



**THE PHARMACIST'S
ROLE IN THE RX DRUG
CRISIS**



Subtitled:
**THE MAGNETIC ATTRACTION
OF MISSOURI PHARMACIES**

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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.
3. Discuss the utility of a PMP to patient care.



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 Tulsa, OK for a patient from Texarkana, TX who drove to Rolla 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 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

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

Patient ID	Dispensing Date	Drug	Qty. Disp.	Dr.Last
1468	04/25/2003	CARISOPRODOL 350 MG TABLET	60	DEHAAS
1468	04/25/2003	HYDRCDN/APAP 10/650 G TAB	150	DEHAAS
1468	05/19/2003	CARISOPRODOL 350 MG TABLET	60	DEHAAS
1468	05/19/2003	HYDRO/BIT/APAP 10MG/650MG	150	DEHAAS
1468	06/13/2003	CARISOPRODOL 350 MG TABLET	60	DEHAAS
1468	06/13/2003	HYDRCDN/APAP 10/650 G TAB	150	DEHAAS
1468	07/10/2003	CARISOPRODOL 350 MG TABLET	60	DEHAAS
1468	07/10/2003	HYDRCDN/APAP 10/650 G TAB	150	DEHAAS
1468	08/05/2003	CARISOPRODOL 350MG WATS	90	NAPOLI
1468	08/05/2003	HYDRCDN/APAP 10/650 G TAB	150	DEHAAS
1468	09/05/2003	CARISOPRODOL 350 MG TABLET	90	DEHAAS
1468	09/05/2003	HYDRCDN/APAP 10/650 G TAB	150	DEHAAS
1468	10/01/2003	CARISOPRODOL 350 MG TABLET	90	NAPOLI
1468	10/01/2003	HYDRCDN/APAP 10/650 G TAB	150	NAPOLI
1468	11/20/2003	CARISOPRODOL 350 MG TABLET	90	NAPOLI
1468	11/20/2003	HYDRO/BIT/APAP 10MG/650MG	150	NAPOLI

Round Trip Distances & Travel Time

State	City	Round Trip Distance
KY	Louisa	500
KY	Grayson	496
KY	Inez	548
KY	Paintsville	558
KY	Tomahawk	546
KY	Winchester	652
KY	Prestonsburg	582
KY	Hagerhill	562
KY	Mt. Sterling	680
KY	Van Lear	568
WV	Huntington	440
WV	Ft. Gay	498
WV	Lenore	482
WV	Naugatuck	494
WV	Kermit	554
WV	Crum	540
OH	Columbus	236
OH	Grove City	250
OH	Proctorville	436

Out-of-State Patients
Averaged 537 Miles Each Trip with 10.6 Hours of Travel Time

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?

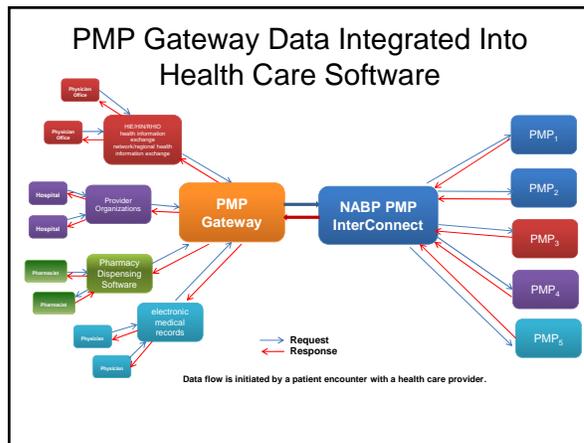
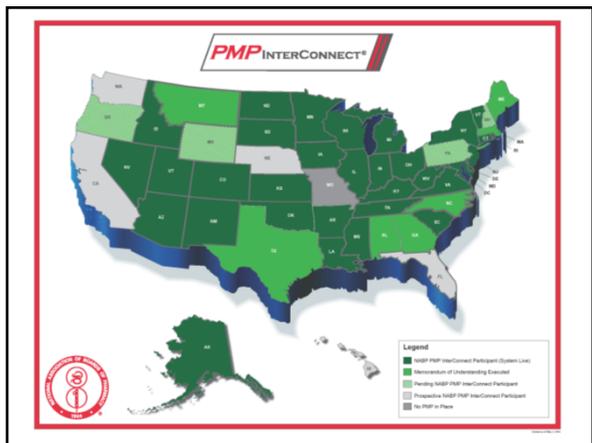
DISPENSING PHARMACISTS NEED TO REMEMBER THAT THEY, NOT THEIR DISTRICT SUPERVISOR OR ANYONE ELSE, HAVE BEEN ASSIGNED THE "CORRESPONDING RESPONSIBILITY"!!!

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
- **IF YOU HAD ONE**, YOU COULD USE YOUR STATE PMP AND THERE'S SOMETHING EXTRA AVAILABLE FROM NABP THAT YOU COULD USE:



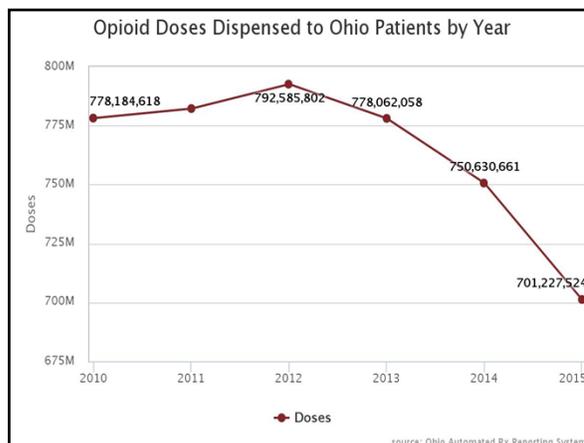
- 33 PMPs are actively sharing data: Alaska, Arizona, Arkansas, Colorado, Connecticut, Delaware, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina,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

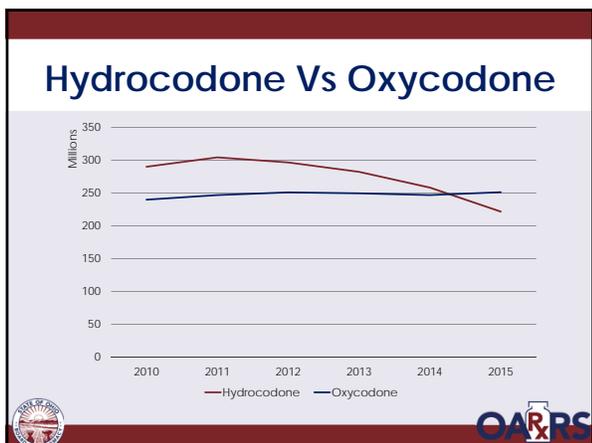



PMP GATEWAY IS NOW IN PHARMACIES!

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)





- ### 2014 Drug Overdose Statistics
- 2,482 unintentional drug overdose deaths
 - 70% (1,746) had at least one prescription in OARRS dispensed after 7/1/2013
 - 37% (432) had at least one prescription for an opioid within 30 days prior to their death.

Learning from 2014 Drug Overdoses (work in progress)

Warning! The following slides show statistics which indicate an association between overdose death and a behavior of the patient or the presence of a particular drug on an OARRS report. These statistics do NOT suggest cause and effect.

- ### Learning from 2014 Drug Overdoses (work in progress)
- Patients receiving controlled substances from more than 5 physicians over a 2 year period were 6.91 times more likely to die of an overdose than those with 5 or fewer physicians.
 - Patients receiving controlled substances from more than 3 pharmacies over a 2 year period were 8.12 times more likely to die of an overdose than those with 3 or fewer pharmacies.
 - Patients with a prescription for carisoprodol in 2 years were 6.7 times more likely to die of a drug overdose than those who did not have a prescription for carisoprodol.
 - Patients with a prescription for methadone in 2 years were 7.34 times more likely to die of a drug overdose than those who did not have a prescription for methadone.

- ### Learning from 2014 Drug Overdoses (work in progress)
- Patients receiving concurrent prescriptions for opioids and benzodiazepines were 9.12 times more likely to die of an overdose than other controlled substance patients.
 - Patients receiving a prescription for buprenorphine were 9.91 times more likely to die of a drug overdose than patients not receiving a prescription for buprenorphine.

