DRUGS, DRUGS, & MORE DRUGS

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Past President, NABP
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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
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
2. A prescription for oxycodone 30mg #240 written yesterday in Norman, OK for a patient from Enid, OK who drove to Wichita to pick up the RX is obviously for a legitimate medical purpose and should not be questioned:
   a. True
   b. False
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
ALWAYS, ALWAYS, ALWAYS ACT IN THE BEST INTERESTS OF YOUR PATIENT
ALWAYS ACT IN THE BEST INTERESTS OF YOUR PATIENT

Sometimes, that means saying “NO”
AND RULE #2 IS?
(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.
Case study about an Ohio doctor and Pharmacists:
Case study about an Ohio doctor:
PILL MILLS

Case study about an early Ohio pill mill operation
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. Patients drove over ten hours, round trip, monthly, to obtain these drugs, which have a street value of more than $15 million.
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.
# A Typical PPMO Patient Dispensing Profile

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Dispensing Date</th>
<th>Drug</th>
<th>Qty. Disp.</th>
<th>Dr. Last</th>
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<tr>
<td>1468</td>
<td>04/25/2003</td>
<td>CARISOPRODOL 350 MG TABLET</td>
<td>60</td>
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<tr>
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<td>CARISOPRODOL 350MG WATS</td>
<td>90</td>
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<td>HYDRO/BIT/APAP 10MG/650MG</td>
<td>150</td>
<td>NAPOLI</td>
</tr>
</tbody>
</table>
Solid Dosage Units Authorized by PPMO in 2003

- **Pain Medications Controlled**
- **Muscle Relaxants / Carisoprodol**
- **Anti-Hypertensives**
- **Anti-Convalsants**
- **Tranquilizers**
- **Anti-Inflammatories**
- **GI Agents**
- **Non-Barbiturate Hypnotics**
- **Antibiotics**
- **Expectorants**
- **Antihistamines**
- **Pain Medications Non-Controlled**
- **Antivirals**
- **Imitrex**
- **Neurontin**

- **Hydrocodone Products Predominantly 10mg (69%)**
- **Muscle Relaxants / Carisoprodol (29%)**
- **Total Authorized: 1,457,250**
- **Solid Dosage Units Authorized by PPMO in 2003**

- **Pain Medications Controlled**: 1,280
- **Muscle Relaxants / Carisoprodol**: 4,296
- **Anti-Hypertensives**: 5,291
- **Anti-Convalsants**: 1,280
- **Tranquilizers**: 375
- **Anti-Inflammatories**: 135
- **GI Agents**: 125
- **Non-Barbiturate Hypnotics**: 111
- **Antibiotics**: 106
- **Expectorants**: 50
- **Antihistamines**: 0
- **Pain Medications Non-Controlled**: 21,884
- **Antivirals**: 36
- **Imitrex**: 0
- **Neurontin**: 613,236
## Round Trip Distances & Travel Time

<table>
<thead>
<tr>
<th>State</th>
<th>City</th>
<th>Round Trip Distance</th>
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</thead>
<tbody>
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<tr>
<td>KY</td>
<td>Grayson</td>
<td>496</td>
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<td>KY</td>
<td>Inez</td>
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<td>KY</td>
<td>Tomahawk</td>
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<td>WV</td>
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<td>540</td>
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<tr>
<td>OH</td>
<td>Grove City</td>
<td>250</td>
</tr>
<tr>
<td>OH</td>
<td>Proctorville</td>
<td>436</td>
</tr>
</tbody>
</table>

### Out-of-State Patients

Averaged 537 Miles Each Trip with 10.6 Hours of Travel Time
PPMO 2003 Prescription Growth at Ohio Pharmacy # 1

Feb  | Mar  | Apr  | May  | Jun  | Jul  | Aug  | Sep  | Oct  | Nov  | Dec
---   | ---  | ---  | ---  | ---  | ---  | ---  | ---  | ---  | ---  | ---
0     | 31   | 160  | 489  | 928  | 1,491| 2,098| 2,644| 3,308| 2,019| 38
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 regimen 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.
WHAT ABOUT THE “TRINITY”

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

¬ 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?

- 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:
• 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.
Data flow is initiated by a patient encounter with a health care provider.
FINAL REMINDER-
MOST IMPORTANT RULE FOR PRACTICE

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POST-TEST ?????? #1

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   a. True
   b. False
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
I’M DONE!