

Arizona Guidelines For Dispensing Controlled Substances



2013

Arizona Prescription Drug Misuse and Abuse Initiative

The abuse of prescription drugs is a serious social and health problem in the United States. Arizona is no exception to this problem. According to data from Arizona's Prescription Drug Monitoring Program, there are approximately 10 million Class II-IV prescriptions written and 524 million pills dispensed each year in Arizona. Prescription pain relievers accounted for over half of the drugs dispensed.

As the access and availability of these habit-forming drugs grows, so too does the likelihood of misuse, and moreover, the costly outcomes related to misuse and abuse. Arizona was ranked the 6th highest state in the country for prescription drug abuse, with over 13% of Arizona adults and almost 8% of Arizona youth reporting current misuse of controlled substances. Not surprisingly, Arizona has also seen a corresponding, and dramatic, increase in opioid-related cases in Emergency Departments and drug poisoning deaths involving prescription drugs.

As healthcare professionals, Pharmacists play a very critical role in helping Arizona solve the prescription drug misuse and abuse problem in our state. These guidelines are intended to help Dispensers reduce the inappropriate use of controlled substances while preserving the vital role of the Pharmacy to treat patients with medical conditions. These guidelines were developed at the Arizona Pharmacist Forum sponsored by the Arizona Pharmacy Association, the Arizona Criminal Justice Commission, the Arizona State Board of Pharmacy and the High Intensity Drug Trafficking Area Agency.

The work group was composed of members representing:

- Local Retail Pharmacies
- Corporate Pharmacies
- Midwestern University
- University of Arizona
- County and State Health Officials
- Insurance Companies
- The National Meth and Pharmaceutical Initiative
- Local Substance Abuse Community Coalitions

As defined by the Institute of Medicine, guidelines are “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.” As such, these guidelines are intended to provide general advice to the Pharmacist working in retail Pharmacies throughout Arizona. The Arizona Guidelines for Dispensing Controlled Substances should never be relied on as a substitute for proper assessment and professional judgment for the particular circumstances of each case.

Thank you for reviewing these Guidelines and doing your part to protect the health, safety and welfare of Arizona’s citizens.

R E C O M M E N D A T I O N S

Arizona Guidelines for Dispensing Controlled Substances

1: Pharmacists should check the Arizona Prescription Drug Monitoring Program before dispensing controlled substances, and specifically in the following circumstances:

- Regular patients at least once per year
- Any prescription for Oxycodone 15mg or 30mg
- All Schedule II or Schedule III drugs for:
 - Every new or unknown patient
 - All weekend and late day prescriptions
 - Prescriptions written far from the location of the Pharmacy or the patient’s residence
 - Any time suspicious behavior is noted (e.g., nervous, overly talkative, agitated, emotionally volatile, evasive, etc...for more information see Appendix A)
- Use clinical judgment in these situations:
 - Any prescription written for a controlled substance in high doses or high quantities
 - Any prescription considered an outlier to what is normally prescribed (use clinical judgment)
- Additional recommendations:
 - It is recommended that pharmacists document a note

in their patient's file including date, initials and action taken to indicate that the PDMP was checked

- o It is recommended that all pharmacists in the pharmacy, including part-time "floaters" receive education on use of the PDMP

The following is the direct link to PDMP information:

http://www.azpharmacy.gov/CS-Rx_Monitoring/practitioner_procedures.asp

For additional information on the PDMP please contact the Arizona State Board of Pharmacy at (602) 771-2744 or dwright@azpharmacy.gov

2: Pharmacists should use clinical judgment on the appropriateness of communicating with Prescribers prior to dispensing a controlled substance, but should specifically do so in the following circumstances:

- Pharmacist suspects a forged, altered or counterfeit prescription
- Patient is repeatedly requesting early refills of controlled substances
- Patient is specifically requesting early refills of Opioids, Benzodiazepines or Carisoprodol
- Patient presents with a high quantity from the Emergency Department
- Any time suspicious behavior is noted (e.g., nervous, overly talkative, agitated, emotionally volatile, evasive, etc....for more information, see Appendix A)
- It is recommended that pharmacists establish face-to-face contact with the Emergency Department Director, if they receive high traffic from ED patients
- It is recommended that pharmacists call the phone number for the prescriber listed in their computer vs. the phone number on the prescription to avoid false numbers on forged prescriptions

3: Pharmacists should use clinical judgment on the appropriateness of communicating with other pharmacies prior to dispensing a controlled substance, but should specifically contact other Pharmacies in the following circumstances:

- If you receive a prescription that has been denied by another pharmacist
- If you deny a patient a prescription, it is recommended that you call/fax all pharmacies within a 5 mile radius to alert them
- It is important to note that cross-communication between pharmacies regarding a patient's health and treatment is NOT a violation of HIPPA

4: Pharmacists should require a government issued identification for all new or unknown patients before dispensing any controlled substance.

- If you suspect a fake ID is involved, conduct the following verification steps (see Appendix B for more details):
 - Squeeze the ID to make sure the weight and rigidity matches AZ IDs
 - Look for squared edges (most IDs have rounded edges)
 - Using the pads of your fingers, lightly feel for bumps, ridges

- and irregularities on the front and back surfaces of the ID
- Check for font or coloration differences (e.g., different font style, improper bolding, lack of shading, spelling errors, or the wrong font size)
- Check the front and back for words like secure, valid, genuine or credibility status (these are common false “security measures” placed on fake IDs)
- Request another form of ID (e.g., a credit card), as people who present fake IDs are often reluctant to produce another form
- If you confirm a fake ID, do not dispense the prescription

5: Pharmacists should not fill a prescription if they believe it is forged, altered, or counterfeited

- Call the prescriber to verify first -- use the phone number for the provider in your computer vs. on the prescription
- Be familiar with the types of fraudulent prescriptions and characteristics of forged prescriptions (see Appendix C for details)
- Fill out a DEA FaxNet form for all fraudulent prescriptions:
<http://azpharmacy.gov/pdfs/fax%20net.pdf>.
- If a pharmacist denies a prescription, it is recommended that the pharmacist notify other local pharmacists (in a 5 mile radius); again cross-communication between pharmacists is NOT a violation of HIPPA
- If you believe you have discovered a pattern of prescription abuse, contact your State Board of Pharmacy, your local DEA office, your local sheriff's office or police department -- reporting can be anonymous
- Be familiar with the law and your legal and ethical responsibilities; according to the DEA (see appendix A and C for details):
 - It is unlawful to knowingly dispense controlled substances for anything other than a “legitimate medical purpose”
 - There is no legal obligation to dispense a prescription, especially one of doubtful, questionable, or suspicious origin
 - To do so with a chemically dependent patient may violate federal or state provisions on maintenance of addiction, and you could be liable if the patient later injures himself or others
- Under these circumstances, it is safer to politely refuse to dispense the prescription and to refer the patient to his/her attending physician for further management. Document any such encounters in their patient files
- If possible, retain the prescription; however, even a fraudulent prescription is regarded as private property and should be returned promptly to the individual
- There is no legal requirement to contact the police regarding a suspected drug seeker; however, because a minority of drug seekers, particularly those who are chemically dependent, may resort to verbal abuse or acts of violence, it is advisable that you do so

6: Pharmacists should educate their patients about proper storage and proper disposal during the patient consultation prior to dispensing controlled substances.

- This is especially true if there are youth in the home, given that prescription drugs are now the 4th most used substance by teens and most report obtaining them in the home (Arizona Youth Survey)
- Storage tips should include never leaving any controlled substance out “in the open” in situations like kitchen counters, unlocked medicine cabinets, or even purses or handbags
- Disposal tips should include never flushing prescriptions down the toilet or throwing them in the trash
- Disposal tips should also include information on take-back events and permanent drop box locations
- If take-back events or drop boxes are unavailable, instruct your patients to use the DEA disposal guidelines and FDA tips:
 - Take the drugs out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter; then put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag
 - Before throwing out a medicine container, tell the patient to scratch out all identifying information on the prescription label to protect their identity and personal health information
 - Tell your patients to not share medication with friends, family or others and remind them that doing so could pose a serious health risk to someone
- It is encouraged that you use the information sheets available in Appendix D and E as handouts for patients; for more information, please see www.DrugFreeAz.org/Rx; and http://www.deadiversion.usdoj.gov/drug_disposal/index.html

LIST OF APPENDIXES

- A. Identifying the Drug Seeking Patient in a Pharmacy
- B. Identifying Fake Identification
- C. Pharmacist's Guide to Prescription Fraud
- D. Patient Education: Teen Abuse of Prescription & Over-The-Counter Medicine Now an Epidemic
- E. Patient Education: How to Dispose of Unused Medicines

Appendix A: Identifying The Drug Seeking Patient In A Pharmacy

Chemically dependent patients often come to pharmacies for early refills of their prescriptions. These patients may appear to be experiencing

acute withdrawal symptoms and may become extremely agitated, tearful and violent if they cannot obtain their drug of choice, or a substitute.

Alternatively, patients who present with a lethargic, disinterested, perhaps giddy or overly friendly personality style, slurred speech and staggering gait may be intoxicated and seeking more drugs. An overly familiar presentation, intruding on an appropriate professional interpersonal space, or even covert or overt seductiveness should arouse suspicions.

A patient cannot be readily diagnosed as chemically dependent in a pharmacy setting. However, chemically dependent patients do exhibit diagnostic clues including the following:

SIGNS OF CHEMICAL DEPENDENCY AND DOCTOR SHOPPING	RED FLAG INDICATORS
Pupils – pinpoint or extremely dilated	Refuses or is reluctant to present identification
Droopy eyelids	Out-of-town patient or claims to be from out-of-town
Constant runny nose and rubbing of nose	Cash-paying patients or use insurance at times/pay cash at times
Complexion either pale or flushed	Very assertive
Excessive itching and scratching	Any telephone requests for narcotics
Sweating	Presents at times when prescriber cannot be reached
Tremors	Inordinate interest in the layout of the pharmacy
Rigid movements and muscle cramps	Appears to be in a hurry
Fearful and agitated (in withdrawal)	Tries to take control of the discussion
Emotionally volatile (in withdrawal)	Well versed in clinical terminology
Lethargic and disinterested (using drug)	Reports allergy to codeine, NSAIDs, or local anesthetics
Giddy and overly friendly (using drug)	Very manipulative - they tell a very good story
Evasive answers	Inappropriate interpersonal space or seductiveness

HOW TO DEAL WITH A DRUG SEEKER

There is no legal obligation to dispense a prescription. To do so with a chemically dependent patient may violate federal or state provisions on maintenance of addiction. Moreover, if a patient is obviously intoxicated, then the pharmacist could be liable if he or she dispenses the medication and the patient later injures himself or others. Under these circumstances, it is safer to politely refuse to dispense the prescription and to refer the patient to his/her attending physician for further management. Document any such encounters in their patient files.

There is no legal requirement to contact the police regarding a suspected drug seeker; however, because a minority of drug seekers, particularly those who are chemically dependent, may resort to verbal abuse or acts of violence, it is advisable that you do so.

APPENDIX B: IDENTIFYING FAKE IDENTIFICATION

- 1) The easiest way to detect a fake ID is the visual and physical examination of the actual document. You must get the ID in hand to be able to feel it and properly examine it. There are four basic “feel” tests that will aid in this detection. The first is to check the rigidity of the card. In many cases, the material of the Fake ID is of a different weight/thickness than the real document. Simply giving the ID a squeeze will help you make that determination. The weight of the document will vary from state to state but will be consistent within the state and the style of the ID being examined.
- 2) The second test involves checking the edges of the ID. Most IDs have rounded edges due to the material. If the edges feel square, it is possible that the ID has a false front. If the edge feels square, a closer inspection should be completed. Typically, the squared edge is due to an overlay affixed to the front of the ID. This overlay is cut incorrectly and creates the squared edge. Feeling the front and back surfaces should also be done as part of the “feel tests”. Using the pads of the fingers, lightly feel for bumps, ridges and irregularities that are not part of the normal ID.
- 3) The last of the “feel” tests is to check the corners of the ID. Real documents are made so that the face of the ID cannot be peeled up. To check this, the carder can simply try to split the ID using a fingernail. If the ID splits it is a good indicator that the document is not real. It is not uncommon to find false front IDs. The texture of the false front is at times, different. Individuals reluctant to remove IDs from carriers may be using this technique.
- 4) It is important to conduct a visual examination of the ID as well. This should include checking the overall appearance of the ID as well as the fonts and coloration patterns. It is not uncommon to see font differences between fake and real documents. This may include a totally different font style, improper bolding, lack of shading and the wrong size font. The colors may be of different shades or even the wrong color for the type of ID being shown. Spelling errors have also been noted on fake IDs.
- 5) Many fake IDs have their own security features that are inconsistent with the real documents. They may have symbols on them that are common to fake IDs. A seal of authenticity, eagle's head or flying eagles, skeleton keys, whole globes or three part globes and words like secure, valid and genuine have been regularly placed on the security plate of the fake IDs. It is important to know what should be appearing on the face of the ID. Again, the use of an ID checking guide can be very useful in making

that assessment and should be available to staff in every pharmacy. Costs of these guides will vary and in some cases they may be able to be obtained free from an alcohol distributor (e.g., Budweiser).

- 6) When doing the visual examination of the ID, carders should always remember to examine the back as well. Those manufacturing illegal IDs go to a great deal of effort to try to match the face of the ID but often fail to put the same effort onto the back. The reverse side of the ID may have information which does not even match the real document. In some cases the manufacturer will put information on the back designed to convince the person examining it that the document is real (e.g., “Card Credibility Status Defined”). While the document may look good, the fine print tells a different story. In some cases, they will also have embedded statements like “Not a Real ID” or “Not a Government ID” on the back.

APPENDIX C: PHARMACIST’S GUIDE TO PRESCRIPTION FRAUD

YOUR RESPONSIBILITIES:

The abuse of prescription drugs-- especially controlled substances--is a serious social and health problem in the United States. As a healthcare professional, you share responsibility for solving the prescription drug abuse and diversion problem.

- You have a legal responsibility to acquaint yourself with the state and federal requirements for dispensing controlled substances.
- You also have a legal and ethical responsibility to uphold these laws and to help protect society from drug abuse.
- You have a personal responsibility to protect your practice from becoming an easy target for drug diversion.
- You must become aware of the potential situations where drug diversion can occur and safeguards that can be enacted to prevent this diversion.

The dispensing pharmacist must maintain constant vigilance against forged or altered prescriptions. The law holds the pharmacist responsible for knowingly dispensing a prescription that was not issued in the usual course of professional treatment.

WHAT IS CORRESPONDING RESPONSIBILITY?

A pharmacist is required to exercise sound professional judgment when making a determination about the legitimacy of a controlled substance prescription. Such a determination is made before the prescription is dispensed. The law does not require a pharmacist to dispense a prescription of doubtful, questionable, or suspicious origin. To the contrary, the pharmacist who deliberately looks the other way when there is reason to believe that the purported prescription has not been issued for a legitimate medical purpose, may be prosecuted along with the issuing practitioner, for knowingly and intentionally distributing controlled substances.

TYPES OF FRAUDULENT PRESCRIPTIONS

Pharmacists should be aware of the various kinds of fraudulent prescriptions which may be presented for dispensing.

- Legitimate prescription pads are stolen from physicians' offices and prescriptions are written for fictitious patients.
- Some patients, in an effort to obtain additional amounts of legitimately prescribed drugs, alter the physician's prescription.
- Some drug abusers will have prescription pads from a legitimate doctor printed with a different call back number that is answered by an accomplice to verify the prescription.
- Some drug abusers will call in their own prescriptions and give their own telephone number as a call back confirmation.
- Computers are often used to create prescriptions for nonexistent doctors or to copy legitimate doctors' prescriptions.

CHARACTERISTICS OF FORGED PRESCRIPTIONS

- Prescription looks "too good"; the prescriber's handwriting is too legible;
- Quantities, directions or dosages differ from usual medical usage;
- Prescription does not comply with the acceptable standard abbreviations or appear to be textbook presentations;
- Prescription appears to be photocopied;
- Directions written in full with no abbreviations;
- Prescription written in different color inks or written in different handwriting.

PRESCRIPTION NOT ISSUED FOR A LEGITIMATE MEDICAL PURPOSE

The following criteria may indicate that the purported prescription was not issued for a legitimate medical purpose.

- The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in your area.
- The patient appears to be returning too frequently. A prescription that should have lasted for a month in legitimate use, is being refilled on a biweekly, weekly or even a daily basis.
- The prescriber writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescriptions for "uppers and downers" at the same time.
- Patient appears presenting prescriptions written in the names of other people.
- A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.
- Numerous "strangers," people who are not regular patrons or residents of your community, suddenly show up with prescriptions from the same physician.

PREVENTION TECHNIQUES

- Know the prescriber and his or her signature;
- Know the prescriber's DEA registration number;
- Know the patient; and
- Check the date on the prescription order. Has it been presented to you in a reasonable length of time since the prescriber wrote it?

REPORTING ACTIONS

- When there is a question concerning any aspect of the prescription order, call the prescriber for verification or clarification.
- Should there be a discrepancy, the patient must have a plausible reason before the prescription medication is dispensed.
- Any time you are in doubt, you should request proper identification. Although this procedure isn't foolproof (identification papers can also be stolen or forged), it does increase the drug abuser's risk.
- If you believe that you have a forged, altered, or counterfeited prescription -- don't dispense it -- call your local police if possible.
- If you believe that you have discovered a pattern of prescription abuse, contact your State Board of Pharmacy or your local DEA office. Both DEA and state authorities consider retail-level diversion a priority issue.

Source/Author: DEA Diversion website

APPENDIX D: PATIENT EDUCATION

For printable forms, please see <http://azcjc.gov/ACJC.Web/Rx/default.aspx>



The Partnership for a Drug-Free America, Arizona Affiliate

Teen Abuse of Prescription & Over-The-Counter Medicine Now an Epidemic

Good Medicine/Bad Behavior

Thousands of Arizona teenagers are intentionally abusing prescription medicines (pain relievers, tranquilizers, stimulants, sedatives, and over-the-counter cough medicines "to get high." According to the 2012 Arizona Youth Use Survey, 1 out of 4 12th graders report abusing prescription medicines to get high, and 1 out of 5 8th graders report abusing prescription medicine. The high level of this behavior – called "pharming" – means it has become entrenched and "normalized." There are two factors are driving this epidemic:

Ease of access through a medicine cabinet at home or a friend's house, and the internet. 40% of teens mistakenly believe that intentionally abusing Rx medicines is much safer than using so-called "street drugs."

We can stop the abuse of prescription medicine. Please take the next step and dispose of unused medicine and safeguard your medicine cabinet at home. Please ask your friends and family to do the same.

To learn more about prescription drug abuse please visit DrugFreeAz.org/Rx

APPENDIX D: PATIENT EDUCATION

For printable forms, please see <http://azcjc.gov/ACJC.Web/Rx/default.aspx>



The Partnership for a Drug-Free America, Arizona Affiliate

How to Dispose of Unused Medicines

Is your medicine cabinet filled with expired drugs or medications you no longer use? How should you dispose of them?

Most drugs can be thrown in the household trash, but consumers should take certain precautions before tossing them out, according to the Food and Drug Administration (FDA). A growing number of community-based "take-back" programs offer another safe disposal alternative.



Guidelines for Drug Disposal

The FDA worked with the White House Office of National Drug Control Policy to develop the first consumer guidance for proper disposal of prescription drugs. The federal guidelines are summarized here:

- Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet.
- Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days (www.deadiversion.usdoj.gov) throughout the United States.
- If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:

- **Take them out of their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.**
- **Put them in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.**

FDA's Deputy Director of the Office of Compliance Lisa Bernstein, Pharm. D., J.D., offers some additional tips:

- Before throwing out a medicine container, scratch out all identifying information on the prescription label to make it unreadable. This will help protect your identity and the privacy of your personal health information.
- Do not give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- When in doubt about proper disposal, talk to your pharmacist.

Bernstein says the same disposal methods for prescription drugs could apply to over-the-counter drugs as well.