



Report of the Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts

NOTE: The NABP Executive Committee accepted all the recommendations of this task force including the below additions:

- **Recommendations 4 and 5 – While these were initially recommended by the Task Force on Prescription Drug Abuse, the Executive Committee agreed that the “Red Flags” additions were better exemplified in the recommendations of the Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts, and as such, are incorporated into this report.**

Members Present:

Anthony Rubinaccio (NJ), *chair*; Jody Allen (VA); Mindy Ferris (OH); Cathy Lew (OR); Edward Maier (IA); Jeenu Philip (FL); Pam Reed (LA); Nona Rosas (AZ) Gary Schnabel (OR); Stuart Williams (MN) .

Others Present:

Rich Mazzoni, *Executive Committee liaison*; Carmen Catizone, Eileen Lewalski, Maureen Schanck, Cameron Orr, *NABP staff*.

Introduction:

The Task Force to Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts met October 22-23, 2014, at NABP Headquarters. This task force was established in response to Resolution 110-2-14, Examine Strategies for Preventing and Reacting to Pharmacy Robberies and Thefts, which was passed by the NABP membership at the Association’s 110th Annual Meeting in May 2014.

Review of the Task Force Charge:

Task force members reviewed their charge and accepted it as follows:

1. Review actions taken by member boards to prevent the diversion of controlled substances by armed robberies and internal and external thefts as well as actions taken to mitigate potential harm to pharmacy personnel and the public.
2. Review and, if necessary, recommend amending the minimum security standards for pharmacies found in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)*.

Recommendation 1: NABP Should Amend the Model Act

The task force recommends that NABP amend the *Model Act*. The amendments recommended by the task force are denoted by underlines and ~~strikethroughs~~.

Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy

Model Rules for the Practice of Pharmacy

Introductory Comment

The Board finds that in the interest of protecting the public health and welfare, in order to ensure optimum effect of Drug therapy, and to maximize the quality of Pharmacist Care, the following rules are essential.

Section 1. Facility.

- (a) To obtain a license for a Pharmacy, an applicant shall:
 - (1) have submitted an application in the form prescribed by the Board of Pharmacy;
 - (2) have attained the age of majority;
 - (3) be of good moral character; and
 - (4) have paid the fees specified by the Board of Pharmacy for the issuance of the license.
- (b) The facility owner, if an individual, shall have undergone a state and federal fingerprint-based criminal background check as specified by Board rule;
- (c) The facility shall have undergone a Pharmacy inspection by the Board or authorized agent thereof; and
- (d) Possess the following minimum requirements for a Pharmacy:
 - (1) Each Pharmacy shall be of sufficient size, as determined by the Board, to allow for the safe and proper storage of Prescription Drugs and for the safe and proper Compounding and/or preparation of Prescription Drug Orders.
 - (2) Each Pharmacy shall maintain an area designated for the provision of Patient Counseling services. This area shall be designed to provide a reasonable expectation of privacy of Protected Health Information.
 - (3) Each Pharmacy shall have ready access to references applicable to the services provided, to include at least one current reference¹ in each of the following in each of the following categories:
 - (i) State and Federal Drug laws relating to the Practice of Pharmacy and the legal Distribution of Drugs and any rules or regulations adopted pursuant thereto;
 - (ii) pharmacology;
 - (iii) dosage and toxicology;
 - (iv) general.
 - (4) Each Pharmacy shall maintain patient-oriented reference material for guidance in proper Drug usage.²
 - (5) Each Person involved in the development, maintenance, or use of a Drug formulary shall maintain a currently accepted reference containing guidelines for a sound Drug formulary system.

¹ Boards may wish to give examples in each of these categories of reference texts.

² Patient-oriented reference material can include publications such as Facts and Comparisons' Patient Drug Facts, or the United States Pharmacopoeia Dispensing Information (USPDI).

- (6) All areas where Drugs and Devices are stored shall be dry, well lighted, well ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures which will ensure the integrity of the Drugs prior to their Dispensing as stipulated by the United States Pharmacopeia–National Formulary (USP-NF) and/or the Manufacturer’s or Distributor’s Product Labeling unless otherwise indicated by the Board.
- (7) Each Pharmacy shall have access to a sink with hot and cold running water that is convenient to the Compounding area for the purpose of hand scrubs prior to Compounding.
- ~~(8) Security.~~
 - ~~(i) Each Pharmacist, while on duty, shall be responsible for the security of the Pharmacy, including provisions for effective control against theft or diversion of Drugs and/or Devices.~~
 - ~~(ii) The Pharmacy shall be secured by either a physical barrier with suitable locks and/or an electronic barrier to detect entry at a time when the Pharmacist is not present. Such barrier shall be approved by the Board of Pharmacy before being put into use. In the event of separation of employment of an employee due to any confirmed Drug-related reason, including diversion, or other acts involving dishonesty, suitable action shall be taken to ensure the security of the pharmacy.~~
 - ~~(iii) Prescription and other patient health care information shall be maintained in a manner that protects the integrity and confidentiality of such information as provided by the rules of the Board.~~
- (9) Equipment/Supplies.
The Pharmacy shall carry and utilize the equipment and supplies necessary to conduct a Pharmacy in a manner that is in the best interest of the patients served and to comply with all State and Federal laws.
- (10) The Pharmacy shall provide a means for patients to prevent disclosure of Confidential Information or personally identifiable information that was obtained or collected by the Pharmacist or Pharmacy incidental to the Delivery of Pharmacist Care other than as authorized by law or rules of the Board.
- (11) The Pharmacy, if conducting business over the Internet, shall be accredited by a program approved by the Board.
- (e) Upon renewal, the licensee shall provide to the Board the NABP e-Profile ID of the Pharmacy and the Pharmacist-in-Charge

Section 2. Security.

- ~~(8) Security.~~
- (a) Facility
 - (i) Each Pharmacist, while on duty, shall be responsible for the security of the Pharmacy, including provisions for effective control against theft or diversion of Drugs and/or Devices.
 - (ii) The Pharmacy shall be secured by either a physical barrier with suitable locks and/or an electronic barrier to detect entry at a time when the Pharmacist is not present. Such barrier shall be approved by the Board of Pharmacy before being put into use. In the event of separation of employment of an employee due to any confirmed Drug-related reason, including diversion, or other acts involving dishonesty, suitable action shall be taken to ensure the security of the pharmacy.
 - (iii) Prescription and other patient health care information shall be maintained in a manner that protects the integrity and confidentiality of such information as provided by the rules of the Board.

(4) The Pharmacy shall implement and maintain technologies that will aid in theft prevention and suspect apprehension, including but not limited to:

(i) video equipment positioned to identify individuals who may be involved in diversion or theft with adequate recording, storage, and retrieval capabilities; and

(ii) monitored alarm system with backup mechanism.

(b) Internal Theft/Diversion

(1) the Pharmacist-in-Charge and owner/licensee (facility permit holder) shall ensure policies and procedures are in place that address the following:

(i) inspection of shipments;

(ii) receipt verification oversight and checking in shipments;

(iii) reconciliation of orders; and

(iv) inventory management including:

(A) determination of Medications that need to be monitored and controlled beyond existing systems such as controlled substances and drugs of concern; and

(B) conducting quarterly reconciliations at a minimum but shall be more frequent up to perpetual, depending on the potential for or incidence of diversion for a particular drug.

Section 3. Personnel.

(a) Duties and Responsibilities of the Pharmacist-in-Charge

(1) No Person shall operate a Pharmacy without a Pharmacist-in-Charge. The Pharmacist-in-Charge of a Pharmacy shall be designated in the application of the Pharmacy for license, and in each renewal thereof. A Pharmacist may not serve as Pharmacist-in-Charge unless he or she is physically present in the Pharmacy a sufficient amount of time to provide supervision and control. A Pharmacist may not serve as Pharmacist-in-Charge for more than one Pharmacy at any one time except upon obtaining written permission from the Board.

(2) The Pharmacist-in-Charge has the following responsibilities:

(i) Developing or adopting, implementing, and maintaining:³

(A) Policies and procedures addressing the following:

(-a-) the provision of Pharmacy services;⁴

(-b-) the procurement, storage, security, and disposition of Drugs and Devices, particularly controlled substances and drugs of concern;

(-c-) computerized recordkeeping systems;

(-d-) Automated Pharmacy Systems;

(-e-) preventing the illegal use or disclosure of Protected Health Information, or verifying the existence thereof and ensuring that all employees of the Pharmacy read, sign, and comply with such established policies and procedures;

(-f-) operation of the Pharmacy in the event of a fire, flood, pandemic, or other natural or man-made disaster or emergency, to the extent that the Pharmacy can be safely and effectively operated and the Drugs contained therein can be safely stored and Dispensed. Such policies and procedures

³ The owner and/or pharmacy permit holder, along with the Pharmacist-in-Charge, are responsible for these policies and procedures.

⁴ The Pharmacist-in-Charge, as part of the responsibilities to manage as effectively as possible a patient's therapy to avoid a harmful interruption of therapy because of a shortage or limited Distribution of medications, can proactively improve Pharmacy operations by developing a systematic approach to address such circumstances. References such as the American Society of Health-System Pharmacists (ASHP) Guidelines in Managing Drug Product Shortages could be used as resources for developing policies and procedures if appropriate. Additionally, Food and Drug Administration maintains a list of current and resolved drug shortages, as well as discontinued drugs on the agency's Drug Shortages Web page at www.fda.gov/cder/drug/shortages.

shall include reporting to the Board the occurrence of any fire, flood, or other natural or man-made disaster or emergency within 10 days of such occurrence⁵;

- (-g-) the proper management of Drug recalls which may include, where appropriate, contacting patients to whom the recalled Drug product(s) have been Dispensed;
 - (-h-) the duties to be performed by Certified Pharmacy Technicians and Pharmacy Technicians. The duties and responsibilities of these personnel shall be consistent with their training and experience and shall address the method and level of necessary supervision specific to the practice site. These policies and procedures shall, at a minimum, specify that Certified Pharmacy Technicians and Pharmacy Technicians are not assigned duties that may be performed only by a Pharmacist. Such policies and procedures shall also specify that Pharmacy Technicians shall not be assigned duties that may be performed only by Certified Pharmacy Technicians.
 - (-i-) actions to be taken to prevent and react to pharmacy robberies and thefts, including but not limited to coordinating with law enforcement, training, and protecting the crime scene.
- (B) Policies and procedures that address the following activities related to prescription medication shipment by mail or common carrier:
- (-a-) properly transferring prescription information to an alternative Pharmacy of the patient's choice in situations where the medication is not Delivered or Deliverable;
 - (-b-) verifying that common carriers have in place security provisions, such as criminal background checks and random drug screens on its employees who have access to prescription medications;
 - (-c-) tracking all shipments; and
 - (-d-) ensuring that Drugs do not become adulterated in transit
- (C) Quality assurance programs addressing the following:
- (-a-) Pharmacy services. The quality assurance program should be designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, pursue opportunities to improve patient care, and resolve identified problems;
 - (-b-) Automated Pharmacy Systems. The quality assurance program should monitor the performance of the Automated Pharmacy System, ensure the Automated Pharmacy System is in good working order and accurately Dispenses the correct strength, dosage form, and quantity of the Drug prescribed, while maintaining appropriate record keeping and security safeguards; and;
 - (-c-) The prevention and detection of Drug diversion.⁶

⁵ States should recognize that hospitals, in order to prepare for a disaster or emergency, may be stocking emergency supplies of medications in areas outside the licensed pharmacy. Hospitals should be encouraged to expand the space allotted to the licensed pharmacy area to accommodate the need to store emergency supplies.

⁶ As part of a quality assurance program designed to prevent and detect drug diversion, the Pharmacist-in-Charge is expected to ensure policies and procedures are in place that address the following:

- inspection of shipments;
- receipt verification oversight and checking in shipments;
- reconciliation of orders; and
- inventory management including:

- (ii) Ensuring that:
 - (A) all Pharmacists and Pharmacy Interns employed at the Pharmacy are currently licensed and that all Certified Pharmacy Technicians and Pharmacy Technicians employed at the Pharmacy are currently registered with the Board of Pharmacy.
- (iii) Notifying the Board of Pharmacy, immediately and in writing, of any of the following⁷ changes:
 - (A) change of employment or responsibility as the Pharmacist-in-Charge;
 - (B) the separation of employment of any Pharmacist, Pharmacy Intern, Pharmacy Technician, or Certified Pharmacy Technician for any confirmed Drug-related reason, including but not limited to, Adulteration, abuse, theft, or diversion, and shall include in the notice the reason for the termination: if it is the employment of the Pharmacist-in-Charge that is terminated, the owner and/or pharmacy permit holder shall notify the Board of Pharmacy;
 - (C) change of ownership of the Pharmacy;
 - (D) change of address of the Pharmacy;
 - (E) permanent closing of the Pharmacy;
 - (F) Significant Quality-Related Events;
 - (G) the installation or removal of Automated Pharmacy Systems. Such notice must include, but is not limited to:
 - (-a-) the name and address of the Pharmacy;
 - (-b-) the location of the Automated Pharmacy System; and
 - (-c-) the identification of the responsible Pharmacist.
 - (-d-) Such notice must be must occur prior to the installation or removal of the system.
- (iv) Making or filing any reports required by state or federal laws and rules.
- (v) Reporting any theft, suspected theft, diversion, or other Significant Loss of any Prescription Drug within one business day of discovery to the Board of Pharmacy and as required by Drug Enforcement Administration (DEA) or other State or federal agencies for Prescription Drugs and controlled substances.
- (vi) Responding to the Board of Pharmacy regarding any ~~minor~~ violations brought to his or her attention.

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- ~~(A) determination of Medications that need to be monitored and controlled beyond existing systems such as controlled substances and drugs of concern; and~~
 - ~~(B) conducting quarterly reconciliations at a minimum but shall be more frequent up to perpetual, depending on the potential for or incidence of diversion for a particular drug.~~

The Pharmacist-in-Charge, if the practice setting warrants, may also consider implementing diversion prevention and detection policies and procedures that address the following: periodic reviews of employee access to any secure controlled substance storage areas, which may include:

- alarm codes and lock combinations;
- passwords;
- keys and access badges; and
- ~~video surveillance systems.~~

⁷ If states require the Pharmacist-in-Charge or other Person in charge of the Pharmacy to submit information regarding the separation of employment of licensees, especially in circumstances of suspected or confirmed abuse, theft, or diversion of Drugs, states should also be aware of confidentiality and employment laws that may restrict the release of information and be cautioned that the release of such information may create a liability for the reporting Pharmacy.

In instances where the Pharmacist-in-Charge and the owner and/or pharmacy permit holder are the same person and that person is no longer employed or designated as the Person in charge, then the Board must take action to cease operation of the Pharmacy.

- (c) If any action of the Pharmacy is deemed to contribute to or cause a violation of any provision of this section, the Board may hold the owner and/or Pharmacy permit holder responsible and/or absolve the Pharmacist-in-Charge from the responsibility of that action.

Background:

The task force members discussed the increased need for enhanced pharmacy security. They also reflected on the threat to pharmacy personnel since recent robberies have resulted in death and injury to pharmacy staff. All members agreed that the protection of pharmacy employees from harm is paramount followed by the need to secure drugs from abuse and diversion. They determined that these goals should be the focus of actions and recommendations going forward.

Since the task force members concluded that pharmacy security requirements should be stressed in state regulations, the members agreed that separate attention to security in the *Model Act* was warranted. Therefore, a new security section was created in the *Model Act*, which incorporated some information that had been previously contained in a comment, and also added a new focus on technological features to emphasize the need for video surveillance and monitored alarm system to help deter criminal activity. The new *Model Act* security section encompasses information about facility security measures to ward against robberies/burglaries and also internal security measures that protect drug inventory from employee theft and diversion.

The task force stressed that the pharmacist-in-charge and owner/licensee (facility permit holder) should share joint responsibility for protecting drug inventory and implementing measures to detect drug pilferage as soon as possible. The task force also recommended that, as part of his or her responsibility to “develop or adopt, implement or maintain” policies and procedures, the pharmacist-in-charge, in conjunction with the owner/facility permit holder, should also be responsible for developing and reviewing actions to be taken to prevent and react to pharmacy robberies and thefts. Therefore, this new policy requirement was added to the existing *Model Act’s* policy and procedures responsibility section for the pharmacist-in-charge.

Recommendation 2: NABP Should Continue to Provide Information and Resources Pertaining to Pharmacy Robberies and Thefts Through the Association’s Various Communication Vehicles.

The task force recommends that NABP continue to provide information and resources pertaining to pharmacy robberies and thefts through its various communication vehicles such as the NABP *Newsletter*, e-News, State Newsletter program, and the AWA_R_XE website.

Background:

The task force members agreed that it is important for pharmacist and pharmacy technicians to be abreast with current information on best practices to deter robberies and thefts from happening at their pharmacy. In addition, the task force members determined that it was imperative for members of the pharmacy community to know what to do and what not to do in the event of a burglary and theft in order to first protect employees from harm and to also preserve the crime scene, which assists law enforcement in their subsequent investigation. And as such, members agreed that NABP should continually provide information on this issue as it becomes available in its various communications vehicles, such as e-News and the NABP *Newsletter* and to update the AWA_R_XE website resources pages as necessary.

Recommendation 3: NABP Should Provide a Continuing Pharmacy Education Session Regarding Pharmacy Robberies and Thefts at the Annual Meeting.

The task force recommended that NABP provide a continuing pharmacy education (CPE) session on preventing pharmacy robberies and thefts at the Annual Meeting by nationally recognized experts in this field. It is further recommended that this CPE session is recorded and be made available to others.

Background:

The task force members determined that it would be very helpful for NABP to support continuing pharmacy education that is focused on pharmacy robbery and theft prevention, and the actions pharmacists should take once such an event occurs. The task force members focused on the need to disseminate information about best practices to prevent drug loss and the joint responsibility of the pharmacist-in-charge and the pharmacy owner to detect and report drug loss as required by state and federal laws and regulations.

The task force members discussed that many pharmacists do not realize the likelihood of falling victim to internal theft by employees until significant losses have already occurred. Therefore, the task force stressed the need for pharmacists and pharmacy owners to remain vigilant and to establish policies and procedures that require conducting regular inventories and monitoring and reconciling discrepancies with controlled substances and drugs of concern.

Recommendation 4: NABP Amend the Pharmacist Section of the Stakeholders' Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances Document to Add the Following "Red Flags."

The task force recommends that NABP amend the pharmacist section of the Stakeholders' Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances document to add the following "red flags" and disseminate them to stakeholders.

- Phoned-in prescriptions received at unusual times – pharmacist should follow up as soon as possible after prescriber's office opens.
- Use caution with phone numbers that are printed on paper prescriptions. There are anecdotal accounts that pharmacy technicians are being paid by criminals to change the prescriber's phone number in the pharmacy computer system to match the number on the fraudulent prescription.
- Use caution when continuously receiving prescriptions for long-acting and immediate-acting opiates for the same patients over an extended period of time. Consider consulting the prescriber if a patient's pain management reflects a nontraditional treatment regimen.
- Include the hours between 2 and 5 PM on Fridays as "after hours" in terms of being presented with controlled substance prescriptions.
- Use caution with a patient requesting a partial fill of an opiate in the morning, then filling the remaining quantity later in the day. This could indicate that the patient sold the amount filled in the morning to obtain money to purchase the remainder of the prescription.
- Use caution when a patient requests to fill only one or two doses of Suboxone[®] because patient may be selling it for cash.

- A parent of a child prescribed attention deficit hyperactivity disorder medication fills the medication inconsistently or obtains it from more than one pharmacy.

Background:

Members discussed at length the many opportunities for pharmacists to identify warning signs when presented with a controlled substance prescription and determined that those listed above were appropriate to add to the document.

Recommendation 5: NABP Amend the Pharmacist Section of the Stakeholders’ Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances Document to include “Red Flags” that Address Signs of Internal Diversion.

The task force recommends that NABP amend the pharmacist section of the Stakeholders’ Challenges and Red Flag Warning Signs Related to the Prescribing and Dispensing Controlled Substances document to include “red flags” that address signs of internal diversion in order to identify theft as soon as possible.

- Employee’s boyfriend/girlfriend visits often (pharmacy technician being threatened or coerced into diversion).
- Employee leaves the pharmacy several times during his or her shift.
- Drug inventory discrepancies exist.
- Employee exhibits excessive or unusual cell phone usage while working in the pharmacy.
- Employee offers to take out the garbage.
- Employee enters the pharmacy with large bags/backpacks and or does not follow rules about personal belongings.
- Employee repeatedly offers to help “off the clock” or work on holidays and weekends by himself/herself or when there is a skeleton crew.
- Evidence of changes in family dynamics that might indicate that employee is threatened by domestic partner.
- Employee exhibits changes in lifestyle – large, expensive purchases beyond normal means.
- Employee has key to CII cabinet.
- Employee notifies pharmacist that another employee is stealing drugs.
- Non-pharmacy employee who is servicing the pharmacy arrives at unusual times or goes back and forth to vehicle.

Background:

The task force group stressed that pharmacists should recognize that employee diversion occurs in varying degrees in almost all settings. Therefore, they determined that it was important that NABP also disseminate warning signs of internal diversion and add these “red flags” warning signs to the Stakeholders’ document as well.