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 Hartford, CT for a patient from Burlington, VT who drove to Portland 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 for many 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.

IS THERE STILL A PRESCRIPTION DRUG PROBLEM?

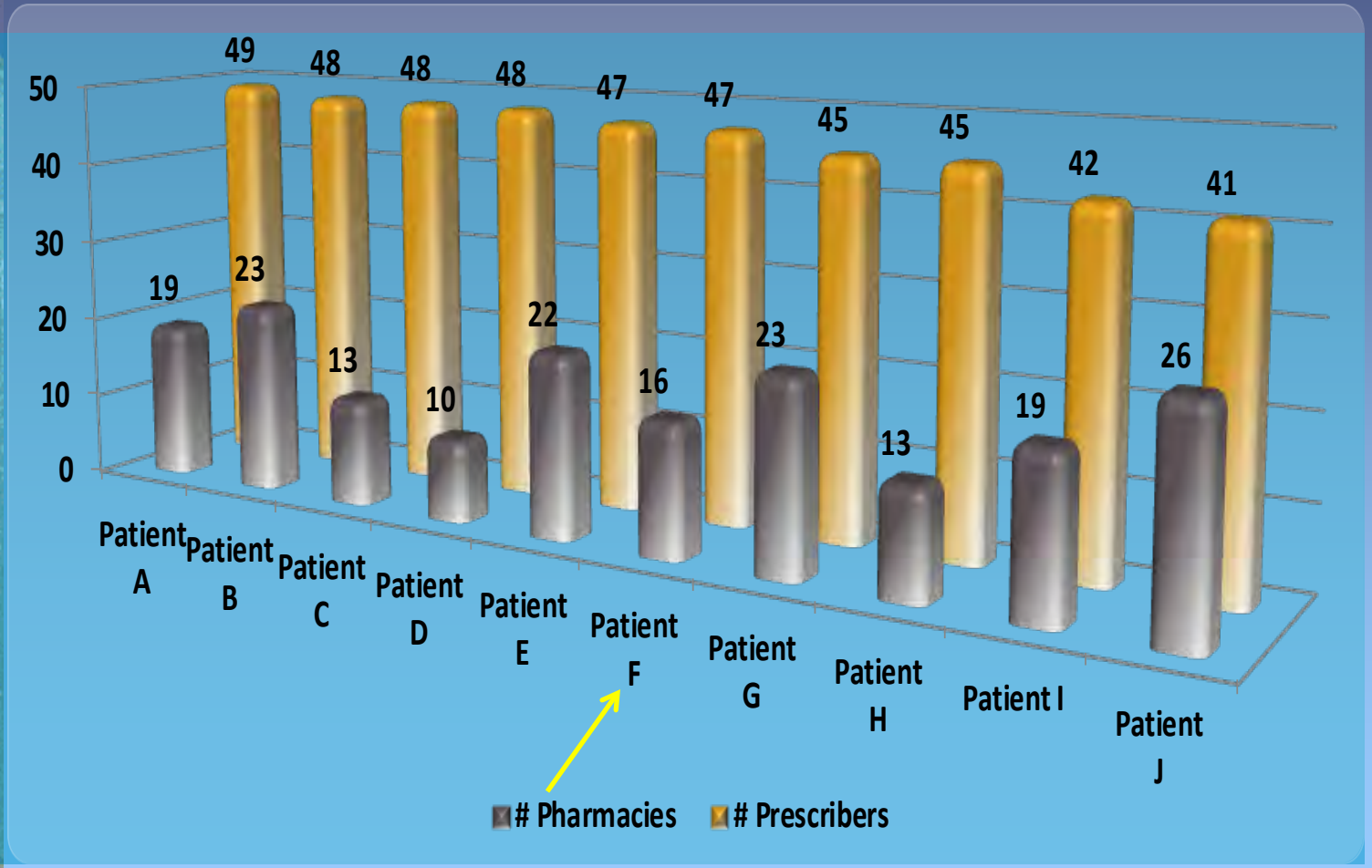
YOU BE THE JUDGE -

Top Ten Drugs in OARRS 2013

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

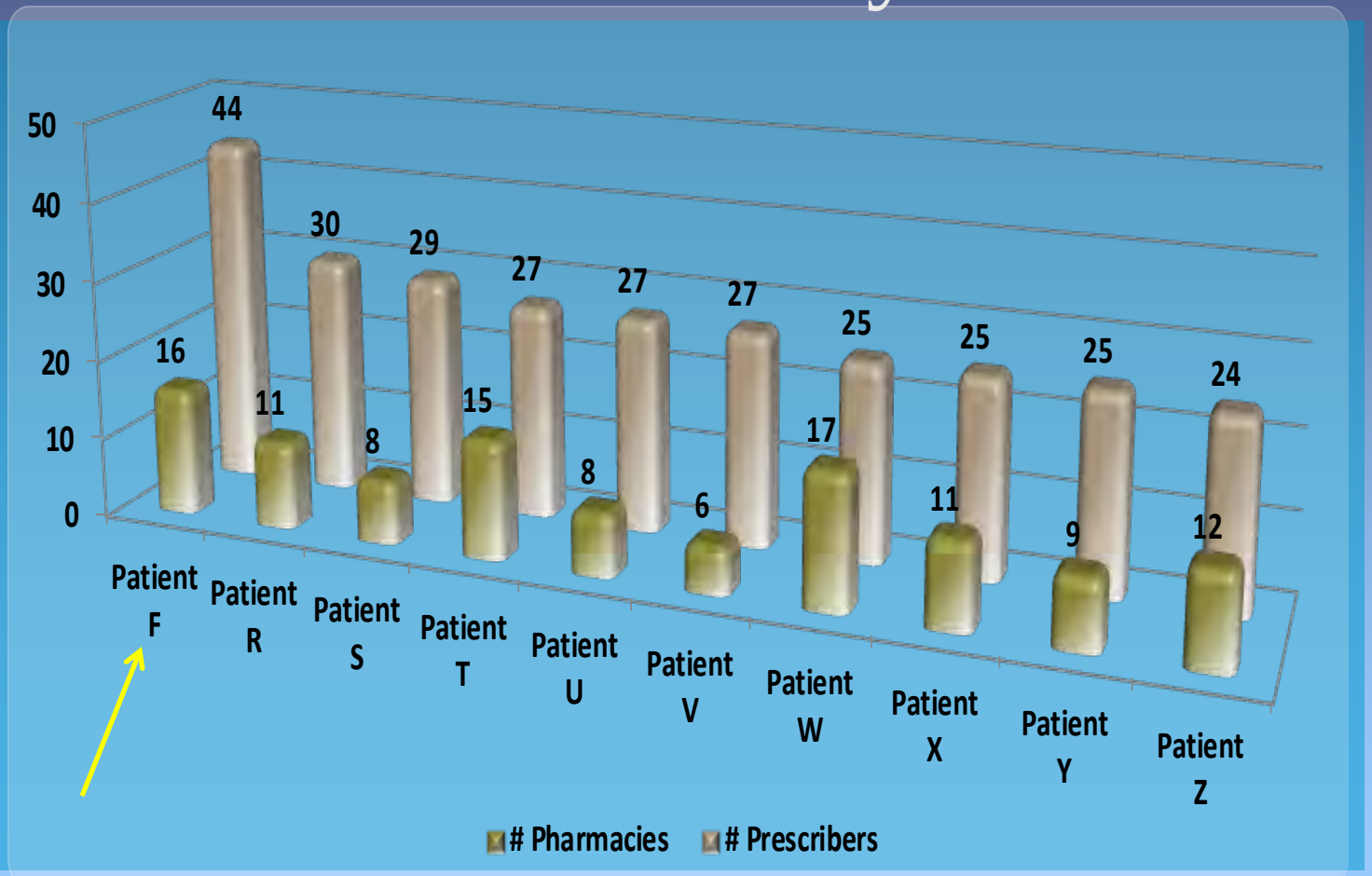
Slide from OH BOP

Top Ten Doctor Shoppers 2013



Slide from OH BOP

Top Ten Doctor Shoppers 2013 – CII Only



Slide from OH BOP

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, but now it’s happening everywhere.

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?

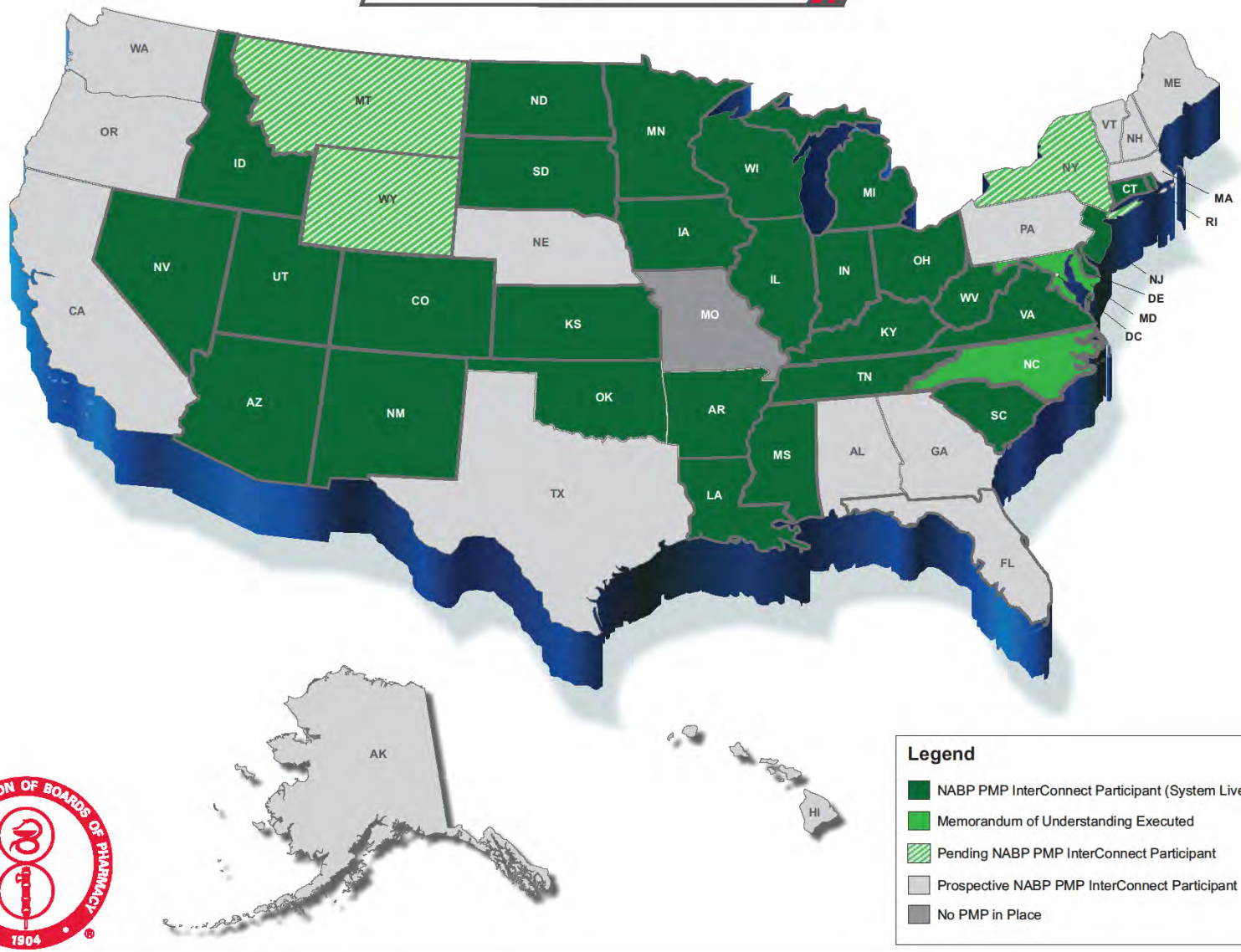
- IF THE PATIENT IS NOT FROM YOUR AREA, QUESTION WHY THEY ARE THERE. IT MAY BE LEGITIMATE – BUT…..
- TRUST YOUR INSTINCTS
- USE YOUR STATE PMP AND THERE'S SOMETHING EXTRA AVAILABLE FROM NABP THAT YOU CANNOT ACCESS YET:

PMP InterConnect®

- 30 PMPs are actively sharing data: Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, West Virginia, Wisconsin.

NABP®

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

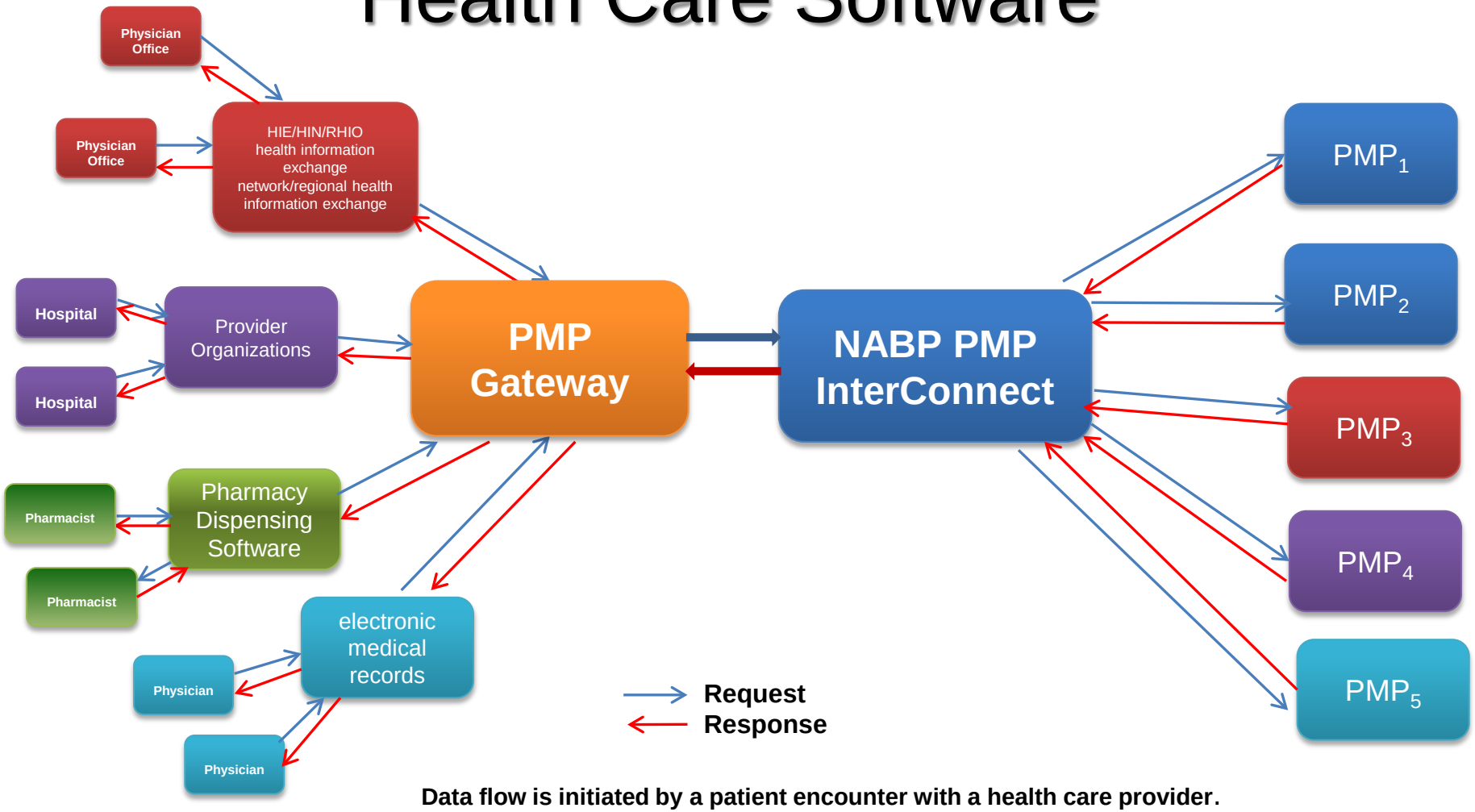
Current as of May 20, 2015

PMP InterConnect®

- 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.

NABP®

PMP Gateway Data Integrated Into Health Care Software



Data flow is initiated by a patient encounter with a health care provider.

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.

NABP®

Workflow Data Integration

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

NABP®

FINAL REMINDER-

MOST IMPORTANT RULE FOR PRACTICE

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a. True
b. False

I’M DONE!