



# **DRUGS, DRUGS, & MORE DRUGS**

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# Duties of the Ohio Board of Pharmacy

- **Licensing/Administrative Agency**
- **Law Enforcement Agency**

## **Enforcement Responsibility – ORC Chapters**

**2925. – Criminal Drug Laws**

**3715. – Food & Drug Laws**

**3719. – Controlled Substance Laws**

**4729. – Pharmacy/Dangerous Drug Laws**

# PRESENTATION OBJECTIVES

1. Discuss R.Ph. duties & responsibilities when presented with an RX for dispensing
2. Discuss the problem with drugs from an individual state perspective





# PRE-TEST ?????? #1

1. A Pharmacist must:
  - a. Fill any RX presented w/o question
  - b. Use independent judgment on **EVERY** RX presented
  - c. Question only those RXs where a definite allergy or overdose exists

## PRE-TEST ?????? #2

2. A prescription for oxycodone 30mg #240 dated yesterday for a patient from Portsmouth, OH who drove to Indiana to pick up the RX is obviously for a legitimate medical purpose and should not be questioned:
- True
  - False



# PRE-TEST ?????? #3

3. There is a legitimate medical reason for the combination of an opiate, a benzodiazepine, and carisoprodol to be prescribed to one person

- a. True
- b. False



# **4729-5-21 OAC & 1306.04 CFR**

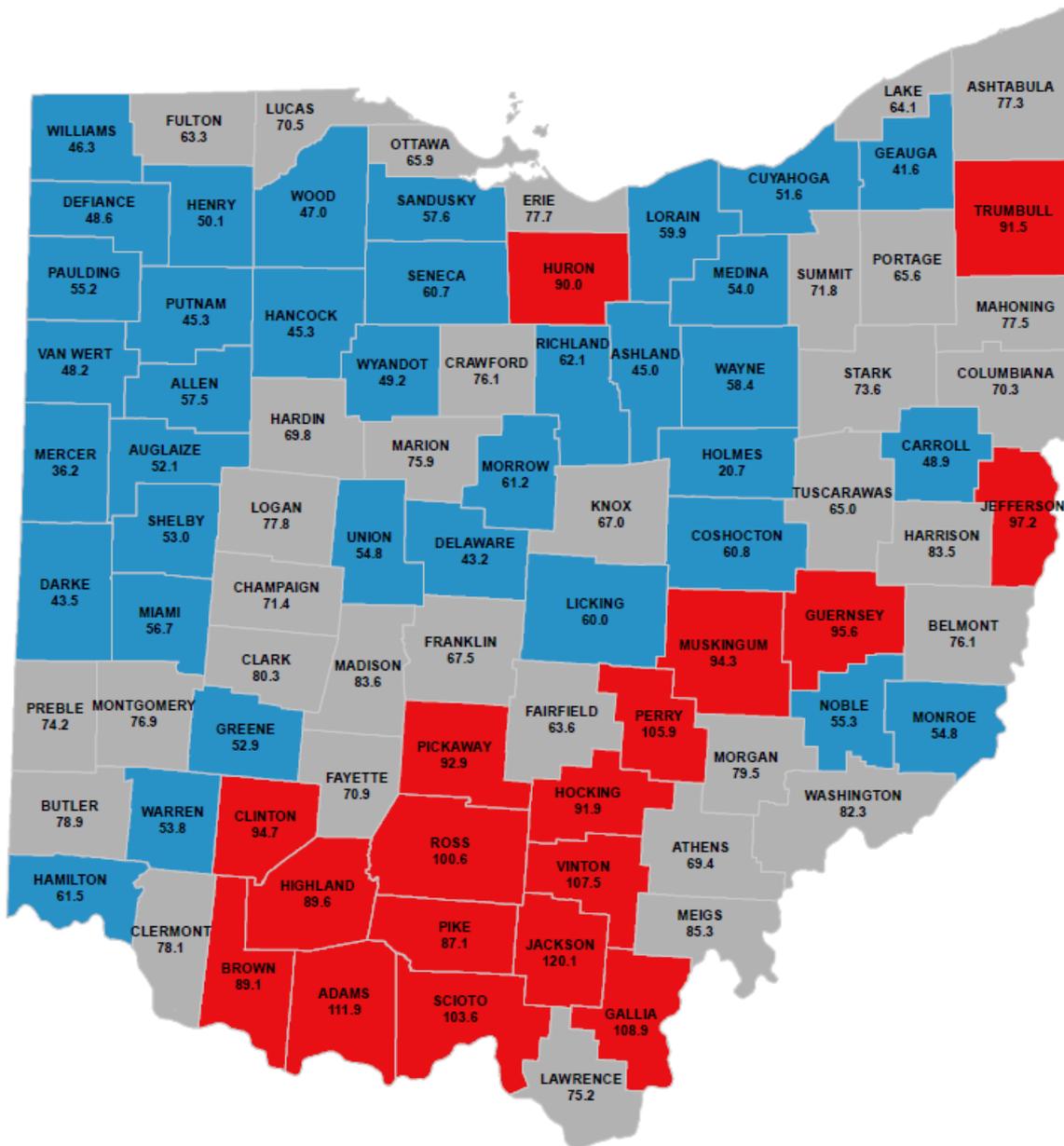
**(A) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.**

**IS THERE A PRESCRIPTION  
DRUG PROBLEM?**

**YOU BE THE JUDGE -**

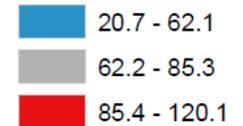


# Prescription Opioid Doses Per Capita - 2011



## Legend

### Doses per Capita

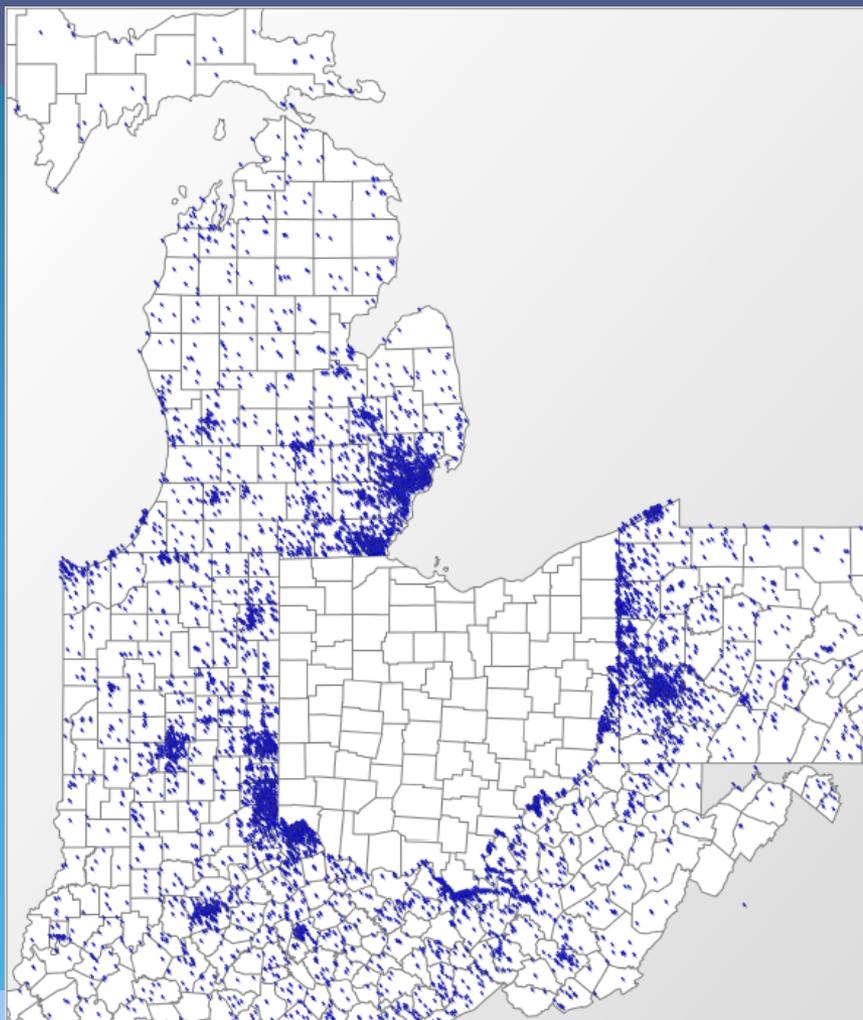


*Data Source:*  
Data adapted from the Ohio State Board of Pharmacy  
Map produced March 2012

### Map Information:

This map represents the doses of prescription opioids available for each person during 2011. Ohio's average per capita rate is 66.7 doses. The counties with the highest per capita rates were Jackson (120.1), Adams (111.9) and Gallia (108.9). The counties with the lowest per capita rates were Holmes (20.7), Mercer (36.2) and Geauga (41.6).

# Out-of-State Patients at Ohio Pharmacies (excluding mail order) January – June 2011



Source: Ohio Automated Rx Reporting System



# ANY OTHER SOURCES?

**These maps only show the data from the Ohio PDMP (OARRS). It does not reflect the large (HUGE) amount of drugs being ferried across state lines from other states, including FL & GA.**

**Ohio law enforcement is still interdicting large quantities of RX meds during traffic stops.**

# WHAT ABOUT THE “TRINITY”

- Is there any legitimate reason to prescribe/dispense an opiate, a benzodiazepine, and carisoprodol to one individual?
- Not if you know their indications and metabolism, there isn't!



# PILL MILLS –OHIO

Case study about an Ohio doctor:



# PILL MILLS – FLORIDA, GEORGIA, & OHIO

Case study about an Ohio drug ring  
and their trips to Florida





# **E-MAIL TO ALL OHIO LICENSED PHARMACISTS**

**On March 24, 2009, the Ohio State Board of Pharmacy sent out the following e-mail to every pharmacist licensed by the Board:**



## **3/24/2009 E-MAIL**

**The Ohio Board of Pharmacy has noticed a significant volume of prescriptions from physicians in Florida and is seeking more information. The physicians are primarily located in Ft. Lauderdale, Boca Raton, or Hollywood, Florida, but they are prescribing for patients from Ohio and Kentucky. Several, but not all, of the physicians are associated with the “American Pain Clinic LLC.”**



## **3/24/2009 E-MAIL**

**The prescriptions are written for oxycodone 15 or 30 mg, Roxicodone 15 or 30 mg, Xanax 2 mg, Soma 350 mg, and Percocet 10/325 mg. These patients are generally 20-55 years old and usually pay cash.**



## 3/24/2009 E-MAIL

If you see any of these prescriptions for individuals other than those few “snowbirds” who are part of your regular patient base, please contact Agent Bill Padgett at (###-###) as soon as possible.



## **3/24/2009 E-MAIL**

**Remember, before filling any prescription, the pharmacist must take into consideration 4729-5-30, OAC, Manner of issuance of a prescription; and 4729-5-21, OAC, Manner of processing of a prescription. These rules state, in part:**

# 3/24/2009 E-MAIL

A prescription to be valid must be issued for a legitimate medical purpose by an individual prescriber in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.





## 3/24/2009 E-MAIL

- In many of these cases, we are wondering how the term “legitimate medical purpose” applies when a patient who is supposedly in severe pain can ride to Florida and back to receive treatment when we have excellent facilities in Ohio.



## **3/24/2009 E-MAIL**

**If you decide in your professional judgment not to fill the prescription and are comfortable keeping the original prescription, please do so if you can. Advise the individuals that they must contact Agent Padgett regarding their prescriptions and provide them with his telephone number. If you are not comfortable keeping the prescription, then at a minimum, please copy the prescription, return it to the individual, and contact Agent Padgett ASAP.**



**3/24/2009 E-MAIL**

**If you have already filled such prescriptions, please contact Agent Padgett at (e-mail) or (###-###). Based on some of the cases we have already found, this may be a coordinated effort to obtain drugs and we are trying to develop a list of the people involved.**

# RESULTS?

- **Overwhelming!**
- **In the first three days after the e-mail, over 300 calls, faxes, and e-mails BURIED the one agent noted on the Board's e-mail.**
- **AND THEY CONTINUED TO COME IN!**



# RESULTS?

- One day, he got a call from a pharmacy in his hometown, telling him that a Florida RX had just been presented.
- He immediately went to the pharmacy, interviewed the “patient” who ended up telling the whole story.





# HAPPY ENDING?

- 6 people (including a police officer) ended up pleading guilty to multiple felonies, including drug trafficking.
- They all went to prison for varying lengths of time.
- The group **CLEARED** around \$50,000 per month by selling their drugs.

# HAPPY ENDING?

- 44 yo wm – leader
  - 43 yo wf
  - 38 yo wf
  - 46 yo wf
  - 47 yo wf
  - 46 yo wm (brother of “leader”)
- It started in Florida. It’s happening here as well.





# WHO DECIDES THE VALIDITY OF PRESCRIPTIONS?

**DISPENSING PHARMACISTS NEED TO REMEMBER THAT THEY, NOT THEIR DISTRICT SUPERVISORS, HAVE BEEN ASSIGNED THE “CORRESPONDING RESPONSIBILITY”!!!**

# HOW CAN I GET MORE INFO?

- IF THE PATIENT IS NOT FROM YOUR AREA, QUESTION WHY THEY ARE THERE. IT MAY BE LEGITIMATE – BUT.....
- TRUST YOUR INSTINCTS
- USE YOUR STATE PMP– AND THERE’S SOMETHING EXTRA FOR YOUR USE FROM NABP.



# Problem:

- Persons engaging in doctor shopping don't stay in one state, particularly areas that border other states
- Querying the state PMP may not give a complete picture to a physician or pharmacist of the controlled substances a person is obtaining

# Solution:





- Creates interoperability for individual state Prescription Monitoring Programs via a hub system
- Physicians and pharmacists log into their own state PMP and check boxes for other participating states from which they want data
- The hub routes the requests to the various states and the information back to the physician or pharmacist in one collated report



- All protected health information is encrypted and not visible to the hub, secure and HIPAA compliant
  - No protected health information stored by the hub, just a pass through from one state to the authorized requestor in another state
- Easy for states
  - Only sign one MOU/contract with NABP-don't have to sign one for every other state to exchange data
  - Each state's rules about access are enforced automatically by the hub
- July 2011 went live and Today...since launch, PMPi has processed over 500,000 requests in an average of 5.5 seconds to process a request.



- 10 PMPs--Arizona, Connecticut, Indiana, Kansas, Michigan, New Mexico, North Dakota, Ohio, South Carolina, and Virginia are actively sharing data
- Kentucky and Louisiana should be connected and sharing data later this year.
- Colorado, Delaware, Idaho, Illinois, Minnesota, Mississippi, Montana, North Carolina, Nevada, Rhode Island, South Dakota, Utah, West Virginia and Wyoming are working toward connecting to InterConnect
- That makes 26 states soon to be sharing.



**FINAL  
REMINDER-**

# **4729-5-21 OAC (& 1306.04 CFR)**

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## POST-TEST ?????? #3

3. There is a legitimate medical reason for the combination of an opiate, a benzodiazepine, and carisoprodol to be prescribed to one person
  - a. True
  - b. False

# I'M DONE!

