Keeping Current with Pharmacy Laws

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Learning Objectives

• Explain the requirements for Medicaid prescriptions
• Identify who can prescribe controlled substances in South Carolina
• Explain the requirements for filling Methadone prescriptions
• Describe the requirements for transferring controlled substance prescriptions

Disclosure

• I have nothing to disclose

Assessment question #1

• Patient A.B. presents a prescription for oxycodone 5mg, take 1 tablet q4-6 hrs prn pain #60 no refills.

• Can you fill it?

Medicaid Requirements

• Effective 10/1/2008 any written/printed rx’s must be on a tamper-resistant pad:
• To be considered tamper-resistant it must contain all 3 of the following characteristics:
  • 1 or more industry-recognized features designed to prevent unauthorized copying
  • 1 or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber
  • 1 or more industry recognized features designed to prevent the use of counterfeit prescription forms

Assessment #1

• Is the rx being paid for my Medicaid?
• What state did the rx originate?
• Is it on blue paper?
• Who wrote the rx?
• Is there missing information on the rx?
**Medicaid Requirements**

- Blue paper has nothing to do with controls (in SC)!
- Prevent unauthorized copying
  - Security paper prints void when copied
  - Microprinting
  - Small font size that blurs when copied
- Prevent erasure or modification
  - **around the qty: **30**
  - Spelling out the quantity: thirty
- Prevent use of counterfeit forms
  - Imbedded hologram that can only print from approved printers

- The Medicaid reimbursement is dependent on the rx meeting requirements and liability falls on the filling pharmacy
  - Call to verify rx and document on rx
  - Accept as phone in if CIII-CV
  - Ask for fax copy to go with your presented hardcopy
  - Ask for e-scribe if system is capable (receiving and sending)

**CII: What You Can Change?**

- Only after consulting the prescriber (not agent) and documenting on the rx
  - Patient address
  - Add or change dosage form
  - Drug strength
  - Quantity
  - Directions for use
  - Issue date
  - Confirm date or fill in missing date rather than handing back to patient

**CII: What You Can’t Change?**

- Patient name
- Physician signature
- Controlled substance prescribed
  - Can change oxycodone tab to liquid
  - Cannot change oxycodone to morphine

**CIII-CV:**

- CIII-CV can be written, faxed or phoned in
- If faxed, recipient must contact the prescriber to ensure it was faxed from the prescriber or agent
- Changes can be made to the rx after verbal consultation with the prescriber.
  - Now is treated as a phoned in rx
- Pharmacist is encouraged to use their professional judgement and call DHEC if needed

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**Full prescribing authority (not including CI for discussion)** | **Mid-level with some limitations**
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Physicians (MD or DO) All classes | Physician Assistants All classes if approved by authorizing MD
Dentists (DMD or DDS) All classes | NPs Schedule 3, 3N, 4 and 5
Pediatricians All classes | Ambulance Service Schedule 2 and 4 and ketamine (3N)
Veterinarians All classes | Animal Shelter Schedule 3N-administer and procure
Optometrists (OD) Prescribe, administer, and dispense 3, 3N, 4 and 5, and hydrocodone
Physician Assistants

- PA's and controlled substances
  - Complete 15 hr. course in controlled substances
  - Complete 4 hrs. of CME every 2 years on controlled substances and or drug diversion
  - If they initiate therapy, only a 3 day supply
  - If more is needed the supervising physician must see the patient and write any additional rx’s
  - Can write for 30 day supplies if continuing therapy
    - Methylphenidate was started by any MD, PA can now issue subsequent rx’s for 30 days of same medication
  - In hospital setting can write a 1 time parental dose, not standing order

- Responsibility rests with the PA and supervising MD
- Pharmacist/Pharmacy is not responsible for ensuring therapy was initiated by another MD

Optometrists

- Oral and topical medications are limited to:
  - Antihistamines
  - Antimicrobial
  - Antiglaucoma
  - OTC’s
  - Analgesics for treatment of eye disease
    - Limited to 7 days
  - Topical steroids limited to 21 days
    - If further treatment is needed must collaborate with ophthalmologist
  - Cannot administer medications by injection or IV

Nurse Practitioners

- Includes CNP (certified nurse practitioner), CNS (clinical nurse specialist), and CNM (certified nurse midwife)
- Must have collaborative practice agreement with MD
- Permitted to prescribe CIII-CV

Assessment #1 Follow Up

- Patient A.B. presents a prescription for oxycodone 5mg, take 1 tablet q4-6 hrs prn pain #60 no refills. They have Aetna insurance. The rx is written by a physician assistant from South Carolina with a DEA number. The rx is on white paper.
  - Can you legally fill it?
  - Yes!
Assessment #2

- Same rx but now it is from a Nurse Practitioner from North Carolina. Can you fill it?
  A. Yes because the NP is permitted to prescribe CII’s in NC and that is where it was written
  B. No, because the rx is being filled in SC and NP’s can’t prescribe CII’s in SC.

Rx’s from out of SC

- Permitted to fill in SC as long as:
  - Pharmacist knows the patient or gets proper ID
  - Pharmacy makes good faith effort to ensure legitimacy
  - Rx meets all requirements of the controlled substance act, including having a DEA number
  - The prescriber would ordinarily be entitled to issue the rx under SC law

Assessment #3

- Rx for patient C.D. has a prescription for Methadone 10mg take 1 tablet 4 times daily #120. No insurance, written by SC MD with a DEA valid for CII’s. Patient has been coming to the pharmacy for years and has valid ID. Can you fill it?

Methadone

- Can be prescribed and filled for the treatment of pain.
  - By any licensed prescriber for CII’s and pharmacy licensed to dispense CII’s

Methadone Withdraw

- If the outcome is to withdraw a patient with Methadone or any other CII narcotic if all of the following are met
  - Patient is narcotic addict
  - Patient is segregated from contact with possible suppliers
    - Confined to rest home, hospital, clinic, or other appropriate location
  - Program is based on reducing dosage
  - Withdrawal treatment not to exceed 21 days and not available more than every 6 months
  - Any maintenance facility is to be approved by SC DHEC
Methadone

- Permitted to temporarily maintain a patient on Methadone if the patient is enrolled in a withdrawal program institutionalized requiring treatment for an illness or condition unrelated to drug dependence.
- Retail pharmacies are not permitted to dispense methadone if there is indication that the treatment is for withdraw or to maintain dependence.

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Assessment #3

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- Yes, as long as there is no indication that the rx is being used for withdraw or to maintain addiction or there is indication for pain.

Transferring Controlled Substance Prescriptions

- Permitted for CIII-CV’s if:
  - Communicated directly between 2 licensed pharmacists
  - May transfer back and forth between pharmacies with electronically shared real-time databases as long as there are refills to transfer
  - May only transfer once if databases are not shared and real-time.
  - Original and transferred rx’s must be maintained for 2 years from date of last refill

Transferring Out

- Transferring pharmacist immediately documents that the rx is void and gives the receiving pharmacy the following information
  - Pharmacy name, address, pharmacy DEA number, pharmacist giving/transferring rx.

Transferring In

- Receiving pharmacist reduces to writing immediately and documents “transfer” on the face of the rx and documents:
  - Date of original dispensing
  - Number of refills remaining and dates and locations of previous fills
  - Transferring pharmacy name, address, DEA, rx number
  - Name of the pharmacist transferring the rx out
  - Date of the transfer
  - All other information as required by state law
  - NDC used for filling the rx, time of the transfer
Assessment #4

- Uncle Joe’s Pharmacy calls for a transfer of patient MW’s alprazolam. There are 3 refills remaining and the written and fill date was 45 days ago. Your pharmacy was the only pharmacy to fill it. Can you transfer it to the pharmacy?
  - Yes, because there are refills remaining
  - Yes, because it hasn’t been transferred before
  - No, because you don’t know Uncle Joe and aren’t sure it is a legitimate pharmacy
  - No, you are a technician and the pharmacist must do the transfer if they deem appropriate.

Selling Controlled Substance Prescriptions

- “Dispenser must know the recipient or require government issued photo identification and the dispenser notes the ID source and number on the rx or in a readily retrievable log.”
  - Rx number
  - Date rx was filled
  - ID type and number
  - Initials of the person recording the information

Prescription Monitoring Program (PMP)

- Scripts- South Carolina reporting and identification prescription tracking system
- All outpatient dispensing of CII-CIV rx’s to a patient must report daily
- Does not include
  - Long term care
  - Assisted living facilities
  - Methadone clinics
  - ER/ED less than 48 hrs. (soon to be 5 days)
  - Veterinarian dispensing less than 5 days or phenobarbital up to 31 days

SCRIPTS database

- Pharmacists and prescribers can access the site
- Shows details of drug, quantity, prescriber, date and location where it was dispensed
- PEBA (public employee benefit authority) and SC Medicaid
  - Requiring all prescribers to log in before writing rx’s to be paid by PEBA or Medicaid
  - Proposed start April 1, 2016

Assessment #5

- Rx hardcopy is presented for patient Q.B. alprazolam 1mg #30 to take 1 TID, 2 refills, written today by a PA. Your pharmacy fills it today and bills Medicaid.
  - Can you:
    - Yes
    - B. Transfer it to another pharmacy down the street to be filled when it is due?
    - C. Sell it to the patient if they provide a government issued photo ID?
    - D. Call the PA to verify and document on the rx because it didn’t meet the security measures?

Assessment #5

- Rx hardcopy is presented for patient Q.B. alprazolam 1mg #30 to take 1 TID, 2 refills, written today by a PA from NC. Your pharmacy fills it today and bills BCBS.
  - Can you:
    - Yes
    - B. Transfer it to another pharmacy down the street to be filled when it is due?
    - Yes
    - C. Sell it to the patient if they provide a government issued photo ID?
    - Yes
    - D. Call the PA to verify and document on the rx because the PA is from NC?
    - Yes
Summary

- When in doubt call!
  - Call the prescriber to verify
  - Call DHEC to clarify laws
- Document!
  - Document who you spoke to, when, result of consultation
  - Document who picked up, when, what, and with what type and number of ID
- Remember your patient!
  - Not everyone is forging rx's
  - Not everyone is trying to break the laws
  - Think of your options and work with your patient and prescriber for the best possible outcome

Questions??