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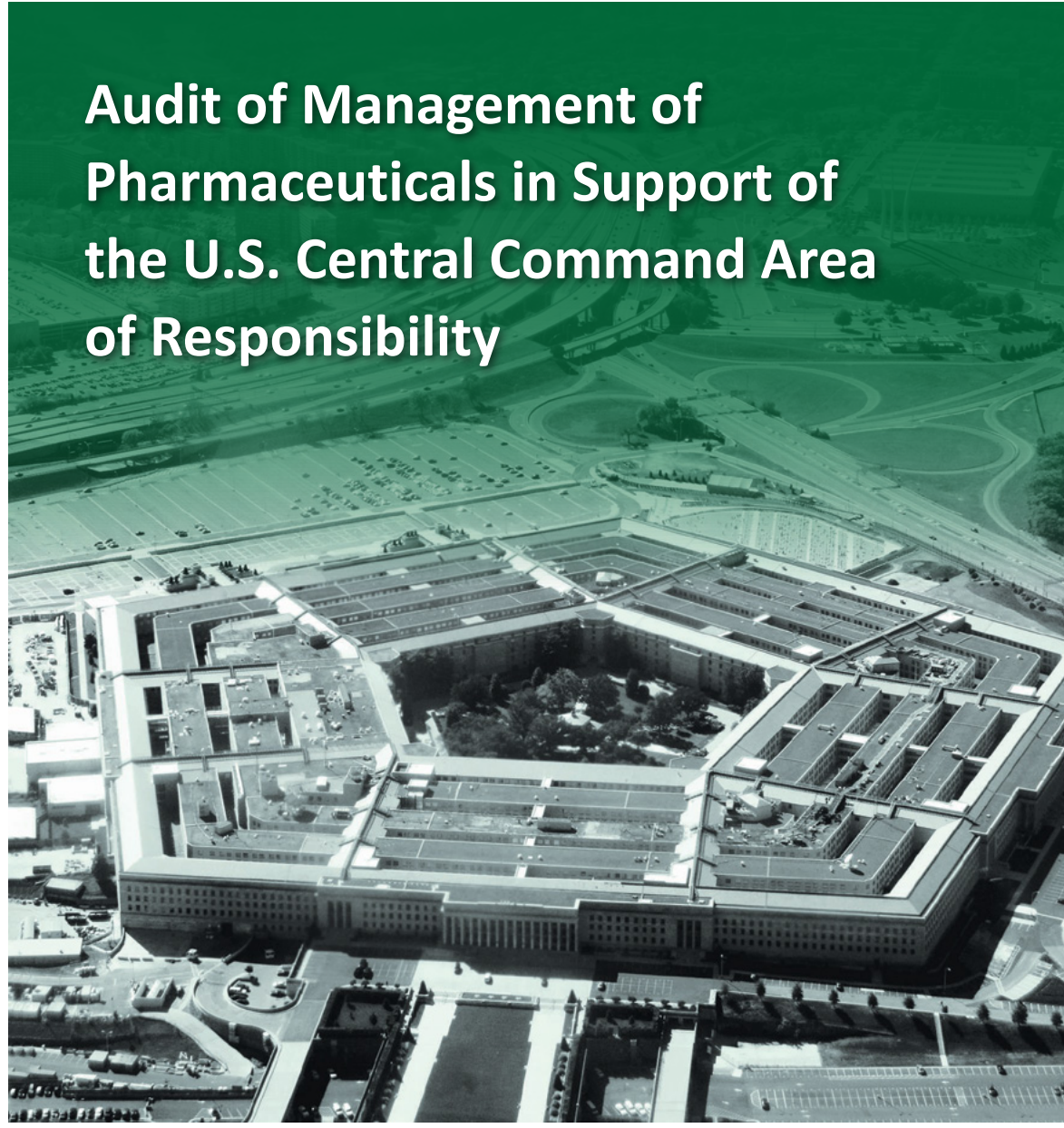
INSPECTOR GENERAL

U.S. Department of Defense

AUGUST 28, 2020



Audit of Management of Pharmaceuticals in Support of the U.S. Central Command Area of Responsibility



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Results in Brief

Audit of Management of Pharmaceuticals in Support of the U.S. Central Command Area of Responsibility

August 28, 2020

Objective

The objective of this audit was to determine whether the Military Departments properly accounted for and safeguarded pharmaceuticals at locations supporting overseas contingency operations in the U.S. Central Command (USCENTCOM) area of responsibility (AOR). In this audit, we visited eight medical treatment facilities (MTFs); four MTF medical logistics facilities; a U.S. Army Medical Materiel Center-Southwest Asia (USAMMC-SWA) warehouse; and three USAMMC-SWA Forward Logistics Elements (FLEs) located in Qatar, Kuwait, and Afghanistan.

Background

The DoD operates a large network of MTFs to provide routine medical care to maintain healthy forces in the field and the specialized care for treating traumatic injuries and exotic diseases in combat. There are 44 MTFs in the USCENTCOM AOR that are considered “temporary” in nature. Within the USCENTCOM AOR, there are MTF medical logistics facilities to provide medical materiel management. Medical logistics facilities assist with the procurement, storage, and distribution of pharmaceuticals.

In addition, the USAMMC-SWA warehouse serves as the theater lead agent for medical materiel and pharmaceuticals in USCENTCOM, and is designated to serve as the medical logistics distribution point for all Military Departments in the USCENTCOM AOR. Furthermore,

Background (cont’d)

USAMMC-SWA FLEs provide forward-deployed stocks closer to MTFs and MTF medical logistics facilities in order to provide fast and responsive delivery of pharmaceuticals.

Pharmaceuticals are divided into two categories—controlled and non-controlled pharmaceuticals. Controlled pharmaceuticals can cause physical and mental dependence; therefore, there are restrictions placed on dispensing the pharmaceuticals to reduce the potential for abuse. Non-controlled pharmaceuticals include over-the-counter medications and medications that require prescriptions. MTFs receive, store, and dispense both categories of pharmaceuticals.

Finding

The Military Departments did not fully account for or safeguard pharmaceuticals at seven MTFs, four MTF medical logistics facilities, one USAMMC-SWA warehouse, and two USAMMC-SWA FLEs in the USCENTCOM AOR. Specifically:

- One MTF, one MTF medical logistics facility, and one USAMMC-SWA FLE did not properly account for controlled pharmaceuticals. For example, at the USAMMC-SWA FLE in Kuwait, personnel did not include 28,594 diazepam injectors on their accountability records. Diazepam, also known as Valium, is used to induce sleep and treat anxiety and seizures.
- Two MTFs, two MTF medical logistics facilities, and one USAMMC-SWA FLE did not properly conduct monthly Disinterested Officer (DIO) inventories for controlled pharmaceuticals. For example, Area Support Group-Qatar Troop Medical Clinic personnel did not complete DIO inventories for 4 months out of a 12-month period from September 2018 to August 2019.
- Two MTF medical logistics facilities and one USAMMC-SWA FLE did not verify that controlled pharmaceuticals were only provided to authorized medical personnel listed on Department of the Army (DA)



Results in Brief

Audit of Management of Pharmaceuticals in Support of the U.S. Central Command Area of Responsibility

Finding (cont'd)

Forms 1687. In addition, four MTFs and two MTF medical logistics facilities had incomplete or outdated DA Forms 1687.

- Four MTFs did not complete required inventories of non-controlled pharmaceuticals, and one additional MTF began conducting inventories after we announced our audit and intent to visit the MTF.
- Five MTFs and the USAMMC-SWA warehouse did not properly safeguard pharmaceuticals. For example, personnel from one MTF did not restrict access to the pharmacy. Specifically, they left the pharmacy door open and the safe door storing controlled pharmaceuticals unlocked.

These deficiencies in accounting for and safeguarding pharmaceuticals occurred because USCENTCOM's existing guidance did not provide a unifying method for U.S. military forces within the USCENTCOM AOR to account for and safeguard pharmaceuticals in accordance with theater, service, and unit-level specific processes. For example, USCENTCOM's standard operating procedures did not include clear requirements for conducting DIO monthly inventories and securing pharmaceuticals. In addition, USCENTCOM did not provide sufficient oversight of accountability and safeguarding pharmaceuticals. Although USCENTCOM personnel conduct USCENTCOM Theater Pharmacist visits to MTFs to determine individual compliance with USCENTCOM's standard operating procedures, the review checklist used during the site visits was generic, did not include key requirement areas, and did not provide detailed steps that would have enabled the reviewer to identify the deficiencies we identified throughout this report. For example, the review checklist did not include a review of the DA Forms 1687 for accuracy and completeness or verification that required inventories of non-controlled pharmaceuticals occurred.

As a result of the accountability and safeguarding deficiencies identified at the MTFs, MTF medical logistics facilities, USAMMC-SWA warehouse, and USAMMC-SWA FLEs, the controlled and non-controlled pharmaceuticals at these locations are susceptible to loss, theft, abuse, and diversion. Controlled pharmaceuticals are particularly vulnerable to diversion for illicit use. Non-controlled pharmaceuticals, which are pilferable and sometimes expensive, may be used for recreational use. Improper use of these pharmaceuticals can degrade military operations and damage the lives, safety, and readiness of military personnel.

Without properly conducting inventories, USCENTCOM would not be able to determine whether losses occurred or determine the exact amount of losses of controlled and non-controlled pharmaceuticals at each MTF, MTF medical logistics facility, and USAMMC-SWA FLE.

Management Actions Taken During the Audit

During the audit and while on site, MTF, MTF medical logistics facility, and USAMMC-SWA FLE personnel initiated corrective actions, including documenting patient returns of controlled pharmaceuticals and expired controlled pharmaceuticals on their accountability records, and updating or completing their DA Forms 1687. USAMMC-SWA FLE Kuwait personnel added controlled pharmaceuticals on their accountability records, and the amounts were verified during the May 2020 DIO inventory. In addition, several security improvements have been completed or initiated since the audit team site visits.



Results in Brief

Audit of Management of Pharmaceuticals in Support of the U.S. Central Command Area of Responsibility

Recommendations

We recommend that the USCENTCOM Theater Pharmacist coordinate with the USCENTCOM Surgeon to establish or update policies and procedures to clarify the requirements for DIOs and action officers when conducting DIO inventories, and include in the policy requirements for the minimum level of security required for controlled and non-controlled pharmaceuticals for deployed MTFs within the USCENTCOM AOR.

We recommend that the USCENTCOM Theater Pharmacist develop a tracking mechanism and follow up on any deficiencies identified to verify that DA Forms 1687 are completed and updated and that DIO inventories are completed monthly.

We recommend that the USCENTCOM Theater Pharmacist update the site visit review checklist to include requirements to verify that DA Forms 1687 are completed and updated, non-controlled pharmaceutical inventories are completed, security procedures are followed, and security deficiencies are addressed.

Management Actions and Our Response

The USCENTCOM Theater Pharmacist and USCENTCOM Surgeon updated USCENTCOM guidance to clarify the responsibilities of DIOs and action officers when conducting inventories, to clarify the requirements for completing non-controlled pharmaceutical inventories, and to include minimum security requirements for

controlled and non-controlled pharmaceuticals for deployed MTFs within the USCENTCOM AOR. The updates address the specifics of the recommendation. Therefore, the recommendation is closed.

The USCENTCOM Theater Pharmacist created a tracking mechanism for verifying that DA Forms 1687 and DIO inventories were completed and up-to-date. Specifically, the USCENTCOM Theater Pharmacist created folders on the USCENTCOM shared drive for tracking DA Forms 1687 and DIO inventories. He also created a Microsoft Excel spreadsheet to track whether MTFs are completing the DIO inventories as required. The creation of databases for the DA Forms 1687 and DIO inventories and the use of an Excel spreadsheet to track whether documents are received address the specifics of the recommendation. Therefore, the recommendation is closed.

In addition, the USCENTCOM Theater Pharmacist updated the site review checklist to verify that DA Forms 1687, non-controlled pharmaceutical inventories, and physical security requirements are completed. The updated checklist adequately addresses the deficiencies we identified during the audit by adding requirements to verify key accountability and safeguarding requirements during USCENTCOM Theater Pharmacist site visits. The actions taken address the specifics of the recommendation; therefore, the recommendation is closed.

Please see the Recommendations Table on the next page for the status of recommendations.

Recommendations Table

Management	Recommendations Unresolved	Recommendations Resolved	Recommendations Closed
U.S. Central Command Theater Pharmacist	None	None	1.a, 1.b, 1.c, 2.a, 2.b, 3.a, 3.b, and 3.c

Note: The following categories are used to describe agency management’s comments to individual recommendations.

- **Unresolved** – Management has not agreed to implement the recommendation or has not proposed actions that will address the recommendation.
- **Resolved** – Management agreed to implement the recommendation or has proposed actions that will address the underlying finding that generated the recommendation.
- **Closed** – OIG verified that the agreed upon corrective actions were implemented.



**INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500**

August 28, 2020

MEMORANDUM FOR COMMANDER, U.S. CENTRAL COMMAND
AUDITOR GENERAL, DEPARTMENT OF THE NAVY
AUDITOR GENERAL, DEPARTMENT OF THE ARMY
AUDITOR GENERAL, DEPARTMENT OF THE AIR FORCE

SUBJECT: Audit of Management of Pharmaceuticals in Support of the U.S. Central Command
Area of Responsibility (Report No. DODIG-2020-120)

This final report provides the results of the DoD Office of Inspector General's audit. We considered management actions taken when preparing the final report. Management actions taken addressed the recommendations in this report, and we consider the recommendations closed.

We appreciate the cooperation and assistance received during the audit. If you have any questions, please contact me at [REDACTED]

A handwritten signature in blue ink, reading "Richard B. Vasquez", is positioned above the printed name.

Richard B. Vasquez
Assistant Inspector General for Audit
Readiness and Global Operations

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Introduction

Objective

The objective of this audit was to determine whether the Military Departments properly accounted for and safeguarded pharmaceuticals at locations supporting overseas contingency operations in the U.S. Central Command (USCENTCOM) area of responsibility (AOR).¹ In this audit, we visited eight medical treatment facilities (MTFs); four MTF medical logistics facilities; a U.S. Army Medical Materiel Center-Southwest Asia (USAMMC-SWA) warehouse; and three USAMMC-SWA Forward Logistics Elements (FLEs) located in Qatar, Kuwait, and Afghanistan.² See Appendix A for a discussion of the scope and methodology.

Background

The DoD has two primary medical missions—maintain an operational medical capability to support combat operations (the “readiness” mission) and provide a health care benefit to DoD beneficiaries (the “beneficiary” mission). The readiness mission is to provide medical care divided into two general categories—routine medical care to maintain healthy forces in the field and specialized care to treat traumatic injuries and exotic diseases in combat. For the readiness mission, the DoD operates a large network of MTFs.

MTFs in USCENTCOM AOR

There are 44 MTFs in the USCENTCOM AOR that are considered “temporary” in nature. For example, Craig Joint Theater Hospital (CJTH) in Afghanistan is considered a temporary MTF and has been in existence since 2007.

The audit team visited MTFs located within hardened facilities with lockable doors, vaults or cages to safeguard pharmaceuticals. Each MTF maintained a unique amount of pharmaceuticals for its patients. For example, at the time of our site visit, the U.S. Military Hospital-Kuwait (USMH-K) pharmacy had 653 different types of pharmaceuticals on hand. See Figure 1 for the Bagram Veterinary Treatment Facility located within the CJTH.

¹ For the purposes of this report, a pharmaceutical is any drug, medication, or substance used to diagnose, cure, treat, or prevent disease.

² MTFs included four clinics and four hospitals. For the hospitals, we reviewed the pharmacies and the different departments that stored pharmaceuticals, such as the emergency department, intensive care unit, and operating room.



Figure 1. Bagram Veterinary Treatment Facility
Source: The DoD OIG.

Within the USCENTCOM AOR, there are MTF medical logistics facilities to provide medical materiel management. Medical logistics facilities assist with the procurement, storage, and distribution of pharmaceuticals. MTF medical logistics facilities store pharmaceuticals for their respective MTF to purchase. In addition, the USAMMC-SWA warehouse serves as the theater lead agent for medical materiel and pharmaceuticals in USCENTCOM, and is designated to serve as the medical logistics distribution point for all Military Departments in the USCENTCOM AOR. Furthermore, USAMMC-SWA FLEs provide forward-deployed stocks closer to MTFs and MTF medical logistics facilities in order to provide fast and responsive delivery of pharmaceuticals.

Pharmaceuticals

Pharmaceuticals are divided into two categories—controlled and non-controlled pharmaceuticals. MTFs receive, store, and dispense both categories of pharmaceuticals.

Controlled Pharmaceuticals

Controlled pharmaceuticals can cause physical and mental dependence; therefore, there are restrictions placed on dispensing the pharmaceuticals to reduce the potential for abuse. Controlled pharmaceuticals are classified by schedule (I to V)

according to their abuse potential and medical use.³ Schedule I pharmaceuticals, such as heroin, are considered unsafe for use, even under medical supervision. Schedule II pharmaceuticals are defined as pharmaceuticals with a high potential for abuse, with abuse potentially leading to severe psychological or physical dependence. An example of a Schedule II pharmaceutical is fentanyl, which is 50 to 100 times more potent than morphine. Schedule II pharmaceuticals are considered dangerous. Schedule III and Schedule IV pharmaceuticals, such as ketamine, an anesthetic (Schedule III), and tramadol, an opioid pain reliever (Schedule IV), are considered to have a lower potential for abuse and a lower risk of dependence than Schedule I and II drugs. Schedule V pharmaceuticals consist primarily of pharmaceuticals containing limited quantities of certain controlled pharmaceuticals used for suppressing coughs, antidiarrheal, and pain relief purposes. MTFs store and dispense schedule II, III, IV, and V controlled pharmaceuticals that must be accounted for and safeguarded.

Non-Controlled Pharmaceuticals

Non-controlled pharmaceuticals include over-the-counter medications and medications that require prescriptions but are not listed on controlled pharmaceutical schedules.⁴ Non-controlled pharmaceuticals include prescription medications, such as those used to treat high blood pressure, diabetes, and infections, and are not subject to all of the controls as controlled pharmaceuticals. Over-the-counter medications do not require a prescription.

Examples of non-controlled pharmaceuticals are Diprivan and guaifenesin. Diprivan—another name for propofol—results in a decreased level of consciousness and a lack of memory for events. It is a general anesthetic and sedation pharmaceutical for use in the induction and maintenance of anesthesia. Guaifenesin—another name for Mucinex—is a medication used to help clear mucus from the chest from a cold or flu.

Criteria for Accounting for and Safeguarding Pharmaceuticals

Within the DoD, accounting for and safeguarding pharmaceuticals is critical, and the MTFs, MTF medical logistics facilities, USAMMC-SWA warehouse, and USAMMC-SWA FLEs follow guidance issued by the DoD, USCENTCOM, Military Departments, and USAMMC-SWA.

³ The Controlled Substances Act classifies substances subject to control in five schedules—Schedules I, II, III, IV, and V.

⁴ Prescription pharmaceuticals are all pharmaceuticals bearing the label “Caution: Federal Law prohibits dispensing without a prescription” provided by the Durham-Humphrey Amendment to the Federal Food, Drug, and Cosmetic Act.

DoD

DoD Instruction 5000.64 requires controlled pharmaceuticals to be maintained in an accountable record.⁵ The accountability records must provide a comprehensive log of transactions suitable for audit and will be used in validating the existence and completeness of an asset. Accountability of the controlled pharmaceuticals must be established upon receipt, delivery, or acceptance and must be maintained through disposal of the pharmaceutical.

USCENTCOM

The CENTCOM Clinical Operations Protocol (CCOP)-03 Standard Operating Procedures (SOP) establishes general guidelines for the security of and access to pharmaceuticals, as well as for the proper management, accountability, and documentation of medication-related services.⁶ The SOP requires pharmacy personnel to submit a Department of the Army (DA) Form 1687 to MTF medical logistics facilities to authorize the personnel designated on the form to order and receive pharmaceuticals. See Appendix B for an example of a DA Form 1687. In addition, the SOP states implementation and execution of the requirements identified in the SOP are assessed through USCENTCOM Theater Pharmacist site visits conducted at least every 24 months. See Appendix C for an example of the USCENTCOM Theater Pharmacist site visit review checklist.

USCENTCOM's Controlled Substances Disinterested Officer (DIO) Program SOP provides a unifying method for U.S. military forces within the USCENTCOM AOR to comply with accountability and audit processes for controlled pharmaceuticals.⁷ Specifically, the SOP requires the unit-level commander to appoint a DIO to examine controlled pharmaceuticals processes and inventory all controlled pharmaceuticals at designated locations, such as medical logistics facilities, pharmacies, clinics, veterinary facilities, preventative medical units, and forward surgical teams.⁸ The SOP also requires the most senior commander to appoint an action officer from within the unit being inventoried to serve as a resource to the DIO, providing the DIO with instructions, answering questions, and compiling completed DIO reports for the USCENTCOM Theater Pharmacist. In addition, the action officer will review final DIO reports for completeness, accuracy, and discrepancy resolution (if any). The DIO monthly inventory includes verifying the receipt of controlled pharmaceuticals, conducting 100-percent physical inventory of all controlled pharmaceuticals, and verifying a sample of dispensing records.

⁵ DoD Instruction 5000.64, "Accountability And Management of DoD Equipment And Other Accountable Property," June 10, 2019.

⁶ USCENTCOM Medication Use CCOP-03 SOP, "Medication Use Policy," June 28, 2019.

⁷ USCENTCOM SOP, "Controlled Substances Disinterested Officer Program," July 1, 2018.

⁸ DIOs cannot be involved with the custody of the items to be inventoried and when possible should be personnel outside the unit being reviewed.

Military Departments

Several Army criteria provide guidance on maintaining accountability for and safeguarding controlled and non-controlled pharmaceuticals. Army Regulation 40-3 states that in order to monitor for diversion of non-controlled pharmaceuticals, the chief pharmacy service will implement policies and procedures to minimize the theft of Government property.⁹ The regulation requires a 100-percent inventory on all non-controlled pharmaceutical items once per year. The regulation also requires quarterly reviews of selected non-controlled pharmaceuticals (for example, the top 20 high-dollar medications, the top 20 prescriptions prescribed, and 20 randomly selected pharmaceuticals).

Army Regulation 190-51 states that pharmacies containing controlled pharmaceuticals will be designated as restricted areas.¹⁰ The regulation requires pharmacies located inside MTFs to be equipped with an intrusion detection system (IDS).¹¹ In addition, the regulation requires containers storing controlled pharmaceuticals to be locked when access is not required for operational use.

DA Pamphlet 710-2-1 provides detailed instructions on how to complete the DA Form 1687 required by the USCENTCOM CCOP-03 SOP. The pamphlet states that DA Form 1687 is used to request receipt of controlled pharmaceuticals and that only persons authorized on the form will sign for supplies.¹² The pamphlet requires the DA Form 1687 to be signed and for the form to be kept current.

Navy Medicine P-117 states that MTFs must conduct an annual inventory of all non-controlled pharmaceuticals stocked in the pharmacy; however, MTFs may choose to perform a monthly sampling or a risk-based approach until a perpetual inventory system is implemented.¹³ A risk-based approach focuses on identifying pharmaceuticals with high cost, high volume, or high abuse potential. The manual requires surveillance cameras in pharmacy spaces where controlled pharmaceuticals are stored and dispensed.

Air Force Instruction 44-102 requires monthly inventories of non-controlled pharmaceuticals using a sampling of five non-controlled pharmaceuticals from the top 100 line items based on dollar value and volume.¹⁴ The instruction requires documentation of the monthly inventories to be maintained, including the items

⁹ Army Regulation 40-3, "Medical, Dental, and Veterinary Care," April 23, 2013.

¹⁰ Army Regulation 190-51, "Security of Unclassified Army Resources (Sensitive and Nonsensitive)," June 27, 2019.

¹¹ According to Army Regulation 190-51, an IDS is a combination of electronic components integrated to be capable of detecting one or more types of intrusion into the area protected by the system and reporting directly to an alarm monitoring system.

¹² DA Pamphlet 710-2-1, "Using Unit Supply System (Manual Procedures)," December 1, 2016.

¹³ Navy Medicine P-117, "Manual of the Medical Department," March 5, 2018.

¹⁴ Air Force Instruction 44-102, "Medical Care Management," March 17, 2015.

inventoried, results, and actions taken to correct any identified deficiencies. In addition, for controlled pharmaceuticals the MTF commander will appoint a DIO to inventory all MTFs' controlled pharmaceuticals at least monthly. Air Force Instruction 31-101 requires pharmacies and controlled pharmaceutical storage areas to meet the criteria in Unified Facilities Criteria 4-510-01.¹⁵ Unified Facilities Criteria 4-510-01 requires pharmacies to have an IDS.

USAMMC-SWA

The USAMMC-SWA Customer Handbook provides the process for units to request an account to be able to order and receive pharmaceuticals.¹⁶ Units must provide USAMMC-SWA with five documents—a profile worksheet, assumption of command orders, DA Form 1687 for pharmaceuticals and medical supplies, DA Form 1687 for controlled pharmaceuticals, and a controlled pharmaceuticals authorization memorandum. The handbook has examples of how to fill out a DA Form 1687, which requires the signature of the First Field Grade Commander for controlled pharmaceuticals.

Organizations Involved

Several organizations are involved with accounting for and safeguarding pharmaceuticals in the USCENTCOM AOR. These organizations include USCENTCOM, Military Departments, and USAMMC-SWA.

USCENTCOM

The USCENTCOM Surgeon and USCENTCOM Theater Pharmacist publish guidance, such as the CCOP-03 SOP, to provide a standardized method across U.S. military forces within the USCENTCOM AOR to properly account for and safeguard pharmaceuticals. The SOP addresses gaps within the existing Service guidance or special topics of interest that pertain to the expeditionary medical military environment. For example, each Service has a different approach to identifying who is authorized to receive controlled pharmaceuticals. In order to address this issue, the SOP requires a standardized approach for all Services within the USCENTCOM AOR by requiring pharmacies to complete a DA Form 1687 to identify personnel authorized to order and receive pharmaceuticals and other pharmacy supplies.

The USCENTCOM Theater Pharmacist assesses MTF compliance with USCENTCOM SOP through pharmacy site visits and the use of the USCENTCOM Theater site visit review checklist.¹⁷ During the site visit, the USCENTCOM

¹⁵ Air Force Instruction 31-101, "Integrated Defense," March 25, 2020.

¹⁶ USAMMC-SWA Customer Handbook, April 24, 2019.

¹⁷ The USCENTCOM Theater Pharmacist is also known as the Theater Enabling Medical Command Pharmacist.

Theater Pharmacist reviews requirements over key areas—such as controlled pharmaceuticals, expired pharmaceuticals, quality control physical security, pharmacy records and management, and pharmaceutical storage areas—to identify deficiencies or areas of concern. For example, to fulfill a controlled pharmaceutical requirement, the USCENTCOM Theater Pharmacist would verify that copies of the monthly DIO 100-percent inventory and the appointment letters for the DIO are on file for the past year.

According to USCENTCOM personnel, during the USCENTCOM Theater Pharmacist site visit, deficiencies and infractions are noted and corrected on the spot, in real time, with direct discussions with the pharmacist or the unit commander at the specific MTF. USCENTCOM personnel explained that they typically maintain contact with MTF personnel and request feedback on any deficiencies noted during the visit. The USCENTCOM Theater Pharmacist conducts site visits to all MTFs at least once every 18 to 24 months to assess compliance with the implementation and execution of SOP requirements.

In addition, the USCENTCOM Theater Pharmacist receives all DIO reports and monitors the reports for trends, suggests systemic corrective actions, and reports results of his review quarterly to the USCENTCOM Pharmacy and Therapeutics Committee.¹⁸

Military Departments

Secretaries of the Military Departments administer policies for the MTFs. The Army, Navy, and Air Force provide medical personnel to USCENTCOM to operate the MTFs and MTF medical logistics facilities within the USCENTCOM AOR. The MTFs and MTF medical logistics facility personnel follow their Military Department guidance along with USCENTCOM guidance on accounting for and safeguarding pharmaceuticals. Furthermore, MTF personnel are responsible for ordering, storing, and dispensing pharmaceuticals. In addition, MTF personnel are responsible for inventorying and safeguarding pharmaceuticals.

USAMMC-SWA

USAMMC-SWA is the USCENTCOM theater lead agent for medical materiel and provides health service support logistics capabilities across the USCENTCOM AOR. USAMMC-SWA is the principal agency through which all pharmaceuticals are procured for the Military Departments in the USCENTCOM AOR. In addition,

¹⁸ The USCENTCOM Pharmacy and Therapeutics Committee performs an annual review of the USCENTCOM formulary, which contains nearly 1,100 line items designed to support pharmaceutical use in the expeditionary deployed medical environment. During their quarterly meetings, the USCENTCOM Pharmacy and Therapeutics Committee also discusses patient safety events and if future patient safety events can be prevented.

USAMMC-SWA has five FLEs, which are warehouses located throughout Afghanistan, Kuwait, and Iraq, to store pharmaceuticals closer to MTFs and MTF medical logistics facilities.

Review of Internal Controls

DoD Instruction 5010.40 requires DoD organizations to implement a comprehensive system of internal controls that provides reasonable assurance that programs are operating as intended and to evaluate the effectiveness of the controls.¹⁹

We identified internal control weaknesses with the accountability and safeguarding of pharmaceuticals. Specifically, MTF and MTF medical logistic facility personnel did not properly conduct controlled and non-controlled pharmaceutical inventories. Also, MTF and MTF medical logistic facility personnel did not properly complete or update required DA Forms 1687. In addition, MTF and USAMMC-SWA warehouse personnel did not properly safeguard controlled and non-controlled pharmaceuticals. We will provide a copy of the report to the senior official responsible for internal controls in USCENTCOM and Military Departments.

¹⁹ DoD Instruction 5010.40, "Managers' Internal Control Program Procedures," May 30, 2013.

Finding

Military Departments Need to Improve Accountability for and Safeguarding of Pharmaceuticals in USCENTCOM

The Military Departments did not fully account for or safeguard pharmaceuticals at seven MTFs, four MTF medical logistics facilities, one USAMMC-SWA warehouse, and two USAMMC-SWA FLEs in the USCENTCOM AOR. Specifically:

- One MTF, one MTF medical logistics facility, and one USAMMC-SWA FLE did not properly account for controlled pharmaceuticals. For example, at the USAMMC-SWA FLE in Kuwait, personnel did not include 28,594 diazepam injectors on their accountability records. Diazepam, also known as Valium, is used to induce sleep and treat anxiety and seizures.
- Two MTFs, two MTF medical logistics facilities, and one USAMMC-SWA FLE did not properly conduct monthly DIO inventories for controlled pharmaceuticals. For example, Area Support Group-Qatar (ASG-QA) Troop Medical Clinic (TMC) personnel did not complete DIO inventories for 4 months out of a 12-month period from September 2018 to August 2019.
- Two MTF medical logistics facilities and one USAMMC-SWA FLE did not verify that controlled pharmaceuticals were only provided to authorized medical personnel listed on DA Forms 1687. In addition, four MTFs and two MTF medical logistics facilities had incomplete or outdated DA Forms 1687.
- Four MTFs did not complete required inventories of non-controlled pharmaceuticals, and one additional MTF began conducting inventories after we announced our audit and intent to visit the MTF.
- Five MTFs and the USAMMC-SWA warehouse did not properly safeguard pharmaceuticals. For example, personnel from one MTF did not restrict access to the pharmacy. Specifically, they left the pharmacy door open and the safe door storing controlled pharmaceuticals unlocked.

These deficiencies in accounting for and safeguarding pharmaceuticals occurred because USCENTCOM's existing guidance did not provide a unifying method for U.S. military forces within the USCENTCOM AOR to account for and safeguard pharmaceuticals in accordance with theater, service, and unit-level specific processes. For example, USCENTCOM's SOPs did not include clear requirements for conducting DIO monthly inventories and securing pharmaceuticals. In addition, USCENTCOM did not provide sufficient oversight of accountability and safeguarding of pharmaceuticals. Although USCENTCOM personnel conducted Theater

Pharmacist visits to MTFs to determine individual compliance with USCENTCOM's SOPs, the review checklist used during the site visits was generic, did not include key requirement areas, and did not provide detailed steps that would have enabled the reviewer to identify the deficiencies we identified throughout this report. For example, the review checklist did not include a review of the DA Forms 1687 for accuracy and completeness or verification that required inventories of non-controlled pharmaceuticals occurred.

As a result of the accountability and safeguarding deficiencies identified at the MTFs, MTF medical logistics facilities, USAMMC-SWA warehouse, and USAMMC-SWA FLEs, the controlled and non-controlled pharmaceuticals at these locations are susceptible to loss, theft, abuse, and diversion. Controlled pharmaceuticals are particularly vulnerable to diversion for illicit use. Non-controlled pharmaceuticals, which are pilferable and sometimes expensive, may be used for recreational use. Improper use of these pharmaceuticals can degrade military operations and damage the lives, safety, and readiness of military personnel.

Without properly conducting inventories, USCENTCOM would not be able to determine whether losses occurred or determine the exact amount of losses of controlled and non-controlled pharmaceuticals at each MTF, MTF medical logistics facility, and USAMMC-SWA FLE.

The combination of lack of inventories and poor safeguarding significantly increases the risk for loss or theft. For example, at the USAMMC-SWA FLE in Kuwait, the lack of inventories throughout the warehouse in 2018 left the incoming unit concerned. In 2019, a 100-percent inventory of the entire warehouse resulted in nearly \$194,000 in unexplained discrepancies for non-controlled pharmaceuticals. Due to the lack of previous inventories, the 100-percent inventory could not identify when the discrepancies occurred, only that there were discrepancies.

The Military Departments Did Not Fully Account for or Safeguard Pharmaceuticals

The Military Departments did not fully account for or safeguard pharmaceuticals at seven MTFs, four MTF medical logistics facilities, one USAMMC-SWA warehouse, and two USAMMC-SWA FLEs in the USCENTCOM AOR. Specifically, MTFs, MTF medical logistics facilities, and USAMMC-SWA FLE personnel did not properly account for controlled pharmaceuticals on their accountability records or properly conduct monthly DIO inventories for controlled pharmaceuticals. MTF medical logistics facilities personnel provided controlled pharmaceuticals to medical

personnel not listed on the DA Form 1687. In addition, MTFs did not complete required non-controlled pharmaceutical inventories. Furthermore, MTF and USAMMC-SWA personnel did not safeguard pharmaceuticals, such as restricting access to the pharmacy or having functional security cameras or an IDS.

Controlled Pharmaceuticals Were Not Accounted for Properly

Not all controlled pharmaceuticals were added to accountability records. According to DoD Instruction 5000.64, accountability of controlled pharmaceuticals is established upon acceptance and is maintained through disposal. The audit team identified incidences at the ASG-QA TMC, CJTH medical logistics facility, and USAMMC-SWA FLE in Kuwait where controlled pharmaceuticals were not correctly documented on accountability records.

At the ASG-QA TMC, during our controlled inventory, the audit team found four half tablets of alprazolam, a controlled pharmaceutical used to treat anxiety and panic disorders. ASG-QA TMC personnel accepted the half tablets from a patient but did not document them on their accountability records. ASG-QA TMC personnel stated they were unable to provide specific details of the tablets, such as the total number of tablets returned or why the tablets were not on accountability records. According to ASG-QA TMC personnel, the person who accepted the controlled pharmaceuticals had been on leave for the last month before the audit team's site visit. Army Regulation 40-3 states that the pharmacy will maintain a record of all pharmaceuticals turned in by patients.

In addition, the audit team found expired controlled pharmaceuticals not on ASG-QA TMC accountability records, including 20 vials of fentanyl, 5 injections of morphine, and 5 vials of morphine. ASG-QA TMC personnel stated that they had been too busy and had not had time to document the expired pharmaceuticals on their accountability records.

(FOUO) [REDACTED]
[REDACTED]
[REDACTED] CJTH medical logistics facility personnel stated that this resulted from an error on their accountability records. However, after the audit team's inventory, CJTH medical logistics personnel processed the items as losses to their accountability records.

At the USAMMC-SWA FLE in Kuwait, personnel did not include controlled pharmaceuticals on their accountability records. For example, USAMMC-SWA FLE personnel did not include 28,594 diazepam injectors, which are used to treat anxiety and seizures, on their accountability records. During our site visit, USAMMC-SWA FLE personnel stated that they did not know who owned the

controlled pharmaceuticals, considered contingency stock, that were stored in their vault.²⁰ According to USAMMC-SWA FLE personnel, the contingency stock was already in the vault when they arrived in March 2019, with no records to indicate who owned it, or how or when it got there. In September 2019, the USAMMC-SWA Pharmacist was unable to provide support showing that the controlled pharmaceuticals were recorded on any accountability record.

Controlled Inventories Were Not Conducted Properly

Two MTFs, two MTF medical logistics facilities, and one USAMMC-SWA FLE did not properly conduct monthly DIO inventories for controlled pharmaceuticals. The USCENCOM Controlled Substances DIO Program SOP requires a DIO to conduct a monthly inventory of all controlled pharmaceuticals at designated locations, such as medical logistics facilities, pharmacies, emergency rooms, operating rooms, and veterinary facilities. However, DIO inventories were not completed monthly and all controlled pharmaceuticals were not inventoried.

DIO Inventories Were Not Completed Monthly

ASG-QA TMC and Al Udeid Air Base Role II MTF medical logistics facility personnel did not complete DIO inventories monthly as required by the USCENCOM SOP.²¹ ASG-QA TMC personnel did not complete DIO inventories for

ASG-QA TMC personnel did not complete DIO inventories for 4 months out of a 12-month period.

4 months out of a 12-month period. Specifically, monthly DIO inventories were not conducted in December 2018, March 2019, April 2019, and May 2019. In addition, the Al Udeid Air Base Role II MTF medical logistics facility personnel completed DIO inventories on controlled pharmaceuticals quarterly instead of monthly.

DIOs Did Not Verify Amounts in Resealed Boxes or Sealed Mass Casualty Kits

At the CJTH medical logistics facility and Al Udeid Air Base Role II MTF medical logistics facility, the DIOs did not verify individual amounts within resealed boxes. The CJTH medical logistics facility had controlled pharmaceuticals in boxes that had been opened and resealed. According to CJTH medical logistics facility personnel and the November 2019 DIO, boxes were not opened during the

²⁰ Contingency stock is also known as Medical Chemical Defense Materiel, which includes military-unique auto-injectors for chemical agent antidotes and prepositioned stocks of antibiotics for various possible biological agents and possible radiological hazards. Contingency stock includes controlled and non-controlled pharmaceuticals.

²¹ USCENCOM SOP, "Controlled Substances Disinterested Officer Program," July 1, 2018.

DIO inventories to verify the number of controlled pharmaceuticals in each box. Instead, the DIO assumed that each resealed box contained the amount of controlled pharmaceuticals listed on the accountability records.

However, during the audit team's November 2019 physical inventory at the CJTH medical logistics facility, we inventoried resealed boxes of diazepam injectors and identified incorrect amounts in the inventory system. For example, each box was supposed to have 15 diazepam injectors; however, two of the boxes had 16 diazepam injectors instead of 15 diazepam injectors. Without opening each box, the DIO would not have found the discrepancy. In addition, if we did not open the resealed boxes, the discrepancies would not have been discovered until a DIO actually inventoried the resealed boxes, which could be months or years later. At that point, it would be impossible to determine when the discrepancies occurred or who was responsible.

At USMH-K, the DIO did not open the sealed mass casualty kits to inventory the controlled pharmaceuticals.²² In August 2019, during the audit team's inventory of controlled pharmaceuticals at USMH-K, we opened all three sealed mass casualty kits and identified that one mass casualty kit contained four bottles of ketamine instead of five that was on the accountability record dated July 31, 2019. Because the DIO did not open the mass casualty kits, he did not identify the discrepancy during the DIO inventory completed in August 2019.

DIOs Did Not Verify Controlled Pharmaceuticals in All Storage Areas

~~(FOUO)~~ The DIOs did not verify all controlled pharmaceuticals at the ASG-QA TMC, CJTH medical logistics facility, and USAMMC-SWA FLE in Kuwait. [REDACTED]

CJTH medical logistics facility personnel had these controlled pharmaceuticals in their possession from at least July 2019 until November 20, 2019. However, the DIO's November 4, 2019, inventory of the CJTH medical logistics facility did not include these controlled pharmaceuticals.

²² USMH-K pharmacy personnel made and sealed mass casualty kits, and added the kits to an accountability record. The kits contain USMH-K's pharmacy-controlled pharmaceuticals, and each seal has a unique number so the seal cannot be reused once opened.

²³ [REDACTED]

At the time of our site visit to the USAMMC-SWA FLE in Kuwait, the DIO monthly controlled pharmaceutical inventories did not include thousands of diazepam injectors for over a year. Specifically, several resealed boxes containing the diazepam injectors had a document attached stating that the last inventory was in June 2018. See Figure 2 for an example of boxes with diazepam injectors that were not inventoried since June 27, 2018.



Figure 2. Boxes of Diazepam Injectors in USAMMC-SWA FLE in Kuwait
Source: The DoD OIG.

Controlled Pharmaceuticals Could Be Provided to Unauthorized Personnel

Two MTF medical logistics facilities and one USAMMC-SWA FLE did not ensure that controlled pharmaceuticals were provided to only authorized personnel identified on an approved DA Form 1687. In addition, four MTFs and two MTF medical logistics facilities had incomplete or outdated DA Forms 1687. See Appendix B for an example of a DA Form 1687.

Personnel Did Not Verify That Individuals Were Authorized to Receive Controlled Pharmaceuticals

Personnel in the USMH-K medical logistics facility, North Atlantic Treaty Organization (NATO) Role III Multinational Medical Unit (MMU) medical logistics facility, and the USAMMC-SWA FLE in Bagram did not verify that controlled pharmaceuticals were provided to only authorized personnel identified on an approved DA Form 1687. Personnel from the USMH-K medical logistics facility, NATO Role III MMU medical logistics facility, and the USAMMC-SWA FLE in Bagram did not maintain copies of DA Forms 1687 to verify that medical personnel picking

up controlled pharmaceuticals for transport to the medical facilities were listed as authorized on the DA Form 1687. Instead, they relied on familiarity with personnel and personnel having medical identification rather than verifying that they were authorized to pick up controlled pharmaceuticals.

For example, the USMH-K medical logistics facility provided USMH-K personnel with controlled pharmaceuticals that belonged to the Camp Buehring TMC. The Camp Buehring TMC did not have a valid DA Form 1687 until the day of our site visit on August 30, 2019. The DA Form 1687 did not authorize the individuals from USMH-K who had been picking up the controlled pharmaceuticals for the Camp Buehring TMC; rather, it authorized other staff to perform this role.

We did not identify any instance of MTF personnel providing controlled pharmaceuticals to personnel outside the medical community. However, by not verifying each time that only medical personnel authorized by DA Form 1687 received controlled pharmaceuticals, there is an increased risk that a controlled pharmaceutical could be provided to non-medical personnel or to medical personnel without authorization.

DA Forms 1687 Were Not Completed or Updated

Four MTFs and two MTF medical logistics facilities did not complete or update the required DA Form 1687 to identify personnel authorized to receive controlled pharmaceuticals. Specifically, we identified various deficiencies with DA Forms 1687, including forms that were incomplete, outdated, or not updated with current personnel.

Al Udeid Air Base Role II MTF, CJTH, and NATO Role III MMU personnel did not complete a required DA Form 1687 for controlled pharmaceuticals. The USCENTCOM CCOP-03 SOP requires pharmacy personnel to submit a DA Form 1687 to MTF medical logistics facilities to allow designated individuals to order and receive pharmaceuticals. However, Al Udeid Air Base Role II MTF and CJTH personnel used a memorandum signed by the pharmacist instead of a DA Form 1687 signed by the First Field Grade Commander. In addition, the NATO Role III MMU Pharmacist did not submit a DA Form 1687 to the MTF medical logistics facility to identify authorized personnel who could receive controlled pharmaceuticals. Furthermore, Camp Buehring TMC personnel submitted a DA Form 1687 to their MTF medical logistics facility; however, the DA Form 1687 was not signed by the First Field Grade Commander and therefore was not valid.

The CJTH medical logistics facility and NATO Role III MMU medical logistics facility had DA Forms 1687 that were outdated. While the audit team was on site, CJTH and NATO Role III MMU medical logistics facility personnel initiated corrective action and updated their expired DA Form 1687, which included removing redeployed personnel and adding newly arriving authorized personnel.

Non-Controlled Pharmaceutical Inventories Were Not Conducted

Not all MTFs conducted the required inventories of non-controlled pharmaceuticals. Army, Navy, and Air Force guidance all require non-controlled pharmaceutical inventories to be completed at various intervals. Specifically, Army Regulation 40-3 requires a 100-percent inventory on all non-controlled pharmaceuticals once per year, quarterly reviews of selected non-controlled pharmaceuticals, and monthly inventory of five non-controlled pharmaceuticals. Navy Medicine P-117 states that MTFs must conduct an annual inventory of all non-controlled pharmaceuticals stocked in the pharmacy; however, MTFs may choose to perform a monthly sampling or a risk-based approach until a perpetual inventory system is implemented. Air Force Instruction 44-102 requires inventories of non-controlled pharmaceuticals to be completed monthly using a sampling of five non-controlled pharmaceuticals from the top 100 line items based on dollar value and volume.

Of the eight MTFs we visited:

- four MTFs—USMH-K, Camp Buehring TMC, CJTH, and Al Udeid Air Base Role II MTF—did not complete any inventories of non-controlled pharmaceuticals; and
- one MTF—Bagram Veterinary Treatment Facility—began conducting inventories after we announced our audit and intent to visit the MTF and had no records of previous inventories.

USMH-K, Camp Buehring TMC, CJTH, and Al Udeid Air Base Role II MTF did not complete any inventories of non-controlled pharmaceuticals.

Inventories are critical to identifying discrepancies with pharmaceuticals. While potentially not as addictive as controlled pharmaceuticals, non-controlled pharmaceuticals can be expensive and used for alternative purposes. For example, a bottle of donnatal elixir is worth \$1,655.32, and a box of vitamin K-1 vials is worth \$1,512.53.²⁴ In addition, the Food and Drug Administration has reported the abuse of Diprivan, a non-controlled pharmaceutical, for recreational and other improper purposes has resulted in fatalities and other injuries.

²⁴ Donnatal elixir is used in the treatment of irritable bowel syndrome. Vitamin K-1 is used to treat coagulation (clotting) disorders associated with vitamin K-1 deficiencies.

With large quantities of non-controlled pharmaceuticals on MTF pharmacy shelves, not conducting inventories significantly increases the opportunity for theft or loss and makes identifying thefts and losses more difficult. Figure 3 illustrates our concerns; specifically, the abundance of non-controlled pharmaceuticals on open shelves, not subject to any inventories, and easily pilferable.



Figure 3. Non-Controlled Pharmaceuticals in the Camp Buehring TMC Pharmacy
Source: The DoD OIG.

Pharmaceuticals Were Not Properly Safeguarded

Five MTFs and the USAMMC-SWA warehouse did not properly safeguard pharmaceuticals. One MTF did not restrict access to the pharmacy and left the pharmacy door open and the safe door storing controlled pharmaceuticals unlocked. In addition, five MTFs did not have an IDS or functional security

cameras. Furthermore, personnel in the USAMMC-SWA warehouse did not change the warehouse's cipher lock and vault combinations when staff were redeployed or no longer assigned to the warehouse.

Access to Pharmacy Was Not Restricted

Camp Buehring TMC personnel did not properly secure controlled pharmaceuticals. Army Regulation 190-51 states that pharmacies containing controlled items will be designated as restricted areas.²⁵ The regulation also requires containers storing controlled pharmaceuticals to be locked when access is not required for operational use. The audit team observed Camp Buehring TMC personnel not restricting access to the pharmacy. In addition, they left the controlled pharmaceutical safe unlocked on several occasions when Camp Buehring TMC personnel were not using the safe. The safe stored controlled pharmaceuticals, such as adderall, ketamine, morphine, and tramadol hydrochloride.²⁶ Camp Buehring TMC personnel stated that they leave the pharmacy door open all day due to the heat inside the building. During our 2-day site visit in August 2019, the audit team observed the pharmacy door propped open throughout the day with unauthorized personnel entering the pharmacy through the open pharmacy door on several occasions. See Figure 4 for examples of the open pharmacy door with an unauthorized person in the pharmacy, and an unlocked controlled pharmaceutical safe with the keys in the lock.



Figure 4. Pharmacy Door Left Open and Controlled Pharmaceutical Safe Unlocked
Source: The DoD OIG.

²⁵ Army Regulation 190-51, "Security of Unclassified Army Resources (Sensitive and Nonsensitive)," June 27, 2019.

²⁶ Adderall is used for the treatment of attention deficit hyperactivity disorder and narcolepsy. Morphine is used to treat severe pain and can be used preoperatively to sedate the patient or postoperative to control the pain. Tramadol hydrochloride is used to manage moderate to moderate severe pain in adults.

Some MTFs Lacked an IDS or Functional Security Cameras

Five MTFs did not have an IDS or functional security cameras. The USCENTCOM CCOP-03 SOP states that security and access to pharmacy and medication storage areas must be in accordance with Military Service-specific guidance for minimum physical security standards for the storage of controlled pharmaceuticals.²⁷ While the Military Services have different requirements for securing controlled pharmaceuticals, each requires a minimum level of security. Specifically, Army and Air Force guidance requires an IDS, while Navy guidance requires security cameras.

Army Regulation 190-51 requires pharmacies located in MTFs storing controlled pharmaceuticals to be equipped with an IDS.²⁸ Air Force Instruction 31-101 requires pharmacies and controlled pharmaceutical storage areas to meet the criteria in Unified Facilities Criteria 4-510-01.²⁹ Unified Facilities Criteria 4-510-01 requires pharmacies to have an IDS.³⁰

However, during our site visits, we determined that the Bagram Veterinary Treatment Facility, Camp Buehring TMC, CJTH, and USMH-K did not have an IDS.³¹ Instead of an IDS, USMH-K had a security camera for the controlled pharmaceutical area; however, the audit team observed that the security camera was partially blocked by boxes, which significantly limited its effectiveness. In addition, the security camera historical footage was not available because USMH-K personnel did not have the code to access it. Furthermore, in August 2019, the Camp Arifjan Physical Security Inspector conducted an inspection of the USMH-K Pharmacy and concluded that the pharmacy did not have an IDS and therefore was not in compliance with Army Regulation 190-51. Even though the MTFs in the scope of the audit are in a deployed environment, the Al Udeid Air Base Role II MTF and ASG-QA TMC both had a functioning IDS. Finally, the NATO Role III MMU did not have security cameras in the pharmacy where the controlled substances are stored and dispensed as required by Navy Medicine P-117.

The Bagram Veterinary Treatment Facility, Camp Buehring TMC, CJTH, and USMH-K did not have an IDS.

²⁷ USCENTCOM Medication Use CCOP-03 SOP, "Medication Use Policy," June 28, 2019.

²⁸ Army Regulation 190-51, "Security of Unclassified Army Resources (Sensitive and Nonsensitive)," June 27, 2019.

²⁹ Air Force Instruction 31-101, "Integrated Defense," March 25, 2020.

³⁰ Unified Facilities Criteria 4-510-01, "Design: Military Medical Facilities," December 4, 2019.

³¹ Out of the four MTFs, CJTH is the only facility open 24 hours a day.

USAMMC-SWA Did Not Change Lock Combinations

USAMMC-SWA personnel did not change their cipher locks and vault combination as required. According to the security manager, the last time the cipher locks were changed for USAMMC-SWA's exterior doors was several years ago, and the vault was last changed on November 4, 2016. According to Army Regulation 190-51, codes are required to be changed on a semiannual basis at a minimum or when personnel leave. The vault Standard Form 700, which is used to document lock changes, did not have the date completed filled out. In addition, personnel listed as points of contact on the vault Standard Form 700 were not currently on the vault access roster. The physical security inspection conducted by the Physical Security Officer in April 2019 found the same deficiency with the cipher lock that we found during our September 2019 site visit. The physical security inspection stated that the deficiencies could result in the loss or theft of property, and that immediate steps were required to correct these deficiencies in order to meet minimum requirements. However, USAMMC-SWA personnel did not immediately address the cipher lock issue.

USCENTCOM Did Not Have Effective Controls in Place to Identify the Accountability and Safeguarding Deficiencies

USCENTCOM's existing guidance did not provide a unifying method for U.S. military forces within the USCENTCOM AOR to account for and safeguard pharmaceuticals in accordance with theater, service, and unit-level specific processes. In addition, USCENTCOM did not provide sufficient oversight to identify the accountability and safeguarding deficiencies. Although USCENTCOM personnel conduct Theater Pharmacist visits to MTFs to determine individual compliance with USCENTCOM's SOP, the review checklist used was generic and missing key requirement areas, and did not have detailed steps that would have identified the deficiencies we identified throughout this report. For example, the review checklist did not include a review of the DA Forms 1687 for accuracy and completeness or a review of non-controlled pharmaceuticals inventories. In addition, USCENTCOM's SOP did not include clear requirements for conducting monthly DIO inventories and securing pharmaceuticals.

USCENTCOM Issued Unclear Guidance

USCENTCOM's SOPs did not include clear requirements for conducting monthly DIO inventories and securing pharmaceuticals. For example, the USCENTCOM Controlled Substances DIO Program SOP provides guidance for performing DIO inventories. The SOP requires a DIO to perform a physical inventory of all

controlled pharmaceuticals monthly. However, the SOP does not have specific details directing the DIO to open boxes, including mass casualty kits and boxes that were previously opened and resealed. Therefore, the DIO relied on the numbers of controlled pharmaceuticals that were supposed to be in the boxes without actually verifying that the controlled pharmaceuticals were in the boxes.

In addition, some of the controlled pharmaceuticals were considered contingency stock. The SOP did not clearly state that the controlled pharmaceuticals that are contingency stock should be inventoried monthly. Lastly, the SOP does not place responsibility on the action officer to ensure that the DIO is aware of all locations where controlled pharmaceuticals could be stored. Specifically, DIOs rely on the action officer and accountability records to verify controlled pharmaceuticals; however, if controlled pharmaceuticals are not listed on accountability records, the DIO will not know to inventory them. Therefore, it is critical for the action officer to inform the DIO where controlled pharmaceuticals are stored. For example, action officers at the CJTH medical logistics facility did not provide all the controlled pharmaceuticals for the DIO to verify and, therefore, the DIO did not know that CJTH medical logistics personnel had possession of the controlled pharmaceuticals. Also, ASG-QA TMC action officers did not identify patient returns of controlled pharmaceuticals for the DIO to verify, and because the items were not on the accountability records, the DIO would not know the controlled pharmaceuticals existed.

Therefore, the USCENTCOM Theater Pharmacist, in coordination with the USCENTCOM Surgeon, should update policies and procedures to require that the DIO review all contingency stock and patient-returned pharmaceuticals and verify amounts in resealed boxes and sealed mass casualty kits. In addition, the USCENTCOM Theater Pharmacist, in coordination with the USCENTCOM Surgeon, should update the guidance to require the action officer to identify for the DIO all areas that have controlled pharmaceuticals.

In addition, the USCENTCOM CCOP-03 SOP does not set minimum security requirements for securing controlled and non-controlled pharmaceuticals for MTFs in the USCENTCOM AOR. Specifically, the USCENTCOM CCOP-03 SOP requires physical security to be established in accordance with Military Service-specific guidelines. The SOP states that each Military Service has established policy, procedures, and minimum physical security standards for the storage of controlled pharmaceuticals and medically sensitive items.

Camp Buehring TMC personnel left the pharmacy door propped open and the controlled pharmaceutical safe unlocked.

During the audit, we identified several security deficiencies with the safeguarding of controlled and non-controlled pharmaceuticals.

For example, at Camp Buehring TMC

personnel left the pharmacy door propped open and the controlled pharmaceutical safe unlocked. Although the USCENTCOM CCOP-03 SOP states that all pharmacies are restricted access areas, it does not clearly state that the pharmacy personnel should ensure that the pharmacy door is closed to restrict access or that the controlled substance safes are closed and locked when not in use.

In addition, we determined that USAMMC-SWA personnel did not change the combination locks for the doors and vault for several years. During this time, multiple USAMMC-SWA warehouse personnel had rotated in and out. The USCENTCOM CCOP-03 SOP states that Commanders, Chiefs of Pharmacy, and clinic officers in charge will establish procedures for the protection of locks, keys, and combinations used to secure pharmacies, vaults, and containers in which controlled substances are stored. However, the SOP does not address how often combinations need to be changed.

Therefore, the USCENTCOM Theater Pharmacist, in coordination with the USCENTCOM Surgeon, should update the current guidance with minimum security requirements of controlled and non-controlled pharmaceuticals for MTFs in the USCENTCOM AOR. The USCENTCOM Theater Pharmacist should verify that the updated security guidance is followed and deficiencies are addressed during the USCENTCOM Theater Pharmacist site visits.

USCENTCOM Theater Pharmacist Review Checklist Needs Improvement

MTFs in the USCENTCOM AOR are operated by military personnel constantly rotating in and out at different intervals. For example, at USMH-K, the pharmacy personnel rotate every 9 months, and at Al Udeid Air Base Role II MTF, the personnel rotate every 6 months. Due to the high frequency of change in MTF personnel and operational tempo, proper oversight is critical to ensure that DA Forms 1687, non-controlled inventories, DIO inventories, and physical security requirements are completed as required.

The USCENTCOM Theater Pharmacist provides oversight of MTF operations within the AOR through site visits to ensure the accountability and safeguarding of pharmaceuticals. The USCENTCOM Theater Pharmacist is required to visit each MTF at least once every 24 months. The USCENTCOM Theater Pharmacist conducts site visits to MTFs using a standardized checklist.

The USCENTCOM Theater Pharmacist conducted site visits to five MTFs before our site visits to Kuwait and Qatar in August and September 2019 and to Afghanistan in November and December 2019; however, the USCENTCOM Theater Pharmacist did not find the deficiencies the audit team identified. For example, the USCENTCOM Theater Pharmacist performed a site visit the day before the audit team's site visit at ASG-QA TMC but did not identify that DIO inventories were not performed monthly as required or that all controlled pharmaceuticals were not documented on the accountability records.

In addition, the USCENTCOM Theater Pharmacist conducted a site visit at the Al Udeid Air Base Role II MTF 3 days before the audit team's site visit. The site visit report did not identify that the Al Udeid Air Base Role II MTF did not conduct non-controlled pharmaceutical inventories and the pharmacy did not have a DA Form 1687.

The USCENTCOM's Theater Pharmacist site visits did not identify these deficiencies because the checklist used during the site visits was generic, did not include key requirement areas, and did not provide detailed steps to assess the areas related to the deficiencies we identified throughout this report. The checklist did not require the USCENTCOM Theater Pharmacist to review the DA Forms 1687 for accuracy and completeness; compliance with required non-controlled pharmaceutical inventories; and whether MTFs met all the physical security requirements. In addition, the USCENTCOM Theater Pharmacist did not have a tracking mechanism for monthly DIO inventories or DA Forms 1687 to ensure that they were completed.

In conjunction with using the review checklist for security compliance, the USCENTCOM Theater Pharmacist can request the most recent security inspections for each MTF before the site visit. The inspection is documented in a report, and the USCENTCOM Theater Pharmacist could use the site visit to confirm whether corrective actions identified in the inspections have been taken to resolve the deficiencies previously identified. For example, the August 2019 USMH-K security inspection identified the same deficiency as the audit team. Specifically, the USMH-K pharmacy is not equipped with an IDS. The security inspection report recommended using armed guards in the pharmacy area, or ordering and installing an IDS, but that issue was not corrected between the two inspections.

Therefore, the USCENTCOM Theater Pharmacist should develop a tracking mechanism for DA Forms 1687 and DIO inventories and follow-up on deficiencies identified. In addition, the USCENTCOM Theater Pharmacist should update the review checklist to ensure that DA Forms 1687, non-controlled pharmaceutical inventories, and physical security requirements are completed as required.

Lack of Inventories and Poor Security Led to Missing Pharmaceuticals

As a result of the accountability and safeguarding deficiencies identified at the MTFs, MTF medical logistics facilities, USAMMC-SWA warehouse, and USAMMC-SWA FLEs, the controlled and non-controlled pharmaceuticals at these locations are susceptible to loss, theft, abuse, and diversion.

Without properly conducting inventories, USCENTCOM would not be able to determine whether losses occurred or determine the exact amount of losses of controlled and non-controlled pharmaceuticals at each MTF, MTF medical logistics facility, and USAMMC-SWA FLE. For example, ASG-QA TMC personnel did not document patient returns on their accountability records; instead, the half tablets of alprazolam were placed into a paper bag within the vault. Without knowing the original number of alprazolam tablets or conducting regular inventories, it is impossible to determine whether any alprazolam tablets were missing or stolen.

Controlled pharmaceuticals are particularly vulnerable to diversion for illicit use. Non-controlled pharmaceuticals, which are pilferable and sometimes expensive, may be used for recreational use. Improper use of these pharmaceuticals can degrade military operations and damage the lives, safety, and readiness of military personnel.

The combination of lack of inventories and poor safeguarding significantly increases the risk for loss or theft. For example, at the USAMMC-SWA FLE in Kuwait, the lack of inventories throughout the warehouse in 2018 left the incoming unit concerned, and the incoming medical logistics specialist requested an inventory as a result. In 2019, a 100-percent inventory of the entire warehouse resulted in nearly \$194,000 in unexplained discrepancies in non-controlled pharmaceuticals. Due to the lack of previous inventories, the 100-percent inventory could not identify when the discrepancies occurred, only that there were discrepancies.

Management Actions Taken During the Audit

During the audit and while on site, we advised MTF, MTF medical logistics facility, and USAMMC-SWA personnel about deficiencies identified with the accounting and safeguarding of pharmaceuticals. MTF and MTF medical logistics facility personnel immediately initiated corrective actions.

Accountability Records Were Updated for Controlled Pharmaceuticals

During the audit, we identified instances where MTFs did not properly account for controlled pharmaceuticals on their accountability records. For example, we identified that the ASG-QA TMC did not include patient returns of controlled pharmaceuticals and expired controlled pharmaceuticals on its accountability records. We immediately brought it to the attention of ASG-QA TMC personnel, who quickly initiated corrective actions while the audit team was on site to document all controlled pharmaceuticals on their accountability records.

ASG-QA TMC personnel quickly initiated corrective actions while the audit team was on site to document all controlled pharmaceuticals on their accountability records.

On May 28, 2020, the USAMMC-SWA FLE in Kuwait issued a memorandum of record detailing actions that personnel at the USAMMC-SWA FLE in Kuwait took to correct their accountability records. Specifically, the memorandum explained that USAMMC-SWA FLE personnel inventoried the contingency stock and added the controlled pharmaceuticals to their accountability records. The audit team received copies of the USAMMC-SWA FLE's accountability records to support that the controlled pharmaceuticals were added to the FLE's records. In addition, the DIO verified that the number of controlled pharmaceuticals added to the accountability records was correct during the May 2020 DIO inventory. From this point on, because the controlled pharmaceuticals are on the USAMMC-SWA FLE's accountability records, the controlled pharmaceuticals will be part of the DIO inventories completed monthly.

Non-Controlled Pharmaceutical Inventories Completed

In response to our audit, four MTFs started conducting non-controlled inventories. Specifically, while the audit team was still on site, USMH-K completed a 100-percent inventory of all non-controlled pharmaceuticals. In addition, the audit team received the CJTH non-controlled pharmaceutical inventory for December 2019. The audit team also received the Al Udeid Air Base Role II MTF, Camp Buehring TMC, and USMH-K non-controlled pharmaceutical inventories for May 2020 as confirmation that inventories had been completed at all four MTFs.

In response to our audit, four MTFs started conducting non-controlled inventories.

DA Forms 1687 Updated

While the audit team was still on site or immediately after our site visit, several MTFs updated or completed their DA Forms 1687. Specifically, the Camp Buehring TMC, CJTH MTF medical logistics facility, and NATO Role III MMU MTF medical logistics facility updated or completed their DA Forms 1687. In addition, the audit team received completed DA Forms 1687 in June 2020 for the Al Udeid Air Base Role II MTF, CJTH, and NATO Role III MMU.

Security Improvements

Since the audit team site visits, NATO Role III MMU and USMH-K personnel initiated or completed several security improvements. For example, the NATO Role III MMU submitted a work order on December 12, 2019, to have security cameras installed for the controlled pharmaceutical areas in its pharmacy. As of July 2020, the security cameras had not been installed.³² For USMH-K, during our site visit, we observed that boxes obstructed the view of the controlled pharmaceutical vault security camera and that USMH-K personnel did not have access to the code to retrieve historical footage from the security camera. In June 2020, USMH-K personnel provided the audit team with pictures showing that the boxes previously obstructing the vault security camera had been moved. In addition, the USCENTCOM Theater Pharmacist confirmed that the USMH-K Pharmacy had the code to access the security camera historical video footage of the controlled pharmaceutical area by viewing segments of historical footage with the USMH-K Security Manager.

Recommendations, Management Actions Taken, and Our Response

Recommendation 1

We recommend that the U.S. Central Command Theater Pharmacist coordinate with U.S. Central Command Surgeon to establish or update policies and procedures to:

- a. Clarify requirements for Disinterested Officers to review all contingency stock and controlled pharmaceuticals turned in by patients, and verify amounts in resealed boxes and sealed mass casualty kits.
- b. Clarify requirements for action officers to identify all areas that can have controlled pharmaceuticals to the Disinterested Officer to inventory.

³² In July 2020, the USCENTCOM Theater Pharmacist stated the installation of the security camera was under review.

- c. **Include requirements for minimum level of security required for controlled and non-controlled pharmaceuticals for deployed medical treatment facilities within the U.S. Central Command area of responsibility.**

Management Actions Taken

The USCENTCOM Theater Pharmacist and USCENTCOM Surgeon updated the USCENTCOM guidance to address the accountability and security deficiencies identified during the audit. In July 2020, the USCENTCOM Theater Pharmacist provided the signed updated guidance to address deficiencies we found during the audit. Specifically, the updated USCENTCOM guidance:

- clarifies the DIO's responsibility to physically inventory contingency stock and controlled pharmaceuticals turned in by patients;
- directs DIOs to verify amounts in resealed boxes and sealed mass casualty kits;
- requires action officers to identify all areas that have controlled pharmaceuticals to the DIO to inventory;
- clarifies a requirement to complete non-controlled inventories in accordance with Military Service guidance; and
- identifies minimum security requirements for controlled and non-controlled pharmaceuticals for deployed MTFs within the USCENTCOM AOR.

Our Response

The updates adequately address the deficiencies we identified during the audit by providing clarity to MTF personnel. The actions taken address the specifics of Recommendations 1.a, 1.b, and 1.c. Therefore, the recommendations are closed.

Recommendation 2

We recommend that the U.S. Central Command Theater Pharmacist develop a tracking mechanism and follow-up on any deficiencies identified to:

- a. **Verify that Department of the Army Forms 1687 are completed and updated for medical treatment facilities and medical treatment facility medical logistic facilities.**
- b. **Verify that Disinterested Officer inventories are completed monthly.**

Management Actions Taken

The USCENTCOM Theater Pharmacist also agreed that a tracking mechanism was needed for verifying the DA Forms 1687 are up to date and DIO inventories have occurred. In April 2020, the USCENTCOM Theater Pharmacist created a database to track and store DA Forms 1687. Specifically, he created a folder on the USCENTCOM shared drive for tracking the DA Forms 1687 to ensure that the DA Forms 1687 were updated when units come into theater. The USCENTCOM Theater Pharmacist created a database on the USCENTCOM shared drive to track and store DIO inventories and created a Microsoft Excel spreadsheet to track when the MTFs completed the required DIO inventories.

Our Response

The creation of databases for DA Forms 1687 and DIO inventories and the use of an Excel spreadsheet to track whether documents are received adequately address the deficiencies we identified during the audit. The actions taken addressed the specifics of Recommendations 2.a and 2.b. Therefore, the recommendations are closed.

Recommendation 3

We recommend that the U.S. Central Command Theater Pharmacist update the site visit review checklist to:

- a. Include requirements to verify that Department of the Army Forms 1687 are completed and updated for medical treatment facilities and medical treatment facility medical logistic facilities.**
- b. Include requirements to verify that non-controlled pharmaceutical inventories are completed.**
- c. Include requirements to verify that security procedures are followed and security deficiencies are addressed.**

Management Actions Taken

The USCENTCOM Theater Pharmacist updated the site visit review checklist on June 10, 2020. The updated checklist requires the USCENTCOM Theater Pharmacist during site visits to verify that:

- DA Forms 1687 are completed and updated for MTFs and MTF medical logistics facilities;
- contingency stock is inventoried correctly;
- non-controlled pharmaceutical inventories are being completed;

- annual physical security inspections are completed; and
- minimum security requirements are met and security deficiencies are addressed.

Our Response

The updated checklist adequately addresses the deficiencies we identified during the audit by adding requirements to verify key accountability and safeguarding requirements during USCENTCOM Theater Pharmacist site visits. The actions taken addressed the specifics of Recommendations 3.a, 3.b, and 3.c. Therefore, the recommendations are closed.

Appendix A

Scope and Methodology

We conducted this performance audit from July 2019 through July 2020 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

To understand the requirements for accounting for and safeguarding pharmaceuticals we reviewed the following criteria.

- DoD Instruction 5000.64, "Accountability And Management of DoD Equipment And Other Accountable Property," June 10, 2019
- USCENTCOM Medication Use CCOP-03 SOP, "Medication Use Policy," June 28, 2019
- USCENTCOM Standard Operating Procedure, "Controlled Substances Disinterested Officer Program," July 1, 2018
- Army Regulation 40-3, "Medical, Dental, and Veterinary Care," April 23, 2013
- Army Regulation 190-51, "Security of Unclassified Army Resources (Sensitive and Nonsensitive)," June 27, 2019
- DA Pamphlet 710-2-1, "Using Unit Supply System (Manual Procedures)," December 1, 2016
- Navy Medicine P-117, "Manual of the Medical Department," March 5, 2018
- Air Force Instruction 44-102, "Medical Care Management," March 17, 2015
- Air Force Instruction 31-101, "Integrated Defense," March 25, 2020
- USAMMC-SWA Customer Handbook, April 24, 2019
- Unified Facilities Criteria 4-510-01, "Design Military Medical Facilities," December 4, 2019

To determine whether the Military Departments properly accounted for and safeguarded pharmaceuticals at their overseas locations supporting overseas contingency operations within the USCENTCOM AOR, the audit team visited eight MTFs; four MTF medical logistics facilities; the USAMMC-SWA warehouse; and three USAMMC-SWA FLE warehouses located throughout Qatar, Kuwait, and Afghanistan.

MTFs

The audit team reviewed each Military Department's guidance and interviewed key personnel responsible for storing, tracking, and safeguarding pharmaceuticals. The audit team conducted testing at eight MTFs. Specifically, the audit team performed 100-percent testing of controlled pharmaceuticals by inventorying each pharmaceutical (for example, pill, vial, or injector) and comparing to accountability records.³³ In addition, the audit team reviewed the expiration dates for all controlled pharmaceuticals and for a nonstatistical sample of non-controlled pharmaceuticals. Furthermore, we determined whether personnel were authorized on an approved DA Form 1687 to receive controlled pharmaceuticals. We determined whether monthly DIO inventories were completed for controlled pharmaceuticals by reviewing DIO reports, and whether non-controlled pharmaceutical inventories were completed in accordance with Military Department guidance. We observed the physical security of the MTFs and reviewed any physical security inspections completed. Specifically, we conducted audit work at the following MTFs.

- ASG-QA TMC in Qatar (Army)
- Bagram Veterinary Treatment Facility in Afghanistan (Army)
- Camp Buehring TMC in Kuwait (Army)
- CJTH in Afghanistan (Air Force)
- Al Udeid Air Base Role II MTF in Qatar (Air Force)
- NATO Role III MMU in Afghanistan (Navy)
- U.S. Army Health Clinic-Kuwait in Kuwait (Army)
- USMH-K in Kuwait (Army)

MTF Medical Logistics Facilities

The audit team reviewed each Military Department's guidance and interviewed key personnel responsible for storing, tracking, and safeguarding pharmaceuticals, performed for four MTF medical logistics facilities. In addition, we completed 100-percent testing of controlled pharmaceuticals by inventorying each controlled pharmaceutical (for example, pill, vial, or injector) and comparing to accountability records for accuracy and expiration dates.³⁴ The audit team completed 25-percent testing of contingency stock controlled pharmaceuticals to accountability records

³³ During the audit team's 100-percent testing of controlled pharmaceuticals inventory, we did not open manufactured sealed bottles or boxes to count the individual pills, vials, or injectors, and relied on the amount listed on the manufactured sealed bottles or boxes.

³⁴ During the audit team's 100-percent testing of controlled pharmaceuticals inventory, we did not open manufactured sealed bottles or boxes to count the individual pills, vials, or injectors, and relied on the amount listed on the manufactured sealed bottles or boxes.

for accuracy and expiration dates. We reviewed DIO reports to determine whether controlled pharmaceutical inventories were being completed. Furthermore, we reviewed DA Forms 1687 and observed whether MTF medical logistics facility personnel verified that personnel picking up controlled pharmaceuticals were on DA Forms 1687 as authorized to receive them. Specifically, we conducted audit work at the following MTF medical logistics facilities.

- CJTH medical logistics facility in Afghanistan (Air Force)
- Al Udeid Air Base Role II MTF medical logistics facility in Qatar (Air Force)
- NATO Role III MMU medical logistics facility in Afghanistan (Navy)
- USMH-K medical logistics facility in Kuwait (Army)

USAMMC-SWA Warehouse and FLEs

The audit team reviewed Army and USAMMC-SWA guidance and interviewed key personnel responsible for storing, tracking, and safeguarding pharmaceuticals for the USAMMC-SWA warehouse and three USAMMC-SWA FLEs. At the USAMMC-SWA warehouse, we observed the physical security of the warehouse and vault. In addition, we interviewed USAMMC-SWA and USAMMC-SWA FLE personnel regarding the process for receiving and picking up pharmaceuticals, and reviewed the DA Forms 1687 provided to USAMMC-SWA. Furthermore, at the USAMMC-SWA FLEs, we determined whether the contingency stock was added to the accountability records. Specifically, we conducted audit work at the following USAMMC-SWA warehouse and FLEs.

- USAMMC-SWA warehouse in Qatar (Army)
- USAMMC-SWA FLE in Bagram, Afghanistan (Army)
- USAMMC-SWA FLE in Kandahar, Afghanistan (Army)
- USAMMC-SWA FLE in Kuwait (Army)

Use of Computer-Processed Data

We used computer-processed data from the Theater Medical Information Program Composite Health Care System Cache and Defense Medical Logistics Standard Support to identify the on-hand inventory of controlled pharmaceuticals. To test the reliability of the data, we completed a 100-percent inventory of controlled pharmaceuticals by inventorying each controlled pharmaceutical (for example, pill, ampule, or injector) and comparing to accountability records.³⁵ The audit team completed 25-percent testing of contingency stock controlled pharmaceuticals

³⁵ During the audit team's 100-percent testing of controlled pharmaceuticals inventory, we did not open manufactured sealed bottles or boxes to count the individual pills, vials, or injectors, and relied on the amount listed on the manufactured sealed bottles or boxes.

comparing to accountability records for accuracy and expiration dates. As a result, we determined that the computer-processed data from the Theater Medical Information Program Composite Health Care System Cache and Defense Medical Logistics Standard Support were sufficiently reliable to support our findings and conclusions.

Prior Coverage

No prior coverage has been conducted on the accountability and safeguarding of controlled and non-controlled pharmaceuticals in the USCENTCOM AOR during the last 5 years.

Appendix B

DA Form 1687

NOTICE OF DELEGATION OF AUTHORITY - RECEIPT FOR SUPPLIES <i>For use of this form, see DA PAM 710-2-1. The proponent agency is DCS, G-4.</i>					DATE	
AUTHORIZED REPRESENTATIVE(S)						
ORGANIZATION RECEIVING SUPPLIES				LOCATION		
LAST, FIRST, MIDDLE INITIAL		AUTHORITY		SIGNATURE AND INITIALS		
		REQ	REC			
AUTHORIZATION BY RESPONSIBLE SUPPLY OFFICER OR ACCOUNTABLE OFFICER						
THE UNDERSIGNED HEREBY <input type="checkbox"/> DELEGATES TO <input type="checkbox"/> WITHDRAWS FROM THE PERSON(S) LISTED ABOVE						
THE AUTHORITY TO:						
REMARKS						
I ASSUME FULL RESPONSIBILITY						
UNIT IDENTIFICATION CODE				DODAAC/ACCOUNT NUMBER		
LAST, FIRST, MIDDLE INITIAL		GRADE	TELEPHONE NUMBER	EXPIRATION DATE	SIGNATURE	

DA FORM 1687, NOV 2015

PREVIOUS EDITIONS ARE OBSOLETE

APD LC v1.01ES

Appendix C

USCENTCOM Theater Pharmacist Site Visit Checklist

3D MCDS (FWD) STAFF ASSISTANCE VISIT & COMMAND INSPECTION CHECKLIST		DATE OF INSPECTION		
FUNCTIONAL AREA/SUBORDINATE AREA: PHARMACY SERVICES		RATING	CHECKLIST EFF DATE: 15 JUL 19	PAGE 1 OF 7
INSPECTION OFFICE/AGENCY CLINOPS / DIVISION PHARMACY SECTION	UNIT	INSPECTOR'S NAME & PHONE NUMBER		
REQUIREMENTS		YES	NO	NA
CONTROLLED SUBSTANCE Are copies of the monthly disinterested officer 100% inventory and the orders for the disinterested officer on file for at least the past year? Was the 100% inventory performed by the disinterested officer in all locations outside the pharmacy that store narcotics (treatment room, dental clinic, etc) Are daily and weekly inventories performed in the pharmacy? Does the patient sign to document receipt of the dispensed controlled drug prescription? Are the controlled substances prescription numbers accounted for and filed in numbered sequence in 2 files (Qs and Rs filed separately)? Are the controlled substances issue numbers accounted for and filed in numbered sequence in 2 files (Qs and Rs filed separately)? Are MRO's for controlled drugs filed for two years in the pharmacy before being sent to the records holding area? Does the pharmacy utilize the back count system when filling narcotic prescriptions? Is a process in place to identify patients with drug seeking behaviors? Is the staff knowledgeable of the mechanism to report controlled substance abusing patients? Are controlled prescriptions returned by patients logged back in the vault for destruction? Are controlled medications requiring destruction disposed of properly and does the clinic maintain a file of destruction documents (DA 3161-Request for Issue/Turn-In)? Were the results of the spot check of controlled drugs found to be correct? Are controlled substances stored in accordance with ARCENT / CENTCOM /service specific guidance ? Are controlled substances being double counted? (The count must be written on the front of each prescription and initialed to verify this.)				

USCENTCOM Theater Pharmacist Site Visit Checklist (cont'd)

3D MCDS (FWD)		DATE OF INSPECTION	
STAFF ASSISTANCE VISIT & COMMAND INSPECTION CHECKLIST			
FUNCTIONAL AREA/SUBORDINATE AREA: PHARMACY SERVICES	RATING	CHECKLIST EFF DATE: 15 JUL 19	PAGE 2 OF 7
INSPECTION OFFICE/AGENCY CLINOPS / DIVISION PHARMACY SECTION	UNIT	INSPECTOR'S NAME & PHONE NUMBER	
REQUIREMENTS		YES	NO
<p><u>SUPPLY (MM.2.20)</u></p> <p>Are expired items properly handled? (Sorted by returnable items, hazardous items, sharps and other medications.)</p> <p>Does the pharmacy return expired items to supporting logistics units for credit?</p> <p>Does the pharmacy have a list of all items that are considered hazardous waste?</p> <p>Are Material Safety Data Sheets (MSDS) available for all items that are on the hazardous list?</p> <p>Does the pharmacy have a system to set and maintain proper stock levels and a system to order proactively as needed?</p> <p>Are BDO's entered correctly in CHCS?</p> <p>Are non-formulary medications ordered only after receipt of a New Drug Request (DD 2081) and segregated from Formulary medications in the pharmacy?</p> <p><u>QUALITY CONTROL (MM.2.20 & 2.30)</u></p> <p>Are expiration dates checked and documented monthly for drugs maintained in the pharmacy and the clinic's treatment areas?</p> <p>Were any expired medications found during the spot check?</p> <p>Does the MTF utilize a Standardized Crash Cart list?</p> <p>Are medications in the crash cart checked monthly by the pharmacy for expiration dates and to ensure all medications on the list are present?</p> <p>Does the clinic maintain poison treatment medications accessible IAW with CENTCOM / ARCENT or service specific antidote list?</p> <p>Is a QCD log properly maintained to review and account for all MMQC messages?</p>			

USCENTCOM Theater Pharmacist Site Visit Checklist (cont'd)

3D MCDS (FWD)		DATE OF INSPECTION	
STAFF ASSISTANCE VISIT & COMMAND INSPECTION CHECKLIST			
FUNCTIONAL AREA/SUBORDINATE AREA: PHARMACY SERVICES	RATING	CHECKLIST EFF DATE: 15 JUL 19	PAGE 3 OF 7
INSPECTION OFFICE/AGENCY CLINOPS / DIVISION PHARMACY SECTION	UNIT	INSPECTOR'S NAME & PHONE NUMBER	
REQUIREMENTS		YES	NO
<u>QUALITY CONTROL (MM.2.20 & 2.30)</u>			
Does the pharmacy maintain a log of medication errors and have they forwarded the reports to CENTCOM PSM for processing and data capture?			
Does the pharmacy maintain a log of near misses and have they forwarded the reports to CENTCOM PSM for processing and data capture?			
Does the pharmacy maintain an intervention log (level III only)?			
Is the staff knowledgeable of Adverse Drug Event definitions and reporting procedures?			
Are Adverse Drug Events reported and forwarded to the CENTCOM PSM for processing and data capture?			
Are pre-pack logs properly maintained for all items that are pre-packed?			
Are all medications pre-packed to be dispensed from the treatment room and other areas such as an after-hours dental cabinet properly labeled?			
Are HIV PEP medications available? (level II+ and III only)			
<u>PHYSICAL SECURITY (MM.2.20)</u>			
Are current versions of Theater / Service specific guidances readily accessible to staff?			
Is an access roster properly completed and displayed?			
Are SF Form 702's properly completed for the pharmacy main door and safe?			
Are the combination locks changed every 6 months or with any personnel change?			
Is a Key Control Register maintained and properly utilized at the pharmacy or maintained at the clinic?			

USCENTCOM Theater Pharmacist Site Visit Checklist (cont'd)

3D MCDS (FWD)		DATE OF INSPECTION	
STAFF ASSISTANCE VISIT & COMMAND INSPECTION CHECKLIST			
FUNCTIONAL AREA/SUBORDINATE AREA: PHARMACY SERVICES	RATING	CHECKLIST EFF DATE: 15 JUL 19	PAGE 4 OF 7
INSPECTION OFFICE/AGENCY CLINOPS / DIVISION PHARMACY SECTION	UNIT	INSPECTOR'S NAME & PHONE NUMBER	
REQUIREMENTS		YES	NO
<u>RECORD AND FILE MANAGEMENT (MM.2.20)</u> Are local and CENTCOM Pharmacy and Therapeutics Committee minutes available for review as required? Are copies of staff assistance visits filed and corrective action taken? Are pharmacy records managed appropriately for filing, turn-in and destruction? Does the pharmacy complete Monthly Metric Reporting via the appropriate metrics portal? Are telephone numbers to nearest local III facility posted and near appropriate phones? <u>MEDICATION STORAGE AREAS (MM.2.20)</u> Is there an approved list of medications stocked in other areas that are supplied and checked by the pharmacy? Has the list been updated (annual requirement)? Are medication storage area(s) secured? Are refrigerator/freezer temperatures checked and recorded twice daily IAW standard practices? Is refrigerator cleaned and recorded monthly? Is the low-tech freezer temperature monitor in operation? (cup of frozen water with coin on top) Does the pharmacy have a functional refrigerator/freezer alarm to alert key staff of power outages and temperature excursions remotely after hours? Does the alarm have backup battery power? Are the batteries checked monthly and replaced every 6 months?			

USCENTCOM Theater Pharmacist Site Visit Checklist (cont'd)

3D MCDS (FWD) STAFF ASSISTANCE VISIT & COMMAND INSPECTION CHECKLIST		DATE OF INSPECTION		
FUNCTIONAL AREA/SUBORDINATE AREA: PHARMACY SERVICES		RATING	CHECKLIST EFF DATE: 15 JUL 19	PAGE 5 OF 7
INSPECTION OFFICE/AGENCY CLINOPS / DIVISION PHARMACY SECTION	UNIT	INSPECTOR'S NAME & PHONE NUMBER		
REQUIREMENTS		YES	NO	NA
<p><u>MEDICATION STORAGE AREAS (MM.2.20)</u></p> <p>Is there evidence that the alarm is tested and the notification list reviewed and updated monthly?</p> <p>Are problems identified and corrected immediately?</p> <p><u>DISPENSING (MM.4.10)</u></p> <p>Are the dispensed medication labels initialed by the filler and checker?</p> <p>Are patients counseled about their medications using show-and-tell methods?</p> <p>Are pharmacy personnel familiar with dispensing policies?</p> <p>Are IV medications labelled with expiration date / time ?</p> <p>Is the MTF approved non-physician prescribing list readily available for staff reference? Are DD577 Provider signature Cards present and verified.?</p> <p><u>TRAINING (HR 2.30)</u></p> <p>Is the pharmacist's license up to date and documented in and tracked?</p> <p>Are competency-based folders maintained on all pharmacy personnel?</p> <p>Have all pharmacy staff had a competency assessment completed within the past year?</p> <p>Have pharmacy technicians attended Low Density training on a regular basis?</p>				

USCENTCOM Theater Pharmacist Site Visit Checklist (cont'd)

3D MCDS (FWD)		DATE OF INSPECTION	
STAFF ASSISTANCE VISIT & COMMAND INSPECTION CHECKLIST			
FUNCTIONAL AREA/SUBORDINATE AREA: PHARMACY SERVICES	RATING	CHECKLIST EFF DATE: 15 JUL 19	PAGE 6 OF 7
INSPECTION OFFICE/AGENCY CLINOPS / DIVISION PHARMACY SECTION	UNIT	INSPECTOR'S NAME & PHONE NUMBER	
REQUIREMENTS		YES	NO
<p><u>REFERENCES (MM.2.10)</u></p> <p>Does the pharmacy have:</p> <p>A current copy of Service specific guidance? AR 40 - 3 / AFI XX / NAV ISTR XX</p> <p>A current copy of the CENTCOM Formulary (or knowledge of where to access)?</p> <p>A current copy of the CENTCOM Self Care List?</p> <p>A current copy or access to non US pharmaceutical reference compendia i.e. Martindale? Is a list of available translators for local national languages present?</p> <p>LEXI-COMP should be available on-line (or a current equivalent in printed of Facts and Comparisons)?</p> <p>Standard IV Drug Concentration / Titration / Reconstitution Medication List ?</p> <p>High Alert Drug List Posted?</p> <p>Sound Alike - Look Alike Drug List Posted?</p> <p>Do Not USE Prescribing abbreviation list ?</p> <p><u>COMPUTER SUPPORT:</u></p> <p>POC access list for CENTCOM SME list (Theater Pharmacist / SWA Pharmacist / Unit Pharmacist leadership?</p> <p>Access to DMLSS for ordering supplies from USAMMCE?</p>			

Acronyms and Abbreviations

AOR	Area of Responsibility
ASG-QA	Area Support Group-Qatar
CCOP	CENTCOM Clinical Operations Protocol
CJTH	Craig Joint Theater Hospital
DA	Department of the Army
DIO	Disinterested Officer
FLE	Forward Logistics Element
IDS	Intrusion Detection System
MMU	Multinational Medical Unit
MTF	Medical Treatment Facility
NATO	North Atlantic Treaty Organization
SOP	Standard Operating Procedures
TMC	Troop Medical Clinic
USAMMC-SWA	U.S. Army Medical Materiel Center-Southwest Asia
USCENTCOM	U.S. Central Command
USMH-K	U.S. Military Hospital-Kuwait

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