

MISSOURI BUREAU OF NARCOTICS & DANGEROUS DRUGS



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Today's BNDD Agenda

1. Review of the differences between BNDD and the DEA;
2. BNDD Loss or Diversion Reporting Rule;
3. Drug loss and diversion trends;
4. Status PDMP Legislation;
5. Reporting Fraud;



Pre-Test Questions For You

Is the Missouri loss/theft reporting rule different than the federal DEA loss reporting rule? Yes or No

The major source of pharmacy diversion in Missouri is theft by technicians due to lapses in supervision and audits?

True or False

Pharmacies are “gatekeepers” and have a separate dispensing responsibility where they can refuse to fill prescriptions.

True or False

Missouri pharmacies are seeing opiate prescriptions from patients in one state but the doctor is located in another third thousands of miles away. True or False

BNDD v. DEA

- Brings federal laws down to the state level;
- BNDD has primary state enforcement authority;
- No powers of arrests or monetary penalties;
- DEA does not register/regulate LTCF issues;
- BNDD operates pseudoephedrine tracking system;
- BNDD oversees drugs in emergency management;
- BNDD has a one year registration for \$30;
- Pseudoephedrine is Schedule 5 in Missouri;
- Codeine cough syrups are Schedule 4 in Missouri.

BNDD LOSS REPORTING RULE

The Missouri Regulation is 19 CSR 30-1.034(2)(B)

- The Missouri rule does not match the DEA rule;
- Three things get reported—losses, thefts, and diversions;
- These 3 incidents must be reported upon discovery. The BNDD is to be notified immediately, and then the registrant has 7 days to submit a written loss report form.
- If more time is needed, the registrant may contact the BNDD and ask for more time.
- The BNDD form does not match the DEA Form 106.
- Timeframes and reporting requirements differ.
- Reports are to be filed by the registrant who had the drugs last.



Differences Defined

1. Losses, thefts, and diversions must be reported immediately upon discovery. This may be accomplished by telephone, email, or fax.
2. After the initial reporting of the discovery, a written report form is due in 7 days. If more time is needed the registrant may contact the bureau and obtain additional time.
3. The BNDD form captures information pertaining to in-transit losses and shippers. The BNDD form requires the identity of the responsible party/thief if known.

Insignificant Losses ?

The term, “insignificant loss” is defined in the rule.

LOSS = The drug is missing. You are not sure where it went. You do not know or can’t prove where it went. It is missing or lost. All of these get reported.

INSIGNIFICANT = Drugs were lost/destroyed/ during a lawful activity. You know what happened to them and where they went—but there is no crime. Examples are drugs unrecovered during compounding, spilling, breakage, or tablets dropped and stepped on, etc. Document and staple to your annual inventory.

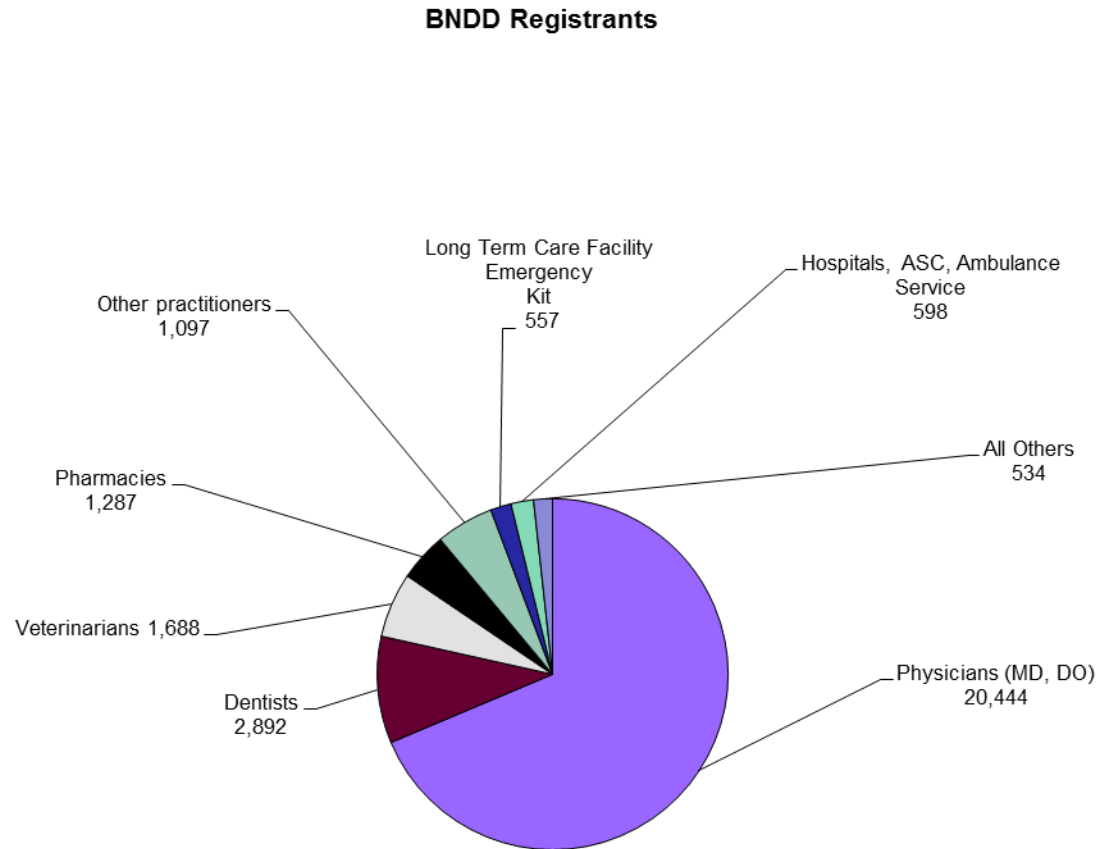


Missouri Registrant Stats

- Missouri has approximately 30,000 registrants;
- 25,000 are individual prescribers;
- 1,339 pharmacies
- Serving/treating 5.9 Missouri citizens



Registrant Types



Annual Drug Loss Trends

FISCAL YEAR	Loss/Diversion
<u>July 1st—June 30th</u>	<u>Reports</u>

2006-07.....	798
2007-08.....	488
2008-09.....	573
2009-10.....	501
2010-11.....	533
2011-12.....	798
2012-13.....	750

750 Losses/Thefts—2013

ARMED ROBBERIES.....	14
BURGLARIES.....	22
EMPLOYEE DIVERSIONS.....	91
IN-TRANSIT LOSSES.....	448
<i>(3 MAIL ORDER PHARMACIES)</i>	
OTHER TYPES OF LOSSES.....	175
<i>(Audits off; unknown reason; breakages; errors in estimating inventories; dispensing errors)</i>	



Most Common Diverted Drugs

C₂

oxycodone
methylphenidate
amphetamine salts
morphine
meperidine
fentanyl

C₄

alprazolam
lorazepam
diazepam
carisoprodol
zolpidem
phentermine

C₃

hydrocodone products

C₅

pseudoephedrine products

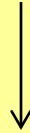
Common Violations by Pharmacies

- ❖ Failed to notify BNDD of loss upon discovery—relied on someone else up the corporate chain.
- ❖ Schedule II safe/drawer unlocked.
- ❖ Pharmacy employee with criminal guilty plea or conviction for drug offense—does not have a waiver from BNDD/DEA.
- ❖ Pre-populating a prescription form for a prescriber. Pre-filling out any field of information required on a controlled drug prescription.
- ❖ Bad security—failed to supervise staff/monitor drug usage.

Trends in Pharmacy Diversion

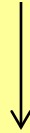
Opportunistic

Pocketing the occasional odd tablet. Stealing one to a few pills per day or per week.



False Prescriptions:

Creating a false prescription in order to steal 30,60, 90 day supply.



Current:

Technicians stealing entire stock bottles at once.

Stealing multiple bottles per week.

Thousands of dosing diverted before being discovered.

Staff not being supervised closely.

Drug counts and usage not monitored.

Pharmacy policies not being followed—purses & coats behind counter.

Examples of Pharmacy Losses

PHARMACIES ON PROBATION FOR LOSSES

- 14,660 doses
 - 19,778 doses
 - 28,174 doses
 - 33,828 doses
 - 55,985 doses
 - 70,000 doses
 - 78,621 doses
- “ I buy \$125,000 worth of drugs every month. If a tech is stealing \$100 or \$200 dollars worth, it would never show up.”
- Ex** pharmacy owner

Everyone is so busy filling scripts, that there is no time to supervise. No one is doing audits for accountability.

Example Audit Chart

Drug	Strength	Unit Difference	% Difference
diazepam	2mg	+ 72	+ 1.45%
diazepam	5mg	- 3,597	- 24.30%
diazepam	10mg	- 2,984	- 29.75%
hydrocodone/APAP	5/325mg	+ 98	+ 1.44%
hydrocodone/APAP	5/500mg	- 491	- 1.38%
hydrocodone/APAP	7.5/325mg	-55	- 1.43%
hydrocodone/APAP	7.5/500mg	+ 145	+ 2.45%
hydrocodone/APAP	7.5/650mg	- 50	- 62.50%
hydrocodone/APAP	7.5/750mg	- 248	-5.17%
hydrocodone/APAP	10/325mg	- 25,826	-67.61%
hydrocodone/APAP	10/500mg	- 16,402	-85.21%
hydrocodone/APAP	10/650mg	-6,332	-45.20%
hydrocodone/APAP	10/660mg	+ 109	+ 9.01%
		Missing 55,985	

Suspicious Prescriptions

Pharmacies are the “gatekeepers.”

They have an obligation to say, “No.”

Pharmacies may make their own decisions on what drugs are filled, too much/too soon.

More pharmacies are notifying physicians they will no longer be filling their prescriptions.



Missouri Examples

1. Patient from Amelia, Ohio. Received prescription in Ft. Lauderdale, FL for 120 oxycodone tablets. Traveled to Brookfield, MO to get it filled. Forty-five hours of driving the 3,050 miles.
2. Patient from Cincinnati, OH. Received prescription in Ft. Lauderdale, FL for 92 oxycodone tablets. It was filled in Brookfield, MO. Forty-four and a half hours driving the 3,014 miles.
3. Patient from Ohio. Received prescription in Georgia. Prescription was filled in Branson, MO. (*1,706 miles*)

Pharmacies' Corrective Measures

- Change technician's duties to limit access;
- No computer changes without pharmacist approval;
- Change ratio of pharmacists to technicians;
- More supervision on technicians ordering, receiving, re-stocking cells;
- Enforce the policies you have—no coats or purses in the pharmacy. Can't wear white coat out of pharmacy.
- More frequent audits of most diverted drugs;
- Corporate finance report comparing drugs the have shipped you compared to amount of doses sold.
- Pharmacies declining to fill suspicious Rx.
 1. Identifying “over-prescribers”;
 2. Patients traveled unusual distance.



BNDD Quarterly Newsletter

Can be viewed online at www.health.mo.gov/BNDD

Under the link to Publications

Faxing Rules

Pharmacy changes to Rx

Electronic Prescribing Requirements

How handle it when NPLex denies PSE sale

Prescriptions for Opiates & Infants in Withdrawal

Patients traveling great distances to get Rx filled

What constitutes a legal prescription

Pharmacists' judgment in filling Rx

Mid-Level Prescription Requirements

Pharmacies cannot pre-populate prescriptions

Pharmacies and LTCF Ekit requirements



Drug Take Back Announcement

Next DEA Drug Take Back Day is Saturday, April 26, 2014

Please tell patients they can turn in unwanted drugs to local law enforcement agencies.

After April 1, 2014, patient can type their zip code into the DEA website and see what police agencies are participating in their area.

September 2010.....	121 tons
April 2011.....	188 tons
October 2011.....	189 tons
April 2012.....	276 tons
September 2012.....	244 tons
April 2013.....	371 tons
November 2013.....	321 tons

April 2013, Missouri had 153 agencies collect 28,341 pounds.

November 2013, 134 agencies collected 19,901 pounds

Answers to Pre-Test Questions

Missouri's laws for reporting losses, thefts, and diversions is Different than the federal law. It requires an immediate report, Written form in 7 days, and has a different report form.

The current trend in pharmacy theft is technicians stealing entire stock bottles Multiple times per week. Losses range from 14,000 to 78,000 before discovery. Pharmacy policies are ignored, not enforced and audits are not performed.

Pharmacists are gatekeepers with independent authority for drug security, before Deciding to dispense. (21 CFR 1306.04(a))

Patients are traveling from one state, to another state to get an opiate prescription. They are driving to Missouri, thousands of miles to get the prescriptions filled. This is true.....AND.....Missouri pharmacies are liable for discipline for this.

Free Tip—The license & registrations of a pharmacy are more important than the risky dispensing of one suspicious prescription.

CONTACT INFORMATION

BNDD

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www.health.mo.gov/BNDD

Email: BNDD@health.mo.gov

DEA—St. Louis

317 S. 16th Street

St. Louis, MO 63103

(314) 538-4600



DEA—Overland Park, KS

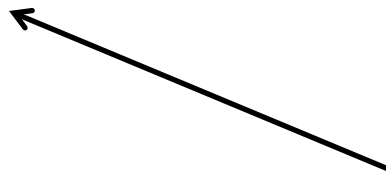
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East of Hwy 63



West of Hwy 63

QUESTIONS & DISCUSSION



Thank you!

Thank you!

Thank you!



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