to request the removal of property from his or her account. The gaining custodian, who has a mission need for the property, should then request the item be transferred to his or her account. The relinquishing property custodian, the individual requesting the equipment, and MEMO must work closely during this process in order to ensure the complete and accurate transfer of the property. The MEMO will provide an updated CAL to the losing and gaining custodians showing the official transfer of the property from one account to the other.

NOTE: Unlike the CRL, which indicates each specific item for which the property custodian is responsible, the CAL only lists recent changes, such as gains and losses, which occurred after the initial inventory. This list is only produced when a change occurs to a property custodian's accountable records. The CAL may be destroyed upon receipt of a new CRL reflecting the changes to the property custodian's account. The custodian relinquishing the property should retain possession of the 601, which shows transfer of the property, until an updated CAL or CRL has been generated by the MEMO.

Equipment maintenance

From time to time while you are working in the pharmacy, a piece of equipment you need will malfunction. Any time a piece of equipment malfunctions, needs preventative maintenance, calibration, or an inspection, you must contact your facility's BMET section. Regardless of who does the actual maintenance, the BMET shop or an outside contractor, BMETs can determine if the equipment is under contract or warranty. Whether it is or not, the shop can arrange to have the equipment fixed without incurring unnecessary costs. Also, if you contact the company yourself, BMETs have no record of the maintenance done on the equipment. You could also be held responsible for obligating the government, which means you might be paying the repair bill.

Failure to notify BMET may result in a loss of replacement equipment when the time comes for replacement. When the piece of equipment needs to be replaced because it can no longer be repaired, maintenance history and repair documentation generated by the BMET shop bolsters the justification to replace the item. Without proper notification and documentation; there is no record for justification of replacement of the item. During the budgeting process, these maintenance records may be used to help identify equipment that needs replacement.

Equipment data files

Equipment data files (EDF) are maintained on each equipment item, including equipment rentals and equipment provided as part of a contract. The BMET shop establishes and maintains these files and retains them for the life of the equipment. Each file will contain all significant historical information on the item. This file includes the following:

- Copy of the warranty.
- Copies of the purchase, one-time repair, and annual maintenance contract.
- Service reports from depot or contract maintenance.
- All modifications, complaints, or recall information and related work orders.
- All preventive maintenance work orders with electrical safety results.

Contract maintenance

The BMET shop ensures annual contracts for scheduled, unscheduled, and one-time repair actions specify the equipment involved. They also track whether parts are included, hours of service, response time, performance standards, frequency, work-performed documentation, reporting instructions, and distribution servicing of service reports.

If your pharmacy has medical equipment requiring periodic calibration, the BMET shop makes sure the accuracy specifications and tolerances to which the equipment will be calibrated are in the contract. The contractor provides documentation showing calibration results to the BMET. The BMET shop maintains these records and a copy is given to the using section (e.g., your pharmacy).

In the vast majority of cases, Air Force equipment and other properties are managed and maintained properly. Unfortunately, some property custodians mismanage their accounts by negligent or improper care of equipment items, not performing required inventories and spot checks, or not completing or correctly filing important documents of the account items, just to name a few. Many times, mismanagement by a property custodian isn't recognized until the custodian attempts to turn the account over to the new property custodian. Mismanagement on the part of a custodian can delay the transfer of the property account to the new custodian and could lead to the current custodian being held financially liable for his or her account mismanagement. The Air Force uses the phrase, *pecuniary liability* to describe this type of accountability.

Pecuniary liability

The word "pecuniary" means pertaining to or consisting of money. The word "liability" means obligation. Therefore, a pecuniary liability is a monetary obligation. All personnel are responsible at all times for the proper care and safekeeping of all property under AF control. In addition, property custodians are required to control and effectively manage the property assigned to their accounts. This responsibility includes pecuniary liability for loss, destruction, or damage to property caused by willful misconduct, deliberate unauthorized use, or negligence in the use, care, custody, or safeguard of the property from causes other than normal wear and tear. Pecuniary liability can be the responsibility of one person or of several people involved in a given case and is or can be determined from a report of survey (ROS).

There are four general purposes of a ROS:

1. Research and investigate the cause of loss, damage, or destruction of property, and determine if it was attributable to an individual's negligence or abuse.
2. Assess monetary liability (pecuniary liability) against individuals who have lost, damaged, or destroyed government property or relieve them from liability if there is no evidence of negligence, willful misconduct, or deliberate unauthorized use of the property.
3. Provide documentation that can be used to support the adjustment of accountable records.
4. Provide commanders with case histories that will enable them to take corrective action to prevent recurrence of the incident.

These four general purposes for a ROS provide a basic framework to understand why ROSs are conducted. It's important to reiterate that an ROS is initiated because something inappropriate has happened to AF property. Keep in mind that the AF spends billions of dollars every year in purchasing and maintaining its properties (e.g., equipment, buildings, and consumables—in our case, consumables such as the pharmaceuticals we dispense). When something inappropriate happens to AF property, someone is going to want answers and/or financial compensation. The AF takes property oversight very seriously. It takes this matter so seriously that an entire publication has been devoted to the subject: Air Force Manual (AFMAN) 23-220, *Reports of Survey for Air Force Property*.

The report of survey

When property is lost, destroyed, or damaged by means other than fair wear and tear by an individual or an organization, the organization that has possession of the property initiates a ROS. The unit commander, or in some cases an appointing authority, appoints an investigating officer who must determine the facts in the case.

The investigating officer must be “disinterested;” have no interest in the custodianship, care, accountability, or safekeeping of the property. The investigating official will be an officer, senior NCO (E-7 or above), or civilian employee in grades GS-7, WG-9, WL-5 or WS-1 or above. If feasible, the investigator will be senior in rank to the person(s) being investigated and be from a unit different from the one involved in the ROS. Furthermore, when appointed as the investigating officer, completing the investigation becomes his or her primary duty, and the officer is relieved of other duties or assignments that would interfere with the investigation. The investigating officer at a minimum, will answer what, how, where, when, who was involved, and if there was any evidence of negligence, misconduct, or deliberate unauthorized use or disposition of the property. The investigating officer, based on the facts, makes findings and recommendations on the issue of liability in relation to the person(s) involved.

The ROS investigating officer allows the person(s) involved in the ROS to review the case findings and provide any further verbal or written information concerning the investigation. The person(s) involved is also given the opportunity to refute the findings and recommendations of the investigation. The ROS is then processed to the appointing authority for assignment of financial responsibility against the individual(s) charged or relieving them of responsibility. If financial responsibility is to be assessed, the ROS is referred to the legal office for review. The legal office has the option of returning the ROS to the investigating officer if it determines the investigating officer did not perform a thorough job. The investigating officer must then re-accomplish the ROS.

Upon conclusion of these actions, the approving authority reviews the ROS and assigns financial responsibility or relieves the individual(s) of responsibility. The ROS is also referred to an accountable officer within the affected organization so adjustments can be made to the organization's inventory and financial records to bring those records into balance. Also at this time, the ROS is submitted for acknowledgment by the individual(s) charged. The individual(s) is advised that the

ROS's action may be appealed to the next level in the chain of command above the person who assigned the financial liability assessment.

Determining liability

Liability is based upon the weight of the evidence. That is, financial liability cannot be assessed unless, after considering all relevant factors, it appears more likely than not that an individual's actions, or failure to act, constituted negligence or willful misconduct where AF property was thereby lost, damaged, or destroyed. If the evidence does not support either side (responsible or not responsible), an individual is not held liable. This situation generally aligns with most people's notion of providing "proof of guilt" before assigning responsibility, or in this case liability. However, there is a situation where an individual can be held financially liable without the AF requiring any proof of negligence or willful misconduct.

In a case where an individual has deliberately made unauthorized use of AF property, and as a result the property is lost, damaged, or destroyed, pecuniary liability will be assessed. The key to avoid being held liable for AF property is easy. If you're authorized to use a piece of AF property, care for and use it properly, and if you're not authorized to use it, then DON'T!

Relief from responsibility for property lost, damaged, or destroyed by causes other than fair wear and tear requires the preparation of one of three different forms. The use of each form is dependent on whether the individual admits pecuniary liability and has the ability to pay.

Liability reimbursement documentation

AF employees can voluntarily reimburse the government for lost, damaged, or destroyed property when the amount is less than \$500. The forms and procedures shown in the following table would be used in case of voluntary reimbursement.

Voluntary Reimbursement—Less than \$500		
DD Form	Form Title	Explanation
1131	Cash Collection Voucher	When an individual admits pecuniary liability, the simplest way to settle the monetary obligation is to pay in <i>cash</i> . The DD Form 1131 is prepared by the MTF commander or a designated representative to record the payment.
362	Statement of Charges/Cash Collection Voucher	If an individual admits to pecuniary liability, but does <i>not</i> have enough money to pay cash for the damaged or lost property, prepare the DD Form 362. This document requires essentially the same information as the DD Form 1131, but authorizes payroll deduction to pay for the property in question.

The two forms—DD Forms 1131 and 362—are used when the individual admits pecuniary liability, is willing to pay, and the amount is *less than \$500*. However, if the person refuses to pay, refuses to admit pecuniary liability, or if the amount is over \$500, a ROS for AF property is documented on DD Form 200, Financial Investigation of Property Loss. When an individual does or does not admit pecuniary liability and the amount involved is \$500 or more, a ROS is prepared. You will find details on the preparation of DD Form 200 in AFMAN 23-220. In the event the individual is determined to be financially liable, the completed DD Form 200 is forwarded to Accounting and Finance, and the total dollar charges are withheld from the person's pay.

The property custodian ensures all property in his or her account is properly charged to the account, that it is physically on hand, or that appropriate action has been taken to effect settlement for missing or damaged items. This check is accomplished by spot check and periodic inventory.

403. Pharmaceutical management principles

How many times have you had a patient hand you a prescription only to return it and explain that the pharmacy doesn't stock the particular drug their doctor prescribed? Many of our patients look puzzled when this happens because they look through our windows and see rows upon rows of medications and wonder why we don't stock their particular drug. *Facts and Comparisons*, which is a pharmaceutical reference book used in all of our pharmacies, lists close to 5,000 medications—no pharmacy can stock them all. So, how does a particular drug end up in your pharmacy? In other words, how does it end up on your formulary?

A formulary is a list of all of the medications stocked by your pharmacy. Your MTF's formulary is mainly determined by the following documents: DOD uniform formulary (UF), the basic core formulary (BCF), and the extended core formulary (ECF). The MTF also has some control regarding what drugs will be listed on your pharmacy's formulary.

The DOD's UF is a list of drugs approved for use throughout the DOD. Just as your MTF has a local Pharmacy & Therapeutics (P&T) function guiding decisions regarding medications used in the MTF, the DOD has a P&T function which guides decision-making about drugs used throughout the DOD. Decisions regarding the TRICARE UF are based on the director's review of the determinations and recommendations of the DOD's P&T function. The director also takes into account comments and recommendations of the Beneficiary Advisory Panel (this panel represents the interests of the TRICARE beneficiaries) in making final decisions regarding which drugs in a therapeutic class should be designated for formulary or nonformulary status on the UF. The DOD's P&T function determines the relative clinical and cost effectiveness of drugs in a therapeutic class when recommending that these drugs be selected for inclusion on the UF during their quarterly meetings.

The DOD's P&T function also creates the BCF, which contains the minimum set of drugs each MTF pharmacy must have on its formulary to support the scope of practice for primary care manager (PCM) practices; in other words, what type of providers you have and what they do. These drugs are also listed on the UF. A drug is included on the BCF if it meets the following conditions:

- The drug is classified as formulary or generic on the UF.
- The drug is in a therapeutic class that supports the scope of practice for primary care practices.
- The drug is determined to provide greater value than other UF drugs in that therapeutic class by the DOD P&T function's determination of the relative clinical and cost effectiveness of the drug.

The DOD's P&T function determines which drugs are listed on the ECF as well. These drugs are also included on the UF. The ECF generally contains drugs within therapeutic classes used to support *more specialized care than* the drugs covered by the BCF. The DOD P&T function determines which drugs are listed on the ECF based on the following:

- The drug is classified as generic or formulary on the UF.
- The drug is in a therapeutic class that supports a scope of practice that exceeds the scope of practice for PCM practices.
- The drug is determined to provide greater value than other UF drugs in that therapeutic class because of the DOD P&T function's determination of the relative clinical and cost effectiveness of the drug.

Maintaining formularies

Individual MTFs are not required to have any drugs listed on their formularies beyond the BCF; however, MTFs whose scope of healthcare services *exceed* the standard PCM services may have drugs in addition to the agents listed on the mandatory BCF and are encouraged to first consider the

ECF agents. An MTF's decision to have an ECF is based on local requirements as determined by the MTF's local P&T function. Although members of the P&T function are doctors, nurses, and pharmacists, you may be involved as a pharmacy technician with preparing documents or conducting medication research. Steps are taken by the P&T function when deciding what drugs to add to your local MTF's formulary.

The MTF, with guidance from the local P&T function, decides which classes of drugs listed on the ECF to include on the local formulary. If an MTF chooses to include a therapeutic class that has agents on the ECF, the MTF formulary *must* include all of the drugs that are on the ECF in that therapeutic class in addition to the agent desired. The MTF P&T function may also add other drugs to its formulary, as long as those drugs are listed on the DOD's UF. Medications designated as nonformulary by DOD, are not allowed on MTF formularies.

In summary, the DOD and P&T function decides what makes up the UF items *allowed* to be carried in DOD pharmacies. The next level, BCF, are items that *must* be carried (at a minimum) to provide continuity of care. Lastly, if your MTF required drugs to support more specialized scopes or practice, ECF medications may be added to the formulary. The ECF is a list of drugs under a therapeutic class that must be carried if your facility chooses to carry a drug in that class (i.e., if your P&T function decides to carry Triptans for migraines then you must carry all Triptans listed in the ECF).

You need to be aware not all beneficiaries choose to use MTF pharmacies. This is due to a variety of reasons such as distance from the local military pharmacy, disabilities which make travel difficult, familiarity with local civilian network pharmacy, convenience of using TRICARE's Home Delivery Program, or other personal reasons. When our beneficiaries choose not to use our MTF pharmacy services, they are subject to a copay for the price of their medications as discussed in volume one. For copay purposes, drugs are referred to as Tier 1, Tier 2, and Tier 3.

- Tier 1 are *generic* formulary drugs.
- Tier 2 are *brand-name* formulary drugs.
- Tier 3 are *any non-formulary* drugs.

NOTE: Beneficiaries do not incur a copay when filling formulary-designated medications at their MTF pharmacies.

Drugs not selected for the formulary at the DOD level are classified as nonformulary; they will be cost-shared as such in retail pharmacies and the home delivery program. MTFs are prohibited under the Code of Federal Regulations (CFR) from carrying nonformulary medications; however, prescriptions for these medications may be approved through the nonformulary *special order process* that validates the medical necessity for use of nonformulary drugs in lieu of drugs on the MTF formulary. To view the list of medications and their respective formulary status, go to <http://pec.ha.osd.mil/ecf.php?submenuheader=1>.

Self-Test Questions

After you complete these questions, you may check your answers at the end of the unit.

401. Pharmacy budget

1. Explain the purpose of a budget.

2. What are the responsibilities of the pharmacy cost center manager?
3. What types of data need to be collected from the RMO and Medical Logistics before you can prepare the pharmacy budget?
4. List the considerations that must be included in budget preparation.
5. Why is the pharmacy allocated funds in quarterly allotments?
6. How can pharmacy leadership correct under-execution of the pharmacy budget?

402. Management of equipment

1. To what purpose do property management responsibilities limit the use of government property?
2. What is public property?
3. Who has responsibility for public property?
4. Under what circumstances will the MEMO take action to transfer a custodian's property or have it assigned to an authorized successor?
5. What list does the MEMO give to a newly appointed property custodian when custodial responsibility is to be assumed?
6. What document should you fill out for equipment that is on loan?
7. Why should property custodians retain AF Form 601 on items they have turned in until the item is removed from their account's custody receipt/locator list?

8. List three reasons you should contact your BMET shop when a piece of pharmacy equipment is in need of repair, maintenance, or calibration.
9. What is pecuniary liability?
10. List four general purposes of a ROS.
11. What agency initiates a ROS when property is lost, damaged, or destroyed by an individual or an organization?
12. What are the requirements for appointment of a ROS investigating officer?
13. What agency reviews the ROS if financial responsibility is assessed against an individual?
14. When should DD Form 1131 be used?
15. When should DD Form 362 be used?

403. Pharmaceutical management principles

1. List the documents that determine your facility's local formulary.
2. How does the DOD's P&T function determine drugs to be selected for inclusion on the UF?
3. What criteria must a drug meet to be listed on the BCF?
4. What types of drugs are contained in the ECF?

5. List the reasons a beneficiary may choose not to use the MTF pharmacy for filling his or her prescriptions.
6. Under what circumstance can a patient receive a non-formulary drug from the MTF even though, by law, MTFs are prohibited from carrying non-formulary drugs?

1-2. Pharmacy Supply and Inventory Control Requirements

In this section, you'll become acquainted with pharmacy supply resources. In the last section we discussed the pharmacy formulary, which includes the medications you carry in your pharmacy. We also discussed your pharmacy budget and management of equipment, which equates taxpayer dollars given to us to perform our mission. In this section, we'll take that formulary and those dollars and translate them into the supplies and equipment we need to carry out that mission. This section begins with pharmaceutical ordering and using the Defense Medical Logistics Standard Support system.

404. Pharmaceutical sources for requisition

The supply custodian holds a very important role in the successful day-to-day operations of your pharmacy. The Air Force Medical Logistics community uses the DMLSS system to process all orders electronically. Because the DMLSS system plays a large role in the way the pharmacy manages its resources, let's first start with a brief explanation of this system.

The Defense Medical Logistics Standard Support

DMLSS is an automated information system that uses state-of-the-art information technology to ensure quick access to medicine and medical supplies. It allows you to manage healthcare facilities, services, equipment, and information more efficiently and cost-effectively. It is the end-to-end support system for the medical logistics community, which provides both peacetime support and planning capabilities for war and contingencies. You will have either low-level user access or high-level user access depending on your involvement with ordering pharmacy supplies.

As a member of the Armed Forces, DMLSS provides you medical logistics support. In fact, DMLSS provides support to all branches of the military worldwide. This system enables you and other healthcare workers to account for equipment and supplies, provides an e-commerce link to commercial vendors, and manages the physical aspects of various facilities through tracking and inventory of rooms and their contents. Now that we've defined what DMLSS is, let's take a look at prime vendors and different order types you can place.

Purpose of the prime vendor

A prime vendor (PV) is a single distributor of brand specific medical supplies who provides you with next day delivery. This program provides the majority of an MTF's pharmaceutical, medical, and surgical needs. PVs are leading distributors in their respective industries. Their regionalized contracts cover the entire United States, Europe, and Pacific region. Defense Logistics Agency (DLA) Medical is responsible for the overall management and operation of the DOD Medical PV program. The overall purpose of the prime vendor program is to shorten the logistics pipeline to you as customer and make it more reliable. It provides a rapid and cost-effective method for acquisition of medical materiel.

There are two types of DOD PV contracts you will deal with as a logistics manager: prime vendor pharmaceutical (PVP) and prime vendor medical-surgical (PVM). Under the terms of each PV contract, the contracting agency is DLA. Each MTF has a contracting officer representative (COR).

The COR is appointed by the contracting officer to perform specific technical or administrative functions. PVM and PVP statistics are tracked and provided to you on a monthly basis by DLA.

Contract types

Items covered under the PVP and PVM are on either a DLA distribution and pricing agreement (DAPA) or an indefinite delivery indefinite quantity (IDIQ) type contract. A DAPA is a formal agreement between the government and a vendor interested in selling medical supplies or equipment to federally funded activities. By entering into a DAPA, a manufacturer or distributor agrees to sell a product to all government MTFs at a specified price. The collective purchasing power of all DOD medical units allows us to negotiate as one very large entity. With this purchasing power, you can negotiate as a whole and agree to buy a specific brand or product from the PV. In return, you are granted DOD-wide discounted pricing. Meanwhile, an IDIQ contract provides you an indefinite quantity of services during a fixed period of time. This is used when the government cannot predict the quantity of resources needed during a specific period of time. The IDIQ contract allows you to place orders against the contract for whatever items and quantities are needed between the contract's start and end date, normally an entire fiscal year.

Prime vendor pharmaceutical

PVP is considered a requirements contract. This means you are obligated to use it for *all pharmaceutical requirements covered under the DOD Medical PVP contract*. In fact, use of PVP is mandatory for you as an AF pharmaceutical customer, unless it's for one of the following exceptions:

- MILSPEC—if the item is only available from a government depot such as military unique item (i.e., biological warfare antidotes).
- EMERGENCY—if the PV advises the ordering activity that an emergency item covered by the program cannot be filled in the time frame or quantity required by the ordering activity.
- UNAVAILABILITY—if a routine order for an item covered by the program cannot be filled and no substitutes are available.

Submission methods

When placing PV orders, there are two types of submission methods you can use: online or offline. With the *online method* your order is transmitted directly to the PV source after review by medical logistics. Meanwhile, *offline orders* are manually coordinated with the source and then entered into DMLSS in *offline nonsubmit* mode so they are not transmitted electronically. Offline nonsubmit orders are the exception and should only be used when the online system cannot be used (i.e., DMLSS is down, schedule II controlled item orders, credit orders, and emergency orders). Medical logistics will help you coordinate offline orders if needed. Let's discuss the different types of orders you can place through DMLSS.

Emergency orders

Both PVs normally provide a minimum of two emergency shipments per month at no additional charge to the participating MTF. Additional fees for emergency shipments in excess of two per month may be charged to you as the customer, including all applicable transportation and handling costs as agreed to between the requesting MTF and the PV at the time the order is placed.

The PV is required to make delivery of the ordered item in the required timeframe (usually six hours) 100 percent of the time. Delivery of items on an emergency basis is by fastest possible carrier.

PVP delivery/order types

There are two types of PVP delivery/order methods you may place using the PV program: just in time (JIT) and drop shipments (DRS).

Just in time orders

JIT orders are for items you need delivered within 24 hours of order placement, excluding holidays and weekends. This is the primary order type submitted for the pharmaceutical PVP. PV will provide you with confirmation of the order within two hours of receipt as stipulated in the contract.

Drop shipments

DRS items are also ordered through the prime vendor, but *delivered to you directly* from the manufacturer.

Special order types

There are two special order types you may place using the PV program: Schedule II narcotics and Schedule III-V.

Schedule II narcotics

To order Schedule II narcotics, you must complete and provide a Drug Enforcement Administration (DEA) Form 222, Controlled Substance Order Form, to your local PV. The actual procedures for purchasing Schedule II narcotics vary from vendor to vendor. You will typically process these orders as offline nonsubmit orders, then FAX or mail the DEA Form 222 to the prime vendor. Check with your local PV for their specific procedures. Each order site must have its own DEA registration number. The PV is authorized only to deliver to a point that has already been assigned a DEA registration number.

NOTE: Schedule II drugs are not available for overseas activities through the PV. These items must be ordered through DLA.

Schedule III - V narcotics

Schedule III-V narcotic substances are also ordered on a separate call number from your other daily PV orders. However, you don't need to fill out a DEA Form 222 for this type of order. Otherwise, the process is identical to ordering noncontrolled items. Again, controlled substances are not available overseas through the PVP. You must coordinate ordering of these items with DLA.

405. Pharmaceutical supply files and reports

In this lesson, we'll discuss some of the common supply reports and files, and how they can help manage your pharmacy resources.

Supply reports and files

Nobody really enjoys files, reports, and paperwork. Thanks to DMLSS we have very few files to maintain, and reports can easily be generated. Your local policies may dictate certain reports to run and a few files you must maintain, but we'll focus our attention on those reports and files generally considered standard for all pharmacies.

Product Activity Report

Use the Composite Healthcare System (CHCS) option to display or print a Product Activity Report. This report displays the quantities of drugs dispensed by the outpatient and inpatient pharmacy over a timeframe that you specify. This report could be used to obtain a listing of the most commonly used drug products that require prepackaging for preparation before dispensing. This report also displays the relative frequency of the quantity dispensed for the timeframe specified for outpatient products.

This report can be sorted in the following different ways:

- Alphabetically by drug name.
- By DEA schedule.
- Numerically by number of new prescriptions.
- Numerically by number of refill prescriptions.

- Numerically by total number of prescriptions.
- Numerically by quantity dispensed.

Pharmaceuticals identified with a *low* consumption rate are generally reviewed by the P&T function for consideration for possible deletion from the formulary.

Using Activity Issue/Turn-In List

Each time you order or turn-in an item, you should receive this Medical Logistics-generated list run from the DMLSS system. The list is separated for supplies, equipment, nonmedical, medical, hazardous items, and controlled items. The list must be signed when controlled drugs or equipment items are being received or turned-in (your local policy may dictate you sign for noncontrolled pharmaceuticals as well). For noncontrolled items, you are required to keep this listing until the end of month when you receive a Using Activity Issue/Turn-In Summary, which will show the transaction. Once the transaction shows up on the Summary Report, you may destroy the initial listing. If it does not appear on the Summary Report, check with logistics.

NOTE: For controlled substances, you are required to keep a copy of the original signed issue listing with your controlled drug files (Schedule II must be filed separately from Schedules III-V).

Using Activity Issue/Turn-In Summary

This report is a Medical Logistics-generated summary run from the DMLSS system; it automatically runs on the last day of each month. The report lists every supply transaction that has occurred during that month such as issues, turn-ins, reversals, and credits. It also lists your top 20 high-dollar items (cumulative dollar value) for the month. This is useful in establishing new trends and sometimes in identifying incorrect quantities and pricing by comparing the Summary Report with your PV catalog. You can do a line-by-line review to ensure accuracy, and you should bring discrepancies to the attention of Medical Logistics for correction. After reviewing this listing, you may destroy the daily issue/turn-in lists that were generated during the month. It is also recommended, to aid in managing your account, that you retain the monthly summary in your supply files.

Using Activity Hazardous Materiel Report

This report is an automatically DMLSS-generated report. It is an Environmental Protection Agency (EPA) requirement that lists all hazardous items issued to your account. Use the report to ensure proper storage, handling, and disposal of these items.

Purchase History Report

This PV report is produced by your pharmacy supply custodian or authorized user from your facility's PV Website. The report can be customized to provide any or all acquisition history for item(s) purchased for your account within the last 12 months, meaning you can review the issue history by day(s), month(s) or the last year.

Exception Report

This PV-generated report is sent back to you electronically within a few hours after you place your order. The report lists what you *will not* be receiving from the PV the following day. Your PV operates on a "fill or kill" mentality, meaning the PV will not place items on backorder status; it will only fill the items they have in stock. Therefore, if an item is not available it will have to be re-ordered once it becomes available or replaced with an appropriate substitute.

All of the reports listed above are important in helping your day-to-day pharmacy operations run smoothly. However, they don't hold the prominence that the National Contracts Compliance Report does. This report assists pharmacy and logistics personnel in monitoring DOD pharmaceutical contract compliance requirements. The National Contracts Compliance Report is so important that it is discussed in Air Force Instruction (AFI) 44-102, *Medical Care Management*.

406. Department of Defense pharmaceutical contract compliance

Today, our patients have many options when filling their outpatient prescriptions. The two most popular options are to fill them at their local pharmacies or bring them the MTF to be filled. Although it may be more convenient for patients to take them to their local pharmacies, from a budgetary point of view, the MTF pharmacy can fill the same prescriptions cheaper than the local pharmacies can.

You may be asking yourself, “How can the MTF fill prescriptions so much cheaper than everyone else?” The answer is because the government (DOD, Veteran’s Administration [VA], and Public Health) purchase such large quantities of medications, drug companies are willing to sell their medications to the government at a reduced cost. The government enters into contracts with drug manufacturers to lock in the best prices for all of the MTFs. There may be times when a drug you have on your formulary becomes temporarily cheaper from another source or drug company. It is important MTFs honor the pharmaceutical contracts, and not order these cheaper or off-contract products when they become available. If you were to purchase these cheaper off-contract products, you would not comply with the DOD national contract for those items. When a contract product is unavailable, the MTF may be forced to order off contract. However, off-contract purchasing should never be a long-term solution.

Reports used to monitor national contract compliance

AFI 44-102 directs MTFs to comply with DOD/VA contracting efforts by aligning all pharmaceutical purchases with the national contract list (NCL) posted on the Defense Logistics Agency Troop Support (DLA-TS) Website. This is a collaborative effort between pharmacy and medical logistics. The working relationship between the pharmacy and logistics regarding contract compliance is detailed below:

- Pharmacy reviews additions and deletions on the NCL monthly and forwards a list of approved changes to logistics for action.
- Logistics processes changes in DMLSS for all actions directed by the pharmacy.
- Logistics and pharmacy review national contracts compliance reports (NCCR) monthly to ensure compliance with the NCL.
- Pharmacy reviews the NCCR monthly, documents reasons for not utilizing NCL-mandated items (if applicable), and forwards a list of approved changes to logistics for action.
- Logistics processes changes in DMLSS for all actions directed by pharmacy.
- Logistics ensures prompt return to the mandatory source after receiving notification of item availability for NCL items in manufacturer back-order status.

DLA and their customers use two primary reports, the National Contract Compliance Summary Report and the NCCR to monitor MTFs who are purchasing equivalent off contract pharmaceuticals instead of the mandatory contract item. These reports are compiled from the prime vendor sales data and can be generated in multiple ways depending on how you wish to extract the data from the report.

NOTE: The reports are only snapshots of much larger reports. The data presented in these reports has been manipulated to provide better teaching tools and a clearer understanding of the reports. The reports are presented in a hierarchical (arranged in a formally ranked order) format, from reports which provide an overview of data to reports which provide more specific information.

National Contracts Compliance Summary Report

The National Contracts Compliance Summary Report (fig. 1-2) can provide an overview of all DOD facilities or can be broken out by individual service, such as Army, Navy, Coast Guard, and Air Force facilities. DLA personnel viewing this report are able to extract dollar amounts spent for contracted (compliant) and noncompliant (off contract) drug purchases, quantities of the drugs (both contracted and noncompliant) delivered to a facility, as well as total noncompliance percentages on individual facilities. Viewers of this report can extrapolate noncompliance information on individual facilities by

viewing the far right-hand column. Note in the first row of the report, Andersen Air Force Base (AFB) has a 0.00 percent noncompliance status; this would mean that 100 percent of their pharmaceutical purchases are in compliance. Likewise, at the bottom of the report, Andrews AFB shows a 7.19 percent noncompliance status, which would mean 92.81 percent of their pharmaceutical purchases are in compliance during the time period that the report identifies. Not only is this information important to DLA personnel, it is also valuable to pharmacy and logistics leadership at all levels who monitor the compliance of their pharmacies (e.g., Air Force, command, and local MTFs). At this point, you may be asking yourself why this report is of such keen interest to your pharmacy leadership. As we stated earlier, contracts compliance is mandated by AFI 44-102. Therefore, *it is an inspectable item for all AF inspection teams.*

National Contracts Compliance Summary Report

Time
Period: FY 2015 Dec (FM03)

DODAAC	Customer Name	Compliant Qty	Compliant Amount	Non Compliant Qty	Non Compliant Amount	Non Compliant Percent
FM5240	ANDERSEN AFB, 36TH MG/SGSL	149	\$3,335.74	0	\$0.00	0.00%
FM6615	MARCH ARB, 452ND MG	4	\$11.52	0	\$0.00	0.00%
FM5682	AVIANO AB, 31ST MDSS/SGSL	331	\$3,308.59	0	\$0.00	0.00%
FM4690	ELLSWORTH AFB, 28TH MG/SGSL	1802	\$25,229.94	32	\$587.16	1.74%
FM3030	GOODFELLOW AFB, 17TH MG/SGSL	1322	\$14,584.92	26	\$132.88	1.93%
FM4613	F E WARREN AFB, 90TH MG/SGSL	1496	\$31,683.38	32	\$3,575.91	2.09%
FM5205	MISAWA AB, 35TH MG/SGSL	309	\$3,696.63	7	\$2,417.81	2.22%
FM7054	BOLLING AFB, 11TH MDOS/SGSL	740	\$15,478.32	18	\$441.95	2.37%
FM4659	GRAND FORK AFB, 319TH MDSS/SGSLM	580	\$10,109.04	15	\$310.52	2.52%
FM5655	INCIRLIK AB, 39TH MED GROUP/SGSL	76	\$1,567.38	2	\$52.12	2.56%
FM5294	OSAN AB, 51ST MG/SGSL	148	\$5,332.40	4	\$225.84	2.63%
FM4626	MALMSTROM AFB, 341ST MG/SGSL	1383	\$23,291.63	41	\$829.75	2.88%
FM3089	RANDOLPH AFB, 12TH MDSS/SGSL	4397	\$58,417.95	133	\$1,670.13	2.94%
FM4686	BEALE AFB, 9TH MG/SGSL	942	\$14,707.96	34	\$1,525.30	3.48%
FM2520	PATRICK AFB, 45TH MEDICAL GROUP/SGAL	5334	\$116,212.06	198	\$7,392.32	3.58%
FM2823	EGLIN AFB, 96TH MDSS/SGSL	5397	\$111,315.38	243	\$13,124.03	4.31%
FM4897	MOUNTAIN HOME AFB, 366TH MG/SGSL	1176	\$18,549.86	54	\$1,948.67	4.39%
FM5270	KADENA AB, 18TH MDSS/SGSL	846	\$8,459.60	39	\$1,694.54	4.41%
FM2500	PETERSON AFB, 21ST MEDICAL GROUP/SGSL	1676	\$20,685.42	79	\$2,774.14	4.50%
FM5004	EIELSON AFB, 354TH MG/SGSL	202	\$2,279.66	10	\$189.08	4.72%
FM2805	EDWARDS AFB, 95TH MDSS/SGSL	801	\$15,261.41	40	\$1,446.03	4.76%
FM4620	FAIRCHILD AFB, 92ND MG/SGSL	2731	\$36,502.25	141	\$4,514.83	4.91%
FM5202	YOKOTA AB, 374TH MG/SGSL	917	\$12,936.67	52	\$2,023.66	5.37%
FM3029	VANCE AFB, 71ST MG/SGSL	546	\$13,319.41	31	\$1,537.98	5.37%
FM4661	DYESS AFB, 7TH MG/SGSL	1528	\$27,799.20	97	\$4,532.99	5.97%
FM4417	HURLBURT FIELD, 16TH MG/SGSL	1752	\$31,240.97	112	\$5,495.30	6.01%
FM4877	DAVIS-MONTHAN AFB, 355TH MDSS/SGSL	4168	\$62,625.11	268	\$3,035.46	6.04%
FM4803	SHAW AFB, 20TH MG/SGSL	3217	\$61,187.36	238	\$10,886.25	6.89%
FM4425	ANDREWS AFB, MALCOLM GROW USAF MED CENTER	3741	\$90,772.99	290	\$4,490.65	7.19%

Figure 1-2. National Contracts Compliance Summary Report.

National Contracts Compliance Report

The NCCR, shown in figure 1-3, provides facilities a detailed view of their compliant and noncompliant (off contract) drug purchases. Unlike the Compliance Summary Report, which provides a broad overview of compliance for all DOD facilities, the NCCR provides a line by line drug purchase compliance percentage on individual drugs for each facility as well as their overall national contracts compliance percentage. AFI 44-102 directs the pharmacy to review quarterly report results of the NCCR; this report is available through the DLA Website. The results of this review will be reported to the P&T function and the medical group commander (MDG/CC), as appropriate. Viewers of this report can extrapolate compliance by quantity information on individual drugs that their

facility purchased by viewing the far right-hand column of the report and overall compliance by quantity at the very bottom right of the report. Note on the second row of the NCCR, the Acyclovir 200 milligram (mg) capsules purchased by Wilford Hall Medical Center met the contract compliance requirement at 100 percent, whereas the Augmentin 875-125 mg tablets (located at the bottom of the report) were purchased off-contract, resulting in a 0.00 percent compliance. Because Wilford Hall pharmacy purchased drugs both on-contract and off-contract (noncompliance item) their overall compliance resulted in 90.79 percent during November of 2014. However, Wilford Hall was recognized as the top MTF AF wide just one month later during December of 2014 as shown in DLA's Customer Pharmacy Operations Center (CPOC) bulletin below (fig. 1-4). The CPOC also shows the AF leads the way in contract compliance amongst DOD. Each facility's contract compliance percentage will be different based on the amount of items purchased on- and off-contract. The goal, of course, is to be 100 percent compliant as much as possible.

National Contracts Compliance Report

Customer: WILFORD HALL MEDICAL CENTER

DODAAC: FM3047

Time Period: 2015 Months: NOV (FM02)

Report Type: All Nationally Contracted Drugs and the facility's compliance

Legend:
drugs purchased off contract within specified period
drugs purchased on contract within specified period
drugs not purchased during specified period

NDC	Drug Name	Drug Strength	Package Size	On Contract Quantity	On Contract Sales	Off Contract Quantity	Off Contract Sales	Total Quantity	Total Sales	Loaded Unit Price	Contract Cost	Excess Cost	Compliance by Quantity	Comments
60429001201	ACYCLOVIR : CAPSULE	200MG	100	2	\$12.02	0	\$0.00	2	\$12.02	\$6.00	\$12.00	\$0.02	100.00%	
60429001205	ACYCLOVIR : CAPSULE	200MG	500	3	\$86.13	0	\$0.00	3	\$86.13	\$28.70	\$86.11	\$0.02	100.00%	
60429030905	ACYCLOVIR : TABLET	400MG	500	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
60429030901	ACYCLOVIR : TABLET	400MG	100	95	\$743.85	0	\$0.00	95	\$743.85	\$7.62	\$743.24	\$0.61	100.00%	
60429031001	ACYCLOVIR : TABLET	800MG	100	4	\$55.46	0	\$0.00	4	\$55.46	\$13.87	\$55.40	(\$0.01)	100.00%	
00378057201	ALBUTEROL SULFATE : TABLET	4MG	100	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
00378025501	ALBUTEROL SULFATE : TABLET	2MG	100	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
76282030201	ALFUZOSIN HCL : TABLET, EXTENDED RELEASE 24 HR	10MG	100	237	\$2,047.68	0	\$0.00	237	\$2,047.68	\$8.64	\$2,047.58	\$0.10	100.00%	
76282030205	ALFUZOSIN HCL : TABLET, EXTENDED RELEASE 24 HR	10MG	500	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
42291011001	ALFUZOSIN HCL : TABLET, EXTENDED RELEASE 24 HR	10MG	100	0	\$0.00	55	\$2,349.05	55	\$2,349.05	\$8.64	\$475.18	\$1,873.87	0.00%	Non-contract med deleted from all accounts
66685101102	AMOXICILLIN/POTASSIUM CLAV : SUSPENSION, RECONSTITUTED, ORAL (ML)	200-28 5/5	100	2	\$4.80	0	\$0.00	2	\$4.80	\$2.40	\$4.80	\$0.00	100.00%	
00781613954	AMOXICILLIN/POTASSIUM CLAV : SUSPENSION, RECONSTITUTED, ORAL (ML)	600-42 9/5	125	37	\$123.21	0	\$0.00	37	\$123.21	\$3.32	\$122.89	\$0.32	100.00%	
66685101202	AMOXICILLIN/POTASSIUM CLAV : SUSPENSION, RECONSTITUTED, ORAL (ML)	400-57MG/5	100	24	\$45.60	0	\$0.00	24	\$45.60	\$1.90	\$45.62	(\$0.02)	100.00%	
66685101101	AMOXICILLIN/POTASSIUM CLAV : SUSPENSION, RECONSTITUTED, ORAL (ML)	200-28 5/5	75	4	\$7.68	0	\$0.00	4	\$7.68	\$1.92	\$7.68	\$0.00	100.00%	
66685101100	AMOXICILLIN/POTASSIUM CLAV : SUSPENSION, RECONSTITUTED, ORAL (ML)	200-28 5/5	50	0	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	\$0.00	0.00%	
66685101201	AMOXICILLIN/POTASSIUM CLAV : SUSPENSION, RECONSTITUTED, ORAL (ML)	400-57MG/5	75	2	\$3.76	0	\$0.00	2	\$3.76	\$1.87	\$3.74	\$0.02	100.00%	
66685100200	AMOXICILLIN/POTASSIUM CLAV : TABLET	500-125MG	20	8	\$22.32	0	\$0.00	8	\$22.32	\$2.78	\$22.27	\$0.05	100.00%	
43598022114	AMOXICILLIN/POTASSIUM CLAV : TABLET	875-125MG	20	0	\$0.00	49	\$87.50	49	\$87.50	\$2.65	\$139.70	(\$52.20)	0.00%	Non-contract med deleted from all accounts
SUMMARY				11515	\$181,327.81	1168	\$60,689.47	12683	\$242,017.28		\$201,002.35	\$41,014.93	90.79%	

Figure 1-3. National Contracts Compliance Report (NCCR).

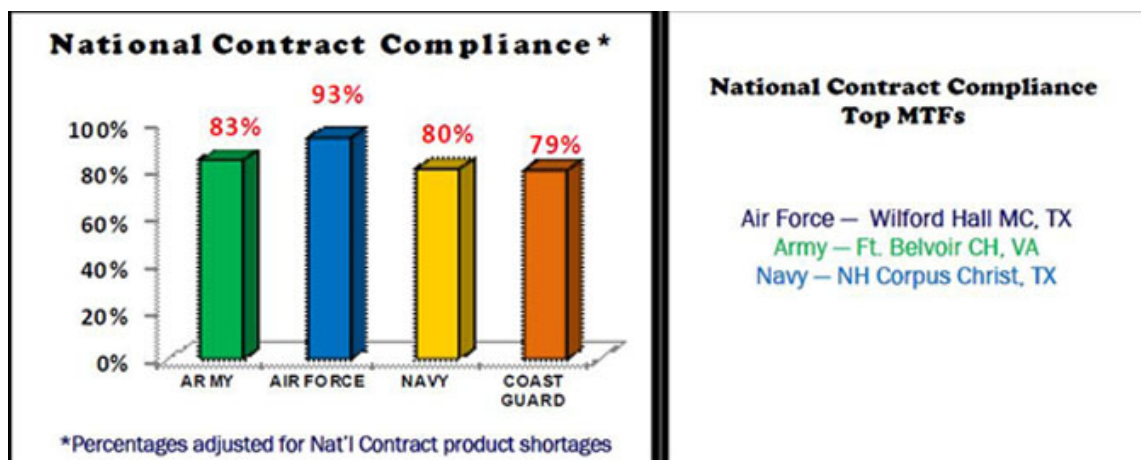


Figure 1-4. Customer Pharmacy Operations Center (CPOC) Bulletin.

There are times where different situations will not allow your facility to be at 100 percent. Those factors could include product unavailability, brand name necessity, etc. These reasons and justifications must be annotated and reported to P&T. By reviewing the NCCR periodically and taking the appropriate actions, you ensure contract compliance and save monetary resources.

Steps to monitor and keep your pharmacy in contract compliance

Now that you're aware of how crucial it is for your pharmacy to be in contract compliance, it's time to give you some steps to help monitor and ensure your pharmacy remains in compliance. To teach you these steps effectively, let's look at the following scenario.

You are a pharmacy technician assigned to your first duty station. Although you graduated from technical school only six months ago and are still in upgrade training, you have become a highly-skilled member of the pharmacy team. Suddenly one afternoon, members of your MTF are tasked with a short-notice TDY and will be leaving in a few days; one of the members leaving is TSgt Witten, your pharmacy logistics technician.

Part of your upgrade training has involved working with TSgt Witten, and you have demonstrated the ability to quickly learn and complete the tasks assigned to you. For this reason, pharmacy leadership has chosen you to replace him during his TDY. TSgt Witten quickly runs through his duties and responsibilities to find out if you have any questions; the last thing he covers is your contract compliance.

TSgt Witten runs a NCCR for your pharmacy so both of you can review the report. The report shows that your pharmacy is 90.79 percent compliant due to the off-contract purchase of Augmentin tablets. TSgt Witten states the off-contract purchase was due to his error of not reviewing recent contract additions. He asks you to search for an approved contract item and begin purchasing it using the approved contract. Your job is to bring your pharmacy back into 100 percent compliance and monitor any contract changes, updating pharmacy purchases to reflect those changes, which will keep your pharmacy in contract compliance.

The premise of keeping your pharmacy in compliance with DOD contracts comes down to asking yourself one question: "Are you ordering products for your pharmacy that are under contract?" If you aren't, then the solution is simple: order contract products for your pharmacy.

The question now becomes, "How do I know what products to order to keep my pharmacy in compliance?" Recall that DLA posts the NCL, which lets you know what items are on-contract. Another question you may be asking is if your pharmacy is required to stock all mandatory contract drugs on its formulary. The answer is no, so do not confuse the NCL with the BCF we covered earlier in this unit; they are two different entities. Your pharmacy is only required to stock the items listed on the NCL if you stock the medication on your MTF formulary. However, if you have an approved nonformulary request, and it is listed on the NCL, you should order the listed national drug code (NDC) because it would be the most cost-effective product available.

Contracts change from time to time, so how do you keep up? Let's take this to the next level and learn some steps to keep your pharmacy in compliance with those contracts.

1. *Monitor for new or changed product contracts on items contained on your MTF formulary by running and reviewing the national contract list.* Individual product additions or changes will be sent via a National Contract Announcement. Due to frequent contract changes, AFI 44-102 directs a review of NCLs at least monthly. We have covered the NCL, which is the master list containing thousands of contract products, but there is also the National Contracts Drug List Addition Report (fig. 1-5), which is a spreadsheet containing updates for new drug listings. Let's use the Levetiracetam 250 mg tablets as our example. Note that you have been

sent an individual national contract announcement (fig. 1–6) on this product. These announcements note an addition, extension, or some other change in the contract (e.g., change in product package size), effective period, as well as other critical information that can be valuable to your logistics technician. Also note this product is listed on the additions report along with other contract additions or changes for the report time period. When you have a new contract item, you need to add it to DMLSS.

National Contracts Drug List										
01/22/2015										
Contract Number	NDC	Package Price	Drug Name	Package Size	Price per Unit	Dosage Form	Drug Strength	Effective Date	Expiration Date	Contract Holder (Manufacture)
VA797P15C0006	52343006912	\$4.75	LEVETIRACETAM	120	\$0.04	TABLET	250 MG	1/5/2015	1/4/2016	CEDARDALE DISTRIBUTORS LLC, DB
VA797P15C0006	52343007012	\$7.30	LEVETIRACETAM	120	\$0.06	TABLET	500 MG	1/5/2015	1/4/2016	CEDARDALE DISTRIBUTORS LLC, DB
VA797P15C0006	52343007112	\$10.45	LEVETIRACETAM	120	\$0.09	TABLET	750 MG	1/5/2015	1/4/2016	CEDARDALE DISTRIBUTORS LLC, DB
VA797P15C0006	52343006905	\$19.30	LEVETIRACETAM	500	\$0.04	TABLET	250 MG	1/5/2015	1/4/2016	CEDARDALE DISTRIBUTORS LLC, DB
VA797P15C0006	52343007005	\$31.15	LEVETIRACETAM	500	\$0.06	TABLET	500 MG	1/5/2015	1/4/2016	CEDARDALE DISTRIBUTORS LLC, DB
VA797P15C0006	52343007105	\$44.00	LEVETIRACETAM	500	\$0.09	TABLET	750 MG	1/5/2015	1/4/2016	CEDARDALE DISTRIBUTORS LLC, DB
VA797P13C0048	00781579220	\$6.15	LEVOFLOXACIN	20	\$0.31	TABLET	750 MG	7/1/2013	6/30/2015	SANDOZ, INC.
VA797P13C0048	00781579050	\$5.85	LEVOFLOXACIN	50	\$0.12	TABLET	250 MG	7/1/2013	6/30/2015	SANDOZ, INC.
VA797P13C0048	00781579150	\$10.18	LEVOFLOXACIN	50	\$0.20	TABLET	500 MG	7/1/2013	6/30/2015	SANDOZ, INC.
SPE2D214D0001	60429020190	\$3.50	LISINAPRIL/HYDROCHLOROTHAZIDE	90	\$0.04	TABLET	10-12.5MG	8/15/2014	7/1/2019	MYLAN PHARMACEUTICALS, INC.
SPE2D214D0001	60429020290	\$3.75	LISINAPRIL/HYDROCHLOROTHAZIDE	90	\$0.04	TABLET	20-12.5 MG	8/15/2014	7/1/2019	MYLAN PHARMACEUTICALS, INC.
SPE2D214D0001	60429020390	\$5.50	LISINAPRIL/HYDROCHLOROTHAZIDE	90	\$0.06	TABLET	20-25MG	8/15/2014	7/1/2019	MYLAN PHARMACEUTICALS, INC.
SPE2D214D0001	60429020110	\$38.89	LISINAPRIL/HYDROCHLOROTHAZIDE	1000	\$0.04	TABLET	10-12.5MG	8/15/2014	7/1/2019	MYLAN PHARMACEUTICALS, INC.
SPE2D214D0001	60429020210	\$41.67	LISINAPRIL/HYDROCHLOROTHAZIDE	1000	\$0.04	TABLET	20-12.5 MG	8/15/2014	7/1/2019	MYLAN PHARMACEUTICALS, INC.
SPE2D214D0001	60429020310	\$61.11	LISINAPRIL/HYDROCHLOROTHAZIDE	1000	\$0.06	TABLET	20-25MG	8/15/2014	7/1/2019	MYLAN PHARMACEUTICAL, INC.

Figure 1–5. National Contracts Drug List Additions Report.

NATIONAL CONTRACT ANNOUNCEMENT

CONTRACTOR: Cedardale Distributors, LLC dba Gen-Source RX
CONTRACT ADMINISTRATOR: Sarah Penrod
TELEPHONE NUMBER: 312-508-4332
CONTRACT NUMBER: VA797P-15-C-0006

ACTION: New Award (Base + Four One-year Options)

EFFECTIVE PERIOD: 1/5/2015 – 1/4/2016

ELIGIBLE PARTICIPANTS: Department of Veterans Affairs (VA), Captain James A. Lovell Federal Healthcare Center (FHCC)
 All Ordering Activities under the Department of Defense (DOD) Pharmaceuticals Prime Vendor, All Indian Health Service Facilities (IHS), All Option 2 State Veterans Homes and Bureau of Prisons (BOP)

NDC NUMBER	PRODUCT DESCRIPTION	STRENGTH	PACKAGE SIZE	CONTRACT PRICE
52343-0072-60	LEVETIRACETAM TABLETS	1,000MG	60	\$7.75
52343-0069-12	LEVETIRACETAM TABLETS	250MG	120	\$4.75
52343-0069-05	LEVETIRACETAM TABLETS	250MG	500	\$19.30
52343-0070-12	LEVETIRACETAM TABLETS	500MG	120	\$7.30

Figure 1–6. National Contract Announcement.

- Update the DMLSS system to reflect the specific NDC number for the product you need to purchase; do not assume that just because you stock Levetiracetam tablets manufactured by Cedardale Distributors LLC, DB that you are obtaining the contracted item. Sometimes it is awarded to specific package sizes (e.g., bottles of 500 but not 100). Note that figure 1–7

shows the DMLSS screen reflecting the updated Levetiracetam product. Upon completion of your update, the system will order the new contracted product, thus helping you to keep your pharmacy in compliance.

The screenshot displays the DMLSS application window. The title bar reads 'DMLSS/CABM - 555611/PHARMACY PRIMARY CARE - 615 ONLY - [Catalog Search]'. The main area shows search results for 'LEVETIRACETAM 250MG TAB'. The results table has columns: Short Item Description, Item ID, SOS, U/P, U/P Qty, U/P Price, U/M Price, LUM, Manufacturer, and Manufacturer Catalog Number. Two rows are visible, both for 'LEVETIRACETAM 250MG TAB' with Item ID '52343006905' and Manufacturer 'CEDARDALE DISTRIBUTORS LLC'. The first row has U/P 'EAG EA' and U/P Price '18.53'. The second row has U/P 'PVP EA' and U/P Price '18.53'. To the right of the table is a 'Scope' section with radio buttons for 'Contracted Items', 'Sourced Items', 'Uncontracted Items', 'Readiness Portal', 'MTF Catalog', 'LOG Catalog', and 'Customer Catalog'. The 'MTF Catalog' option is selected. Below the table is a 'Records 1 to 2 of 2' indicator and a 'Limit: 500' dropdown.

Short Item Description	Item ID	SOS	U/P	U/P Qty	U/P Price	U/M Price	LUM	Manufacturer	Manufacturer Catalog Number
LEVETIRACETAM 250MG TAB	52343006905	EAG	EA	500	18.53	.0371	N	CEDARDALE DISTRIBUTORS LLC	
LEVETIRACETAM 250MG TAB	52343006905	PVP	EA	500	18.53	.0371	N	CEDARDALE DISTRIBUTORS LLC	

Figure 1-7. Levetiracetam DMLSS update.

3. *Run new product shelf tags for your new or updated products.* The new shelf tags are used for identification of product placement in your stock area. They also ensure that when the shelves are scanned, the contracted NDC number is being ordered.
4. *Ensure all satellite pharmacies update product information to reflect new contracts.* If you have a large operation where your satellite pharmacies order their products independently from your main pharmacy operations, you should have a process to ensure these sites receive and complete the required contract updates.
5. *Identify and track contracted products on manufacturer backorder status to ensure prompt return to on contract products upon release.* As stated earlier, when a contract product is unavailable, the MTF may be forced to order off-contract.
6. *Continue periodic monitoring of pharmacy contracts to ensure continued compliance.*

Only by staying vigilant and following the proper steps can this program work. Your goal is to be 100 percent compliant with DOD/VA contracting efforts, but it's also important to keep in mind why we want to be in compliance. By staying in compliance we're saving money, not just the pharmacy's money, but also tax-payer dollars.

407. Best Pharmacy Report and generic conversion

Aside from looking at contract compliance, as a logistics technician, you must also review the Best Pharmacy Report (BPR) and monitor your pharmacy's brand to generic conversion in order to save money. A supply technician's job is never ending and you will constantly be looking for opportunities to reduce costs in order to stay within budget.

Monitoring the Best Pharmacy Report

In an effort to reduce pharmaceutical costs AFI 44-102 also directs pharmacies to conduct a monthly price analysis of non-NCL items. The BPR, like the NCCR, is available through the DLA-TS Website.

The following lists specific pharmacy responsibilities for reviewing the BPR:

- Pharmacy identifies *clinically acceptable equivalent products with potential savings*, and forwards an approved list to logistics for item selection changes.
- Pharmacy reports actions taken on the BPR to the P&T committee quarterly. The report will include the following: total number of items and cost of items identified as candidates for change based on BPR pricing and estimate of potential savings for items purchased using the BPR recommendation. Explain and document items identified that cannot be changed in the report to the committee.
- Pharmacy maintains documentation of all BPR-related item-selection actions and rationale for items not approved for change. The report is maintained for a period of two years.

Logistics also maintains the list of item-selection changes provided by pharmacy for a period of two years. All pharmaceuticals should be purchased through your respective PV unless products are unavailable. Additionally, pharmacy inventories should be managed to ensure stock levels are not excessive in order to keep costs down. Stock levels should be based on the scope of practice, prescription workload, and mission of your MTF. DMLSS helps calculate stock levels based on item consumption. Every 90 days, the system will recommend level changes if applicable.

Figures 1-8 and 1-9 show an original BPR and edited BPR with comments explaining why the least expensive product was not purchased. The BPR shows the best NDC, best NDC package, and your potential savings based on your historical purchase requirements. As mentioned earlier, sometimes the best product to buy is not always available. However, we must continue to fill prescriptions and you must purchase medications that are available even if they are more expensive.

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NDC	Drug Name	Current Avg Unit Price	Current Pkg	Current U/M Price	Best NDC	Best UoM Price	Best NDC Pkg	Potential Savings Per UoM	Total Purchased Qty	Total Purchases	Potential Savings	
00597016601	FIOMAX 0.4 MG CAPSULE	\$326.71	100	\$3.27	63739081141	\$0.06	30	\$3.21	233	\$76,123.43	\$74,765.04	
00143314205	DOXYCYCLINE HYCLATE 100 MG CAP	\$875.00	500	\$1.75	00904042861	\$0.06	100	\$1.69	20	\$17,500.00	\$16,861.00	
62856024630	ARICEPT 10 MG TABLET	\$191.41	30	\$6.38	62856024641	\$4.15	100	\$2.23	225	\$43,067.25	\$15,049.34	
00002327030	CYMBALTA 60 MG CAPSULE	\$115.68	30	\$3.86	42291025310	\$1.23	1000	\$2.62	132	\$15,269.76	\$10,385.50	
00002324030	CYMBALTA 30 MG CAPSULE	\$115.50	30	\$3.85	42291025290	\$1.08	500	\$2.77	108	\$12,474.00	\$8,966.70	
50474059440	KEPPRA 250 MG TABLET	\$203.75	120	\$1.70	76282024612	\$0.09	120	\$1.61	43	\$8,761.25	\$8,287.56	
16781040360	MINOCIN 100 MG PELLETED CAP	\$429.19	60	\$7.15	00093316753	\$0.21	50	\$6.94	18	\$7,725.42	\$7,495.60	
00310020130	ARIMIDEX 1 MG TABLET	\$218.08	30	\$7.27	60429026690	\$0.20	90	\$7.07	31	\$6,760.48	\$6,576.71	
00069306030	ZITHROMAX 250 MG TABLET	\$337.16	30	\$11.24	00781149668	\$0.33	18	\$10.91	18	\$6,068.88	\$5,891.00	
00071036932	DILANTIN 100 MG CAPSULE	\$641.62	1000	\$0.64	00378156010	\$0.07	1000	\$0.57	10	\$6,416.20	\$5,726.20	
00074431730	ZEMPLAR 1 MCG CAPSULE	\$195.58	30	\$6.52	60429007830	\$3.38	30	\$3.14	55	\$10,756.90	\$5,180.39	
50474059866	KEPPRA XR 500 MG TABLET	\$150.49	60	\$2.51	60429034960	\$0.26	60	\$2.25	38	\$5,718.76	\$5,129.84	
00378315177	FINASTERIDE 5 MG TABLET	\$129.88	90	\$1.44	76282041205	\$0.07	500	\$1.37	41	\$5,325.08	\$5,066.78	
00603211632	ALLOPURINOL 300 MG TABLET	\$643.54	1000	\$0.64	00378018105	\$0.04	500	\$0.61	8	\$5,148.32	\$4,844.32	
00186070210	ENTOCORT EC 3 MG CAPSULE	\$1,051.42	100	\$10.51	00378715501	\$2.46	100	\$8.05	6	\$6,308.52	\$4,831.08	
51991029301	OXCARBAZEPINE 300 MG TABLET	\$92.14	100	\$0.92	00054009825	\$0.06	300	\$0.86	40	\$3,685.60	\$3,457.60	
00074662419	SYNTHROID 100 MCG TABLET	\$100.00	1000	\$0.10	00781518492	\$0.00	90	\$0.10	33	\$3,300.00	\$3,296.70	
00074662419	SYNTHROID 100 MCG TABLET	\$100.00	1000	\$0.10	00781518410	\$0.00	1000	\$0.10	33	\$3,300.00	\$3,296.70	
51991029401	OXCARBAZEPINE 600 MG TABLET	\$169.09	100	\$1.69	00054009925	\$0.05	600	\$1.64	20	\$3,381.80	\$3,277.00	
00310070530	CASODEX 50 MG TABLET	\$390.91	30	\$13.03	60429017705	\$0.13	500	\$12.90	8	\$3,127.28	\$3,096.80	
00093720226	PRIVASTATIN SODIUM 40 MG TAB	\$47.86	90	\$0.53	42291066810	\$0.08	1000	\$0.45	71	\$3,398.22	\$2,870.40	
00074455219	SYNTHROID 50 MCG TABLET	\$100.00	1000	\$0.10	00781518110	\$0.00	1000	\$0.10	28	\$2,800.00	\$2,797.20	
51285075402	DIAMOX SEQUELS ER 500 MG CAP	\$425.49	100	\$4.25	0055051302	\$0.40	100	\$3.86	7	\$2,978.43	\$2,699.20	
00178093838	VALTREL 500 MG CAPLET	\$227.05	30	\$7.57	52343005130	\$0.19	30	\$7.38	12	\$2,724.60	\$2,656.56	
00093720110	PRIVASTATIN SODIUM 20 MG TAB	\$362.34	1000	\$0.36	42291066710	\$0.05	1000	\$0.31	8	\$2,896.72	\$2,476.32	
00406051201	OXYCODONE-ACETAMINOPHEN 5-325	\$16.12	100	\$0.16	003787107401	\$0.03	100	\$0.13	192	\$3,095.04	\$2,472.96	
00527105001	ACETAZOLAMIDE 250 MG TABLET	\$258.87	100	\$2.59	10135050701	\$0.07	100	\$2.52	9	\$2,329.83	\$2,265.12	

Figure 1-8. Best Pharmacy Report (FOUO).

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Drug Name	Current Pkg	Current U/M Price	Best NDC	Best UoM Price	Best NDC Pkg	Potential Savings Per UoM	Total Purchased Qty	Total Purchases	Potential Savings	Comments	Potential Savings Already Accomplished or Unable to Implement
FILOMAX 0.4 MG CAPSULE	100	\$3.27	63739081141	\$0.06	30	\$3.21	146	\$47,699.66		Best ndc is not available	\$46,848.48
FINASTERIDE 5 MG TABLET	90	\$1.44	76282041205	\$0.07	500	\$1.37	359	\$46,626.92		Best ndc has been on backorder	\$44,365.22
DOXYCYCLINE HYCLATE 100 MG CAP	500	\$1.90	00904042861	\$0.06	100	\$1.84	27	\$25,650.00		Best ndc is unit dose	\$24,787.35
MODAFINIL 200 MG TABLET	30	\$3.67	49884053509	\$0.06	90	\$3.61	144	\$15,860.16		Best ndc is not available	\$15,584.11
CYMBALTA 60 MG CAPSULE	30	\$3.86	66993007730	\$1.40	30	\$2.45	168	\$19,434.24		Best ndc is already loaded on Rx accounts	\$12,359.59
ZONEGRAN 100 MG CAPSULE	100	\$2.86	00378672701	\$0.26	100	\$2.60	37	\$10,588.66		Best ndc cost is \$1.35 and current ndc cost is \$0.25	\$9,618.89
CYMBALTA 30 MG CAPSULE	30	\$3.85	66993007630	\$1.27	30	\$2.58	123	\$14,206.50		Best ndc is already loaded on Rx accounts	\$9,526.47
ZEMPLAR 1 MCG CAPSULE	30	\$6.52	68382026606	\$3.93	30	\$2.59	117	\$22,882.86	\$9,088.55	We will switch	
ALFUZOSIN HCL ER 10 MG TABLET	100	\$0.44	76282030201	\$0.09	100	\$0.35	237	\$10,544.13		Best ndc is not available	\$8,411.13
ARIMIDEX 1 MG TABLET	30	\$7.27	60429028690	\$0.20	90	\$7.07	35	\$7,632.80		Best ndc is not available	\$7,425.32
OXCARBAZEPINE 600 MG TABLET	100	\$1.69	00054009925	\$0.05	600	\$1.64	34	\$5,749.06		Best ndc is not available	\$5,570.90
PROTONIX DR 20 MG TABLET	90	\$3.40	00008060601	\$0.02	90	\$3.38	18	\$5,514.12			\$5,481.40
KEPPRA XR 500 MG TABLET	60	\$2.51	60429034960	\$0.26	60	\$2.25	40	\$6,019.60		Best ndc is not available	\$5,399.68
AROMASIN 25 MG TABLET	30	\$9.74	59762285801	\$2.15	30	\$7.59	21	\$6,133.47	\$4,779.16		
BACLOFEN 10 MG TABLET	100	\$0.37	00603240628	\$0.02	500	\$0.35	124	\$4,586.76		Best ndc is not available	\$4,306.52
CASODEX 50 MG TABLET	30	\$13.03	42291016850	\$0.38	500	\$12.65	11	\$4,300.01		Best ndc is not available	\$4,174.87

Figure 1–9. Edited Best Pharmacy Report.

Monitoring brand to generic conversion

Another way DOD saves money when buying pharmaceuticals is by mandating the use of generic medications. A generic drug must be comparable to its brand-name counterpart in dosage form, strength, route of administration, quality, performance, safety, and indication. Furthermore, it must be bioequivalent to the brand-name product and approved for use by the FDA. According to AFI 44–102 pharmacies may fill prescriptions written by DOD providers for brand-name drugs with an FDA approved generic equivalent when available. For civilian prescriptions, AFI 44–102 also prohibits the special purchase of brand-name drugs if not on formulary.

Generic drugs are not always available because the brand-name drug may still be under patent protection. Additionally, a brand-name product may still be under national contract and your pharmacy must comply with contract compliance as discussed in the previous lesson. However, as brand name drugs come off patent and generics are manufactured, there is an opportunity to save money. DOD mandates the use of these generics across the services to keep pharmaceutical costs down, provided the brand name drug is no longer under contract. Like the tracking of contract compliance, the use of generic drugs is also monitored and reported by MTFs across DOD.

Figure 1–10 shows the November 2014 brand to generic conversion update. The update shows overall percentage conversion across DOD for Cymbalta, Atacand, Lotrel, Seroquel IR, and Lidoderm. The graph chart also shows the percentage breakdown by service; you'll notice the AF leads the way for the Lidoderm conversion but not the other four products.

To illustrate the impact of cost saving by switching to generics let's do a quick analysis on the Cymbalta listed at \$5.35 per tablet. However if you recall the BPR in figure 1–9, the best-listed price is \$1.40 per tablet. That is \$3.95 less per tablet as opposed to \$5.35 for the brand name. At this price, you could fill a 90-day prescription for \$126.00 with the generic instead of \$481.50 with the brand name product. That's a difference of \$355.50 per patient. So you can see it's a major advantage and less expensive to fill prescriptions with generic drugs whenever possible.

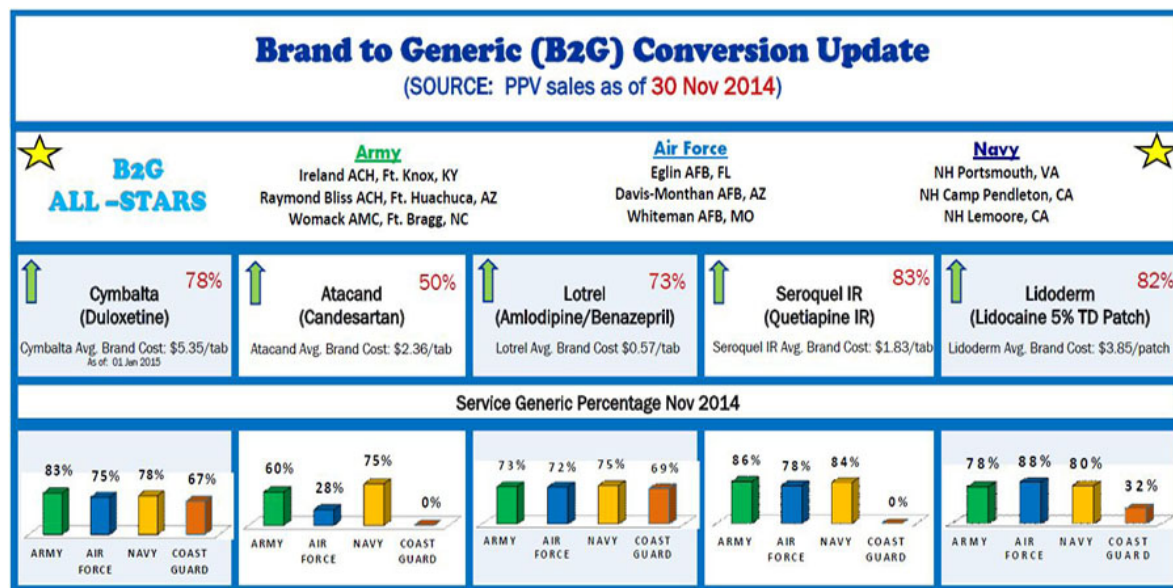


Figure 1-10. Brand to generic conversion update.

As you can see from these last lessons, contract compliance, monitoring the BPR, and monitoring brand to generic conversion go hand in hand in trying to reduce your pharmacy medication budget. Now, let's move on to what to do with unsuitable or recalled items.

408. Disposition and suspension of unsuitable items

There will be times when medications ordered must be suspended, returned, or even destroyed. You may receive notices from medical materiel, or you may have to notify them. Unsuitable items could include expired medications and medications no longer suitable for dispensing due to improper shipment or storage requirements. Either way, it's important to understand the principles for properly disposing of or suspending unsuitable items.

Medical materiel complaints

You must routinely evaluate the serviceability of stocked items. As a pharmacy technician, you must not allow an unserviceable item to be issued; the consequences may result in great harm to a patient. If anyone suspects an item does not perform as required or is unserviceable, a medical materiel complaint should be initiated. Sometimes a complaint generated at one facility can greatly affect the operations at all facilities. For instance, a medication given to a patient has an adverse effect and the patient dies. To prevent this from happening at other MTFs, the Department of Defense Medical Materiel Quality Control (DODMMQC) office publishes quality assurance messages that notify customers about potential problems with medical supplies and equipment. Medical logistics may also receive off-line quality assurance (QA) messages from the FDA, PV, or drug manufactures. Regardless of the source, you need to take immediate action when receiving a QA message.

Occasionally equipment operates unsatisfactorily or a medication causes unexpected ill effects. When these situations occur, you stop using the equipment or stop dispensing the medication, notify medical logistics, and initiate a materiel complaint.

A complaint involving medical materiel may be initiated at any one of several levels:

1. Pharmacy—for example, when a medication is determined unsuitable for use due to decomposition, foreign material, severe patient reactions, and so forth.
2. Medical logistics—if supply personnel discover grounds for complaint.
3. Higher headquarters.

The inadequacy or undesirability of an item should be evaluated thoroughly by patient safety, risk management, and medical logistics before a materiel complaint is submitted. Let's look at the two classifications of medical materiel complaints.

Category I

Category I complaints are supply or equipment items determined by use or a test to be harmful or defective to the extent that their use caused or *may cause illness or death*. Immediate action is required to report such items and remove them from using activities and serviceable inventories. The following are some common examples of situations requiring Category I complaints:

- Medication marked or labeled with improper dosage instructions.
- Items with incorrect or deficient labeling.
- Foreign or particulate matter in liquids and solids.
- Imperfectly manufactured items that are off-color, off-taste, or off-odor.
- Items suspected of having less or more than regulated potency.
- Holes or tears in sterile plastic products, such as tubing and gloves.
- Faulty calibration or defective devices.
- Systemic equipment failures.
- Poor quality products.

Category I complaints must be approved by the MTF commander and referred to the Medical Logistics Office. Because of the immediate world-wide notification required on Category I complaints, personnel should carefully collect and evaluate all pertinent facts to preclude unnecessary delay or undue alarm.

In instances where a complaint involves an adverse patient reaction, medical materiel must create and keep a complaint file on the case. The file will include the name, register number, and other appropriate data of the patient who had the adverse reaction. This background information will not go into the report, but is kept for reference purposes.

When death or injury occurs as a result of the use of a defective item, the item must not be used again. The item(s) involved must be kept in the custody of medical materiel. Until permission is received from higher authority, the item must not be disposed of, released to the manufacturer, or repaired. Additionally, the installation safety office must be notified within 48 hours. Furthermore, the complaint must be documented on Standard Form (SF) 368, Product Quality Deficiency Report and FDA Form 3500A, Mandatory MedWatch Report. Category I complaints can also be accomplished via telephone to expedite reporting.

Category II

Category II complaints are used only for supply or equipment items suspected of being defective, deteriorated, or otherwise unsuitable for use but do not meet the criteria for a Category I complaint. They should be reported, removed from using activities and serviceable stocks, and placed in suspended storage until disposition instructions are received.

Preventing medical materiel complaints

Due to the sheer volume of pharmaceuticals and medical equipment the DOD handles, some type(s) of materiel complaints are inevitable, while others can be avoided. In many incidents, improper storage and handling of items have led to deterioration and damage. While identifying items that have become expired on your shelves is a relatively easy task since manufacturers print expiration dates on the product labels, it may be harder to identify items, which are unsuitable for use after they have been stored or handled improperly. All of the pharmaceuticals we stock in the pharmacy have some

type of storage requirement. It could be placing them in a cool, refrigerated, or even frozen environment, but in most cases, it is protecting our pharmaceuticals from moisture and excessive heat.

Storage note codes

Now, let's look at few storage requirements. Understanding these requirements and the relationship they have with potentially having to file or not having to file a materiel complaint will go a long way in protecting your pharmacy resources, as well as your patients, from harm. Special care should be taken to ensure items that require special storage and handling are placed in the proper areas to avoid deterioration or damage. These items include refrigerated and frozen items, flammables and acids, or corrosives.

A way of identifying items requiring special storage is by using note codes. These note codes indicate special storage requirements for certain items. Logistics personnel will frequently separate items that require special storage conditions when supplies are delivered. However, it is important for you to know about these codes because of the potential deterioration or damage of products that could lead to a materiel complaint if the items are not separated when you receive them. A few of the codes that pertain to pharmacy items are listed:

- D—subject to deterioration in 36 months or less.
- F—subject to damage by freezing.
- G—requires refrigeration between 2 and 8 degrees Celsius (°C) or 35 and 46 degrees Fahrenheit (°F).
- I—flammable or oxidizing.
- Q—designated Schedule III, IV or V items, as defined in the Controlled Substances Act (CSA) and other items requiring security storage.
- P—item with potency period or expiration date.
- R—designated Schedule II items, as defined in the CSA and other items requiring vault storage.
- W—must be frozen for preservation.

Items requiring special storage and environmental considerations

Refrigerated items, narcotics, and other controlled items must be given special attention when received. Remember from our discussion of pharmacy safety that flammable items and poisons also require special storage. All pharmacies, regardless of size, must have a secure and safe place for storage of these types of supplies.

Environmental considerations include proper temperature, ventilation, humidity, light, and sanitation. Standards were developed and referenced in various statutes as a basis for determining appropriate storage requirements, since they affect strength, quality, purity, packaging and labeling of drugs and related articles. These important standards are contained in a combined publication recognized as the official compendium, the *United States Pharmacopoeia* (USP) and the *National Formulary* (NF).

The USP defines “controlled room temperature” as the acceptable temperature when a variation is not specified. In addition, specific requirements are stated in some drug monographs where it is considered that storage at a lower or higher temperature may produce undesirable results. Specific storage conditions are required to be printed in product literature and on drug packaging and drug labels to ensure proper storage and product integrity.

Refrigerated or frozen

For refrigerated or frozen items, temperature conditions are defined by the following terms:

1. Cold—this labeling indicates any temperature not exceeding 8°C (46°F). A refrigerator is a cold place in which the temperature is maintained thermostatically between 2 and 8°C (36 and 46°F). A freezer is a cold place in which the temperature is maintained thermostatically between -20 and -10°C (-4 and 14°F).
2. Protection from freezing—this labeling is used where freezing subjects an article to loss of strength, potency, or to destructive alteration of its characteristics. The container label bears an appropriate instruction to prevent the article from freezing.
3. Cool—this labeling requires any temperature between 8 and 15°C (46 and 59°F). An article for which storage in a cool place is directed may alternatively be stored in a refrigerator, unless otherwise specified in the individual drug monograph.
4. Room temperature—this labeling requires the temperature prevalent in a working area. Controlled room temperature is a temperature maintained thermostatically between 15 and 30°C (59 and 86°F).
5. Warm—this labeling requires any temperature between 30 and 40°C (86 and 104°F).
6. Excessive heat—this labeling indicates any temperature above 40°C (104°F).

Stock rotation

The expiration date of the recently received item should be compared to the same item(s) currently stored in the pharmacy. Stored items that have expired should be removed and those with short expiration dates should be highlighted to indicate that they must be used first. Items should always be arranged with the shortest dated packages in the front and the longer dated ones behind, in chronological order of expiration date. This principle is referred to as *stock rotation*. Proper stock rotation is an important inventory management principle that leads to the prevention of expired drug use. Following these simple requirements can help your pharmacy avoid unnecessarily filing medical materiel complaints and the loss or damage of your pharmaceutical resources.

Drug recall notifications

Sometimes these medical materiel complaints lead to drug recall notifications. Each pharmacy will have a written procedure to handle drug product recalls. The driving factors behind proper procedures are the FDA and AFI 41-209, *Medical Logistics Support*. Procedures may differ slightly from MTF to MTF, so check with your supervisor on procedures at your pharmacy.

Other guidelines are available and can be good models for local procedure. In the past, before the advent of The Joint Commission's (TJC) standards, Air Force pharmacies followed the requirements set forth by the American Society of Health System Pharmacists (ASHP). According to ASHP, your system should have the following elements:

1. Whenever feasible, notation of the drug manufacturer's name and drug lot number should appear on outpatient prescriptions, inpatient drug orders or profiles, packaging control records, and stock requisitions and their associated labels. Most pharmacies do this on their packaging control records and stock bottle labels.
2. Review of these documents (prescriptions, drug orders, and so forth) to determine the recipients (patients and nursing stations) of the recalled lots. Optimally, this would be done by automated means.
3. In case of product recalls of substantial clinical significance, a notice should go to the recipients that they have a recalled product with the course of action they should take. In the case of outpatients, caution should be exercised not to cause undue alarm. The uninterrupted therapy of the patient must be assured; for example, replacement of the recalled drugs generally will be required. The hospital's administration, nursing, and medical staff should be

informed of any recalls having significant therapeutic implications. Some situations also may require notifying the physicians of patients receiving drugs that have been recalled.

4. Personal inspection of all patient care areas should be made to determine if recalled products are present.
5. Quarantine of all recalled products obtained (marked, “Quarantined or Recalled—Do Not Use”) until they are picked up by or returned to the manufacturer.
6. Maintenance of a written log of all recalls, the actions taken, and their results.

Upon notification of a drug recall, most pharmacies have a policy to notify the chief or the superintendent of pharmacy services. Pharmacy personnel will contact medical material in the event the recall did not come through medical material channels.

The following information is obtained: drug identification, including generic name, trade name, strength, dosage form, size, manufacturer, and lot number. All wards/clinics are contacted to determine the location of the drug and extent of its use. The recalled drug will be removed from stock and new supplies will be reissued when appropriate.

Drug recalls received after normal duty hours are reported to the pharmacy on-call technician for further consideration. The pharmacy technician is responsible for notifying the chief, the assistant chief, or the superintendent of pharmacy services. The on-call technician also notifies all wards and the emergency room during non-duty hours and replaces the recalled drug when appropriate.

Copies of all recall messages are supplied to the pharmacy. Pharmacy personnel annotate the message as to the time of receipt and any action taken.

The pharmacy reports all drugs found unsuitable, unfit, or dangerous for use on a medical materiel complaint to the medical materiel officer in accordance with AFI 41-209. The Chief, Pharmacy Services, determines if the recall was of such nature that the P&T function should review the drug recall and drug item.

Recalled drugs dispensed to outpatients

In the event of a drug recall for medication dispensed to outpatients, pharmacy personnel do the following:

1. Attempt to determine what patients may have received the particular drug involved. A drug utilization report (DUR) is run on the (CHCS) computer. The format will be by drug name and the *last fill date* (including all refills as well as new prescriptions).
2. Place phone calls to all individuals who received the drug. The patients are advised as to what action to take. A generalized notification may be necessary in the base newspaper or other similar publications to assure widespread notification.

Prior to notifying the patients, the Chief, Pharmacy Services, through medical materiel, will call DLA to try to determine if this facility received any of the recalled medication. If the MTF received any of the medication, the Chief, Pharmacy Services, will determine the severity of the recall. If the medication has been determined to cause harm to a patient, manpower will be requested by the MTF commander to reach all patients as quickly as possible.

Whether you find a defective, outdated, or unsuitable medication; or you discover a malfunctioning piece of equipment, urgency plays a critical role in minimizing potential harm to patients. Additionally, you have to constantly be vigilant of proper storage conditions and rotation of stock in order to protect our investment in pharmaceuticals.

409. Return drug program

Each year, millions of prescriptions are dispensed from DOD pharmacies, accounting for billions of dollars of expenditures for pharmaceutical products. With the prices of pharmaceuticals (and all

medical services) continuing to rise, scrutiny on how the DOD manages its medical dollars will continue to increase as well.

Commercial credit returns

The returns program, also known as *reverse distribution*, has gone through many changes in the last decade. At one point, DOD had a contract and mandated everyone use the same Pharmaceutical Returns Management Program (PRMP) company. However, each MTF can now choose the pharmaceutical returns contractor based on the facility's needs provided they are a participant in DLA's Troop Support's multiple-award *pharmaceutical reverse distribution contract*. After choosing a contractor, the facility signs a task order and is committed to that contractor for one year. Each September, a facility may change contractors or renew with the same one. DLA compiles a list and overview of what each company can provide in order to help MTFs make their decision.

Returns to be processed cover expired or soon to be expired pharmaceuticals from DOD and VA medical facilities as well as other organizations approved to participate in either the DOD's or VA's PVP programs. This program was developed to assist pharmacies in achieving maximum credit for their returned items.

The pharmaceutical returns contractor assists us in recouping funds (which are credits) for these returned pharmaceuticals. These recouped funds are transferred to your facility's PV, which in turn issues *credits* to your facility equal to the amount of the recouped funds. Before we go any further, you need to understand two key points:

1. Credits are actual dollars, *not in the sense of a refund* you may receive from the government after paying your taxes, but in the form of *credit dollars*. If you've ever tried to return merchandise to a store without a receipt, the store most likely would not give you back a cash refund, but issue you a credit to be used in the store to purchase other merchandise. These PV credits are like store merchandise credits in that you can use them to purchase pharmaceuticals from your PV.
2. Credit items can add up to substantial sums of money but need to be spent in a timely manner. Your return program should be taken seriously, and you shouldn't underestimate the dollar value recouped for your returned items.

PV credit dollars are not deposited back into your pharmaceutical supply budget, but are held as credits by your PV. Because they are not part of your pharmaceutical supply budget, these credit dollars are not spent automatically the way your normal pharmacy budget is allocated when purchasing medications used for your facility. To spend available credits, Medical Logistics must identify specific "call numbers" associated with the PV credit account. This way, the PV knows the MTF wants to purchase a medication order using these credit dollars.

Think of the money in your pharmacy supply budget as one checking account and the credits held by your PV as a second checking account. To designate how you wish to purchase your medication order, you must identify which checking account funds are to be withdrawn from: your credit account or your normal pharmacy budget account. Sounds easy but you need to know *prime vendor credits expire 120 days after being posted to your credit account*. Therefore, these credits should be used in a timely manner to prevent loss. Because of this, pharmacies and medical logistics must carefully monitor credit balances and use their credits as they are received.

At this point, you may still be thinking, "How much money could we really get for expired or almost expired medications?" Figure 1-11 below shows a snapshot of a PV credit report by installation during the month of November 2014.

Customer	Facility	DODAAC	Branch of Service	PV	Acct Type	1-30 Expires 3/31/15	31-60 Expires 2/28/15	61-90 Expires 1/31/15	91-120 Expires 12/31/14
010095778	WRM (CRD)WRIGHT PAT AFB FM2300	FM2300	Air Force	ABC	Logistics	(161,544.40)	(11.22)	(7,583.54)	(85,760.69)
018011171	(CRD)7TH MEDICAL GROUP/SGSL	FM4661	Air Force	ABC	Logistics	(37,957.75)	(2,059.46)	(16,589.84)	0.00
018038950	(CRD)MEDICAL LOGISTIC OFFICER	FM4460	Air Force	ABC	Logistics	(5,467.94)	(24,512.72)	(8,729.93)	0.00
018053108	(CRD)SHEPPARD AFB	FM3020	Air Force	ABC	Logistics	(4,360.15)	(4,080.07)	0.00	0.00
018059451	VANCE (WRM RETURN ACCT ONLY)	FM3029	Air Force	ABC	Logistics	0.00	0.00	0.00	0.00
018064204	(CRD) TINKER	FM2030	Air Force	ABC	Logistics	(33,783.11)	(2,091.37)	(45,243.83)	0.00
018064568	(CRD)ALTUS (RETURN ACCT ONLY)	FM4419	Air Force	ABC	Logistics	(539.03)	(958.23)	(7,218.70)	0.00
018064808	(CRD) VANCE	FM3029	Air Force	ABC	Logistics	(14,713.51)	(3,504.21)	(983.94)	0.00
018080002	(CRD)WILFORD HALL MED CNTR	FM3047	Air Force	ABC	Logistics	(47,819.24)	0.00	0.00	0.00
018080010	(CRD)/GOODFELLOW AFB	FM3030	Air Force	ABC	Logistics	(5,909.64)	0.00	(1,680.34)	0.00
018080051	(CRD)RANDOLPH AFB	FM3089	Air Force	ABC	Logistics	(3,084.53)	(15,663.98)	(38,534.04)	0.00
018080069	(CRD)/LAUGHLIN AFB	FM3099	Air Force	ABC	Logistics	(2,476.73)	(5,020.11)	0.00	0.00
018080325	WRM (CRD)AFMLO/RETURNS ACCT	FM9133	Air Force	ABC	Logistics	(343.80)	0.00	(80.00)	(71.28)
018092221	(CRD)DEP OF AIRFORCE BARKSDALE	FM4608	Air Force	ABC	Logistics	28,521.11	(3,524.28)	(51,848.11)	(86,222.55)
021175190	(CRD) AIR FORCE HQ AMC SGXM	FM4444	Air Force	ABC	Logistics	0.00	0.00	62.92	0.00
026029579	(CRD)HICKAM AFB RETURNS	FM5260	Air Force	ABC	Logistics	16.04	52.56	1,747.59	0.00
040067983	(CRD)-23RD MDG/SGSL	FM4830	Air Force	ABC	Logistics	(13,473.99)	(3,012.56)	(9,120.75)	0.00
040068189	(CRD)-ROBINS USAF HOSPITAL	FM2060	Air Force	ABC	Logistics	(6,910.92)	(7,323.37)	(78.44)	0.00
041080135	(CRD)LANGLEY AFB (18994)	FM4800	Air Force	ABC	Logistics	(92,338.02)	(2,027.23)	(2,118.08)	0.00
041082172	(CRD) 436TH MED GROUP(73940)	FM4497	Air Force	ABC	Logistics	(4,427.24)	0.00	0.00	0.00
041082313	(CRD)MALCOLM GRW USAF-74096	FM4425	Air Force	ABC	Logistics	(4,469.62)	(5,500.99)	(3,599.89)	0.00
041082370	(CRD) B. AFB-11TH MED(74153)	FM7054	Air Force	ABC	Logistics	(2,585.80)	(9,836.05)	0.00	0.00
041089938	WRM (CRD) LANGLEY AFB	FM4800	Air Force	ABC	Logistics	(8.47)	(94.30)	(103.33)	(476.89)
044089284	(CRD)SCOTT (DOD)	FM4407	Air Force	ABC	Logistics	12,557.25	(4,371.35)	(80,134.35)	0.00
046070136	(CRD)AFSC REG HSP/EGLIN RTR	FM2823	Air Force	ABC	Logistics	(58,217.62)	(60,481.24)	(91,628.95)	0.00
046072710	(CRD) TYNDALL AFB 4819	FM4819	Air Force	ABC	Logistics	(15,174.45)	(1,591.21)	(8,525.01)	0.00
046072736	(CRD)USAF HURLBURT FIELD-	FM4417	Air Force	ABC	Logistics	(6,510.92)	(405.32)	(3,822.85)	0.00
046094979	(CRD)-PATRICK USAF HOSPITAL	FM2520	Air Force	ABC	Logistics	(17,818.93)	0.00	0.00	0.00
046094987	(CRD)-MACDILL USAF HOSP MED	FM4814	Air Force	ABC	Logistics	(68,146.14)	(29,862.81)	(98,765.04)	(57,459.39)

Figure 1-11. Prime Vendor Credit Report.

A review of this report shows the dollar amounts available through credit to the facilities listed. The report further identifies credits expiring in 30-day increments. It is vital that your pharmacy logistics section monitor and use available credit wisely. Depending on your MTF's procedures, you may be returning medications to medical logistics so they can process them through DMLSS or you may be processing them yourself and dealing directly with your corresponding return program contractor.

Commercial credit returns for controlled items

As you can imagine, returning controlled items for credit follows a more stringent process. Strict accountability must be maintained at all times until the contractor has accepted responsibility of the items. Just like ordering Schedule II narcotics, returning them involves filling out the DEA Form 222. The form must document each item and quantity being returned. Schedule III-IV narcotics must also be accounted for but do not require a DEA Form 222. More than likely, the return contractor will prepare a local report indicating the items for your review and signature.

Whether you're returning non-controlled or controlled medications for credit, you need to ensure accountability is accurate to maximize the amount of dollar credits. You will need to follow local procedures for filling return credit paperwork for non-controlled items. However, the DEA Form 222 must be kept on file for two years in accordance with AFI 41-209 for inspection purposes.

Self-Test Questions

After you complete these questions, you may check your answers at the end of the unit.

404. Pharmaceutical sources for requisition

1. As a member of the Armed Forces, what type of support does DMLSS provide for you?
2. What does a prime vendor provide you with?

3. How does the prime vendor program benefit you as a customer?
4. What are the two types of prime vendor contracts you may deal with as a logistics manager?
5. Under what three exceptions are you not obligated to use PVP?
6. What two methods can you use to submit PV orders through DMLSS?
7. Within how many hours can you expect a PV to deliver an emergency order to you?
8. What type of order is for items you need delivered within 24 hours?
9. What type of PV order is delivered directly to you as the customer?
10. What form must you complete when ordering Schedule II narcotics from a PV?

405. Pharmaceutical supply files and reports

1. What report would the P&T function use to recommend that pharmaceuticals with low consumption rates be deleted from the formulary?
2. Under what circumstances is the Using Activity Issue/Turn-In List signed?
3. What monthly listing contains all issues, issue reversals, and turn-ins for a using activity?
4. What agency requires the supply custodian to maintain a list of all hazardous items issued to the pharmacy account?
5. What information does the Exception Report contain?

406. Department of Defense pharmaceutical contract compliance

1. When purchasing pharmaceuticals, pharmacies are directed to comply with all pharmaceutical contracts posted by which agency?
2. What two reports do DLA and their customers use to monitor MTFs who are purchasing equivalent off contract pharmaceuticals instead of the mandatory contract item?
3. According to AFI 44-102, how often must NCCR results be reported to the P&T function?
4. How often is a review of national contracts mandated by AFI 44-102?
5. List the steps involved in monitoring pharmaceutical contracts and ensuring compliance with those contracts.

407. Best Pharmacy Report and generic conversion

1. What must be conducted monthly in an effort to reduce pharmaceutical costs?
2. What information does the BPR include?
3. How long is the BPR maintained?
4. What type of medications are mandated by DOD in an effort to save money?
5. What does AFI 44-102 prohibit for civilian prescriptions?
6. Why might your MTF be required to buy a brand-name product instead of its generic equivalent?

408. Disposition and suspension of unsuitable items

1. Who publishes quality assurance messages that notify customers about potential problems with medical supplies and equipment?

2. What should you do when you have equipment that operates unsatisfactorily or a medication that causes unexpected ill effects?
3. What types of items are included in a Category I medical materiel complaint?
4. Who approves Category I medical materiel complaints, and to what office are these complaints referred?
5. What types of items are included in a Category II medical materiel complaint?
6. What does the note code “D” mean?
7. What environmental conditions should be considered when storing items?
8. If an item is to be stored in a cool place, what temperature range would that indicate?
9. What term describes storing items with shortest expiration dates in front of longer dated ones?
10. What AFI list procedures for handling drug product recalls?
11. What information must be obtained about a drug that has been recalled?
12. What CHCS report can help determine what patients may have received a recalled drug?

409. Return drug program

1. What restrictions do MTFs have when choosing a contractor for their return drugs program?
2. After a facility chooses a contractor and signs a contract for its return drug program, how long is the facility committed to that contractor?

3. In what monetary form do facilities receive rebates for their return drug program items?
4. Any monetary value earned from the return drug program must be used within what time frame?

Answers to Self-Test Questions

401

1. A budget is a detailed plan for the acquisition and use of financial resources over a specified time period.
2. To monitor pharmacy expenditures and maintain data used in preparation of the pharmacy budget.
3. Historical cost and workload data for use in projecting future pharmacy expenditures; Medical Logistics provides reports regarding what was purchased and what quantities were purchased.
4. Medication, equipment, maintenance contract renewals, personnel contracts renewals, the reference library, TDYs, rental contracts, and non-medical supplies.
5. To prevent excessive overspending.
6. Consider potential formulary additions, reducing restrictions on medication dispensing, or possibly ordering extra supplies on upcoming seasonal medications.

402

1. Official.
2. Everything owned by the US government.
3. Government employees, both military and civilian.
4. Before a property custodian is relieved from duty, transferred, separated from service or absent from the account in excess of a 45-day period.
5. Custody receipt/location list.
6. AF Form 1297, Temporary Issue Receipt.
7. It can provide proof the item has been turned in, thus relieving the custodian from liability.
8. (1) BMET can determine if the equipment is under contract or warranty.
(2) If you contact the company for services yourself, you could also be held responsible for obligating the government.
(3) Failure to notify BMET may result in a loss of replacement equipment when the time comes for replacement. When the piece of equipment needs to be replaced because it can no longer be repaired, there is no record for justification.
9. A monetary obligation.
10. (1) Research and investigate.
(2) Assess monetary liability.
(3) Provide documentation to support adjustments.
(4) Provide commanders with case histories for corrective action.
11. The organization that has possession of the property.
12. Must be “disinterested” and have no interest in the custodianship, care, accountability, or safekeeping of the property.
13. Legal office.
14. When individuals admit liability, and want to make a cash payment.
15. When individuals admit liability for damaged or lost property and want to pay, but don’t have enough money to pay cash.

403

1. The DOD's UF, the BCF, and the ECF.
2. It evaluates clinical and cost effectiveness of drugs in a therapeutic class.
3. The drug is classified as formulary or generic on the UF; the drug is in a therapeutic class that supports the scope of practice for Primary Care practices; the drug is determined to provide greater value than other UF drugs in that therapeutic class by the DOD P&T function's determination of the relative clinical and cost effectiveness of the drug.
4. Drugs within therapeutic classes that support more specialized care than the drugs listed on the BCF.
5. (1) Distance from the MTF.
(2) Disabilities which make travel difficult.
(3) Familiarity with local civilian network pharmacy.
(4) Convenience of using TRICARE'S Home Delivery Program
(5) Other personal reasons.
6. These prescriptions may be approved through the non-formulary special order process that validates the medical necessity for use of non-formulary drugs in lieu of drugs that are on the MTF formulary.

404

1. Medical logistics.
2. Next day delivery of brand specific medical supplies.
3. It shortens the logistics pipeline and makes it more reliable.
4. PVP and PVM.
5. MILSPEC, emergency, or unavailability.
6. Online or off-line.
7. Six.
8. JIT.
9. DRS.
10. DEA Form 222.

405

1. The Product Activity Report.
2. When controlled drugs or equipment items are being received or turned in.
3. Using Activity Issue/Turn-In Summary.
4. The EPA.
5. What items you *will not* be receiving from the PV the next day.

406

1. DLA-TS.
2. The National Contract Compliance Summary Report and the NCCR.
3. Quarterly.
4. Monthly.
5. (1) Monitor for new/changed product contracts on items contained on the MTF formulary reviewing the national contract list.
(2) Update the DMLSS system to reflect the specific NDC number for the product needed to be purchased.
(3) Run new product shelf tags for new/updated products.
(4) Ensure all satellite pharmacies update product information to reflect new contracts.
(5) Identify and track contracted products on manufacturer backorder status to ensure prompt return to contract products upon release.
(6) Continue periodic monitoring of pharmacy contracts to ensure continued compliance.

407

1. Price analysis of non-NCL items.
2. Total number of items and cost of items identified as candidates for change based on BPR pricing and estimate of potential savings for items purchased using the BPR recommendation.
3. Two years.
4. Generic.
5. Special purchase of brand-name drugs if not on formulary.
6. Brand-name product may be under national contract.

408

1. DODMMQC office.
2. Stop using the equipment or suspend dispensing of the medication, notify medical logistics, and initiate a materiel complaint.
3. Supply or equipment items determined by use or a test to be harmful or defective to the extent that their use caused or may cause illness or death.
4. MTF commander; Medical Logistics Office.
5. Supply items suspected of being defective, deteriorated, or otherwise unsuitable for use.
6. That an item is subject to deterioration in 36 months or less.
7. Proper temperature, ventilation, humidity, light, and sanitation.
8. Between 8 and 15°C (46 and 59°F).
9. Stock rotation.
10. AFI 41-209, *Medical Logistics Support*.
11. Drug identification, including generic name, trade name, strength, dosage form, size, manufacturer, and lot number.
12. DUR.

409

1. The facility is free to choose a contractor based on its needs.
2. One year.
3. PV credits.
4. 120 days.

Do the unit review exercises before going to the next unit.

Unit Review Exercises

Note to Student: Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter. When you have completed all unit review exercises, transfer your answers to the Field Scoring Answer Sheet.

Do not return your answer sheet to Air Force Career Development Academy (AFCDA).

1. (401) During the *initial* distribution phase of the budget process, who is responsible for disbursing funds to the medical treatment facilities (MTF)?
 - a. MAJCOM.
 - b. Wing commander.
 - c. MAJCOM surgeon general.
 - d. DOD, Health Affairs.
2. (401) Who is responsible to monitor how funds are being expended in the pharmacy?
 - a. Resource advisor.
 - b. Cost center manager.
 - c. Medical group commander.
 - d. Flight commander, resource management office.
3. (401) In preparation for the pharmacy budget, personnel must plan for the allocation of funds for which official timeframe?
 - a. Calendar year, 1 January through 31 December.
 - b. Calendar year, 1 October through 30 September.
 - c. Fiscal year, 1 January through 31 December.
 - d. Fiscal year, 1 October through 30 September.
4. (401) Which *best* describes the reason commanders place a high priority on an accurate budget for their facilities?
 - a. Documentation of future MTF expenditures; this budgetary document creates a paper trail for later audits.
 - b. Ensures funds are sufficient to meet the resource needs of the facility.
 - c. Satisfies the Resource Management Office requirements.
 - d. Ensures every budgetary dollar is accounted for.
5. (401) Your pharmacy officer has asked you to collect data to be used in the preparation of your pharmacy's budget; what two sources are the best sources of data for your needs, and what data can they provide you?
 - a. Your MTF's DMLSS system can provide historical cost and workload data.
 - b. The RMO can provide historical cost and workload data for use in projecting future pharmacy expenditures, and medical logistics can provide reports on what was purchased, and what quantities were purchased.
 - c. Medical Logistics can provide reports on what was purchased, and what quantities were purchased, and the DSCP can provide historical cost and workload data for use in projecting future pharmacy drug expenditures.
 - d. The RMO can provide historical cost and workload data for use in projecting future pharmacy expenditures, and the Medical Equipment Repair shop can provide pharmacy expenditures on equipment maintenance and replacement.

6. (401) How many years can the equipment replacement report project?
 - a. Two.
 - b. Three.
 - c. Four.
 - d. Five.
7. (401) Which strategy could the supply custodian employ in order to correct over-execution of the pharmacy budget?
 - a. Potentially order extra supplies on upcoming seasonal medications.
 - b. Reduce restrictions on medication dispensing.
 - c. Consider potential formulary additions.
 - d. Ensure shelves are not overstocked.
8. (402) Who is responsible for appointing property custodians?
 - a. MTF commander.
 - b. Chief of pharmacy services.
 - c. NCOIC, pharmacy services.
 - d. Chief of medical logistics.
9. (402) Anyone who has acquired possession of government property assumes what type of *responsibility* for it?
 - a. Personal.
 - b. Custodial.
 - c. Command.
 - d. Supervisory.
10. (402) Which form does a property custodian use to track borrowed equipment from another section?
 - a. AF Form 1348-6.
 - b. AF Form 1297.
 - c. AF Form 701.
 - d. AF Form 702.
11. (402) Who prepares Air Force Form 601 for equipment turn-in?
 - a. Medical equipment repair.
 - b. Property custodian.
 - c. Medical logistics.
 - d. MEMO.
12. (402) SrA Jackson was practicing kickboxing moves in the pharmacy and accidentally knocked an electronic balance into a sink full of water. Which statement accurately reflects AF policy regarding this situation?
 - a. SrA Jackson cannot be charged with responsibility for the property because he did not sign a receipt for the electronic balance.
 - b. The supply custodian should be charged with responsibility, because it is on his or her equipment listing.
 - c. The OIC should be charged with responsibility because he or she has overall responsibility for the pharmacy.
 - d. SrA Jackson can be charged with responsibility for electronic balance.

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13. (402) The monetary obligation of an individual to reimburse the government for loss, damage, or destruction of government property arising from his or her negligence is known as
- personal liability.
 - pecuniary liability.
 - custodial responsibility.
 - supervisory responsibility.
14. (402) What should be done if all items on the equipment inventory *cannot be accounted for*?
- Initiate a report of survey.
 - No action needs to be taken.
 - Fill out form 85, Inventory Adjustment Voucher.
 - Annotate the inventory to indicate the lost equipment.
15. (403) How often does the Department of Defense (DOD) Pharmacy & Therapeutics (P&T) function meet to consider updates to the DOD *Uniform Formulary* (UF)?
- Monthly.
 - Quarterly.
 - Biannually.
 - Annually.
16. (403) What is the difference between the basic core formulary (BCF) and the extended core formulary (ECF)?
- The BCF contains all drugs listed on the uniform formulary (UF), and the ECF contains drugs which are designated by the DOD P&T function as wartime medications.
 - The BCF contains drugs approved by the Air Force P&T function for use in Air Force MTFs, and the ECF contains all of the drugs used by the Army and the Navy in their MTFs.
 - The BCF contains drugs, which have been designated by the Assistant Secretary of Defense, Health Affairs, for approved use for retirees and dependents, and the ECF contains drugs designated for active duty personnel on flight status or with other special needs.
 - The BCF contains the minimum set of drugs that each MTF pharmacy must have to support the scope of practice for primary care manager practices, and the ECF contains drugs within therapeutic classes that are used to support more specialized care within the MTF.
17. (403) If a medical treatment facility (MTF) wishes to include an agent listed on the extended core formulary (ECF) on its own local formulary, what further requirements must be met?
- The facility must strive to meet budgetary goals by removing agent(s), which are in the same therapeutic class as the agent that it wishes to add to the formulary.
 - Since all agents listed on the ECF are specialty medications, all MTF providers must receive training on the proper use of the agent(s) prior to addition of the agent(s) to the local formulary.
 - The MTF formulary must include all of the agents that are on the ECF in that therapeutic class in addition to the agent desired.
 - The MTF must receive permission from the Director, TRICARE Management Activity.

18. (403) One of your facility's providers is caring for a patient whose medical condition is *not responding to medication* on your facility's formulary; the provider now wishes to try a medication that is listed as a nonformulary item. Under which circumstance is your pharmacy permitted to carry a nonformulary medication?
- a. None; nonformulary items are only available through the retail pharmacy system and the TRICARE Home Delivery Program.
 - b. When a MTF provider requests a non-formulary medication for an active duty member, your pharmacy is permitted to carry the medication.
 - c. None; nonformulary items are prohibited under the DOD contract compliance instruction set forth by the DSCP.
 - d. Prescriptions for these medications may be approved through the non-formulary special order process that validates the medical necessity for use of nonformulary drugs.
19. (404) To whom does the Defense Medical Logistics Standard Support (DMLSS) provide medical logistics support?
- a. Air Force medical treatment facilities.
 - b. Joint medical treatment facilities only.
 - c. All branches of the military worldwide.
 - d. All branches of the military stateside only.
20. (404) Who is responsible for the *overall* management and operation of the Department of Defense (DOD) Medical Prime Vendor (PV) program?
- a. Local medical treatment facilities.
 - b. DHA.
 - c. DLA.
 - d. PVP.
21. (404) Drop shipments are ordered through
- a. the prime vendor (PV) but delivered to the customer directly from the manufacturer.
 - b. medical logistics and delivered directly to the pharmacy from the PV.
 - c. the PV but delivered to the customer from medical logistics.
 - d. medical logistics and delivered to the customer from the PV.
22. (404) Which form must be completed when ordering Schedule II narcotics from your prime vendor (PV)?
- a. AF Form 85.
 - b. AF Form 1297.
 - c. DEA Form 146.
 - d. DEA Form 222.
23. (405) Which report could you use if you wanted to review the most commonly used drug products that *required* repackaging for preparation *before* dispensing?
- a. Using Activity Issue/Turn-in Summary Report.
 - b. Using Activity Stock Status Report.
 - c. Purchase History Report.
 - d. Product Activity Report.

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24. (405) Your local Pharmacy & Therapeutics (P&T) function has been asked to assist in reducing the pharmaceutical supply budget. The function has decided to first look at the pharmaceuticals with a low consumption rate and recommend these items for possible deletion from the formulary. Which report or list would best serve the function's needs?
- a. Using Activity Issue/Turn-in Summary Report.
 - b. Using Activity Stock Status Report.
 - c. Purchase History Report.
 - d. Product Activity Report.
25. (405) What is produced at the end of month that contains all the issues, reversals, and turn-ins for your using activity?
- a. Issue List.
 - b. Back Order Report.
 - c. Stock Status Report.
 - d. Issue/Turn-in Summary.
26. (405) The Air Force audit agency is conducting a random audit of your pharmacy's supply account. The auditor wishes to review your purchase records and has asked you to run reports summarizing these data for each quarter and the entire year. Which report or list would *best* serve the auditor's needs?
- a. Using Activity Issue/Turn-in Summary Report.
 - b. Using Activity Stock Status Report.
 - c. Purchase History Report.
 - d. Product Activity Report.
27. (406) Under Air Force Instruction (AFI) 44-102 your pharmacy is directed to comply with DOD/Veteran's Affairs (VA) contracting efforts; what *must* your pharmacy do to comply with the AFI?
- a. If available, contracted labor within the Air Force MTFs will be performed by small businesses owned by veterans receiving VA disability benefits.
 - b. Air Force pharmacies will order all pharmaceutical purchases not available from the prime vendor at VA run medical depots.
 - c. Align all your pharmaceutical purchases with the contracts posted by the Defense Logistics Agency Troop Support.
 - d. All Air Force MTFs, including pharmacies, will requisition all medical equipment items from VA run medical depots.
28. (406) Your pharmacy officer has asked you to conduct a *detailed* line-by-line drug purchase review of your pharmacy's contract compliance. You will need to use the National Contracts
- a. Compliance Summary Report.
 - b. Compliance Report.
 - c. Additions Report.
 - d. Drug List.

29. (406) You have just received a national contract announcement on a product, noting a change in package size of a product that your pharmacy stocks. What would be your next step to ensure that you now order this product in its new package size instead of the package size you are currently ordering?
- Update the DMLSS system to reflect the specific NDC number for the product you need to purchase.
 - Continue periodic monitoring of pharmacy contracts to ensure continued compliance.
 - Ensure all satellite pharmacies update product information to reflect new contracts.
 - Run new product shelf tags for your new or updated products.
30. (407) In an effort to *reduce* pharmaceutical costs, Air Force Instruction (AFI) 44-102 directs that pharmacies conduct a price analysis of non-NCL (national contract list) items
- monthly.
 - quarterly.
 - semi-annually.
 - yearly price.
31. (407) Which type of equivalent products with potential cost savings does the Best Pharmacy Report identify?
- Generic.
 - Brand-name.
 - Clinically acceptable.
 - Therapeutic acceptable.
32. (407) A generic drug must be comparable to its brand-name counterpart in dosage form, strength, route of administration, quality,
- performance, safety, indication, and side effects.
 - performance, safety, and indication.
 - performance, and safety.
 - and performance.
33. (407) Much like the tracking of contract compliance, the use of generic drugs is also monitored by
- MTFs across DOD.
 - AF MTFs.
 - local P&T.
 - MTF commanders.
34. (408) Who publishes quality assurance message that notify medical treatment facilities (MTF) about potential problems with medical supplies and equipment?
- Medical Logistics.
 - MTF commanders.
 - Defense Logistics Agency.
 - DOD Medical Materiel Quality Control.
35. (408) Which category of medical materiel complaints is used for supply or equipment items that have been determined by use or a test to be harmful or defective to the extent that use has caused or may cause illness or death?
- Category I.
 - Category II.
 - Category III.
 - Category IV.

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36. (408) Which category of medical materiel complaint is used *only* for supply items *suspected* of being defective, deteriorated, *or* otherwise unsuitable for use?
- Category I.
 - Category II.
 - Category III.
 - Category IV.
37. (408) Which note code indicates the item is designated as a Schedule II drug under the Controlled Substance Act (CSA)?
- D.
 - I.
 - Q.
 - R.
38. (408) Which temperature is accepted as “controlled room temperature” by the *United States Pharmacopoeia* (USP)?
- Above 40°C (90° and 104°F).
 - Between 8° and 15°C (46° and 59°F).
 - Between 15° and 30°C (59° and 86°F).
 - Between 30° and 40°C (86° and 104°F).
39. (408) Who needs to be notified of any recalls having *significant* therapeutic implications?
- Medical logistics.
 - Pharmacy personnel.
 - Patients and medical logistics.
 - Hospital administration, nursing, and medical staff.
40. (409) When *an expired* pharmaceutical product is turned-in to a pharmacy returns contractor, what type of compensation does the pharmacy receive?
- The contractor provides a one for one exchange (new products in return for expired ones).
 - Based on the expiration dates and condition of the turned-in pharmaceuticals, the contractor will provide a percentage exchange of new products in return for expired ones.
 - The contractor provides your prime vendor with the recouped funds equal to the value of the turned-in products; these funds are not deposited back into your pharmaceutical supply budget, but are held as credits by your PV.
 - The contractor provides your facility’s Resource Management Office with the recouped funds equal to the value of the turned-in products (minus the contractor’s fee) these funds are deposited back into your pharmaceutical supply budget.
41. (409) Prime vendor (PV) credits issued to your medical treatment facility (MTF) credit account are valid for how many days from the day they are posted?
- 30.
 - 60.
 - 90.
 - 120.
42. (409) For inspection purposes, how long must the Drug Enforcement Administration (DEA) Form 222 be *kept* on file for returned narcotics?
- One year.
 - Two years.
 - Three years.
 - Four years.

Please read the unit menu for unit 2 and continue ➔

Student Notes

Unit 2. Pharmacy Information Systems

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TODAY’S MILITARY DEMANDS you have a vast knowledge about computers. Many of our pharmacy duties are dependent on computer technology. That involves everything from assisting pharmacy personnel in filling prescriptions to the storage and retrieval of patient information. This unit will further your understanding of pharmacy information systems; namely the Composite Healthcare System, its related functions, and menu options.

We will conclude this unit by discussing how CHCS improves patient safety through medication clinical screenings and the importance of patient allergy documentation; as well as prescription verification principles and inspecting drug storage areas in the MTF.

2–1. The Composite Healthcare System

The goal of CHCS is to enhance the quality of care provided in medical treatment facilities (MTFs) worldwide by providing an integrated, automated system that supports many of the information requirements of healthcare providers and administrators. CHCS provides a consistent reliable tool for use in entering, editing, and accessing patient information as well as tracking controlled drugs and providing workload statistics.

You learned quite a bit about CHCS in technical training school, so you’re already familiar with some of the basic functions. This section will take you a little further into the principles and concepts of CHCS support, narcotic, reports, and supervisory menu functions the system can perform.

410. Composite Healthcare System PHARMACY SUPPORT MENU operations

Before we jump into the support functions of CHCS, you need to know about system security. Prior to using CHCS at your duty station, your supervisor must fill out a systems request authorization form for you; this form will vary from MTF to MTF. Before you are given access to CHCS, you must read the Privacy Act responsibilities annotated on the form. Additionally, you may be required to receive other Privacy Act or systems security training before you begin using any of the systems within your pharmacy.

CHCS has a built-in 24-hour audit trail security system, but the main responsibility for security falls on your shoulders. Everyone who uses CHCS should avoid three main *unauthorized* actions:

1. *Probing*—exercising system options to see what access the system allows or what information can be obtained even though you do not need this information.
2. *Data scavenging*—searching through files to access information beyond the needs of your job.
3. *Penetration*—intentionally attempting to circumvent the security mechanisms of CHCS.

The system manager can detect these types of inappropriate actions, and violators could lose system access privileges. In some cases, violators could be subject to disciplinary or legal action.

Now let's look at the PHARMACY SUPPORT MENU (PSM) options available in CHCS. The PSM provides three functions to assist you in your daily activities. The *secondary menus* we will cover under the PSM are as follows:

- BULK/CLINIC ISSUE menu (BIM).
- CREATE AD HOC LABELS menu (LAB).
- STOCK ITEM FILE menu (SIF).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒PSM⇒

Figure 2–1 shows the secondary and tertiary options available under the PSM.

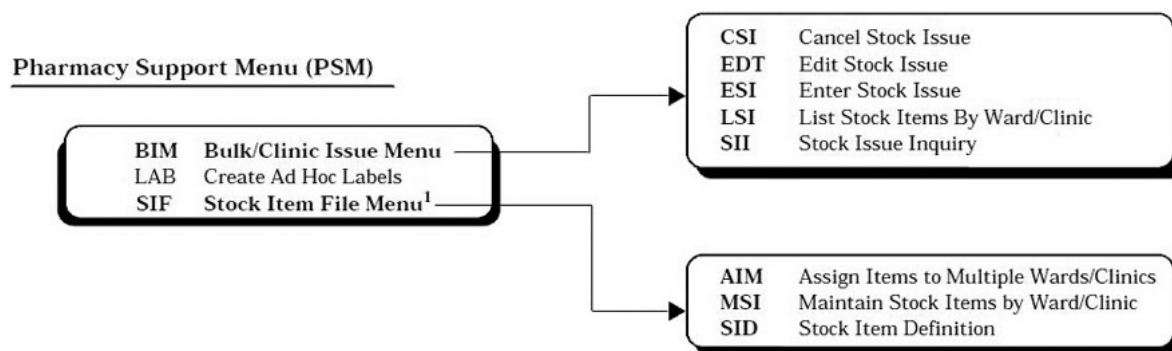


Figure 2–1. PHARMACY SUPPORT menu (PSM).

BULK/CLINIC ISSUE menu

The BIM contains options for entering and maintaining bulk/clinic issues. This includes entering, editing, inquiring about, and canceling an issue. It also prints a list of the items stocked by a ward or clinic. This list is the Authorized Drug List (ADL) for that ward or clinic.

CREATE AD HOC LABELS menu

The LAB option allows you to create and store label formats that you can use for any purpose. It presents you with a word-processing field that you may use to place text where you want on the label. You must design the format *exactly as you want the label to appear*. For example, if you want printing to start on the third line, then leave the first two lines blank. In this option, you also define how many labels you want to print. After completing the label format, file the label. The system saves it so you may recall it at any time for future use.

This option is handy for creating prepack labels for your fast-moving medications that are dispensed in consistent quantities. The option can also create labels for the prepackaged medications dispensed directly by the providers. These provider-dispensed medication labels must have space to write the patient's name and medication directions. The table on the next page shows the steps for creating an ad hoc label.

STOCK ITEM FILE menu

The SIF menu contains the options for defining stock items and assigning the items to the locations that stock them. This option is used to add a drug to a ward or clinic's ADL that has been approved by the P&T function.

CREATE AD HOC LABELS
<p>The Create ad hoc label option allows you to create and store label formats that you can use for any purpose.</p> <p>MENU PATH: Pharmacy System Menu⇒PSM⇒LAB</p> <p>After specifying a medical center division, and an outpatient site(s) within that division (and other divisions or sites, if necessary), the system prompts you to choose from the following type or sort for the report:</p> <p>Select LABEL NAME:</p> <p>TEXT:</p> <p>1> NAME: ASTRINGENT LOTION//</p> <p>2>SYNONYM: AST//</p> <p>3>ASTRINGENT LOTION</p> <p>4>QTY: 60 ML</p> <p>5>EXP: 10 NOV 09</p> <p>6>LOT: 0709514</p> <p>7>INT: RGW</p> <p>8>STORE AT ROOM TEMPERATURE</p> <p>After completing your label, the system prompts you to queue the label(s) to a device.</p> <p>Device: [desired printer]</p> <p>ENTER QUANTITY TO PRINT 1//</p>

411. Composite Healthcare System NARCOTIC SYSTEM MENU operations

The NARCOTIC SYSTEM MENU (NSM) is the primary menu for issuing, receiving, and inventorying narcotics. This menu is very important and great care should be taken when using it. The *secondary menus* we will cover under the NSM menu are:

- INVENTORY SUPPLY menu (INV).
- ISSUE menu (ISM).
- CONTROLLED PRESCRIPTION menu (CPM).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒NSM⇒

INVENTORY SUPPLY menu

The INV menu contains options allowing you to add, decrement, or perform an inventory inquiry. The sub-menus we will cover under the INV menu are:

- ADD TO CONTROLLED INVENTORY (ADD).
- DECREMENT FROM CONTROLLED INVENTORY (DCI).
- INVENTORY RECORD INQUIRY (INI).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒NSM⇒INV⇒

ADD

The ADD TO CONTROLLED INVENTORY option allows you to add quantities of stock products to your vault inventory. Adding to the vault inventory increments the inventory quantity on hand and displays as an entry in the transaction activity log for that product. This option should be used for receipt of supplies that the DEA has classified as scheduled or that the MTF commander has identified as a controlled item. Whenever you use this menu you will start by entering a receipt voucher number. Local policy will dictate how you format this number. Normally, the document number on the receipt from medical logistics is used. Using that number will make it easier to track

the transaction during monthly disinterested inventories. Another critical portion of this sub-menu is whether you receive the medication in *Package* or *Inventory Units*. Again, this may vary from base to base and is dependent on how the medication was initially loaded into the inventory. For example, if Percocet was loaded as a bottle (package) of 100 and you receive “1” package, the inventory will be increased by 100 tablets. Great care must be taken when receiving medications in the narcotic subsystem. One wrong letter (P or I) could cause you hours of researching why your inventory is off at the end of the day.

DCI

The DECREMENT FROM CONTROLLED INVENTORY option allows you to decrease the quantity on hand for a particular product. This option could be used when products are returned to the manufacturer for recall or because they have expired. This option should be used for annotating the decrement of supplies the DEA has classified as scheduled or that the MTF commander has identified as controlled.

INI

The INVENTORY RECORD INQUIRY allows quick access to the inventory record file. The system displays product information and quantity on hand for a particular item and vault.

ISSUE menu

The ISM includes the options for entering, canceling, verifying, and returning issues. The sub-menus we will cover under the ISM menu are as follows.

- CANCEL A NONVERIFIED ISSUE (CAN).
- CANCEL A VERIFIED ISSUE (CNV).
- ENTER EXPIRATION/RECEIVER OF ISSUE (EXP).
- ISSUE INQUIRY (ISI).
- NEW ISSUE ENTRY (NEW).
- REPRINT ISSUE LABEL (LBL).
- RETURN AN ISSUE (RAI).
- VERIFY ISSUES (VER).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒NSM⇒ISM⇒

CAN

The CAN option allows you to cancel an issue with a status of NONVERIFIED. A nonverified status does not decrement from the issue on hand. This option could be used by a technician to correct entry mistakes.

CNV

The CNV option enables users having the appropriate CHCS security level (key) to cancel an issue that has previously caused the inventory to be decremented. Canceling an issue also logs an entry in the Activity Log of the issue file record, as well as the Controlled Transaction Audit Log and increments the quantity back into the inventory.

EXP

The EXP option serves two functions:

1. To record in the system the expiration date of an issue being dispensed. If an expiration date for an issue exists, you can run a report of all outstanding issues due to expire within 30 days.
2. To record the name of the personnel who received the issue.

ISI

The ISI option allows you to look up a narcotic issue and view all information on file about a particular issue. The display includes an activity log/audit trail for the issue.

NEW

The NEW option allows you to enter narcotic requisitions from a hospital or pharmacy location into the Issue file. The system assigns an issue number and generates a label for dispensing. If you have the appropriate key, as soon as you file the data, the system immediately verifies the issues and decrements the inventory. If you do not have the key, the issue assumes a “nonverified status” and must be verified by someone with the key before the system decrements the inventory. A verified issue has a status of “outstanding.”

LBL

The LBL option allows you to reprint a particular issue by order number without affecting the status of the issue.

RAI

Use the RAI option to close out issue sheets that are returned to the pharmacy. The system provides two methods for processing returns. The first method is to select all outstanding issues for a particular location to return in batch. Use this method for issues that are returned with a “quantity of zero.” The second method is to return issues individually. The system prompts you to enter the quantity returned.

VER

The VER option may be used by pharmacy personnel with the authorization key to verify issues that have been entered by technicians. Verifying an issue changes the status of the issue from “nonverified” to “outstanding” and causes the quantity on hand for the drug to be decremented appropriately.

CONTROLLED PRESCRIPTION MENU

The CPM is a secondary menu of the NSM. Each outpatient pharmacy has access to a site parameter that allows it to determine whether or not it will dispense prescriptions directly from the narcotic vault. If the outpatient pharmacy chooses to dispense prescriptions from the vault, this menu allows you to complete, return, or remove controlled prescription transactions. The sub-menus we will cover under the CPM menu are as follows:

- COMPLETE RX TRANSACTION (CRT).
- RETURN RX TRANSACTION (RRT).
- REMOVE RX TRANSACTION (REM).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒NSM⇒CPM⇒

CRT

Use the CRT option if the pharmacy is decrementing each prescription from the inventory on an individual basis. When a prescription for a controlled drug is typed into CHCS, it is not automatically decremented from stock. Someone, normally the narcotics custodian, will perform this transaction by using the CRT function, which then decrements the vault inventory. Before performing this function make sure that the prescription was typed correctly and will not be cancelled or requires an edit.

RRT

The RRT option allows you to credit back a dispensed prescription into the narcotic system. The narcotic vault inventory will increment accordingly. Use this function when a prescription is cancelled *or* a patient does not pick up his or her prescription. The system prompts you to indicate whether or not a designation of non-compliance should be entered for the returned prescription. A

designation of non-compliance increments the status of refills, which means when the prescription is entered *noncompliant*, it returns the refill onto the balance. Therefore, the patient will not be charged for that refill. A designation of “noncompliance” increments the status of refills only on Schedules III-V; you may not reprocess a Schedule II prescription. The prescription is also tagged noncompliant in the Outpatient Prescription Inquiry option. A noncompliant drug has an asterisk (*) by it in the patient profile.

REM

The REM option allows you to take prescriptions off the completion list; it neither increments (increases) nor decrements (decreases) the vault inventory. You would use this function for instances like the provider canceling the prescription prior to the pharmacy batching the label. Canceling a prescription that is still in suspense will stop the prescription from being processed but the prescription will still show up on the CRT list. You would use this function if the patient doesn’t want the medication, if it expires while in “fill” status, or if the provider types in a new prescription instead of modifying the existing one.

412. Composite Healthcare System PHARMACY REPORTS MENU operations

The PHARMACY REPORTS MENU (PRM) contains all pharmacy reports CHCS provides, and the PSM provides a variety of functions to assist daily pharmacy activities such as entering and maintaining bulk and clinic issues and creating ad hoc labels. The secondary menus we will cover under the PRM are as follows:

- DRUG UTILIZATION REVIEW (DUR).
- GENERAL PHARMACY REPORTS (GPR).
- NARCOTIC SYSTEM REPORTS (NRR).
- OUTPATIENT PHARMACY REPORTS (OPR).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒PRM⇒

DRUG UTILIZATION REVIEW

The P&T function is responsible for conducting drug usage evaluations (DUE). A DUE program is a structured, ongoing, quality assurance process designed to ensure drugs are used appropriately, safely, and effectively. The objectives of a DUE are as follows:

1. Ensuring that the drug therapy meets current standards of care.
2. Creating guidelines (criteria) for appropriate drug utilization.
3. Enhancing responsibility/accountability in the drug use process.
4. Controlling drug cost.
5. Promoting optimal medication therapy.
6. Preventing medication-related problems.
7. Identifying specific drug use problems.
8. Evaluating the effectiveness of medication therapy.
9. Stimulating improvements in medication use.
10. Identifying areas in which further information and education may be needed for health care providers.

Evaluating all of these objectives properly requires data; this is where CHCS’s DUR function comes in handy. The P&T function may be responsible for conducting the DUE, but they will turn to the pharmacy to gather information, and you may be assigned this task. The DUR menu contains options that allow you to display or print outpatient, unit dose, and IV DUR reports. All DUR reports allow

you to define sorting criteria, such as divisions, sites within divisions, and display output. The reports include a line count on the primary sort option that you need to choose.

Outpatient DUR

This option allows you to print reports regarding the utilization (dispensing) of medications. You can sort the report using a variety of sort criteria to display a combination of outpatient information (fig. 2-2). You can customize the report, choosing to sort by the following options:

1. Patient, drug, and physician.
2. Drug, patient, and physician.
3. Physician, drug, and patient.
4. *American Hospital Formulary Service* (AHFS) classification, physician, and patient.
5. Medical Expense and Performance Report System (MEPRS) code, drug, and patient.

In addition, at the Select Drug prompt, you can enter an asterisk (*) and the full or partial name of a drug to see a list of all drugs whose names begin with those characters you selected.

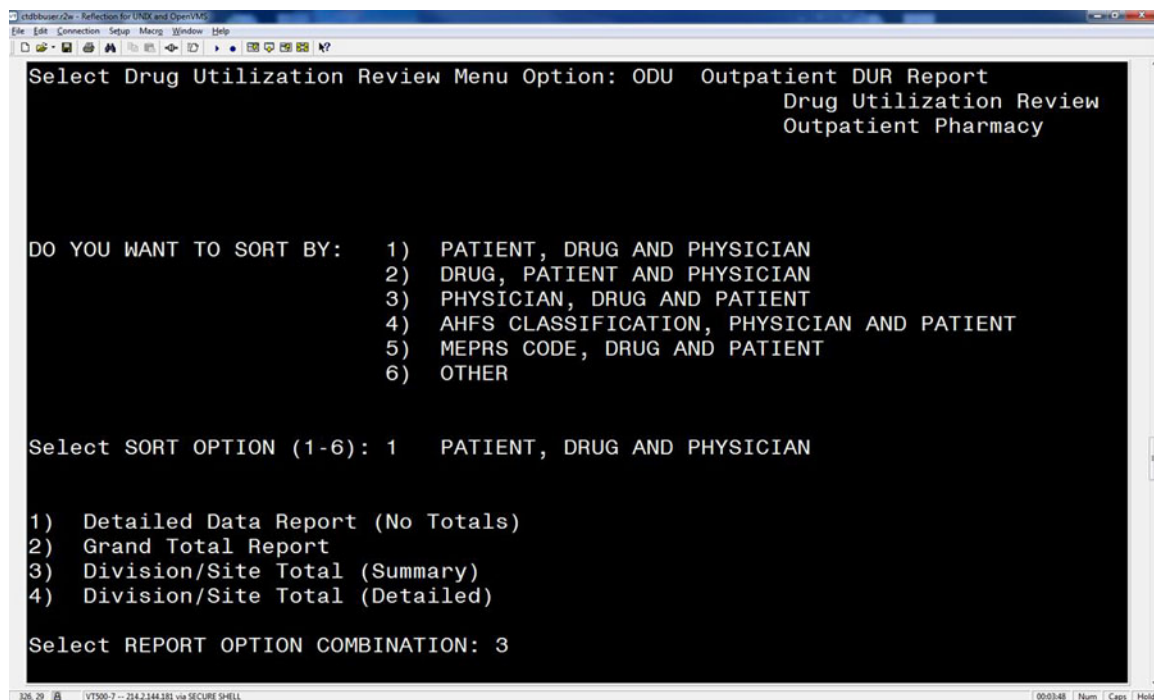


Figure 2-2. Outpatient pharmacy drug utilization review.

Unit Dose DUR

This option allows you to print reports regarding the utilization (dispensing) of inpatient medications. You can customize your report, choosing to sort by the following options:

1. Drug, patient, and physician.
2. AHFS classification and ward location.
3. AHFS classification and physician.
4. AHFS classification and provider specialty.

In addition, at the Select Drug prompt, you can enter an asterisk (*) and the full or partial name of a drug to see a list of all drugs whose names begin with those characters you selected.

IV DUR

This option allows you to print reports regarding the utilization (dispensing) of IVs (intravenous). You can sort the report using a variety of sort criteria to display different types of inpatient and outpatient dispensing information. Just like the unit dose DUR, you can sort the IV DUR by the following options:

1. Drug, patient, and physician.
2. AHFS classification and ward location.
3. AHFS classification and physician.
4. AHFS classification and provider specialty.

In addition, at the Select Drug prompt, you can enter an asterisk (*) and the full or partial name of a drug to see a list of all drugs whose names begin with those characters you selected.

GENERAL PHARMACY REPORTS

GENERAL PHARMACY REPORTS (GPR) allow you to display or print data from all pharmacy areas. For example, you can generate ad hoc reports, MEPRS reports, product activity reports showing the product activity in your inpatient and outpatient pharmacies, and stock issue movement reports that display information on issues to clinics and wards. The sub-menus we will cover under the GPR menu are as follows:

- AD HOC (ADH) Report.
- MEDICAL EXPENSE AND PERFORMANCE (MEP) Report.
- PRODUCT ACTIVITY REPORT (PAR).
- STOCK ISSUE MOVEMENT (SIM) Report.

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒PRM⇒GPR⇒

ADH

ADH allows you to create ad hoc reports using data in any of the system files using the *Fileman database management system user interface*. You would use this option if you had to extrapolate specific information to compile a report. The options include printing, file search and sorting, and inquiring and listing file attributes.

MEP

MEP prints the MEPRS workload report for the division and date range that you specify. You may select the Detailed Report, which displays each work center on a separate page—the last page of the report being a cumulative summary. You may also select just the Summary Report. This report includes work ordered by another military facility workload, which may be displayed in the report as a one-line total for each representative division or may be broken down by MEPRS codes within each division. The report format/display is based on the sort criteria you select.

PAR

Use this option to display or print a product activity report. The PAR displays the quantities of drugs dispensed by the outpatient and inpatient pharmacies over a time frame that you specify. This report could be used to obtain a listing of the most commonly used drug products that are prepackaged or prepared before dispensing. It also displays the relative frequency of the quantity dispensed for the time frame specified for outpatient products.

SIM

This report (shown in the following table and found under the PHARMACY REPORTS MENU) provides information on bulk/clinic issues to wards and clinics. *Do not confuse this with the code SIM*

that is found under the CHCS recipe option. This report may be sorted by stock item or ward/clinic location. The sort by stock item gives a listing of the wards and clinics that have been issued each item. This sort provides two types of totals. One total, by issued item for each location, is the total quantity of the item issued to a ward or clinic. The other is the total quantity of the item issued to all locations. The sort by wards or clinics location gives a listing of the items each location has been issued.

Stock Issue Movement Report.
The stock issue movement report option allows you to print a report, sorted by ward or clinic, listing the items issued to that ward or clinic.
MENU PATH: Pharmacy System Menu⇒PRM⇒GER⇒SIM
Earliest Issue Date: [date] The date format is T=today (i.e., T-1=yesterday, T-1W=today minus one week). Latest Issue Date: [date] Pharmacy Site: [pharmacy] You may choose Unit Dose Site, Outpatient Site, IV Room, or all sites. Selection: 1// Sort options 1. Sort by Stock Item 2. Sort by Ward/Clinic Location You may sort the report by Stock Items or Ward/Clinic locations. Device: [desired printer]

NARCOTIC SYSTEM REPORTS menu

The NARCOTIC SYSTEM REPORTS menu reports were covered in the “Managing Controlled Substances” section of your Volume 2 CDC. However, since controlled substances management is very critical to pharmacy success we will revisit the following narcotic reports:

- INVENTORY REPORTS (INR).
- ISSUE REPORTS (GENERAL) (GIR).
- ISSUE REPORTS (SPECIFIC) (SIR).
- NARCOTIC MOVEMENT REPORT (NMR).
- OUTSTANDING ISSUE REPORT (OIR).
- SUPPLY VOUCHER REPORTS (SVR).
- TRANSACTION REPORTS (GENERAL) (GTR).
- TRANSACTION REPORTS (SPECIFIC) (STR).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒PRM⇒NRR⇒

INR

The INR option displays or prints reports containing narcotic inventory information. It displays the current quantity on hand. Quantities are affected by prescriptions which have not been completed in the CRT menu. This report is useful for daily and monthly inventories.

GIR

The GIR option prints the issue records for all controlled issues. You may obtain a report sorted by location issued to, alphabetical drug name, or DEA schedule. This can help you to track down problems on the clinic or inpatient side of the house.

SIR

The SIR option prints all issue records in a date range for a particular drug by drug name or location. Unlike the GIR above that gives a wider range of information, this report is more specific and will only report on the drug or location that you specify.

NMR

The NMR option prints the detailed or total movement of controlled drugs for a narcotic vault in the pharmacy. The report displays the types of transactions that have occurred for each drug alphabetically by date range. This report is a good starting point if you have a discrepancy. It provides an overview of the activity for the medication you need to look at. You can use this information to guide you to which other reports need to be run.

OIR

The OIR option displays or prints a list of all issues that are still at the requested location of the issue. The initial sort is by location. This report can be run for one location or for all locations. The report lists all issues having a status of “outstanding.”

SVR

The SVR option displays or prints a report of all supply vouchers, either issues or turn-ins, by date range. A copy of this report is usually helpful during the monthly disinterested inventory.

GTR

The GTR option allows you to display or print a report of every transaction that occurred for each controlled item that caused a change to the quantity on hand for that product. Each transaction includes the date/time, user, type (e.g., RX, issue, supply), and quantity of the transaction. This report is very useful, mainly at smaller pharmacies, to conduct the end of day count. The running total is shown and should be what is on hand after all prescriptions have been completed in the CRT menu.

STR

The STR option displays or prints a report of every transaction that occurred for a specific controlled item that caused a change to the quantity on hand for that product. Each transaction includes the date/time, user, type (e.g., RX, issue, supply), and quantity of the transaction as well as the quantity of the product on hand after the transaction. Again, this is a good troubleshooting tool after you have narrowed down the field to what you want. This report literally dissects all transactions for the specific drug you request.

OUTPATIENT PHARMACY REPORTS

The OPR menu contains options that allow you to produce various reports specific to outpatient statistics. The sub-menus we will cover under the OPR menu are as follows:

- HOURLY VOLUME REPORT (HVR).
- NONCOMPLIANCE REPORT (NCR).
- OUTPATIENT SUMMARY (OSU) Report.

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒PRM⇒OPR⇒

HVR

The HVR allows you to request a report within a specified date range. The report is broken down in hourly volumes for processing prescriptions. This report can help you determine your peak work hours for staffing.

NCR

Use the NCR option to display or print reports showing noncompliant information for all patients who fail to pick up their prescriptions within an MTF-defined period. You may specify which divisions and outpatient sites to include in this report.

OSU

The OSU report shown in the following table displays or prints a summary of all prescriptions that were filled and refilled for a *specified date range*. This is information that you will use in your monthly workload report.

OUTPATIENT SUMMARY REPORT	
The Outpatient Summary Report allows you to produce a summary for a user-defined date range of all prescriptions that were filled and refilled for specified division(s) and outpatient site(s) within the identified division.	
MENU PATH: Pharmacy System Menu⇒PRM⇒OPR⇒OSU	
After specifying a medical center division, and an outpatient site(s) within that division (and other divisions or sites, if necessary), the system prompts you to choose from the following type or sort for the report:	
<ol style="list-style-type: none"> 1. Patient Name 2. Patient FMP/SSN 3. Prescription # 4. Totals Only 	
Once the sort has been defined, the system prompts you to specify a date range as follows:	
<ol style="list-style-type: none"> 1. Earliest Fill Date: 2. Latest Fill Date: TODAY// 	
After the date range is defined, the system prompts you to queue the report to a device, and specify the printing time.	

413. Composite Healthcare System SUPERVISORY FUNCTIONS MENU operations

The SUPERVISORY FUNCTIONS MENU (SFM) contains options that are restricted to the pharmacy administrator. They allow the administrator to create and maintain formularies, staffing information, inpatient/outpatient information, and IV parameters. Even though you may not have access to these menus, it is important that you understand CHCS's abilities. The secondary menus we will cover under the SFM menu are as follows:

- FORMULARY MENU (FOM).
- IV FILE MAINTENANCE (IVM).
- NARCOTIC SYSTEM MAINTENANCE MENU (NAR).
- OUTPATIENT MAINTENANCE MENU (OMM).
- HEALTH CARE PROVIDER MAINTENANCE (HCM).
- UNIT DOSE FILE MAINTENANCE MENU (UDF).
- FIRST DATA BANK (FDB).
- CORRECT WORKLOAD DATA (CWD).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒

FORMULARY MENU

The FOM contains the options that allow you to maintain the formulary and related data. This allows you to add new drugs to the formulary; edit and activate formulary entries; establish minimum and

maximum dosage parameters; enter or edit drug authorization keys; and create formulary groups for the MTF. The sub-menus we will cover under the FOM menu are as follows:

- ADD NEW DRUG TO FORMULARY (ADN).
- FORMULARY MAINTENANCE (FRM).
- MIN/MAX DOSE PARAMETERS (MMP).
- ENTER/EDIT DRUG AUTHORIZATION KEY (KEY).
- CREATE FORMULARY GROUP (CFG).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒FOM⇒

ADN

The ADN option allows you to add new drug information into the formulary file. The label print name of the drug is created, and the characteristics of the drug are defined, such as drug route and legal status. You also define the drug's primary national drug code number here. The primary NDC number is used by the system to determine drug interaction, allergy warnings, and drug duplications.

FRM

The FRM option allows you to edit existing records. The formulary file is the core of the entire pharmacy subsystem. Pharmacy staff, physicians, nurses, and laboratory personnel use the file.

The system classifies drugs stocked by the MTF as formulary (F) and drugs not stocked as nonformulary (N/F). The N/F drugs are not visible to the healthcare provider performing normal pharmacy functions. However, supervisory personnel normally have access to the list. If an N/F is restocked, a pharmacy supervisor can reactivate it without reentering data.

MMP

The MMP option allows you to set minimum and maximum dosages for drugs based upon a patient's age. During order entry, a proposed order will be checked to see if it falls within the range specified for that drug. If the order does not fall within this range, a warning label is generated when the Print New Orders option is run (if the healthcare provider has performed the override). Pharmacy personnel who have the Clinical Screening Security Key may override the order. A security key allows users to perform certain CHCS functions based on their assigned system access. Therefore, senior technicians, pharmacists, and systems administrators all have higher-level security keys than an entry level technician.

KEY

The KEY option allows you to create specific keys governing drug authorization. The keys can be used to authorize and/or restrict healthcare providers when ordering particular medications. You may create any number of hierarchy levels with a drug authorization key. This is different from security keys. For example, you could assign drug authorization key "alpha" to control distribution of drug A and drug B. Drug authorization key "beta" is assigned to control distribution of drugs C and D. The system allows you to assign a master key, which has drug distribution keys alpha and beta subordinate to it. Therefore, because the master key has alpha and beta underneath it, the master key now controls distribution of drugs A, B, C, and D.

CFG

The CFG option allows you to create new formulary groups and to edit existing ones. At certain locations around the world, one CHCS platform takes care of multiple bases. For example, in Joint Base San Antonio—Lackland AFB, Fort Sam Houston, and Randolph AFB each have their own formulary but share the same CHCS drug database.

IV File Maintenance Menu

The IVM is where the pharmacy IV package is maintained - IV room parameters are defined, and recipes are created. The sub-menus we will cover under the IVM menu are as follows:

- SITE PARAMETERS (PIV).
- RECIPE MENU (REC).
- LOCATION GROUP EDIT (LGE).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒IVM⇒

PIV

The PIV option allows the pharmacy supervisor to set up site-specific parameters for each IV room within an MTF. The system prompts you to assign a parent IV room with its hours of operation along with a MEPRS code to report workload performance. The system also prompts you to set admixture expiration times and indicate whether those times are printed on the IV labels. Other prompts include hyperalimentation verification and assignment of a printer. You are also prompted to choose new order default times, IV Medication Profile (IVF), IV Recipe Create (IVP), and IV Hyperalimentation (IVH) default manufacture times. The system also prompts you to enter the location groups that this IV room services.

REC

The REC allows you to build IV recipes. A recipe is a predetermined order that is created by the pharmacy for those admixtures that are most commonly ordered and that the pharmacy considers standard products. Recipes provide a quick method of order entry for physicians, and their use encourages physicians to order standard admixtures rather than creating “odd” doses.

However, the physician still has the ability to create original orders. The sub-menus we will cover under the REC menu are as follows:

- COMPLEX IVF RECIPE CREATE (COM).
- IVP RECIPE CREATE (IVP).
- SIMPLE IVF RECIPE CREATE (SIM).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒IVM⇒REC⇒

COM

The COM option allows you to create complex fluids and hyperals that contain more than one additive or multiple solutions or use alternating bottles. The system allows you to do the following:

- Set the duration of an admixture order in days (from 0 to 365 days) for the length of time that an order will remain active after being ordered by the provider.
- Set the expiration time of an admixture based on an hour parameter (from 1 to 99 hours); at label print time, the system calculates expiration times based on label print time plus the admixture expiration in hours.

IVP

This option allows you to create recipes for intermittent types of admixtures such as piggybacks, pushes, and syringe pumps. As with COM, you can also set the duration and expiration times. At label print time, the system calculates expiration times based on label print time plus the admixture expiration in hours.

SIM

This option allows you to create recipes for IV fluids and IV drips that have no more than one additive and one solution. As with the COM and IVP, you can also set the duration and expiration times. At label print time, the system calculates expiration times based on label print time plus the admixture expiration in hours.

LGE

This option allows you to create and edit location groups. A location group is a group of hospital locations that share similar IV parameter settings. For example, ICU (intensive care unit) and the ER (emergency room) might compose a location group because neither location would want IV rates printed on their bottles because of frequent rate changes. Hospital locations selected for the groups originate from the Hospital Location file. A hospital location may be contained in only one location group, and a location group can be covered by only one IV room. The system screens each hospital location in the option to make sure that it matches the IV location group's division.

NARCOTIC SYSTEM MAINTENANCE MENU

The NAR contains the supervisory functions that maintain the narcotic vault. The functions available in this menu include setting vault room parameters, creating inventory records, new location entry, and adjustments to inventory. The sub-menus we will cover under the NAR menu are as follows:

- ADJUSTMENTS TO INVENTORY (ADJ).
- CREATE INVENTORY RECORD (CIR).
- NEW LOCATION ENTRY (LOC).
- NARCOTIC SITE DEFINITION (NSD).
- PLACE AUDIT POINT ON CONTROLLED ITEM (AUD).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒NAR⇒

ADJ

This option, along with the proper security key, allows you to adjust the quantity on hand for a controlled item. This function should be used when discrepancies in actual stock versus quantity on hand cannot be reconciled. Do you remember our discussion in Volume 2 on AF Form 85, Inventory Adjustment Voucher? You learned that federal law requires you to inventory your controlled drugs every two years and the Air Force requires a monthly inventory. When you find a discrepancy, AF Form 85 must be completed, and submitted to the MTF commander for approval. But this is not the only action that must be taken upon discovering a discrepancy in a controlled drug inventory. The discrepancy must be entered into CHCS using the ADJ function. If the controlled drug count is over, it must be added to the inventory, and if it is under, it must be subtracted from the inventory. Of course, you must not do this until the MTF commander or delegated authority has approved this action. Any adjustments made will generate an entry in the transactions log and records the name of the person making that adjustment as well as the date and time of the adjustment.

CIR

This option allows you to add a new product to the controlled item file database or edit an existing one. The system prompts you for the following information shown in the following table:

CREATE INVENTORY RECORD	
Prompt	Description
Record name	This is the name of the controlled substance as it will appear on your inventory records.

CREATE INVENTORY RECORD	
Prompt	Description
Reference drug	This information associates the controlled item you are in-putting with a drug in the formulary database.
Unit of inventory	This information is how the inventory of the item is counted and MUST be in the singular form (e.g., tablet, capsule, milliliter (mL), vial, etc.).
Inventory units/package	This is the package size of the item as it is received from the manufacturer. For example, if the item is received from the manufacturer in bottles of 100 tablets, the unit/package would be 100.
National stock number	Your information entered here must conform to the standard 16–17 characters in length. For example, a standard national stock number format would look like this: 0000–00–000–0000a. The 0s are numeric characters and the (a) is an optional alpha character. A true national stock number may look like this: 6505–00–543–5638c.
DEA schedule	This information is either the DEA class of medication (C-I through C-V), an MTF designated scheduled/controlled medication, or a product that is deemed nonscheduled.
Inventory quick codes	This would be a short name or abbreviation used for looking up a particular item quickly in your CHCS inventory database.

This function will also prompt you for an inventory site such as your main narcotic vault, the current quantity of the product, and whether your product is active or inactive.

LOC

This option allows you to enter a new pharmacy location to the Hospital Location file.

NSD

This option allows you to name and set up site parameters for the narcotic vault in which you are working. Along with the name the system prompts you to assign a MEPRS code to your site. This code is used to report workload performance. The system also asks you to describe the sites' schedule group along with a beginning prescription number range for your controlled medication. To describe the sites' schedule group, if this site was to carry Schedule II-IV medication the description might be simply "Schedule II-IV."

AUD

This option allows you to place an audit point on a single controlled item for a specific vault. The system displays the item, the vault where the item is currently stocked, and the quantity on hand. If you flag an audit point on that item, that action is displayed on the transaction reports.

OUTPATIENT MAINTENANCE MENU

The OMM contains the supervisory functions that maintain the outpatient pharmacy system. The sub-menus we will cover under the OMM menu are as follows:

- DEFINE LOCATIONS SERVED (DLS).
- OUTPATIENT SITE PARAMETERS (SIT).
- PRESCRIPTION NUMBER MAINTENANCE MENU (PNM).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒OMM⇒

DLS

This option allows you to define which hospital locations are served by an outpatient pharmacy site.

SIT

This option is the foundation for the outpatient pharmacy package (fig. 2-3). It allows you to set specific site information such as name, refill parameters, print parameters, and medical profile parameters. This option is the control point for the drug warning system for the entire CHCS system and allows you to *set the level of clinical screenings performed by the system* both at the physician order entry and in the pharmacy subsystem. You can even set the grace period for filling refills here. Typically, only pharmacy supervisors use this option.

```

OUTPATIENT SITE: METC PHARMACY                                     Site Parameters

Name: METC PHARMACY                                           Inactive: NO
Division: DIV A - TRAINING HOSPITAL
Divisional Parent: YES                                         Default for Patient Batches:
Performing MEPRS Code: DAAA\0037                               Parent Site: METC PHARMACY
Formulary Group: FIRST FORMULARY GROUP                         NPI ID:
PDS Pharmacy ID: 0100002
Street Address:
City:                                                         State:                Zip Code:

RX Routing: ENABLE                                           Notification Label Period: 30
Profile Prompt: PROMPT FOR PROFILE
Profile Type: ONE-LINE PROFILE
Prompt for Label Printing: NO                                Bar code enabled: No
Manual RX Labels: NO LABELS                                  Clinical Screen Label: WARNING LABEL
Percent of Days Supply
  -Refill Grace Period: 75
  -Scheduled Refill Grace Period: 75
Pickup Grace Period: 7                                         Warning Grace Period: 5
Track Controlled RXs: YES                                       Narcotic Vault: VAULT-1

Ask for Help = HELP      Screen Exit = F10      File/Exit = DC      INSERT OFF
  
```

Figure 2-3. Outpatient site parameters.

PNM

This menu allows you to define and maintain prescription number ranges for the assigned drug class used at the site. It also allows you to reset prescription numbers following system downtime. The sub-menus we will cover under the PNM menu are as follows:

- RESET PRESCRIPTION NUMBERS (RES).
- PRESCRIPTION NUMBER MAINTENANCE (NUM).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒OMM⇒PNM⇒

RES

This option allows you to reset the current prescription number after a system failure. It also allows you to incorporate any manually numbered prescriptions into the appropriate drug class range.

NUM

This option allows you to define and maintain prescription number ranges for the assigned drug classes used by the site. These range definitions are made before the initial implementation of outpatient pharmacy at a given site. You may specify one number range that includes all drugs or separate ranges for the different DEA schedules. The most common set-up uses three ranges: one for Schedule II, one for Schedules III-V and one for all nonscheduled drugs.

HEALTHCARE PROVIDER MAINTENANCE

The HCM option allows you to add new HCP information to the system or to edit existing HCP information, including name, address, phone number, social security number, DEA number, hospital location, specialties, permanent change of station (PCS) departure date, and order authorization key.

UNIT DOSE FILE MAINTENANCE MENU

The UDF allows you to edit the various files needed for the basic running of the unit dose pharmacy package. The sub-menus we will cover under the UDF menu are as follows:

- MEDICATION ROUTES (ROU).
- UNIT DOSE SITE PARAMETERS (UDS).
- WARD GROUP (WAG).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒UDF⇒

ROU

This option allows you to add new medication routes or edit existing routes to the medical route file. Physicians typically access this file upon medication order entry.

UDS

This option allows you to set parameters specific to the unit dose pharmacy package. These include defining which ward group belongs to the site, the cart exchange time, and various printing parameters.

WAG

This option allows you to define ward groups for the facility. In CHCS, a ward group consists of the wards that are covered by one unit dose cassette. The ward groups are used by the system when sorting unit dose work lists, cart lists, and medication administration records.

FDB menu

This menu contains options needed to enter First Data Bank's NDC numbers into the drug file or report on these NDC numbers in the drug file. These options include NDC Enter/Edit for entering NDC numbers into the Drug file and NDC Drug Worklist for reporting on drugs with or without a primary NDC number. The sub-menus we will cover under the FDB menu are as follows.

- NDC ENTER/EDIT (NDC).
- NDC DRUG WORKLIST (NDW).

MENU PATH TO THESE FUNCTIONS: Pharmacy System Menu⇒SFM⇒FDB⇒

NDC

The NDC option allows you to *assign NDC numbers* quickly to drugs in the CHCS drug file. You can choose any drug from the drug file from which to start. Once you have filed the entry, the system automatically displays in alphabetical order the next drug that does not have a primary NDC number for you to edit.

NDW

The NDW allows you to print a worklist of all drugs in the CHCS drug file or just drugs not assigned a primary NDC number. The worklist includes the drug name, its primary NDC number (if any), and if applicable, the synonym NDC number that appears as a default in the NDC Enter/Edit option.

CORRECT WORKLOAD DATA

This option is designed to be used after running the Pharmacy Workload Exceptions Report, as the report displays all the data needed to identify prescriptions, orders, and issues for which workload could not be counted, and the error for which the count was rejected. This option allows a user to select a transaction for which an exception was logged and prompts the user to specify a requesting location or MEPRS code to correct the data. When a transaction is corrected, workload for all exceptions for that transaction is counted. The Prescription, Order, Stock Issue, or Narcotic Issue is updated with the new MEPRS code, and the transaction is removed from the Workload Exceptions Report and the Correct Workload Data display. Only transactions that generated an exception shown on the Pharmacy Workload Exceptions Report can be corrected using this option.

Self-Test Questions

After you complete these questions, you may check your answers at the end of the unit.

410. Composite Healthcare System support menu operations

1. List the three main unauthorized actions CHCS users should avoid.
2. Define probing.
3. What CHCS function can detect if an unauthorized user has been looking at patient information?
4. What are three methods of cleaning a computer keyboard?

411. Composite Healthcare System NARCOTIC SYSTEM MENU operations

1. What narcotics system menu function decreases the quantity of a controlled drug that was returned to the manufacturer because of a recall?
2. What narcotic system menu function logs an entry in the Activity Log of the issue file record, as well as the Controlled Transaction Audit Log, and increments the quantity back into the inventory?
3. What narcotics system menu function assigns an issue number and generates a label for dispensing?
4. After typing a prescription for a controlled drug in CHCS, what other action must be taken to decrement the vault inventory, and who normally performs this function?

5. What narcotics system menu function would you use to return a controlled prescription that was *not* picked up by the patient?

412. Composite Healthcare System PHARMACY REPORTS MENU operations

1. Which report allows you to sort patient information by MEPRS code, drug, and patient?
2. The stock issue movement report may be sorted by what two criteria?
3. Which report can assist you in determining your peak work hours for staffing?
4. Which report displays or prints a summary of all prescriptions that were filled or refilled for a specified date range?
5. The ADL can be accessed through which support menu operation?
6. Which option is used to add a drug to a ward or clinic's ADL that has been approved by the P&T function?

413. Composite Healthcare System SUPERVISORY FUNCTIONS MENU operations

1. What are the two CHCS formulary maintenance classifications for drugs stocked by the MTF?
2. Which CHCS formulary menu option allows you to set minimum and maximum dosages for drugs based upon a patient's age?
3. What information does the IV file maintenance menu contain?
4. Which CHCS NAR option allows you to add a new product to the controlled item file database or edit an existing one?

5. What does the narcotic site definition menu option of the CHCS narcotic system maintenance menu allow you to do, and what is the purpose of assigning a MEPRS code to the site?
6. Which option is the control point for the drug warning system for the entire CHCS system and allows you to set the level of clinical screening performed by the system both at the physician order entry and in the pharmacy subsystems?

2-2. Patient Safety Through the Use of Pharmacy Information Systems

Many years ago, local pharmacies and pharmacists had the ability to track their patient allergy information and other vital medication data using card catalog systems or other locally developed methods. These methods were time-consuming and cumbersome, but due to the lower volumes of medications dispensed years ago, coupled with smaller numbers of patients, it was manageable. However, the days of tracking patient allergies and other vital medication information by card catalog are long gone.

The more efficient and safer method of tracking patient medication information is through the use of computers and related software. These tracking methods ultimately improve patient safety, which leads to a higher standard of care. This is why pharmacy personnel, both military and civilian, use technology to their advantage. However, even the best technology has limitations, and in the case of medical information systems, the limitation is sometimes the personnel who must input medical data. Inevitably, they must also rely on other medical personnel to interpret that data correctly.

Technology also plays a critical role in the verification process of prescriptions and inspection of drug storage areas. However, technology and software aren't fool-proof and you're a vital player in maintaining patient safety. In this section, we will cover patient allergy documentation, clinical screening principles, inspecting drug storage areas, and verifying prescriptions principles; which are all critical to patient safety.

414. Patient allergy documentation

Medication allergy documentation is vital in the care of our patients; no one wants a patient injured from medication a provider prescribes and the pharmacy dispenses. This lesson will present the relationship and general principles about clinical screenings and the importance of patient allergy documentation in the CHCS.

Allergy documentation is an integral component of patient safety. CHCS performs an allergy screening whenever a prescription is entered into the system. However, the screening is only as complete and accurate as the data entered in the patient's allergy profile. Patients often provide incomplete medical histories. It is critical for all members of the health care team to ask patients about allergies and the reactions they experienced from those allergies; it is important to differentiate the difference between true medication allergies and medication intolerance. Patients may believe they are allergic to any medication that they have had problems with previously. For instance, if a patient experienced an upset stomach when he or she took ibuprofen, the patient may think they had an allergic reaction. Although uncomfortable, an upset stomach is an expected side effect from ibuprofen, not an allergy. If incorrect allergy information is entered into the patient's allergy profile, it provides erroneous information to the patient's healthcare providers. Based on the erroneous information, patient providers may choose alternate therapies that are not warranted. Figure 2-4 shows a patient profile with a diphenhydramine allergy.

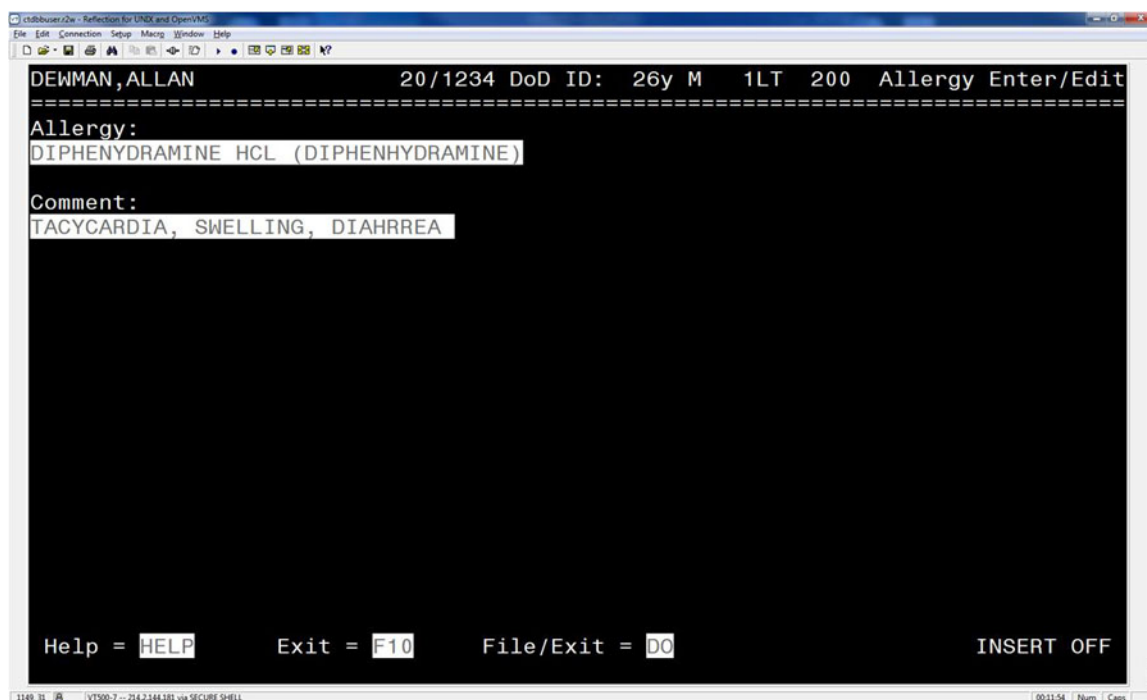


Figure 2-4. Patient allergy profile.

So what is the difference between a true medication allergy and medication intolerance? If a patient experiences symptoms such as anaphylaxis, severe hives or itching, difficulty breathing, or chest tightness after taking a medication, the reaction would generally be documented as an allergy in the patient's profile. Sometimes patients experience symptoms which are unpleasant, but are generally expected while taking certain medications. These symptoms are called side effects; side effects can include headache, nausea, stomach upset, diarrhea, and drowsiness. Generally, patients are able to tolerate these side effects because the symptoms are mild and don't last very long. In some cases, the expected side effects become pronounced and impede the patient from normal functions, but the patient does not show indication of a true drug allergy. When this happens, the patient may be deemed as having medication intolerance. If you have any doubts about reporting an allergy or intolerance, consult a supervisor or pharmacist.

415. Clinical screening principles

A clinical screening is a drug warning identified through CHCS. So what should it mean to you when you're processing a patient's prescription and CHCS warns you about an allergy or other problem with that prescription? The warning is a result of CHCS conducting a quality check and finding a problem; this quality check is called a *clinical screening*. A clinical screening is automatically conducted by CHCS on each prescription entered into the system; if the system detects a problem with the prescription it will generate a *clinical screening warning*. Warnings can be generated for many reasons, and each of these warnings needs to be resolved. Two CHCS entry menu options allow system administrators to set the parameters for identifying clinical screening warnings:

1. **MIN/MAX DOSE PARAMETERS** – The MMP option allows you to set minimum and maximum dosages for drugs based upon a patient's age. During order entry, a proposed order will be checked to see if it falls within the range specified for that drug. If the order does not fall within this range, a warning label is generated when the Print New Orders option is run. If the healthcare provider has not performed the override, pharmacy personnel who have the Clinical Screening Security Key may override the order.

2. **OUTPATIENT SITE PARAMETERS** – The SIT option is the foundation for the outpatient pharmacy package. It allows you to set specific site information such as name, refill parameters, print parameters, and medical profile parameters. This option is the control point for the drug warning system for the entire CHCS system and allows you to set the level of clinical screening performed by the system both at the physician order entry and in the pharmacy sub-system. You can even set the grace period for filling refills here. Typically, only pharmacy supervisors will use this option.

Warnings can be generated by an interaction between two medications, a duplication of the same medication, an allergy to a medication, an overlap in the therapeutic class of medications, or an overdose in a certain medication. CHCS not only identifies the nature of the drug warning, but also registers severity levels of those warnings. This computer-generated tool is used to determine if pharmacist intervention is required or if provider notification is required. Each clinical screening must be reviewed, and documentation of how the interaction was resolved and cleared is paramount, as well as any patient counseling, therapeutic concern, and who authorized the warning override.

An interaction between medications, also called a *drug-to-drug interaction*, occurs when two or more drugs interact (or in other words, react) with each other. A drug-to-drug interaction may cause your patient to experience an unexpected side effect. For example, mixing a drug you take to help you sleep (a sedative) and a drug you take for pain (prescription narcotic) can slow your reactions and make driving a car or operating machinery dangerous. CHCS will generate a clinical screening warning when a patient receives these two prescriptions from your pharmacy. Figure 2-5 below also shows a class overlap interaction between aspirin and ibuprofen. All clinical screening warnings must be resolved prior to dispensing any medications.

```

>>> ORDER# NEW -- DEWMAN,ALLAN <<<
NEW DRUG-1: ASPIRIN--PO 325MG TAB
* 2-WARNINGS: 1-INTERACT 0-DUPLICATE 0-ALLERGY 1-OVERLAP 0-DOSAGE 0-PREGNANCY *
-----
#   WARNING                                DRUG / ALLERGY / DOSE                REPORTS
=====
1   Duplicate Therapy-Old Drug              IBUPROFEN--PO 800MG TAB                1
2   Interaction-Old Drug                   IBUPROFEN--PO 800MG TAB                1
-----
ENTER WARNING # FOR REPORT: 1      =PRESCRIPTION M6243
Drug: IBUPROFEN--PO 800MG TAB      Qty: 30
HCP: ACUNA,GILBERT M      Refills left: 0 of 0      Last fill: (Never filled)
Sig: T1 TAB PO TID

      New ASPIRIN--PO 325MG TAB
      Old IBUPROFEN--PO 800MG TAB

Overlap occurred under the following
Duplicate Therapy Classification Identifier Description(s):
Non-Steroidal Anti-Inflammatory (NSAID) & Salicylates

Press <RETURN> to continue

```

Figure 2-5. Aspirin-Ibuprofen clinical screening warning.

CHCS will generate a duplication of the same medication clinical screening warning when the system detects a patient who already has the prescription in the medication profile. For example, Mr. Brady brings in an ibuprofen prescription for a 30-day supply with two refills (three months total). Since he is on several different medications, he sees her doctor every six months. When you type the

prescription into the computer, a drug duplication clinical screening warning generates. You notice six months ago at his last doctor's visit; he brought in a prescription for ibuprofen written for a year's supply.

CHCS will generate a medication allergy clinical screening warning when the system cross-checks the profile for documented allergies and finds a positive match to a drug or drug class. Medication allergies were covered in the previous lesson.

CHCS will generate a clinical screening warning for an *overlap in the therapeutic class* of medications when the system detects two or more prescriptions in a patient's profile that fall within set parameters of the given therapeutic class. For example, a patient sees her family practice doctor and gets a prescription for a calcium channel blocker for blood pressure. She then goes to see her cardiologist who also prescribes a different drug for blood pressure: a beta-blocker. When both of these drugs hit the clinical screening process in CHCS, they will produce a *therapeutic class clinical screening warning*.

A medication overdose clinical screening warning occurs when CHCS detects a medication has exceeded a preset prescribing dosage parameter. These dosage parameters are entered into your facility's CHCS database when a medication is added to the formulary and the medication is initially loaded into CHCS; only after the medication information (including dosage parameters) is entered may the medication be dispensed.

416. Prescription verification

Although your job as a pharmacy technician primarily focuses on preparing medications, you also have to be familiar with prescription verification principles. In fact, in order to attain your pharmacy 7-skill level, you will need to complete the DOD Tech-Check-Tech program. The Tech-Check-Tech program is a stand-alone training requirement and separate from your CDCs. This lesson covers the steps involved in checking or verifying a prescription. This is important because there may come a time where you are in an independent practice setting without an available pharmacist. This will more likely happen at a deployed location but can also happen at your home station.

There are three types of prescriptions you need to know how to verify, and what information to check for. Those three types are listed below and we will discuss each one.

1. Provider order entry (POE).
2. Hardcopy prescriptions.
3. Refills.

Verifying POE prescriptions

POE prescriptions are entered electronically in CHCS for most patients. In accordance with AFI 44-102, *Medical Care Management*, providers should use electronic order entry for prescriptions whenever available. Entering prescriptions electronically reduces pharmacy errors as a result of poor written prescriptions that might be misinterpreted. Additionally, it reduces patient wait times because pharmacy personnel don't have to type the prescriptions. The patient simply needs to check-in to the pharmacy to activate their prescribed medications.

There are multiple steps, but once a prescription has been printed and filled it is ready to be verified. Again, the majority of the time, a registered pharmacist performs this task. However, technicians need to know how to check prescriptions so they are proficient when the need arises. The following items need to be checked for accuracy for each prescription before being dispensed to any patient.

- Patient information.
- Drug, strength, and dosage.
- Directions and/or indication.

- Route of administration.
- Quantity, refills, and day supply.
- Provider information.

Patient information

Making sure medications are dispensed to the right patient is very important. Your priority as a pharmacy technician should always involve patient safety. By the time prescriptions are ready to be checked, more than one person has printed and/or filled the order. However, you still need to make sure multiple prescriptions are not mixed up. If there are several medications in the same bin or bag to be checked, you need to make sure they are all for the same patient. There are times when either the typist or filler accidentally put more than one patient's prescriptions together. As the last verifier, you need to catch any errors that do occur.

Drug, strength, and dosage

When checking the medication, you need to ensure the correct drug, strength, and dosage form (tablet, capsule, injection, suspension, and so forth) is placed in the bottle or container. You also need to make sure the dosage is within acceptable range. This will differ if the prescription is for a child, adult, or elderly patient. If you have any questions on a prescription, you need to ask a pharmacist for guidance or call the provider for clarification.

Directions and indication

Clear direction and instructions are very important to anyone taking medications. Patients should fully understand how and when to take their prescribed medications. When verifying prescriptions, you need to ensure the directions are clear, match the prescribed drug, and are in laymen terms. Most patients don't know how to interpret medical terminology. Therefore, directions need to be in plain English and not abbreviations or unfamiliar terms. For example, a prescription entered for Zocor 10mg 1 tab PO qpm should be typed as: Take one tablet by mouth every evening.

Route of administration

Drugs have different routes of administration. Route of administration refers to how a medication is introduced into the body. Examples include oral, topical, injectable, transdermal, rectal, vaginal, otic, ophthalmic, nasal, or inhalation.

When checking prescriptions you need to ensure the route of the medication matches the written directions. For example, if a doctor prescribes amoxicillin liquid, then the directions should indicate it should be taken orally and not injected. If there is a mismatch, the doctor could have made an honest mistake with the directions. However, you cannot assume because the provider may have selected the wrong product.

Quantity, refills, and day supply

Verify the prescription quantities. Not only do you have to ensure the patient is getting the correct amount but you also need to make sure refills and day supply don't exceed allowable standards. Prescriptions for noncontrolled medications are good for one year, so if a patient receives a 30-day supply of medications, they are authorized eleven refills if the provider requests refills. However, if they receive a 90-day supply then they would only be authorized three refills.

You also need to be familiar with schedule medications refill restrictions. A *Schedule II medication cannot legally be refilled*. Schedule III-IV medications can be filled for a total of six months. Therefore, if a patient receives a 90-day supply of Lorazepam, a Schedule IV medication, they would only be authorized one refill. However, if they receive a 30-day supply they would be authorized five refills.

Prescription day supply is automatically calculated by CHCS. If a provider writes a motrin 800 mg prescription for 180 tablets with direction of one tablet twice a day, then the system should calculate

that as a 90-day supply. As the verifier, you need to make sure this is correct because incorrect day supply prescriptions can cause TRICARE to reject coverage. You have to be careful with unauthorized abbreviations or special directions because CHCS will sometimes misinterpret certain words and give you the wrong day supply. When this happens, the day supply field has to be manually overridden.

Provider information

The last part of checking or verifying a prescription is making sure the provider is authorized to write for the prescribed medication. Generally, if a provider enters a prescription in CHCS there should not be any reason to question the validity. However, you need to pay attention with scheduled medications and prescribing for family members. AFI 44-102 prohibits providers from prescribing controlled substances for themselves or family members unless it's an emergency.

Verifying hardcopy prescriptions

POE prescriptions is the established method for all MTF providers. But there will be times when CHCS is offline and providers will prescribe medications on an AF Form 781, Multiple Item Prescription. Additionally, you may have to type prescriptions from civilian providers. Verifying or checking hardcopy prescriptions follows the same concepts of checking POEs. However, there are a few differences aside from having a written document to compare the prescription to. You have to ensure the accuracy of all the items above as you would for a POE prescription. In addition, you have to make sure the prescription is within date (not expired) and that it was signed accordingly. You also have to check for a DEA number if a controlled substance was prescribed.

Verifying refill prescriptions

A refill prescription has already been through the verification process. However, you still need to pay attention to all the pertinent areas of prescription verification mentioned above. For a refill, you need to make sure the drug, strength, dosage form, and quantity are correct. You can't ignore the directions even though the prescription has already been checked. If something doesn't make sense or is unclear, you need to *contact the provider for clarification*. Additionally, you need to make sure multiple patients are not bagged together.

Whether checking POEs, hardcopy prescriptions, or refills you need to focus on the task on hand and verify. Unfortunately, medication errors happen more often than they should. Every pharmacy technician has a role in trying to minimize those errors when typing, filling, and verifying prescriptions. Dispensing the wrong medication can have serious consequences and patients depend on you to deliver the CORRECT medication, EVERY time! Remember, patients' lives are at stake when checking prescriptions and you cannot take this task lightly.

417. Inspecting drug storage areas

Pharmacy personnel must maintain proper control of medications wherever they are kept. It doesn't matter whether the medications are in general storage area somewhere in the MTF, the pharmacy, or in a patient care area. Expiration dates of perishable drugs must be checked in all of the locations where stock must be rotated as required. To meet accreditation obligations with the Joint Commission (TJC) and the Accreditation Association for Ambulatory Healthcare (AAAHC), you are required to inspect drug storage areas. In order to meet those requirements, pharmacies are *required to do a monthly inspections*.

Accreditation from these agencies is very important for the DOD and the Air Force. Although the inspection of drug storage areas is just one of the many standards we must comply with, it is important you take this task seriously and conduct your inspection thoroughly and accurately throughout the MTF.

Plan and coordinate inspections

The pharmacy is a very busy section in the MTF. Whether you are working in a medical center or a clinic, there is always a steady stream of patients to care for and prescriptions to fill. Remember, when you go out to inspect drug storage areas, you are leaving the pharmacy with one less technician. For this reason, your inspection processes should be planned ahead of time. In planning ahead, your inspections will be more effective.

Proper planning between pharmacy and MTF staff members *prior to inspections* may make your inspections more efficient. A courtesy e-mail or telephone call may save you valuable time. For instance, if you need to inspect drugs that are located in a surgical suite, a time when there is no surgery being performed in that suite would be more appropriate. The same premise goes for treatment rooms in your primary care clinics; inspecting the drug treatment rooms may require coordination on your part with the primary care staff. Coordination by both sections allows the pharmacy and the section being inspected to accomplish their missions.

Another good practice is to conduct your inspections at the beginning of each month. Even though your pharmacy may pride itself on completing tasks in a timely, efficient manner, unexpected events do occur. For this reason, try to conduct your inspections in the first part of the month; completing these inspections early allows you and your pharmacy to handle any unexpected events easier. In the end, a little courtesy and planning goes a long way.

Gather required items and equipment

Have you ever left your residence and had to go back because you forgot something you needed? Now think about doing this during your inspection; if you are constantly running back to the pharmacy for items you forgot, you aren't doing your task efficiently. Let's list a few items you may need in order to conduct your inspections.

Recording your inspection findings

With today's technology, you have a variety of methods to record your inspection findings. Personal digital assistants (PDA) or other similar devices can be programmed to record inspection data. These hand-held devices are available at relatively low cost and can store large amounts of data that may later be sent electronically to allow you to permanently archive the data for your records.

Laptop computers are also compact enough where they can be easily carried from section to section if your pharmacy chooses to conduct inspections in this manner. By using this format, electronic inspection reports can be easily formatted to accept remarks made for each ward or clinic that is inspected.

Of course, you could always use a clipboard and pen. Regardless of what format you use to record your data, the section you are inspecting should receive a copy of your inspection report. If you record any findings, a good practice is to brief individuals within the ward or clinic (such as the NCOIC or the shift supervisor) about the findings. Also, your facility may require a signature by someone in the clinic you are inspecting so there is a clear understanding between you and the clinic regarding what was found.

These reports need to be filed for reference and documentation. Whether electronic or paper, the pharmacy needs to demonstrate compliance and to note any trends within individual sections or your facility. Keep in mind local policy will dictate the format of your reports, as well as, to whom you will send your reports.

Inspect wards/clinics using appropriate lists

There are a few lists you may need to bring with you as a point of reference during an inspection. These may include facility operating instructions (OI), section authorized drug lists, suspended or recalled drug information, and prior inspection reports.

Facility operating instruction

Each facility will have its own OI that will standardize the way in which inspections are conducted. Keeping a copy of this instruction with you during your inspection will assist you in following proper procedures.

Section Authorized Drug List

The ADL contains the items approved by the P&T function for stock and use by sections and providers within your facility. For example, your pharmacy will not accept prescriptions from MTF physician assistants (PA) for Methylphenidate HCL, a Schedule II narcotic, because it is not on their ADL. Each section or provider will have its own specific ADL that must be adhered to and is covered by your inspection checklist. In most cases, the ADL will also cover stock levels on approved items. Some clinics or wards may have “stash areas,” that are usually filled with overstocked and unauthorized items. Their stock levels and approved drug lists need to be adhered to. If area personnel feel their stock levels are inadequate or that they need to stock a certain drug not on their ADL, they must submit a change to their list to the P&T function.

Suspended/recalled drug information

If there is a suspended or recalled drug your facility normally stocks, your pharmacy supply technician and/or medical logistics will send out a recall notification. It is important these items that have been recalled be promptly removed from use before they have a chance to cause an adverse effect on a patient. If your facility has received a recall notification, you need to remove these items during your ward or clinic inspections.

Prior inspection reports

One of the items all MTFs look for are trends, both good and bad. A good practice may be to have the area's previous month's inspection report available. Reviewing these reports prior to or during your inspection will allow you to identify trends and to ensure any findings identified on the prior inspection are resolved.

Common inspection items

Your facility will have its own inspection criteria and checklist. The following items are generally common to all facilities and should be routinely evaluated during your ward or clinic inspection.

Adherence to the ADL

Medical providers and departments are required to comply with the ADL. Remember, changes to the ADL must be submitted to the P&T function.

Crash carts or emergency administration sets

Check crash carts and emergency administration sets for compliance with daily inspections by ward or clinic personnel. This inspection is to determine whether these carts are being checked by nursing personnel, that drugs are replaced when the cart is used, and that the carts are sealed and secure at all times. The crash carts and administration sets are sealed with numbered, plastic breakaway locks which are generally controlled exclusively by pharmacy personnel. These numbered locks are meant to be disposable but the numbers should be recorded each time a lock is replaced to help ensure medication security and your carts and sets are ready for emergencies. A comment about this inspection will be made in the “Remarks” section of the inspection report.

Securing medications

According to AFI 44-102, MTF personnel will secure all controlled and noncontrolled drugs. Local MTF policy will determine which personnel may be permitted to secure noncontrolled drugs or to carry keys to secure areas. With the exception of authorized pharmacy personnel, only licensed clinical staff may be authorized access to controlled substances storage areas.

While conducting inspections, you will need to routinely check all medications are kept in secure containers at all times. Make sure all drugs, when not in use, are secured in lockable cabinets or automated dispensing units (e.g., PYXIS®, Pickpoint®), and all Schedule II Controlled Substances are stored under a double lock cabinet or in a secure automated dispensing unit.

Proper labeling requirements

Both TJC and AAAHC have accreditation standards regarding labeling requirements. It is imperative proper labeling requirements be followed not only due to accreditation standards but also for patient safety.

Medications or other solutions found to be unlabeled are considered unidentifiable. This unsafe practice neglects basic principles of medication management safety. Since safety is our ultimate goal, it is important for you to understand the protocol for properly labeling medications.

All injectable medications drawn into syringes or oral medications removed from the packaging identified by the original manufacturer must be appropriately labeled, if not administered immediately. Any medications or solutions found unlabeled should be immediately discarded in appropriate disposal containers.

When inspecting prepackaged medications that have been issued to clinics for outpatient dispensing by providers, remember that a label is needed for the provider to fill in the patient's name. Ensure patient education material is present for distribution with the medication and directions for medication use are on each container. Since these medications have been repackaged from their original containers, the repackaged containers must also be labeled with the drug name, drug strength, lot number, expiration date, and manufacturer. All labels must conform to requirements stated in the Food, Drug, and Cosmetic Act (FDCA).

Tragic errors have resulted from medication being removed from its original container and placed into an unlabeled container. To keep this from happening, the above standards must be adhered to at all times.

Storage requirements

Another inspection requirement is to ensure all medication is stored properly. In doing so, you ensure medications remain stable and does not deteriorate due to improper storage. The proper storage of medication also falls under the accreditation standards for TJC and AAAHC.

Internal and external medications

Ensure separation of internal from external medications. Ideally, internal medications should be stored on separate shelves or compartments from external medications. The same is true for eye and ear drops. Eye drops must be sterile because the introduction of nonsterile substances into the eye can cause an infection, and in extreme cases, can even cause blindness. Ear drops are not manufactured to the same specifications as eye drops. Although they are manufactured to high pharmaceutical-grade specifications, ear drops do not require sterility. That is because they are entering the ear canal which is not considered a sterile part of the body.

The same precautions must be taken with internal and external products because they too are manufactured to different specifications. The accidental ingestion of a medication strictly used for external treatment could lead to injury of your patients. During your inspections, if you find these items are being stored together, record any findings that would place patients at risk, and talk to unit personnel about different storage arrangements.

Controlled temperature storage

Ward or clinic personnel should monitor their drug storage areas carefully to ensure product potency is retained through the manufacturer's labeled expiration date. Controlled temperature storage areas throughout the MTF, such as refrigeration or freezer units, should be monitored at least once daily

and the results documented on a temperature log. Proper monitoring of temperatures is crucial because medications may become unstable or deteriorate if not stored properly. The temperature for refrigerators in wards and clinics should be between 35 and 46° F. Inspections must confirm compliance with appropriate storage conditions, separation of drugs and food, and proper use and maintenance of refrigeration logs.

Expired or unserviceable medications

All deteriorated, outdated, or mislabeled medications need to be removed from wards or clinics and returned to the pharmacy. Outdated and unused compounded sterile products (CSP) must be returned to the pharmacy for disposal or possible reuse. Depending on your MTF's guidance, this may be initiated by either pharmacy or unit personnel.

It is important suspended or expired stock is physically separated from other stock and identified as suspended or expired. Using these items could cause serious harm to our patients.

Remember, once your inspection has been accomplished, give a copy of your report to the appropriate ward or clinic representative. You also need to coordinate results (if required) with the pharmacy NCOIC/OIC and properly file all paperwork. Finally, any violations recorded in the "Remarks" section of your report should be followed-up at the appropriate time.

Self-Test Questions

After you complete these questions, you may check your answers at the end of the unit.

414. Patient allergy documentation

1. How often does CHCS perform an allergy screening?
2. What is the difference between a medication allergy and medication intolerance?

415. Clinical screening principles

1. What is a clinical screening, and when is one generated?
2. For what types of situations will CHCS generate a clinical screening warning?

416. Prescription verification

1. What are the three types of prescriptions that can be verified?
2. What is the preferred method for entering prescriptions according to AFI 44-102?
3. What is the first step to check in the prescription verification process?

4. To what does “route of administration” refer?
5. How many times can a schedule II prescription be refilled?
6. What type of number does a civilian prescription need if it’s written for a controlled substance?
7. What should you do if the directions for a refill prescription are unclear?

417. Inspecting drug storage areas

1. How often are wards or clinical inspections of drug storage areas accomplished?
2. What should you do in regard to notifying an area prior to inspecting its drug storage area?
3. What items should you collect before beginning a drug storage inspection?
4. With what documentation maintained by P&T must medical departments comply?
5. What is the purpose of checking crash carts or emergency administration sets?
6. During an inspection, you must routinely check to see that all medications are kept where?
7. If you find an unlabeled medication during an inspection, what should you do with it?
8. What is the importance of ensuring that internal and external medications are stored separately from each other, and what should be done to rectify any discrepancies you find during the inspection regarding the storage of these medications?
9. What must you confirm with inspections of controlled temperature storage areas?

10. How do you report any violations that you find during the inspection process?

Answers to Self-Test Questions

410

1. Probing, data scavenging, and penetration.
2. Exercising system options to see what access the system allows, or what information can be obtained even though you do not need this information.
3. 24-hour audit trail.
4. Using a soft cloth dampened with a manufacturer-recommended cleaning solution, vacuuming, or using air canisters.

411

1. DECREMENT FROM CONTROLLED INVENTORY (DCI).
2. CANCEL A VERIFIED ISSUE (CNV).
3. NEW ISSUE ENTRY (NEW).
4. COMPLETE RX TRANSACTION (CRT); the narcotics custodian.
5. RETURN RX TRANSACTION (RRT).

412

1. Outpatient DUR.
2. Stock item or ward/clinic location.
3. HOURLY VOLUME REPORT (HVR).
4. OUTPATIENT SUMMARY REPORT (OSU).
5. BULK/CLINIC ISSUE MENU (BIM).
6. STOCK ITEM FILE MENU (SIF).

413

1. Formulary and nonformulary.
2. MIN/MAX DOSE PARAMETERS (MMP).
3. IV room parameters are defined, and recipes are created.
4. CREATE INVENTORY RECORD (CIR).
5. To name and set up site parameters for the narcotic vault in which you are working; the code is used to report workload performance.
6. OUTPATIENT SITE PARAMETERS (SIT).

414

1. Any time a prescription is entered into the system.
2. Symptoms such as anaphylaxis, severe hives or itching, difficulty breathing, or chest tightness would be defined as allergies to medication; side effects can include headache, nausea, stomach upset, diarrhea, and drowsiness, which can become pronounced and impede the patient from normal functions.

415

1. It is the result of CHCS conducting a quality check and finding a problem; a clinical screening is automatically conducted on each prescription that is entered into the system.
2. Warnings can be generated by (1) an interaction between two medications, (2) a duplication of the same medication, (3) an allergy to a medication, (4) an overlap in the therapeutic class of medications, or (5) an overdose in a certain medication.

416

1. POE, hardcopy, or refills.

2. POE.
3. Patient information.
4. How a medication is introduced into the body.
5. None.
6. DEA.
7. Contact the provider for clarification.

417

1. Monthly.
2. Coordinate via e-mail or telephone to ensure that the area isn't busy.
3. A device to record your findings (PDA, laptop, pen/paper) and appropriate lists (OIs, ADLs, suspended/recalled drug information; prior inspection reports).
4. ADL.
5. To determine whether these carts are being checked by nursing personnel, that drugs are replaced when the cart is used, and that the carts are sealed and secure at all times.
6. In lockable cabinets or automated dispensing units (e.g., PYXIS®, Pickpoint®), and Schedule II controlled substances are stored under a double lock or in a secure automated dispensing unit.
7. Discard it immediately.
8. The accidental ingestion of a medication that is strictly used for external treatment could lead to injury of patients; record any findings that would place patients at risk, and work with unit personnel to make arrangements for different storage schemes.
9. Compliance with appropriate storage conditions, separation of drugs and food, and proper use and maintenance of refrigeration logs.
10. In the "Remarks" section of the report, and the violations should be followed-up at the appropriate time.

Unit Review Exercises

Note to Student: Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter. When you have completed all unit review exercises, transfer your answers to the Field Scoring Answer Sheet.

Do not return your answer sheet to AFCDA.

43. (410) Which of the following is the *unauthorized action* of exercising Composite Healthcare System (CHCS) options to see what information can be accessed, even though you do *not* need this information?
- a. Probing.
 - b. Corrupting.
 - c. Penetration.
 - d. Data scavenging.
44. (410) Your pharmacy officer has briefed the pharmacy staff that anyone caught searching through Composite Healthcare System (CHCS) files to access information beyond the needs of his/her job will face disciplinary action. The Air Force call this type of unauthorized search
- a. probing.
 - b. corrupting.
 - c. penetration.
 - d. data scavenging.
45. (411) Which narcotic system menu (NSM) option allows you to add to the inventory, decrement from it, or perform an inquiry?
- a. CPM, controlled prescription menu.
 - b. INV, inventory supply menu.
 - c. ISM, issue menu.
 - d. ISI, issue inquiry.
46. (411) Which Composite Healthcare System (CHCS) narcotic system menu option allows you to *credit back* a dispensed prescription into the narcotic system?
- a. RRT, return RX transaction.
 - b. REM, remove RX transaction.
 - c. CRT, complete RX transaction.
 - d. DCI, decrement from controlled inventory.
47. (411) Your pharmacy officer has noticed that a large number of schedule III-V medication refills are sitting in your prescription pick-up area. You are asked to remove all scheduled medication refills that are older than one week and designate them as noncompliant. Which of the following Composite Healthcare System (CHCS) narcotic system menu option allows you to perform this function?
- a. RRT, return RX transaction.
 - b. REM, remove RX transaction.
 - c. CRT, complete RX transaction.
 - d. DCI, decrement from controlled inventory.

48. (412) Which Composite Healthcare System (CHCS) pharmacy report option allows you to *print* workload information for the division *and* date range that you specify?
- a. ADH, ad hoc report.
 - b. PAR, product activity report.
 - c. SIM, stock issue movement report.
 - d. MEP, medical expense and performance report.
49. (412) Which Composite Healthcare System (CHCS) report option includes a summary of *all* prescriptions filled and refilled for a *specified* date range?
- a. PAR, product activity report.
 - b. OSU, outpatient summary report.
 - c. GIR, transaction report (general).
 - d. SIM, stock issue movement report.
50. (413) Which Composite Healthcare System (CHCS) IV option allows the pharmacy supervisor to set up site-specific parameters for *each* intravenous (IV) room within a medical treatment facility (MTF)?
- a. SIT, Outpatient site parameters.
 - b. LOC, New location entry.
 - c. LGE, Location group edit.
 - d. PIV, Site parameters.
51. (413) Which Composite Healthcare System (CHCS) IV file maintenance menu option allows you to *create recipes* for intermittent types of admixtures, such as piggybacks, pushes and syringe pumps?
- a. ADH, ad hoc labels.
 - b. IVP, IVP recipe create.
 - c. SIM, simple IVF recipe create.
 - d. COM, complex IVF recipe create.
52. (413) Which Composite Healthcare System (CHCS) narcotic system maintenance menu option should be used when discrepancies in actual stock versus quantity on hand *cannot* be reconciled?
- a. LOG, new location entry.
 - b. NSD, narcotic site definition.
 - c. CIR, create inventory record.
 - d. ADJ, adjustments to inventory.
53. (413) Which Composite Healthcare System (CHCS) menu allows you to access the prescription number maintenance sub-menu (PNM)?
- a. NAR, narcotic system maintenance menu.
 - b. SMM, supervisory maintenance menu.
 - c. OMM, outpatient maintenance menu.
 - d. FOM, formulary menu.
54. (413) Which Composite Healthcare System (CHCS) outpatient maintenance menu (OMM) option allows you to set the level clinical screenings performed by the system?
- a. DLS, define locations served.
 - b. SIT, outpatient site parameters.
 - c. RES, reset prescription numbers.
 - d. NUM, prescription number maintenance.

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55. (413) Which Composite Healthcare System (CHCS) menu allows you to access the ward group sub-menu?
- SMM, supervisory maintenance menu.
 - OMM, outpatient maintenance menu.
 - UDF, unit dose file maintenance menu.
 - HCM, healthcare provider maintenance menu.
56. (414) The Composite Healthcare System (CHCS) performs an allergy screening on a medication when
- a MTF provider notes on the Provider Order Entry screen when a patient complained of severe side effects from any medications in the past.
 - a MTF provider notes on the Provider Order Entry screen that a patient has had an allergic reaction to any medications in the past.
 - pharmacy personnel enter prescriptions received from civilian providers.
 - a prescription is entered into the system.
57. (414) You have been asked to consult one of your patients regarding a possible medication allergy; the patient is unsure whether he or she has a true drug allergy or is experiencing a medication intolerance and/or drug side effect. An example of a drug allergy is
- headache.
 - drowsiness.
 - anaphylaxis.
 - upset stomach.
58. (414) Which example is a patient experiencing a side effect, after taking a medication, that becomes pronounced and impedes the patient's ability to function normally?
- Medication allergy syndrome.
 - Medication intolerance.
 - Medication toleration.
 - Medication reaction.
59. (415) You have just received a new medication requested by your facility's pediatric department. The medication is designated for children between the ages from three to twelve with ear infections, and proper dosing is critical. Which Composite Healthcare System (CHCS) option would allow you to set the minimum and maximum dosage for this drug based upon the patient's age?
- Outpatient site parameters.
 - Min/max dose parameters.
 - Formulary maintenance.
 - Pharmex code enter/edit.
60. (415) Which option is the *control* point for the drug warning system for the entire Composite Healthcare System (CHCS) system and allows you to set the level of clinical screening performed by the system both at the physician order entry and in the pharmacy subsystem?
- Outpatient site parameters.
 - Min/max dose parameters.
 - Formulary maintenance.
 - Pharmex code enter/edit.

61. (415) A patient brings in a prescription for a calcium channel blocker for his blood pressure written by his primary care provider; he also has a prescription from his cardiologist for a beta blocker for his blood pressure. When these two prescriptions are typed into Composite Healthcare System (CHCS), what type of clinical screening warning will be generated?
- a. A medication overdose warning.
 - b. An overlap in therapeutic class.
 - c. A medication allergy warning.
 - d. A duplication warning.
62. (416) The type(s) of prescription(s) you may need to verify when a pharmacist is *not* available is (are)
- a. a hardcopy.
 - b. hardcopies and refills.
 - c. provider order entries and refills.
 - d. provider order entries, hardcopies, and refills.
63. (416) Which narcotic class of medication *cannot be legally* refilled?
- a. Schedule II.
 - b. Schedule III.
 - c. Schedule IV.
 - d. Schedule V.
64. (416) If you discover an error while verifying a refill prescription, you should
- a. contact the ER doctor on duty and request a new prescription.
 - b. ask the patient how they are taking the medication.
 - c. ask a fellow technician for clarification.
 - d. contact the provider for clarification.
65. (417) In order to meet The Joint Commission (TJC) and/or Accreditation Association for Ambulatory Healthcare (AAAH) standards, drug storage areas need to be inspected
- a. monthly.
 - b. quarterly.
 - c. semi-annually.
 - d. annually only.
66. (417) When preparing to inspect drug storage areas in a unit or clinic, you should place a telephone call to the unit or clinic *before* you go to ensure
- a. you catch someone doing something wrong.
 - b. you meet your inspection schedule time-line.
 - c. medication expiration dates have been checked.
 - d. no interference with staff seeing patients in treatment rooms.
67. (417) Which document contains the items *approved* by P&T for stock and use by sections and providers *within* your MTF?
- a. ADL.
 - b. Local OIs.
 - c. AFI 44-102.
 - d. DMLSS handbook.

Glossary

Abbreviations and Acronyms

°C	degrees Celsius
°F	degrees Fahrenheit
AAHC	Accreditation Association for Ambulatory Healthcare
ADD	ADD TO CONTROLLED INVENTORY (CHCS sub-menu)
ADH	AD HOC Report (CHCS sub-menu)
ADJ	ADJUSTMENTS TO INVENTORY (CHCS sub-menu)
ADL	Authorized Drug List
ADN	ADD NEW DRUG TO FORMULARY (CHCS sub-menu)
AFB	Air Force Base
AFI	Air Force Instruction
AFMAN	Air Force manual
AHFS	<i>American Hospital Formulary Service</i>
ASHP	American Society of Health System Pharmacists
AUD	PLACE AUDIT POINT ON CONTROLLED ITEM (CHCS sub-menu)
BCF	basic core formulary
BIM	BULK/CLINIC ISSUE menu (CHCS secondary menu)
BMET	biomedical equipment repair technician
BPR	Best Pharmacy Report
CAL	custodian action list
CAN	CANCEL A NONVERIFIED ISSUE (CHCS sub-menu)
CFG	CREATE FORMULARY GROUP (CHCS sub-menu)
CFR	Code of Federal Regulations
CHCS	Composite Healthcare System
CIR	CREATE INVENTORY RECORD (CHCS sub-menu)
CNV	CANCEL A VERIFIED ISSUE (CHCS sub-menu)
COM	COMPLEX IVF RECIPE CREATE (CHCS sub-menu)
CONUS	Continental United States
CPM	CONTROLLED PRESCRIPTION MENU (CHCS secondary menu)
CPOC	Customer Pharmacy Operations Center
CRL	custody receipt location
CRT	COMPLETE RX TRANSACTION (CHCS sub-menu)
CSA	Controlled Substance Act

CSP	compounded sterile product
CWD	CORRECT WORKLOAD DATA (CHCS secondary menu)
DAPA	distribution and pricing agreement
DCI	DECREMENT FROM CONTROLLED INVENTORY (CHCS sub-menu)
DEA	Drug Enforcement Administration
DLA	Defense Logistics Agency
DLA-TS	Defense Logistics Agency Troop Support
DLS	DEFINE LOCATIONS SERVED (CHCS sub-menu)
DMLSS	Defense Medical Logistics Standard Support
DOD	Department of Defense
DODMMQC	Department of Defense Medical Materiel Quality Control
DRS	drop shipments
DUE	drug usage evaluation
DUR	drug utilization report
DUR	DRUG UTILIZATION REVIEW (CHCS secondary menu)
ECF	extended core formulary
ECN	equipment control number
EDF	equipment data files
EPA	Environmental Protection Agency
ER	emergency room
EXP	ENTER EXPIRATION/RECEIVER OF ISSUE (CHCS sub-menu)
FDA	Food and Drug Administration
FDB	FIRST DATA BANK (CHCS secondary menu)
FDCA	Food, Drug, and Cosmetic Act
FOM	FORMULARY MENU (CHCS secondary menu)
FRM	FORMULARY MAINTENANCE (CHCS sub-menu)
GIR	ISSUE REPORTS (GENERAL) (CHCS sub-menu)
GPR	GENERAL PHARMACY REPORTS (CHCS secondary menu)
GTR	TRANSACTION REPORTS (GENERAL) (CHCS sub-menu)
HCM	HEALTH CARE PROVIDER MAINTENANCE (CHCS secondary menu)
HVR	HOURLY VOLUME REPORT (CHCS sub-menu)
IAW	in accordance with
ICU	intensive care unit
IDIQ	indefinite delivery indefinite quantity
INI	INVENTORY RECORD INQUIRY (CHCS sub-menu)

INV	INVENTORY SUPPLY menu (CHCS secondary menu)
INR	INVENTORY REPORTS (CHCS sub-menu))
ISI	ISSUE INQUIRY (CHCS sub-menu)
ISM	ISSUE menu (CHCS secondary menu)
IV	intravenous
IVF	IV Medication Profile
IVH	IV Hyperalimentation
IVM	IV FILE MAINTENANCE (CHCS secondary menu)
IVP	IV Recipe Create (CHCS sub-menu)
JIT	just in time
KEY	ENTER/EDIT DRUG AUTHORIZATION KEY (CHCS sub-menu)
LAB	CREATE AD HOC LABELS (CHCS secondary menu)
LBL	REPRINT ISSUE LABEL (CHCS sub-menu)
LGE	LOCATION GROUP EDIT (CHCS sub-menu)
LOC	NEW LOCATION ENTRY (CHCS sub-menu)
MAJCOM	major command
MDG/CC	medical group commander
MEMO	Medical Equipment Management Office
MEP	MEDICAL EXPENSE AND PERFORMANCE Report (CHCS sub-menu)
MEPRS	Medical Expense and Performance Report System
mg	milligram
mL	milliliter
MMP	MIN/MAX DOSE PARAMETERS (CHCS sub-menu)
MTF	medical treatment facility
NAR	NARCOTIC SYSTEM MAINTENANCE MENU (CHCS secondary menu)
NCCR	national contracts compliance reports
NCL	national contract list
NCO	noncommissioned officer
NCOIC	noncommissioned officer in charge
NCR	NONCOMPLIANCE REPORT (CHCS sub-menu)
NDC	national drug code or NDC ENTER/EDIT (CHCS sub-menu)
NDW	NDC DRUG WORKLIST (CHCS sub-menu)
NEW	NEW ISSUE ENTRY (CHCS sub-menu)
NF	<i>National Formulary</i>
NMR	NARCOTIC MOVEMENT REPORT (CHCS sub-menu)

NRR	NARCOTIC SYSTEM REPORTS (CHCS secondary menu)
NSD	NARCOTIC SITE DEFINITION (CHCS sub-menu)
NSM	NARCOTIC SYSTEM MENU (CHCS primary menu)
NUM	PRESCRIPTION NUMBER MAINTENANCE (CHCS sub-menu)
OCONUS	outside of the Continental United States
OI	operation instruction
OIR	OUTSTANDING ISSUE REPORT (CHCS sub-menu)
OMM	OUTPATIENT MAINTENANCE MENU (CHCS secondary menu)
OPR	OUTPATIENT PHARMACY REPORTS (CHCS secondary menu)
OSU	OUTPATIENT SUMMARY report (CHCS sub-menu)
OUT	outpatient label parameters
PA	physician assistant
PAR	PRODUCT ACTIVITY REPORT (CHCS sub-menu)
P&T	Pharmacy and Therapeutics
PCM	primary care manager
PCS	permanent change of station
PDA	personal digital assistant
PEC	program element codes
PIV	SITE PARAMETERS (CHCS sub-menu)
PNM	PRESCRIPTION NUMBER MAINTENANCE MENU (CHCS sub-menu)
POE	provider order entry
PRM	PHARMACY REPORTS MENU
PRMP	Pharmaceutical Returns Management Program
PSM	PHARMACY SUPPORT MENU
PV	prime vendor
PVM	prime vendor medical-surgical
PVP	prime vendor pharmaceutical
QA	quality assurance
RAI	RETURN AN ISSUE (CHCS sub-menu)
REC	RECIPE MENU
REM	REMOVE RX TRANSACTION (CHCS sub-menu)
RES	RESET PRESCRIPTION NUMBERS (CHCS sub-menu)
RMO	Resource Management Office
ROS	report of survey
ROU	MEDIATION ROUTES (CHCS sub-menu)

RRT	RETURN RX TRANSACTION (CHCS sub-menu)
RX	prescription
SIF	STOCK ITEM FILE menu (CHCS secondary menu)
SIM	STOCK ISSUE MOVEMENT Report (CHCS sub-menu) or SIMPLE IVF RECIPE CREATE (CHCS sub-menu)
SIR	ISSUE REPORTS (SPECIFIC) (CHCS sub-menu)
SIT	OUTPATIENT SITE PARAMETERS (CHCS sub-menu)
SF	standard form
SFM	SUPERVISORY FUNCTIONS MENU (CHCS secondary menu)
STR	TRANSACTION REPORTS (SPECIFIC) (CHCS sub-menu)
SVR	SUPPLY VOUCHER REPORTS (CHCS sub-menu)
TDY	temporary duty
TIGERS	The Integrated Global Equipment Request System
TJC	The Joint Commission
UDF	UNIT DOSE FILE MAINTENANCE MENU (CHCS secondary menu)
UDS	UNIT DOSE SITE PARAMETERS (CHCS sub-menu)
UF	uniform formulary
USP	<i>United States Pharmacopoeia</i>
VA	Veteran's Administration
VER	VERIFY ISSUE (CHCS sub-menu)
WAG	WARD GROUP (CHCS sub-menu)

Student Notes

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