



DRUGS, DRUGS, & MORE DRUGS

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Duties of the Ohio Board of Pharmacy

Ø Licensing/Administrative Agency

Ø Law Enforcement Agency

Ø 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 written yesterday in San Diego for a patient from Reno, NV who flew to Honolulu & presented the RX for dispensing 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 for several patients by one physician.

- a. True
- b. False



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?

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.

PILL MILLS –OHIO

Case study about an Ohio doctor and
Pharmacists:



PILL MILLS –OHIO

Case study about an Ohio doctor:



HOSPITAL PHARMACY DIVERSION

CASE STUDY ABOUT AN OHIO
PHARMACIST STEALING DRUGS
FROM THE PHARMACY





WHAT DID HE DO?

- **Large teaching hospital for children**
- **Large pharmacy staff**
- **Director of Pharmacy was mostly a manager, very little staff work**
- **Narcotic room supervised by upper level staff R.Ph.**

WHAT DID HE DO?

- Narcotic room used CII Safe program
- Fingerprint readers for all disbursements from narcotic room.
- Supervisory R.Ph. in Narc Room assigned all fingerprints.



WHAT DID HE DO?

- This R.Ph. stole large quantities of controlled substances before being caught.



HOW DID HE DO IT?

- **Very simple:**
- **He assigned one of his fingers as belonging to the Director of Pharmacy, knowing that the Director did not ever remove drugs from the room.**





WHAT HAPPENED?

- He finally got caught when another ALERT staff R.Ph. noticed that the Director was “removing” narcs from the room and knew that was unusual – particularly in those quantities.
- Initial concern was that the Director was the problem, which made R.Ph. & Board investigator concerned.



END RESULT

- **Director interviewed by Board agents and determined to be unaware of shortages.**
- **Further investigation led to guilty R.Ph. who then confessed and was sanctioned by the Board.**
- **Bodily harm to R.Ph. by Director was feared by all!**



COMMENTS

- **Even a trusted staff member can be vulnerable to drugs.**
- **TRUST BUT VERIFY**
- **Suggestion – 2 people to assign access to secure programs & locations**
- **2 people to witness destruction & returns**
- **Routinely monitor.**



FINAL COMMENTS

- **Nurses and physicians are equally likely to be involved in diversion from floor stock supplies.**
- **In fact, if you think there isn't any diversion in your hospital, you are sadly mistaken.**
- **The same 2 person & monitoring suggestions apply here as well.**

WHAT ABOUT THE “TRINITY”

Ø Is there any legitimate reason to prescribe/dispense an opiate, a benzodiazepine, and carisoprodol to several patients from one physician?

Ø Not if you know their indications and metabolism, there isn't!





WHO DECIDES THE VALIDITY OF PRESCRIPTIONS?

DISPENSING PHARMACISTS NEED TO REMEMBER THAT THEY, NOT THEIR DISTRICT SUPERVISOR OR ANYONE ELSE, HAVE BEEN ASSIGNED THE “CORRESPONDING RESPONSIBILITY”!!!

HOW CAN I GET MORE INFO?

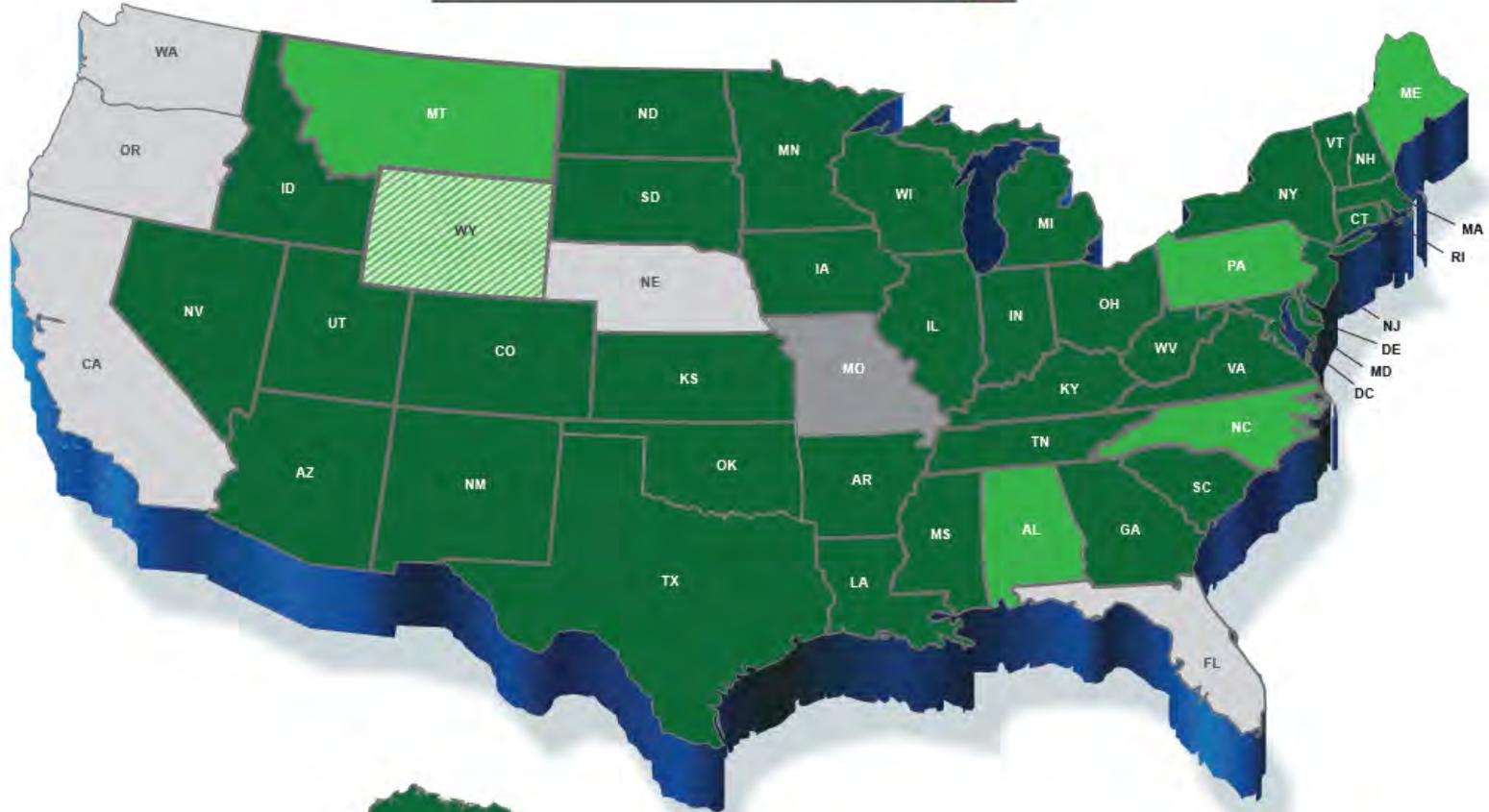
- Ø IF THE PATIENT IS NOT FROM YOUR AREA, QUESTION WHY THEY ARE THERE. IT MAY BE LEGITIMATE – BUT.....
- Ø TRUST YOUR INSTINCTS
- Ø USE YOUR STATE PMP AND THERE'S SOMETHING EXTRA AVAILABLE FROM NABP THAT YOU DO NOT HAVE ACCESS TO YET:





- 37 PMPs are actively sharing data: Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin.
- 5 states are implementing the connection.
- 1 state is pending.

PMP INTERCONNECT®

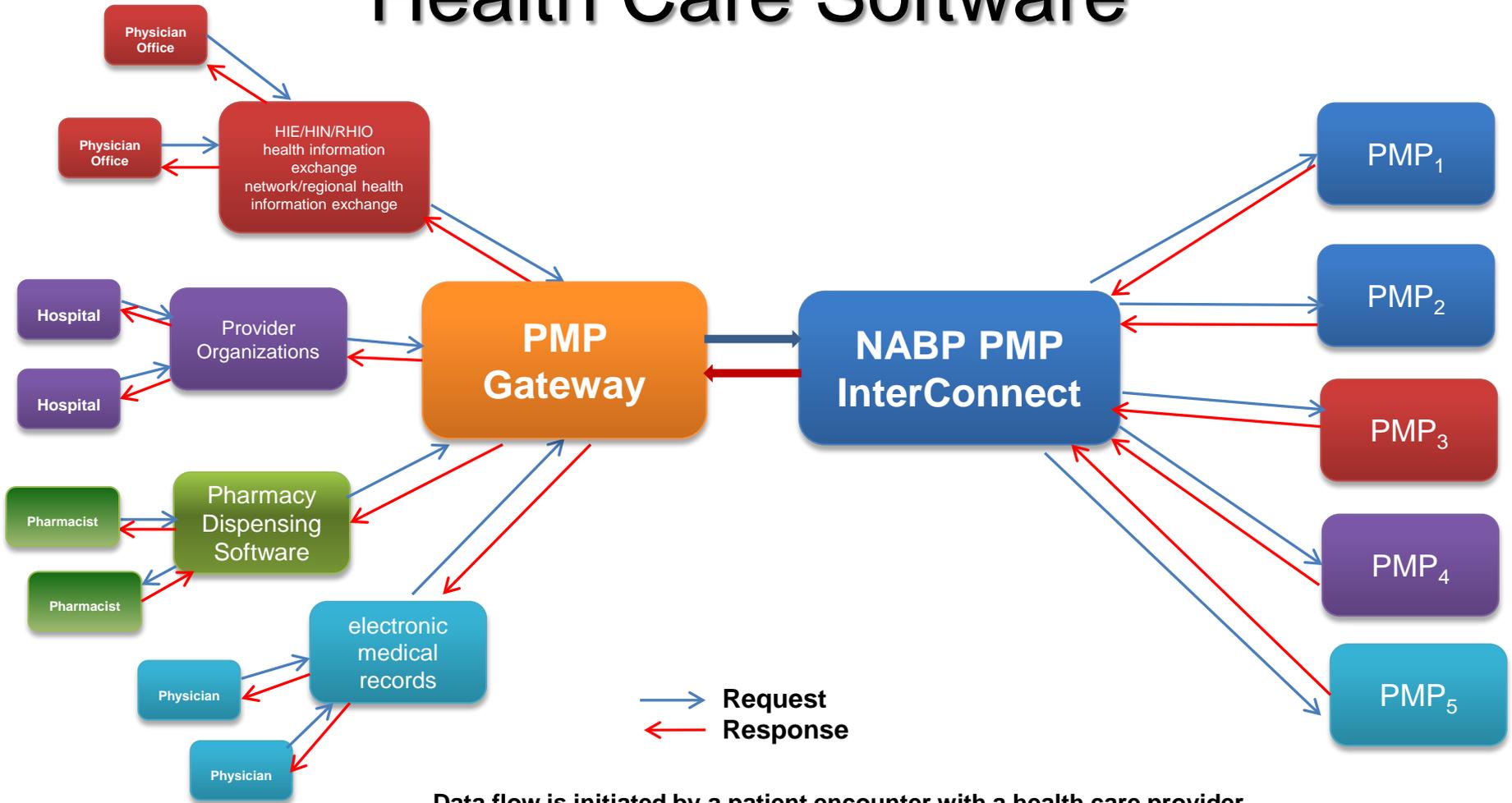


Legend

- NABP PMP InterConnect Participant (System Live)
- Memorandum of Understanding Executed
- Pending NABP PMP InterConnect Participant
- Prospective NABP PMP InterConnect Participant
- No PMP in Place



PMP Gateway Data Integrated Into Health Care Software





PMP GATEWAY IS NOW IN PHARMACIES!

PMP Gateway – a service that works in tandem with PMP InterConnect – has been deployed in Kroger pharmacies across Ohio.

Kroger pharmacies in Ohio became the first pharmacy chain to implement use of PMP Gateway in July 2015, and Kroger is deploying the service at its pharmacies in additional states. (13 states now)



**FINAL
REMINDER-**



**MOST IMPORTANT RULE FOR
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I'M DONE!

