



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 for a patient from Louisiana who drove to Houston yesterday is obviously for a legitimate medical purpose and should not be questioned:
 - a. True
 - b. 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

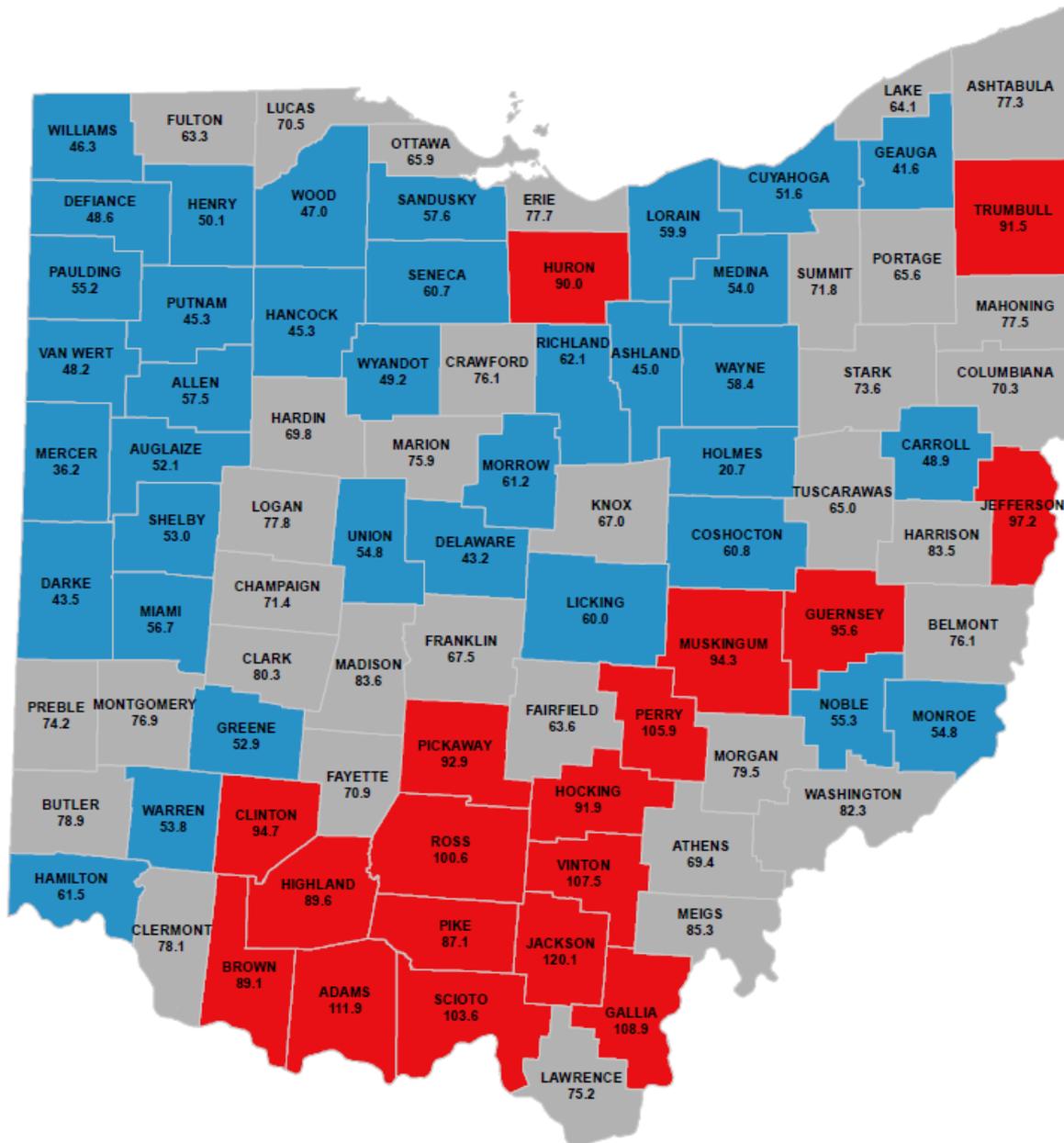
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**IS THERE A PRESCRIPTION
DRUG PROBLEM?**

YOU BE THE JUDGE -

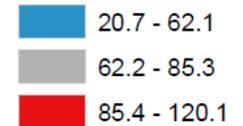


Prescription Opioid Doses Per Capita - 2011



Legend

Doses per Capita

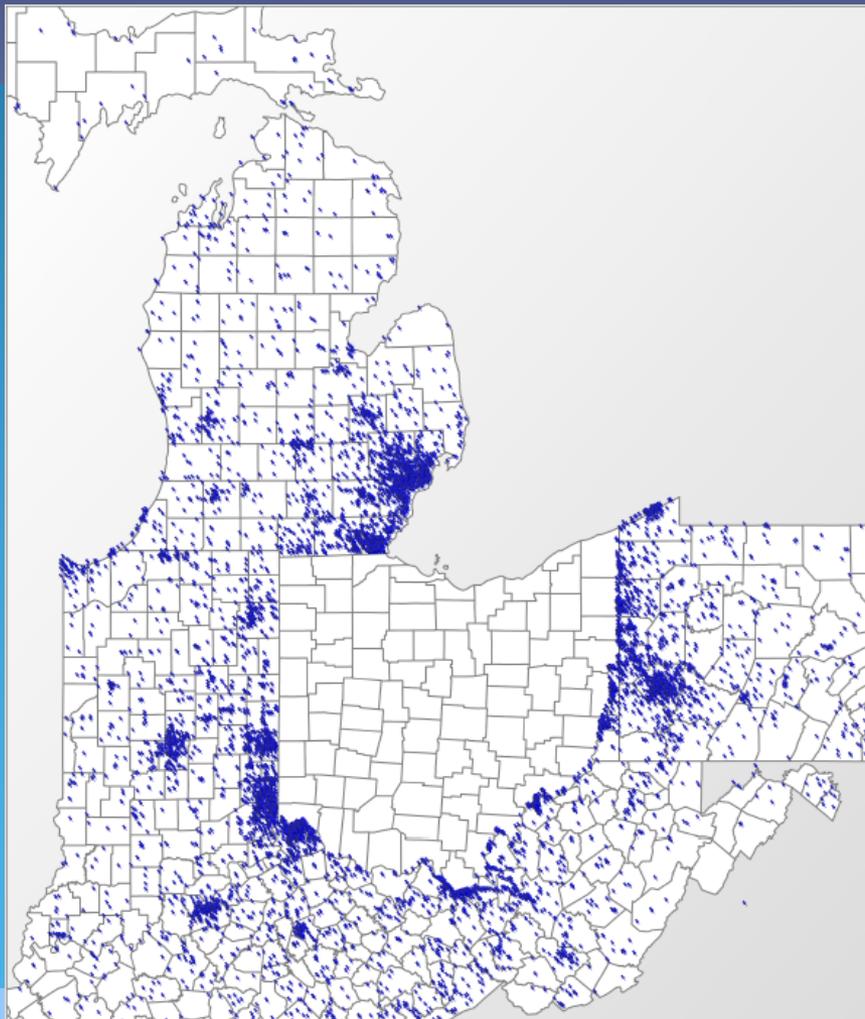


Data Source:
Data adapted from the Ohio State Board of Pharmacy
Map produced March 2012

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 in Texas as well.





ANOTHER OHIO PILL MILL

PROFESSIONAL PAIN MGT OF OHIO

- In less than 11 months two prescribers; three chiropractors; and four pharmacists, were responsible for the distribution of over two million doses of the popular street drugs hydrocodone 10mg and carisoprodol 350mg. These nine Ohio health care professionals, collectively, earned over \$2.1 million from the more than 2,600 Kentucky and West Virginia patients they had seen in their rural north central Ohio practices.



During a 10 Day Surveillance

- **In excess of 600 vehicles arrived at PPMO**
- **28 vehicles were from West Virginia.**
- **73 vehicles were from Ohio (Of these, only 28 were from the New Philadelphia area).**
- **499 vehicles were from Kentucky.**

During a 10 Day Surveillance

- **In excess of 1,400 individuals arrived to PPMO.**
- **26 vehicles brought FIVE OR MORE patients to PPMO.**
- **223 vehicles brought three to four patients to PPMO.**

Pharmacy Red Flags

- 1. Vast majority of a prescriber's patients coming from out-of-state and driving over 10.5 hours, round trip.**
- 2. Vast majority of patients coming from the same geographic areas in KY and WV.**
- 3. Prescribers using the same drug regiment for every patient (hydrocodone/apap & carisoprodol).**
- 4. Patients always paying cash.**
- 5. Patients paying with large bills (\$100's).**

Pharmacy Red Flags

- 6. Prescribers saying these patients are predominantly poor with no access to good health care.**
- 7. Prescribers telling pharmacist only to accept cash from these patients.**
- 8. Patients coming in groups.**
- 9. Individuals who act as patient "handlers" transporting multiple groups of patients several times each week or each month.**
- 10. Individuals who pay for whole groups of patients prescriptions.**

Pharmacy Red Flags

- 11. Patients requesting specific pill colors or brands of drugs.**
- 12. Prescribers who request their patients receive specific pill colors or brands of drugs.**
- 13. The shoplifting of pill crushers.**
- 14. Multiple family members all going to pain management and receiving the same drug therapy.**
- 15. Patients talking about the street price of drugs.**



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 COMING SOON FOR YOUR USE FROM NABP (I HOPE!)



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

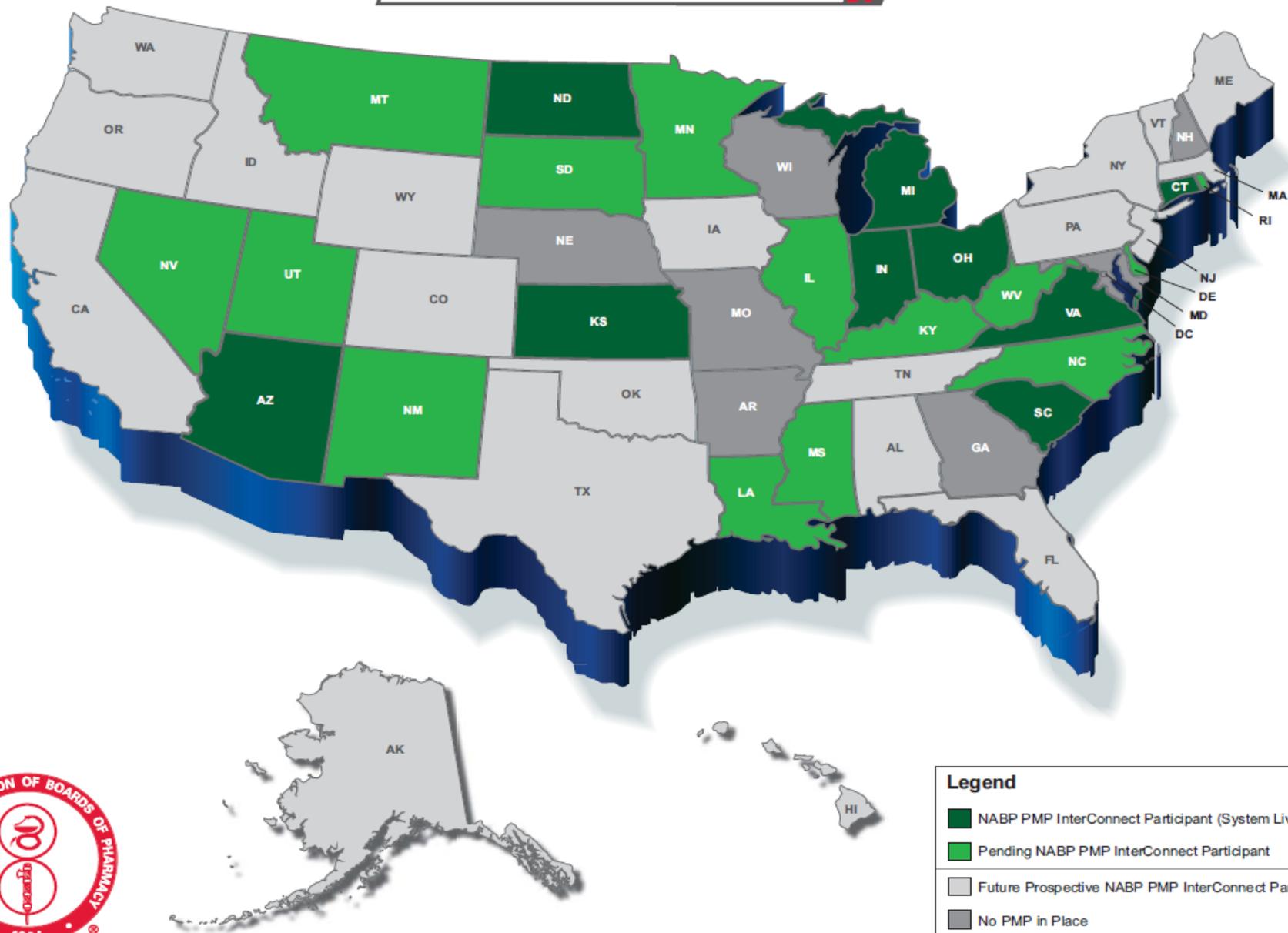


- All protected health information is encrypted and not visible to the hub, secure and HIPAA compliant
 - No protected health information stored by the hub, just a pass through from one state to the authorized requestor in another state
- Easy for states
 - Only sign one MOU/contract with NABP-don't 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.



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

PMP INTERCONNECTSM



Legend

- NABP PMP InterConnect Participant (System Live)
- Pending NABP PMP InterConnect Participant
- Future Prospective NABP PMP InterConnect Participant
- No PMP in Place

4729-5-21 OAC (& 1306.04 CFR)

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