

**ARKANSAS DEPARTMENT OF HEALTH
PHARMACY SERVICES
4815 WEST MARKHAM, SLOT 25
LITTLE ROCK, ARKANSAS 72205-3867
TELEPHONE (501) 661-2325 FAX (501)661-2769
POLICY #1**

Pharmacy Services, of the Arkansas Department of Health will accept items for destruction from licensed handlers of controlled substances and law enforcement officials **ONLY!** Items accepted shall be limited to those in the current ***List of Controlled Substances for the State of Arkansas***. **DO NOT** send weapons, ammunition, flammable liquids or solids, or explosive devices. All drugs submitted must be listed on form PHA: DC-1, Report of Drugs Surrendered, available from Pharmacy Services. Enter only one item per line on the form.

PROCEDURE

PLEASE PACKAGE DRUGS AS IF YOU MUST INVENTORY THEM

1. Package all drugs properly in a durable container for shipping. All bottles containing **liquids should be wrapped individually** to prevent breakage with caps tightly secured to prevent leakage.
2. All liquids should be listed together in one section on the form with quantities stated in ml.
3. Please attach prescriptions with the same prescription number together. Example: rubber band, the list one with one total count.
4. Shipped packages must be sent by **Registered/Certified Mail with return receipt requested**, or by another means of conveyance to allow for tracking (e.g. UPS, Fed Ex,) from shipping point to destination. All shipments shall be sent to 4815 West Markham, Slot 25, Little Rock, AR 72205-3867.
5. Hand delivered packages should be **properly sealed** in a durable container for delivery. Form PHA: DC-1 should be filled out and attached to the **outside** of the container. The drugs may be delivered between the hours of 8:30am to 4:00pm, Monday through Friday and received by Pharmacy Services at the above address.
6. **Retain the BLUE copy** of form PHA: DC-1 and **enclose the original and yellow copy** with each shipment. The yellow copy, signed by the Director's Agent, will be mailed back to you for your records once the inventoried drugs have been destroyed.
7. Contents of prescriptions should be recorded using Columns 1-6 on form PHA: DC-1. Hospitals, pharmacies, physicians, and law enforcement agencies will normally use only columns 5 & 6 for controlled substances and quantities. If the shipment involves more than one container, list the contents of each container on a separate form and include that form in the appropriate container.
8. Type or use a heavy ballpoint pen to print so copies are legible. Information under the double line at the bottom of the Drugs For Surrender Form is for completion by Pharmacy Services. The signature of two (2) licensed persons must be placed in the last column to verify the count surrendered.
9. Type or write legibly the **Full name of the facility; address, both physical and P.O. Box** (if applicable); **zip code; and date** in the upper right corner of the report. Include **county** in the space provided. The person completing the form must sign their name in the upper right corner of the form. The **phone number** listed **must** be a number that can be reached should there be a discrepancy with the inventory listed. **INCOMPLETE FORMS WILL NOT BE PROCESSED.**
10. If more forms are needed, please write or call. The return address on the outside of the container must reflect the same name and address on the upper right corner of the report. The **Date** on the form should correspond to the **Date** the drugs were surrendered.
11. Each item submitted for destruction must be labeled with the **drug name, strength, and quantity**. Documentation must be maintained to allow for determination of the exact location in the facility where the drug was last inventoried.