



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

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Pharmacy**

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# PRESENTATION OBJECTIVES

1. Discuss R.Ph. duties & responsibilities when presented with an RX for dispensing
2. Discuss the problems of drug diversion and abuse from a state level perspective





# PRE-TEST QUESTION #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 QUESTION #2

2. A prescription for oxycodone 30mg #240 written yesterday in Opelika for a patient from Guntersville who drove to Jasper to fill the RX is obviously for a legitimate medical purpose and should not be questioned:
- a. True
  - b. False





# PRE-TEST QUESTION #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**



# Role of a State Board of Pharmacy

- Protect the public by ensuring that only qualified individuals are licensed to practice
- Regulate pharmacies (in state and out of state), pharmacists, pharmacy technicians, pharmacy students, and pharmacy interns.



# How a Board of Pharmacy Accomplishes It's Mission

- Regulate the “practice of pharmacy” - including mandatory licensing, CPE requirements, and enforcement of the state-level regulatory system.
- Impose sanctions against persons and businesses who violate the laws and regulations that govern the practice of pharmacy, including applicable federal law.



# PHARMACY'S TWO MOST IMPORTANT RULES FOR PRACTICE





**MOST IMPORTANT RULE FOR  
PRACTICE**

**ALWAYS, ALWAYS,  
ALWAYS ACT IN  
THE BEST  
INTERESTS OF  
YOUR PATIENT**



# **MOST IMPORTANT RULE FOR PRACTICE**

## **ALWAYS ACT IN THE BEST INTERESTS OF YOUR PATIENT**

**Sometimes, that means  
saying “NO”**



AND RULE #2 IS?

# CFR 1306.04

**(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.**



# **680-X-2-.22. CODE OF PROFESSIONAL CONDUCT**

**(1) Pharmacists and pharmacies are expected to conduct themselves in a professional manner at all times. The following code provides principles of professional conduct for pharmacists and pharmacies to guide them in their relationship with patients, fellow practitioners, other health professionals and the public.**

**(2) Violations of any provisions of this rule shall be deemed grounds for disciplinary action whenever the Board shall find a preponderance of evidence to such violations.**

# **680-X-2-.22. CODE OF PROFESSIONAL CONDUCT**

**(a) A pharmacist and a pharmacy should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional ability as an essential health practitioner.**

**(b) A pharmacist and a pharmacy should never knowingly condone the dispensing, promoting, or distributing of drugs or medical devices, or assist therein, that are not of good quality, that do not meet standards required by law, or that lack therapeutic value for the patient.**

# **680-X-2-.22. CODE OF PROFESSIONAL CONDUCT**

**(c) A pharmacist and a pharmacy should always strive to perfect and enlarge professional knowledge. A pharmacist and a pharmacy should utilize and make available this knowledge as may be required in accordance with the best professional judgment.**

**(d) A pharmacist and a pharmacy has the duty to observe the law, to uphold the dignity and honor of the profession, and to accept its ethical principles. A pharmacist and a pharmacy should not engage in any activity that will bring discredit to the profession and should expose, without fear**

# **680-X-2-.22. CODE OF PROFESSIONAL CONDUCT**

**or favor, illegal or unethical conduct in the  
profession.**

**(e) A pharmacist and a pharmacy should respect the confidential and personal nature of professional records; except where the best interest of the patient requires or the law demands, a pharmacist and a pharmacy should not disclose such information to anyone without proper patient authorization.**

**(f) A pharmacist and a pharmacy should not agree to practice under terms or conditions that interfere with or impair the proper exercise of**



# **680-X-2-.22. CODE OF PROFESSIONAL CONDUCT**

**professional judgment and skill, that cause a deterioration of the quality of professional services, or that require consent to unethical conduct.**

**(g) A pharmacist and a pharmacy should strive to provide information to patients regarding professional services truthfully, accurately, and fully and should avoid misleading patients regarding the nature, cost or value of these professional services.**

**IS THERE STILL A  
PRESCRIPTION DRUG  
ABUSE PROBLEM?**

**YOU BE THE JUDGE -**





# State of NJ - Our Predicament

- In 2010 there were 7,238 admissions to State licensed or certified substance abuse treatment programs as a result of prescription painkiller abuse.
- That number represented a dramatic increase of nearly 2,000 from the previous year's admissions and an increase of more than 5,000 from 2005.



# Narcotic Prescription Drugs - NJ

## 2012 Narcotic Analgesics (PMP launched 1/1/2012)

\* **4.1** million prescriptions

\* **259.9** million pills

## 2013 Narcotic Analgesics

\* **3.8** million prescriptions

• **245.7** million pills

**(Now averaging 130,000 to  
150,000 PMP queries/mo)**



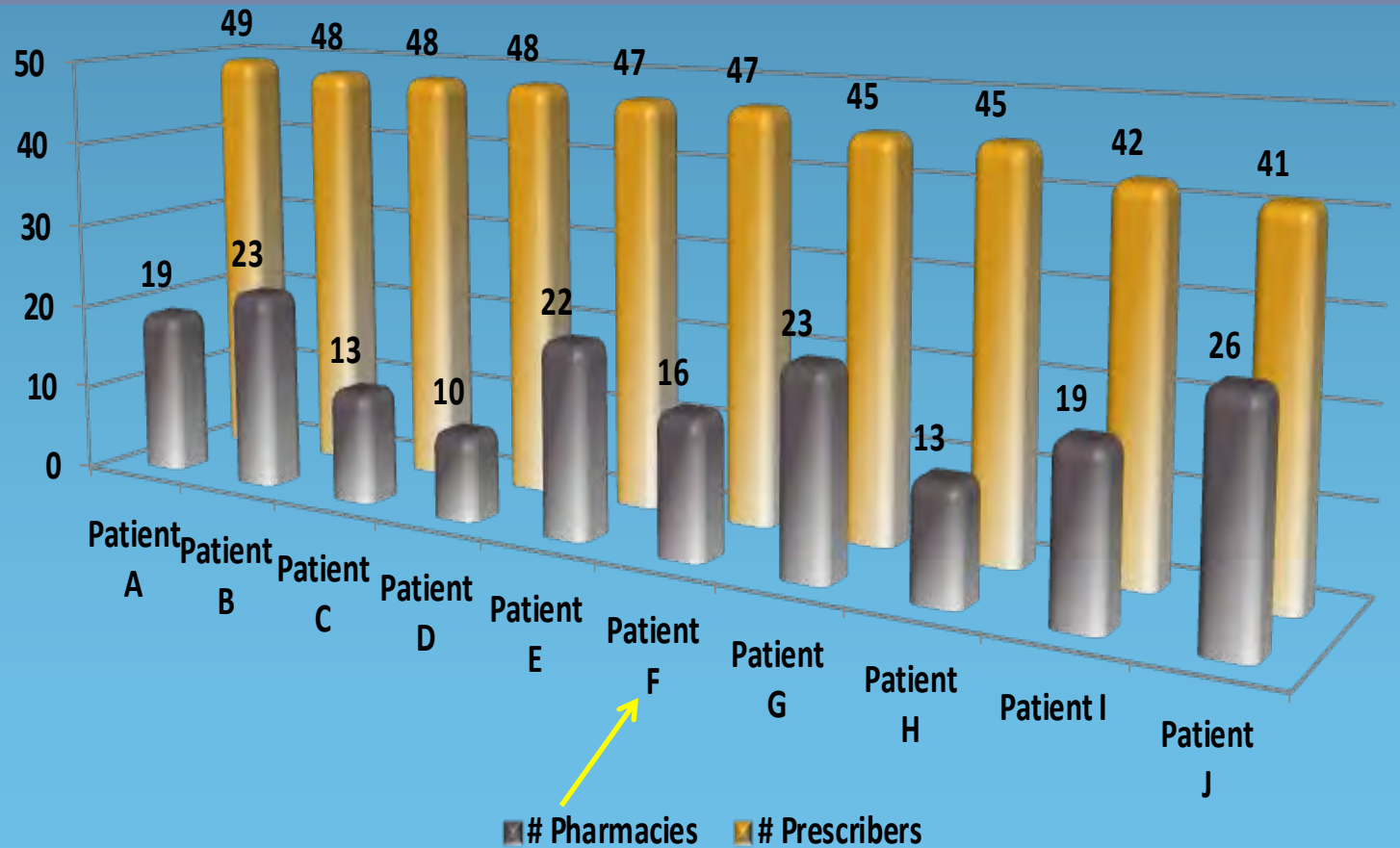


# Ohio -Top Ten Drugs in 2013

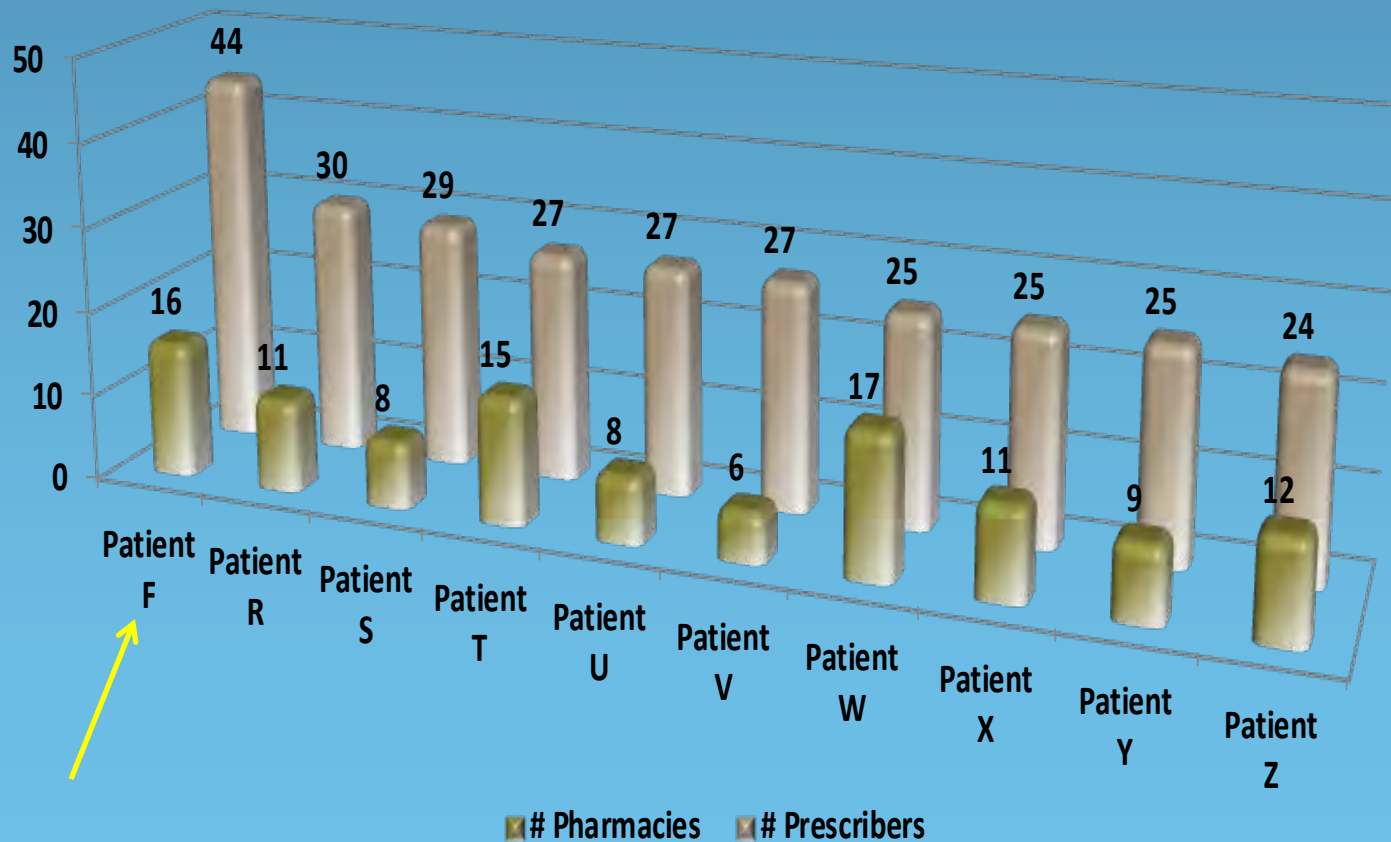
## Ohio Automated Rx Reporting System (OARRS)

Drug Class	Number of Solid Doses
Hydrocodone & Comb.	280,443,578
Oxycodone & Comb.	256,055,057
Tramadol	188,354,820
Alprazolam	128,373,214
Lorazepam	74,285,513
Clonazepam	66,893,093
Pregabalin	66,405,099
Amphetamine & Comb.	58,421,539
Zolpidem Tartrate	47,350,681
Methylphenidate	42,927,110

# Top Ten Doctor Shoppers 2013 (OARRS)



# Top Ten Doctor Shoppers 2013 – CII Only (OARRS)





# 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:





# WHY DO SOME PHYSICIANS TRAFFIC IN DRUGS?





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# WHY DO SOME PHYSICIANS TRAFFIC IN DRUGS?





# WHY DO SOME PHYSICIANS TRAFFIC IN DRUGS? - \$586,337



The image shows three glass bottles on a light blue surface. On the left is a large, dark brown, rounded bottle with a black cap. In the center is a tall, slender, green bottle. On the right is a small, square-shaped blue bottle with a white cap and a label that includes the word 'PAIN'.

# 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, but now it’s happening everywhere.





# Who Decides the Validity of a Prescription?

## **YOU DO!! - The Pharmacist**

- **Praven Patel – Family Pharmacy, Lindenwold NJ**
- a pharmacist who failed to take reasonable steps to validate the legitimacy of prescriptions – and the price he's paid.....



# 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 AVAILABLE FROM NABP:

# National Association of Boards of Pharmacy

NAPB is not the National Board of Pharmacy

NABP's purpose is twofold:

- to provide for interstate transfer in pharmacist licensure, based upon a uniform minimum standard of pharmacist education and uniform legislation; and
- to improve the standards of pharmacist education, licensure, and practice by cooperating with state, national, and international governmental agencies and associations having similar objectives.



# National Association of Boards of Pharmacy

- The individual Boards of Pharmacy comprise the membership of NABP.
- NABP assists the States in their mission of regulating the practice of pharmacy within their state's jurisdiction.
- One of the services that NABP provides is NABP PMP InterConnect, which facilitates the transfer of prescription monitoring program (PMP) data across state lines to authorized users. It allows participating state PMPs across the United States to be linked, providing a more effective means of combating drug diversion and drug abuse nationwide.

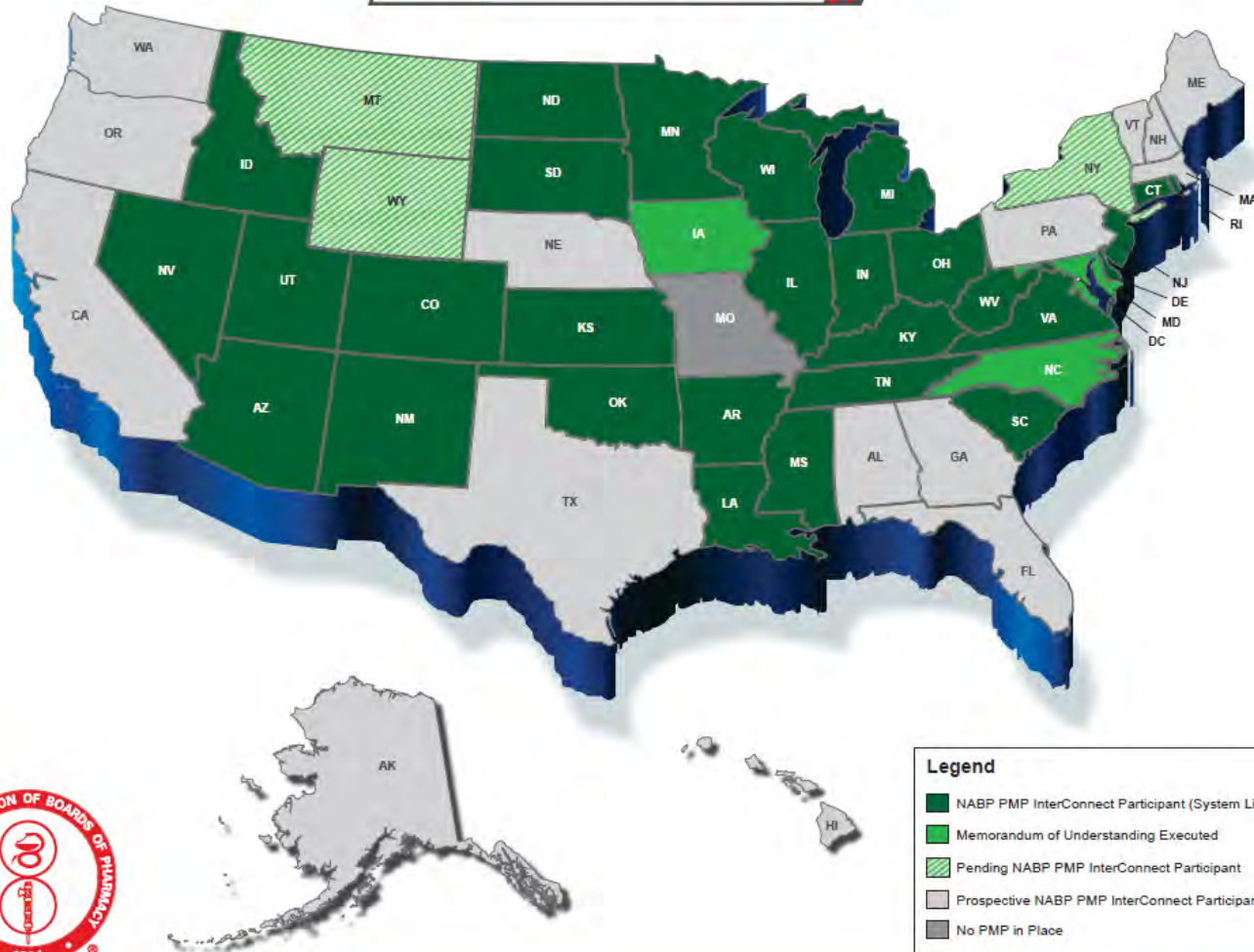






- 28 PMPs are actively sharing data: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin.
- 3 states are implementing the connection.
- 3 states and 1 jurisdiction are pending.

# PMP INTERCONNECT®



Current as of January 30, 2015



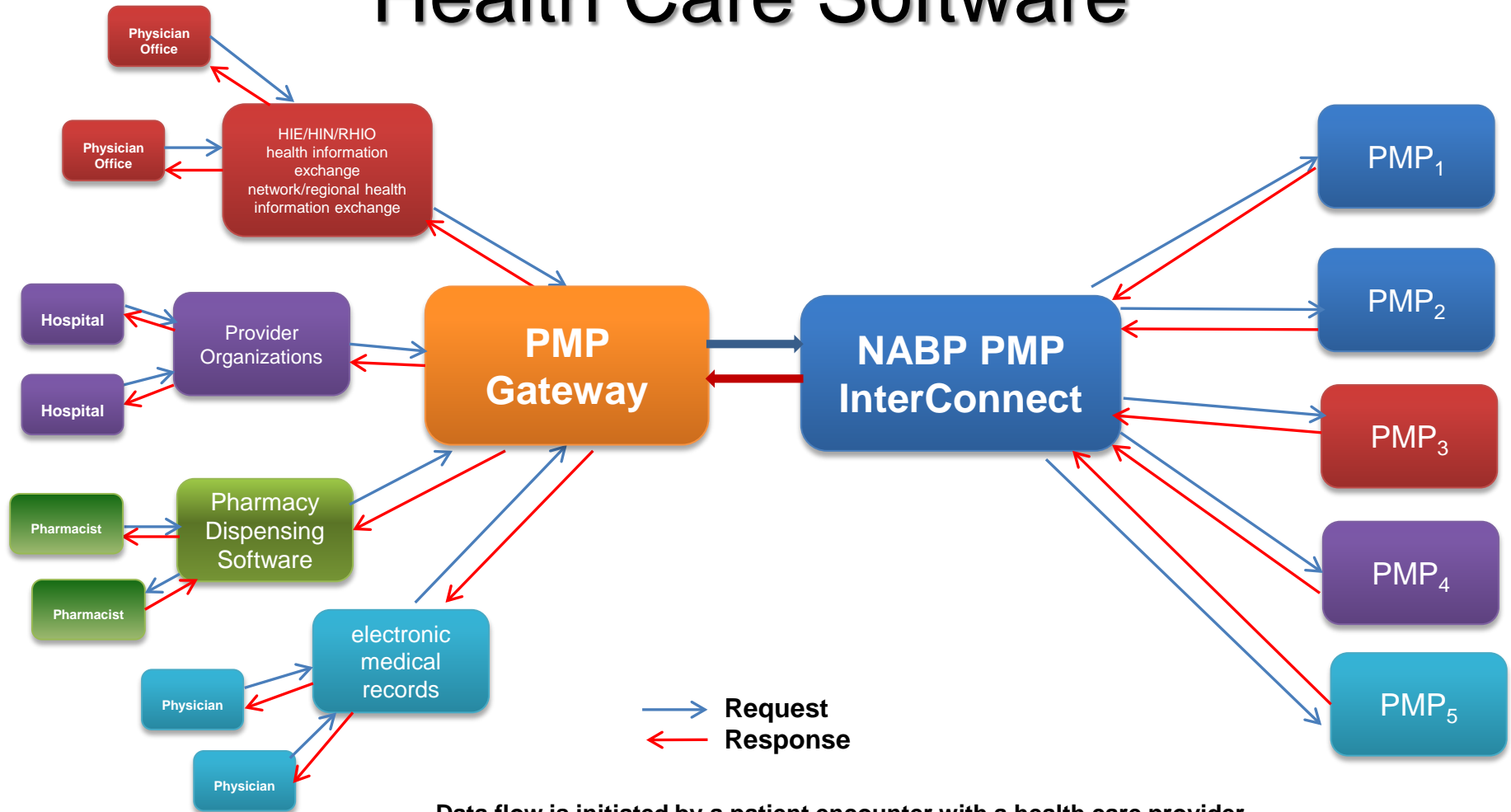
NABP®



- All protected health information is encrypted and not visible to the hub. It is secure and compliant with the Health Insurance Portability and Accountability Act of 1996.
  - No protected health information is stored by the hub; it is just a pass-through from one state to the authorized requestor in another state.
- In July 2011, the system went live. Since launch, NABP InterConnect has processed over 7 million requests, with an average of 6.5 seconds to process a request.



# PMP Gateway Data Integrated Into Health Care Software



# Benefits of Workflow Integration

- Prescriber/pharmacist is credentialed by workplace, instead of by the PMP.
- Authentication occurs when logging in to workplace software.
- Workplace software populates the data fields for the request.
- Delivery of request is automatic.
- One-click access.



# Workflow Data Integration

- No registration
- No usernames/passwords
- No data entry
- No added steps
- No delay



# FINAL REMINDER-

# CFR 1306.04

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# WHO DECIDES THE VALIDITY OF PRESCRIPTIONS?

**YOU, THE DISPENSING  
PHARMACIST** HAS BEEN ASSIGNED  
THE “CORRESPONDING  
RESPONSIBILITY!!!!

- NOT YOUR DISTRICT MANGER!
- NOT THE STORE OWNER!

**IT'S YOUR RESPONSIBILITY**



# MOST IMPORTANT RULE FOR PRACTICE

## ALWAYS ACT IN THE BEST INTERESTS OF YOUR PATIENT

Sometimes, that means  
saying “NO”





# POST-TEST QUESTION #1

1. A Pharmacist must:
  - a. Fill any RX presented w/o question
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  - c. Question only those RXs where a definite allergy or overdose exists



## POST-TEST QUESTION #2

2. A prescription for oxycodone 30mg #240 written yesterday in Flagstaff, AZ for a patient from Kingman, AZ who drove to Las Vegas to pick up the RX is obviously for a legitimate medical purpose and should not be questioned:
- a. True
  - b. False



# POST-TEST QUESTION #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**

# QUESTIONS???

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? ? ? ?

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# Thanks ☺

**TIME** *for* **LUNCH**

