DRUGS, DRUGS, & MORE DRUGS

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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

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 Memphis for a patient from Louisville, KY who drove to Knoxville to pick up the RX 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 to one person

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?

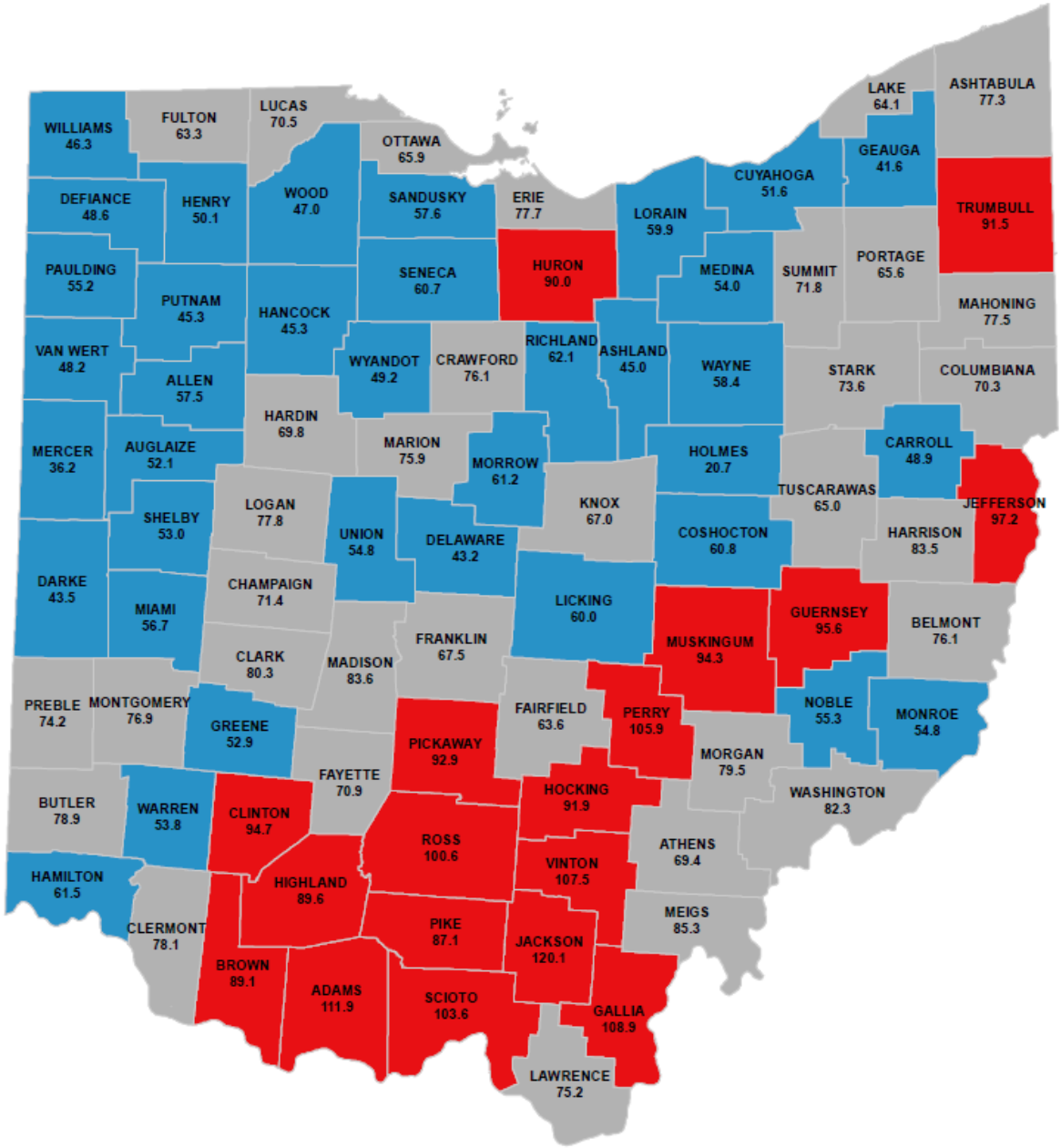
4729-5-21 OAC & 1306.04 CFR

(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.

IS THERE A PRESCRIPTION DRUG PROBLEM?

YOU BE THE JUDGE -

Prescription Opioid Doses Per Capita - 2011



Legend

Doses per Capita

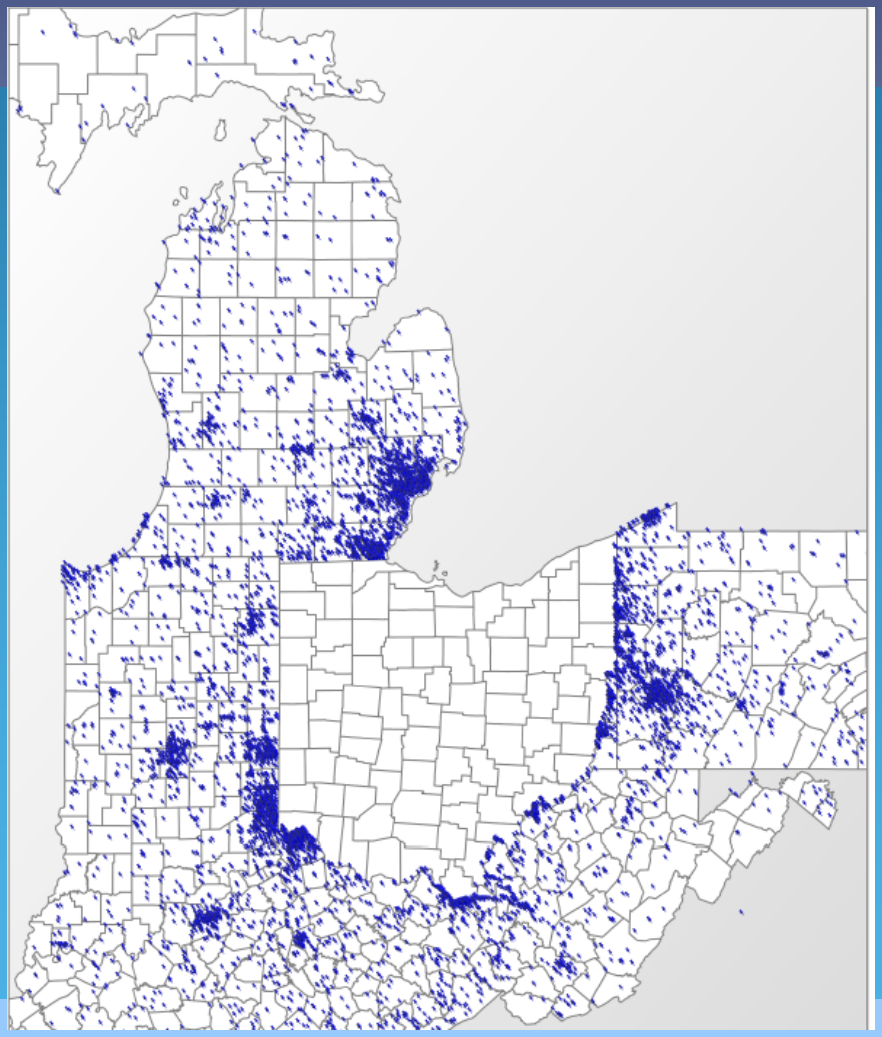
- 20.7 - 62.1
- 62.2 - 85.3
- 85.4 - 120.1

Data Source:
Data adapted from the
Ohio State Board of Pharmacy
Map produced March 2012

Map Information:

This map represents the doses of prescription opioids available for each person during 2011. Ohio's average per capita rate is 66.7 doses. The counties with the highest per capita rates were Jackson (120.1), Adams (111.9) and Gallia (108.9). The counties with the lowest per capita rates were Holmes (20.7), Mercer (36.2) and Geauga (41.6).

Out-of-State Patients at Ohio Pharmacies (excluding mail order) January – June 2011



Source: Ohio Automated Rx Reporting System

ANY OTHER SOURCES?

These maps only show the data from the Ohio PDMP (OARRS). It does not reflect the large (HUGE) amount of drugs being ferried across state lines from other states, including FL & GA.

Ohio law enforcement is still interdicting large quantities of RX meds during traffic stops.

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:

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 (###-###) <u>as soon as possible</u>.

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 <u>legitimate medical purpose</u> 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. It’s happening in NC as well.

WHO DECIDES THE VALIDITY OF PRESCRIPTIONS?

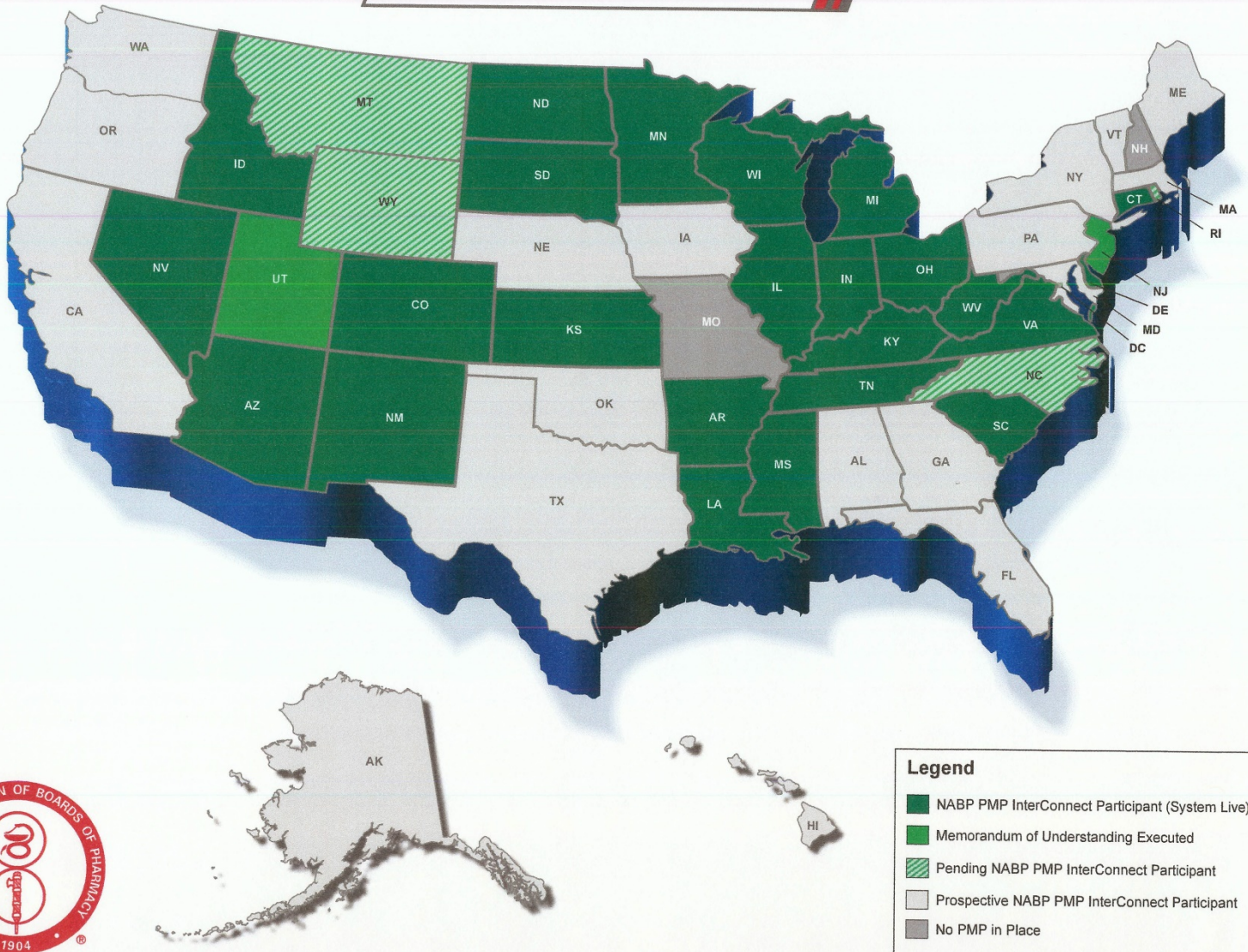
DISPENSING PHARMACISTS NEED TO REMEMBER THAT THEY, NOT THEIR DISTRICT SUPERVISORS, HAVE BEEN ASSIGNED THE "CORRESPONDING RESPONSIBILITY"!!!

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 SOON FOR YOUR USE FROM NABP (I HOPE!)

- The NABP InterConnect allows users of PMPs in Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Nevada, New Mexico, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Virginia, West Virginia, and Wisconsin to securely exchange prescription data between the 24 participating states.

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

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY ® 1904

Current as of March 4, 2014

FINAL REMINDER-

MOST IMPORTANT RULE FOR PRACTICE

ALWAYS ACT IN THE BEST INTERESTS OF YOUR PATIENT

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I’M DONE!