RESOLVING RED FLAGS
ALLOWING PATIENTS TO LEGALLY OBTAIN THEIR LAWFULLY PRESCRIBED MEDICATIONS

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Disclosure
I do not have (nor does any immediate family member have):
a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity
any affiliation with an organization whose philosophy could potentially bias my presentation

Goals and Objectives
Pharmacists
• Identify what is a red flag on controlled substance prescriptions
• Identify how to resolve a red flag in order for patients to access their legally prescribed medications
• Recognize a non-resolvable red flag
• Distinguish the difference between an “accidental” overdose and an “un-intended” overdose
Goals and Objectives

Technicians

• Recognize red flags on prescriptions
• List ways to resolve red flags
• Distinguish the difference between an “accidental” overdose and an “un-intended” overdose

Prescription Drug Abuse...
Is It A Problem?

• Opioid Abuse is a Nationwide Epidemic
• Every 19 minutes someone in the United States dies from an “un-intended” overdose
• 3 out of every 4 deaths involve an opioid

Are There People That Really Need Pain Medications?

• Over 116 Million Americans have pain from chronic pain conditions
• Millions more experience acute pain conditions
• Pain is considered the 5th vital sign
• Pain that occurs suddenly and/or acutely is a symptom
• Chronic pain is considered a disease
• Untreated pain burdens the economy and the health care system
Quotas on CS Purchases

• Are you having a problem in your pharmacy being able to acquire enough medication to take care of your patients.
• Is there really a quota that is mandated by DEA, DOH or the Board of Pharmacy.
• Has your wholesaler “cut you off” because of your purchases?
• How can you defend your purchases?

499.0121(15) DUE DILIGENCE OF PURCHASERS

• A wholesale distributor must take reasonable measures to identify its customers, understand the normal and expected transactions conducted by those customers, and identify those transactions that are suspicious in nature. A wholesale distributor must establish internal policies and procedures for identifying suspicious orders and preventing suspicious transactions.
• A wholesale distributor must assess orders for greater than 5,000 unit doses of any one controlled substance in any one month to determine whether the purchase is reasonable.
• In making such assessments, a wholesale distributor may consider the purchasing entity’s clinical business needs, location, and population served, in addition to other factors established in the distributor’s policies and procedures.

How Do You Know If the Patient Really Has Pain??

• Many patients and physicians are complaining to both State and Federal legislators that they cannot access their legally prescribed medications.
• Does the drug and the quantity of medication prescribed seem to match the needs of the patient?
• Are there any “Red Flags” that alert you that the prescription may not be for a legitimate medical purpose?
What is a “Red Flag”?

Anything that causes you concern that there is a problem with the prescription

64B16-27.810 Prospective Drug Use Review.

(1) A pharmacist shall review the patient record and each new and refill prescription presented for dispensing in order to promote therapeutic appropriateness by identifying:
(a) Over-utilization or under-utilization;
(b) Therapeutic duplication;
(c) Drug-disease contraindications;
(d) Drug-drug interactions;
(e) Incorrect drug dosage or duration of drug treatment;
(f) Drug-allergy interactions;
(g) Clinical abuse/misuse

Red Flags On Controlled Substance Prescriptions

• Anything that causes you concern that the Rx may not have been issued for a **legitimate medical purpose!**
What makes a Prescription valid

CS Prescription under Federal Law
CFR1306.04(a)

A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.

64B16-27.831 “SOP” for dispensing of Controlled Substances

• (1) An order purporting to be a prescription that is not issued for a legitimate medical purpose is not a prescription and the pharmacist knowingly filling such a purported prescription shall be subject to penalties for violations of the law.

• (2) The following criteria shall cause a pharmacist to question whether a prescription was issued for a legitimate medical purpose:
  • (a) Frequent loss of controlled substance medications,
  • (b) Only controlled substance medications are prescribed for a patient,
  • (c) One person presents controlled substance prescriptions with different patient names,
  • (d) Same or similar controlled substance medication is prescribed by two or more prescribers at same time,
  • (e) Patient always pays cash and always insists on brand name product.
What are other Potential “Red Flags”

Examples: Not all inclusive
- Known drugs of abuse (Oxycodone, hydromorphone, alprazolam, fentanyl, carisoprodol)
- Cocktails (Trinity-Hydrocodone-alprazolam-carisoprodol & Holy Trinity oxycodone-alprazolam-carisoprodol)
- Unusual behavior of patient (nervous, overly friendly, aggressive, threatening)

More Potential “Red Flags”

- Geography (distance between patient home, physician office and pharmacy)
- Cannot afford insurance (financial hardship)...
  but.....
- Pay Cash (Large sums of cash.. Hundreds or Thousands of dollars)
- Have insurance but do not want to use insurance for CS

Yet More “Red Flags”

- Street names (blues, oxys, zanny bars for Xanax 2mg, Dans for Soma, Stop signs for Opana ER)
- Multiple prescribers (Doctor shopping??)
- Only controlled substances on profile
- One person presenting Rx’s for CS for multiple patients
- Multiple patients presenting from same prescriber for same or like prescriptions
And Then More Red Flags

- Multiple patients presenting at same time from same prescriber for same meds
- Multiple patients presenting at your pharmacy from distant home addresses
- Multiple patients presenting with Florida ID Card
- Large quantities of medication prescribed...hundreds...thousands...
- What quantity makes you concerned???

What Do You Do If you ID a Potential Red Flag??
What is Your Responsibility!!
Do You Know The Patient?
Do You Know The Prescriber?
Have You Visited The Prescriber?

What is Your Responsibility

- To verify that you are dispensing a valid and legally prescribed medication to a patient with a legitimate medical need.
- To verify that the medication is appropriate for the medical need of the patient.
- To act in the best interest of the patient.
Do You Know The Patient??

• Regular patient? New Patient?
• What is his/her diagnosis?
• Has he/she been on pain meds before...how do you know?
• Has he/she developed a tolerance to the dose you are being asked to dispense?

Do You Know The Prescriber?

• Is the prescriber in your community?
• Is the prescriber associated with a pain management practice?
• Is the prescriber associated with a well known medical center/hospital/emergency room?
• Why is the patient visiting this prescriber?
• Does this prescriber appear to be “pattern prescribing”?

Prescribers Office

• Have you visited the prescribers office?
• Is it in a “bad” part of the community?
• Is the prescriber in a group practice?
• Do all the prescribers in this practice prescribe in the same manner?
• Is the only medical equipment in the office a “bic” pen??
• Are there large quantities of patients milling about in the parking lot??
What are Pill Mills?

A “pill mill” is a doctor’s office, clinic, or health care facility that routinely conspires in the prescribing and dispensing of controlled substances outside the scope of the prevailing standards of medical practice in the community or violates the laws of the state of Florida regarding the prescribing or dispensing of controlled prescription drugs.

Pill Mill Tip-Offs

- Non-traditional medical office locations
- No insurance accepted
- Security guard at front door
- Out of state license plates in parking lot
- Parking lot loitering
- Long lines inside and outside
- Lack of medical equipment
- Treatment options limited to pills only

• Affiliations with specific pharmacies
• Recent business name changes
• Angry dog behind counter
Cash Only Signs
Before Dispensing a CS What Must You Do??

• RESOLVE ANY RED FLAGS THAT ARE PRESENT ON THE PRESCRIPTION!!
• CAN ALL RED FLAGS BE RESOLVED??
• IF YOU CAN RESOLVE THE RED FLAG...
• DOCUMENT WHAT YOU DID TO RESOLVE IT!!!!
• WHERE WILL YOU DOCUMENT THE RESOLUTION?

How can You Resolve These Red Flags? Let’s Try!!

• Known drugs of abuse (Oxycodone, hydromorphone, alprazolam, fentanyl, carisoprodol)
• Cocktails (Trinity-Hyrocodone-alprazolam-carisoprodol & Holy Trinity oxycodone-alprazolam-carisoprodol)
• Unusual behavior of patient (nervous, overly friendly, aggressive, threatening)

Are These Resolvable?

• Geography (distance between patient home, physician office and pharmacy)
• Cannot afford insurance (financial hardship)... but.....
• Pay Cash (Large sums of cash.. Hundreds or Thousands of dollars)
• Have insurance but do not want to use insurance for CS
How About These??

• Street names (blues, oxys, zanny bars for Xanax 2mg, Dans for Soma, Stop signs for Opana ER)
• Multiple prescribers (Doctor shopping??)
• Only controlled substances on profile
• One person presenting Rx’s for CS for multiple patients
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Verifying a Prescription

• What must you do to verify a prescription?
• Who do you speak to?
• Why would you ask for a diagnosis?
• Why would you ask for an MRI? Are you qualified to read an MRI?
• What if the office tells you to “quit bothering me and just fill the damn prescription”
• Can a patient resolve a “red flag”?

Where They All Resolvable??

• What did you do with the “Red Flags” that were resolved??
• Document then FILL THE SCRIPT!!!!!
• There are truly patients in need of legally prescribed pain medications.
• What did you do with the “Red Flags” that you could not resolve??
Now That You Have Resolved The Red Flags
Now What??

• You have resolved the red flags and documented the resolution
• Do you have the medication in stock to be able to fill the prescription?
• Are you willing to fill the prescription?
• Is it too much trouble to fill that script?
• Are you being pressured to not fill the pain scripts?

What Is Your Duty To Your Patient?

• To dispense a valid and legally prescribed medication.
• Have you done your due diligence?
• In your professional judgment is the medication appropriate?
• Have you resolved the red flags?
• If So……………..
• YOU ARE A HEALTH CARE PROVIDER!!

QUESTIONS????????

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