

CDS Inventory Requirements & Certification Form

Even though the DEA only requires a biennial inventory, the Louisiana Board of Pharmacy requires an ***annual*** inventory of ***all*** schedules of controlled substances. The annual inventory may be taken on any date that is within one year of the previous inventory date.

You must conduct a CDS inventory when:

- You open a new pharmacy and begin to dispense prescriptions for controlled substances, then annually thereafter.
- The DEA and/or Board of Pharmacy classifies a drug in one of the CDS schedules, and then annually thereafter.
- There is a change of the pharmacist-in-charge.
- There is a significant loss or theft.
- You close a pharmacy, or transfer the ownership to a new pharmacy permit.

You may construct a list of controlled substances from two sources:

- The master drug file of your prescription software program; or
- The master drug file from your drug distributor.

During the inventory,

- you ***must*** conduct a complete and accurate inventory of all drugs listed in Schedule II, and
- you ***may*** conduct an estimated inventory of all drugs listed in Schedules III, IV, and V – unless the open container holds more than 1,000 dosage units, in which case an exact inventory must be made. In the event you choose to estimate, and your estimation varies significantly from the actual count, you will be accountable for the discrepancy.

The inventory record must contain the following information:

1. pharmacy's name, address, and DEA registration number;
2. drug name, dosage form, and strength;
3. prior inventory;
4. correct accounting supported with invoices, prescriptions, and/or transfers;
5. date of inventory, including whether taken at opening or close of business; and
6. signature of pharmacist-in-charge.

You must store inventory records at the location noted on the pharmacy permit for not less than two years. Records for drugs listed in Schedule II must be separate from drugs listed in all other schedules. The records shall be readily retrievable and available for inspection and copying by the board and DEA.

Inventory Certification for Year 20_____	
Name of Registrant _____	
Address _____	
City, State, ZIP _____	
DEA Registration No. _____	Date of Inventory _____
Inventory Taken at: _____ Opening of Business <i>OR</i> _____ Close of Business	
_____ <i>Signature of Pharmacist-in-Charge</i>	

Inventory Certification for Year 20____

Name of Registrant _____

Address _____

City, State, ZIP _____

DEA Registration No. _____ Date of Inventory _____

Inventory Taken at: ___ Opening of Business *OR* ___ Close of Business

Signature of Pharmacist-in-Charge

Inventory Certification for Year 20____

Name of Registrant _____

Address _____

City, State, ZIP _____

DEA Registration No. _____ Date of Inventory _____

Inventory Taken at: ___ Opening of Business *OR* ___ Close of Business

Signature of Pharmacist-in-Charge

Inventory Certification for Year 20____

Name of Registrant _____

Address _____

City, State, ZIP _____

DEA Registration No. _____ Date of Inventory _____

Inventory Taken at: ___ Opening of Business *OR* ___ Close of Business

Signature of Pharmacist-in-Charge