Amanda J. Ward:

- No relevant financial relationships.
- No conflicts of interest.
Learning Objectives

1. Describe current prescription drug abuse and diversion challenges for healthcare and law enforcement.

2. Discuss recent legislative changes that affect KASPER usage in Kentucky.
Question #1

Why is accurate data submitted to state Prescription Monitoring Programs important?

A. Patients are getting dismissed from physician’s offices for data that is not theirs on their KASPER.
B. Physicians are filing complaints against pharmacies for submitting data under their DEA Number for patients that are not theirs.
C. Law enforcement may be investigating a doctor shopper case that turns out to just be incorrect data.
D. All of the above
Which of the following is not submitted to KASPER?

A. Date written
B. Directions
C. NDC
D. Days Supply
Question #3

Pharmacists are required to obtain a KASPER report on a patient before dispensing a CII medication?

TRUE
FALSE
Question #4

Hospitals that dispense controlled substances would **NOT** be required to report which of the following medication dispensings to KASPER?

A. 1 Percocet 10/325mg tablet for a 4 hour supply
B. 6 Lortab 10/500mg tablets for a 24 hour supply
C. 2 Tramadol 50mg tablets for a 16 hour supply
KASPER is Kentucky’s Prescription Monitoring Program (PMP). KASPER tracks Schedule II – V controlled substance prescriptions dispensed within the state as reported by pharmacies and other dispensers.

Enhanced KASPER (eKASPER) is the real-time web accessed database that provides a tool to help address the misuse, abuse and diversion of controlled pharmaceutical substances.
KASPER Data Collected

• Patient identification:
  – First & Last Name
  – Date of Birth
  – Social Security Number
  – Address
  – Gender

• Prescription Number
  – Refill Number

• Quantity dispensed

• Days Supply – **CAUTION!!!**

• NDC of drug dispensed
KASPER Data Collected

- Date dispensed
- Date written – **CAUTION!!!**
- Prescriber – **CAUTION!!!**
- Dispenser
- Payment method
Accurate KASPER Data

• Submitting correct data to the KASPER system is imperative for:
  – Law enforcement
  – Patients
  – Prescribers
  – Pharmacists
  – Data sharing
Annual KASPER Records Total / Per Person

Number of Controlled Substance Prescriptions per Person

- 2006: 2.21
- 2007: 2.39
- 2008: 2.43
- 2009: 2.65
- 2010: 2.65
- 2011: 2.72
- 2012: 2.72

Cabinet for Health and Family Services
2012 KASPER Reports Requested

Number of Reports in Thousands

<table>
<thead>
<tr>
<th>Year</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>186</td>
</tr>
<tr>
<td>2007</td>
<td>274</td>
</tr>
<tr>
<td>2008</td>
<td>362</td>
</tr>
<tr>
<td>2009</td>
<td>418</td>
</tr>
<tr>
<td>2010</td>
<td>708</td>
</tr>
<tr>
<td>2011</td>
<td>811</td>
</tr>
<tr>
<td>2012</td>
<td>2,691</td>
</tr>
<tr>
<td>2013</td>
<td>2,253</td>
</tr>
</tbody>
</table>

Cabinet for Health and Family Services
How it works

Forgeries
Forgeries

• Stolen rxs
• Scanned or copied rxs
Seizure of unlawful prescription

(1) A pharmacist, practitioner, or other person authorized by law to dispense controlled substances, or an employee of that person, may seize and retain any prescription which he has reasonable suspicion for believing is forged, altered, or deceitful in violation of KRS 218A.140, 218A.282, or 218A.284.

(2) Seizure and retention shall be for a reasonable period of time to make reasonable inquiry as to whether the prescription is forged, altered, or deceitful.
Unlawful prescription - KRS 218A.288

Seizure of unlawful prescription

• (3) If after reasonable inquiry the pharmacist, practitioner, or other person determines that the prescription is forged, altered, or deceitful, he shall report the seizure to a law enforcement officer and shall surrender the prescription to the officer upon the request of the officer.

• This is evidence-- don’t shred, throw away, rip, or give back to the patient.
We’ve all heard...

- Lost or stolen medications
  - Dropped down toilet
  - Dog ate my meds
  - Stolen out of my car

- Shorted by pharmacist
Overprescribing

- Overprescribing by prescribers
  - Older prescribers
    - Bad record keeping
    - Lax prescription writing habits
    - Sympathetic
  - Practitioners writing outside scope of practice
Be Wary

Prescriptions may not be for legitimate use if:

• Prescriber’s pattern is different from other prescribers in the area
  – More prescriptions for CS
  – Rx for larger quantities

• Prescriber writes for antagonistic combo
  – phentermine and zolpidem

• Prescriber has multi-specialty practice:
  – Addiction, pain management, and dispensing weight loss drugs at office
Be Wary

Prescriptions may not be for legitimate use if:

• Patient is a frequent flier
  – Wants refills or has new rx before due date

• Patient presents multiple rxs for the same drug for different people
  – And photo IDs for them!
Prescriptions may not be for legitimate use if:

- Large number of patients suddenly show up with the same rxs (drug, qty, etc.) from same prescriber
  - May try to give a non-controlled rx first to see if you will fill it if the prescriber is from out of town. As soon as you do, then they give you the controlled rxs.
Identify doctor shoppers and avoid becoming a victim!

• Use KASPER
  – New patients
  – Before dispensing a controlled substance
  – Periodically for patients receiving a controlled substance

** Not mandated by law for pharmacists to do, but a good practice
Tips from DEPPB

- Be suspicious if a patient requests specific shape or brand name drugs
- Require photo ID for rx drop off or pick up
  - Scan ID into your system or record ID on the rx
- Get signatures of patients at pickup
Tips from DEPPB

Prevention Techniques

• Know the prescriber and signature
  – Know prescriber limitations for controlled substances
  – Enter correct prescriber!
• Know the patient
• Check the date on the prescription
• Contact the prescriber for verification
• Check ID of patient
Tips from DEPPB

• Patient address
  – Is it close to the prescriber or your pharmacy?

• Always going out of town when refill due

• Lost or stolen medications
  – Require a police report
  – If you believe them, limit them to one time
Check prescription for:

- Date
- Name and address of patient
- Drug Name, strength and dosage form
- Quantity (written and check box)
- Directions for use
- Number of refills (written and circled)
- Name, address and DEA of prescriber
Tips from DEPPB

• Pharmacists are the last line of defense against drug diversion

• If you have any questions about the legitimacy of a prescription—
  – FULFILL YOUR CORRESPONDING RESPONSIBILITY!
What do you do when diversion is suspected?

• If you suspect an individual is involved in diverting controlled substances, we ask that you please report them to the proper law enforcement authorities.

• If unsure who to contact please call the Drug Enforcement and Professional Practices Branch of the Office of the Inspector General for assistance.
  – (502) 564-7985
Diversion

Reporting Provider Shoppers/Diverters

• KRS 218A.280 Controlled substances – Communications with practitioner **not** privileged.
  – Information communicated to a practitioner in an effort unlawfully to procure a controlled substance, or unlawfully to procure the administration of any controlled substance, shall not be deemed a privileged communication.
Reporting Provider Shoppers/Diverters

- 902 KAR 55:110 Section 10 (4) (b): In addition to the purposes authorized under KRS 218A.202(8)(e), and pursuant to KRS 218A.205(2)(a) and (6), a practitioner or pharmacist who obtains KASPER data or a report under KRS 218A.202(6)(e)1. or who in good faith believes that any person, including a patient, has violated the law in attempting to obtain a prescription for a controlled substance, may report suspected improper or illegal use of a controlled substance to law enforcement or the appropriate licensing board.
HB1 & HB 217

The “Pill Mill Bill” and the cleanup “Pill Mill Bill”
• Controlled substance administration or dispensing must be reported within one day effective July 1, 2013
For Hospitals:

- Schedule II controlled substances and Schedule III controlled substances that contain hydrocodone *dispensed* to a patient
  – Effective July 1, 2013
- Other controlled substances are not required to be reported to KASPER if dispensing a 48 hour or less supply
eKASPER registration is mandatory for Kentucky practitioners or pharmacists authorized to prescribe or dispense controlled substances to humans.
## KASPER Master Accounts

<table>
<thead>
<tr>
<th></th>
<th>12/31/2011</th>
<th>04/24/2012</th>
<th>07/20/2012</th>
<th>07/31/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor*</td>
<td>5,470</td>
<td>5,680</td>
<td>11,923</td>
<td>17,296</td>
</tr>
<tr>
<td>APRN</td>
<td>690</td>
<td>781</td>
<td>1,523</td>
<td>2,008</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>1,385</td>
<td>1,450</td>
<td>3,602</td>
<td>5,205</td>
</tr>
<tr>
<td>Total</td>
<td>7,545</td>
<td>7,911</td>
<td>17,048</td>
<td>24,509</td>
</tr>
</tbody>
</table>

*Includes physicians, dentists, optometrists and podiatrists
• Query eKASPER for previous 12 months of data:
  – Prior to initial prescribing or dispensing of a Schedule II controlled substance, or a Schedule III controlled substance containing hydrocodone
  – No less than every three months
  – Review data before issuing a new prescription or refills for a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone

• Additional rules/exceptions included in licensure board regulations
KASPER Regulations – Licensure Boards

• 201 KAR 5:130
  – Kentucky Board of Optometric Examiners KASPER requirements
• 201 KAR 8:532
  – Kentucky Board of Dentistry KASPER requirements
• 201 KAR 9:230, 201 KAR 9:260
  – Kentucky Board of Medical Licensure KASPER requirements
• 201 KAR 20:057
  – Kentucky Board of Nursing KASPER requirements
• 201 KAR 25:090
  – Kentucky Board of Podiatry KASPER requirements.
• CS prescribers can obtain an eKASPER report on themselves:
  – To review and assess the individual prescribing patterns
  – To determine the accuracy and completeness of information contained in eKASPER
  – To identify fraudulent prescriptions
• eKASPER reports can be shared with the patient or person authorized to act on the patient’s behalf
• eKASPER reports can be placed in the patient’s medical record, with the report then being deemed a medical record subject to disclosure on the same terms and conditions as an ordinary medical record
• Patient or provider should contact the dispenser to correct records in error

• Correction to be submitted to KASPER within 7 days of complaint

• Inaccurate KASPER reports due to system errors should be reported to the Drug Enforcement and Professional Practices Branch
  – 502-564-7985
## Controlled Substance Dispensing – One Year Comparison

<table>
<thead>
<tr>
<th>Drug</th>
<th>August 2011 through July 2012</th>
<th>August 2012 through July 2013</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocodone</td>
<td>239,037,354</td>
<td>214,349,392</td>
<td>-10.3%</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>87,090,503</td>
<td>77,022,586</td>
<td>-11.6%</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>1,753,231</td>
<td>1,138,817</td>
<td>-35.0%</td>
</tr>
<tr>
<td>Alprazolam</td>
<td>71,669,411</td>
<td>62,088,568</td>
<td>-13.4%</td>
</tr>
<tr>
<td>Methylphenidate</td>
<td>10,659,840</td>
<td>11,454,025</td>
<td>+ 7.5%</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>13,795,147</td>
<td>15,065,833</td>
<td>+ 9.2%</td>
</tr>
<tr>
<td>All Controlled Substances</td>
<td>739,263,679</td>
<td>676,303,581</td>
<td>-8.5%</td>
</tr>
</tbody>
</table>

Figures shown in doses dispensed

Cabinet for Health and Family Services
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QUESTIONS?

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KASPER Web Site: www.chfs.ky.gov/KASPER