

Message

From: Daugherty, Patricia [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=WALGREENS.ONMICROSOFT.COM-54052-DAUGHERTY, PATRICIA M. (F1120697)]
Sent: 9/13/2013 2:07:45 PM
To: Polster, Tasha [tasha.polster@walgreens.com]
Subject: Pharmacist Coaching Opportunities
Attachments: Pharmacist Coaching Opportunities.pptx

This is rough but I wanted to get your feedback before I spend any more time if I'm going in the wrong direction...

Thanks
Patty

Be Well,
Patty

PLAINTIFFS TRIAL
EXHIBIT
P-19595_00001



Pharmacist GFD Review

Pharmaceutical Integrity Team

April 2013

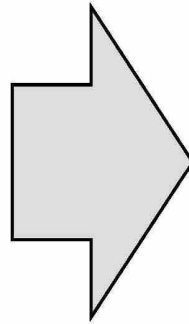
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Agenda

Topics:

- Review top Pharmacists specific to district/market
- Review validation procedures
- Case Studies
- Evaluate controlled substance prescription examples with the pharmacist, document observations and items for improvement



Intended Outcomes:

- Identify opportunities for improvement specific to a pharmacist by reviewing potential issues in controlled substance dispensing
- 6 month improvement in pharmacist controlled substance dispensing
- Reiterate the GFD and TD GFD Validation Procedure



Why are we doing this?

- To better assist supervision in evaluating overall GFD and controlled substance dispensing by reviewing scripts of select pharmacists
- To provide a framework for the RXS to review controlled substance dispensing in our stores. This process is intended to assist pharmacists and assess as well support their exercise of professional judgement while carrying out their corresponding responsibility under the law.
- The top pharmacists were selected ranking high in 5 or more categories including Oxycodone, Hydromorphone, Methadone, Soma, Hydrocodone, CII's, and All Controls



What if I feel a sample script fits within the guidelines of Good Faith Dispensing

All district and market leadership store visits will reinforce GFD. Leadership will need to have discussions with the pharmacists identified in their area reviewing the prescription examples provided.

Certain script samples may appear to fit within the confines of GFD practice and should be documented with all exceptions noted.

The decision to dispense a prescription is ultimately up to the pharmacist and differences in the decision to dispense a similar prescription may vary slightly from pharmacist to pharmacist. Its important that pharmacists use all validation tools available and document their decision.



Coaching Opportunities

Review: Validation Process for Controlled Substances

Pharmacists should consider available resources to obtain the information necessary when, in the exercise of their professional judgment, they believe this information will assist them in determining the appropriateness of filling a controlled substance prescription, to possibly include: referencing the state Prescription Drug Monitoring Program website (in states where this is available), consulting with the prescriber, interviewing the individual, and considering information from other pharmacists in the community (if indicated).

There are 3 key lenses through which a prescription should be evaluated when a pharmacist is presented with a controlled substance prescription.

1. Prescriber
2. Individual/Patient
3. Prescription

Following are key **red flags** pharmacists should consider when determining whether to dispense or refuse a controlled substance prescription.



Prescriber Considerations

1. Prescription is written by a prescriber located outside of the pharmacy's trade area.
2. Prescriber routinely prescribes large number (or percentage) of prescriptions for controlled substances relative to prescriptions for non-controlled substances.
3. Prescriber prescribes the same medication, with the same directions, for the same quantity for a large number of individuals.
4. Prescriber provides the same diagnosis for the majority of individuals.
5. Prescriber commonly writes narcotic prescriptions for individuals between 18-35 years old, especially chronic therapy.
6. Knowledge that prescriber operates on a "cash only" basis-does not accept insurance.



Individual/Patient

1. Individual pays cash, or insists paying cash for controlled substances even though insurance is on file.
2. Evidence of “doctor shopping” exists.
3. Evidence of “pharmacy shopping” exists.
4. Individual resides outside of the trade area of your pharmacy.
5. Individual is on short acting pain medication(s) for extended period of time without the addition of a long acting drug.
6. The individual’s statement and conduct or behavior suggest abuse of controlled substances.
7. Individual routinely attempts to obtain an early refill on controlled substances.
8. Individuals have suspicious relationships with each other.



Prescriptions

1. Prescriptions presented represent a cocktail of commonly abused drugs.
2. Prescriptions presented is for an unusually large quantity or high starting dose.
3. Individual insists on the brand name, or a certain generic company's drug being dispensed.
4. Prescriptions appear to be altered or duplicated.



Script Review

Script Selection

Scripts are selected for the following:

1. High dose controlled substance three standard deviations above the average dose for that specific drug and strength
2. Third Party Oxycodone 15mg and 30mg with quantities greater than 180
3. Cash Oxycodone 15mg and 30mg with quantities greater than 120
4. Methadone quantities greater than 240
5. Cocktails identified as an Opiate or Hydrocodone, Benzodiazepine and Soma, where the Benzodiazepine and Soma were dispensed within 12 days plus of the Opiate dispensing date.
6. New Patients between the ages of 18-40 that paid cash for any CII or CIII script



Case Studies

Case Study 1

Carisoprodol 350mg Sig:18 PO Q Day Qty: 540 Refills:3



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Case Studies

Case Study 2

Hydrocodone 10/325mg Sig:1 PO QID PRN Qty:120

Carisoprodol 350mg Sig:1 PO Q 6hrs Qty:100

Alprazolam 05.mg Sig: 1 PO BID PRN for anxiety Qty: 30

Elberta Clinic, P.C.
Terry Kurts, M.D.
OEA: 0K2882205
LS: 12102
NPI: 114420510

Elberta Family Practice Clinic, P.C.
24805 Shaw Street
Elberta, AL 36530
251-680-2321

South Baldwin Regional Medical Center
1318 N. McKenzie St
Foley, AL 36536
(251) 947-1100

Date: 08/06/2013
DOB: 08/27/1947

Fax: (251) 688-5927

Patient: FRANKLIN H. ALLEN
Address: 6844 BON SECOUR HWY
BON SECOUR, AL 36511

Lorazepam 10 mg-500 mg tablet
Qty: 120 Tablet(s) Refills: 3
Directions: 1 PO QID PRN

Soma 350 mg tablet
Qty: 100 Tablet(s) Refills: 3
Directions: 1 PO Q 6 HRS

Xanax 0.5 mg tablet
Qty: 30 Tablet(s) Refills: 3
Directions: TAKE 1 TABLET (0.5 MG) BY ORAL ROUTE 2 TIMES PER DAY AS NEEDED FOR ANXIETY

Product Selection #311111
Dispense as Written
Generated by an Emerging Health Network application on 08/06/2013 at 11:15:06 AM



Case Studies

Case Study 3

Oxycontin 80mg Sig:5-8 tabs PO Q 3-4 hrs Qty: 720

Oxycontin 40mg Sig: 2-3 tabs PO Q 4-6 hrs Qty: 400

Oxycodone 30mg Sig: 3-4 tabs PO Q 4-6 hrs Qty: 360



Case Studies

Case Study 4



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Talking Points

- Not all script examples are necessarily bad prescriptions.
- The decision whether to dispense the same script or refuse may vary by pharmacist but should be reasonably explained.



Documenting Observations



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Accountability

An incident is defined as any failure to comply with the GFD and TD GFD policies and procedures. In cases of serious misconduct, it may be necessary to escalate to a higher level of discipline in this process, up to and including termination.

Step 1 (VERBAL COUNSELING)

- Review GFD and TD GFD policy and procedures on StoreNet <insert link> with the pharmacist
- Review and acknowledge the policy acknowledgment

Step 2 (WRITTEN WARNING)

- Issue written warning to pharmacist
- Re-assign and acknowledge the GFD and TD GFD policy acknowledgment
- Review GFD and TD GFD training materials (PowerPoint,policies/procedures)

Step 3 (FINAL WRITTEN WARNING)

- Issue the final written warning to the pharmacist, DM and RXS
- Use the GFD and TD GFD training materials to develop an action plan for compliance with the GFD process
- The pharmacist should be suspended for one workweek coinciding with the pay week and be moved from his/her current location

Step 4 (TERMINATION)

**Discipline is active for a rolling 12-month period from the date the discipline is issued to a team member. If more than 12 months have elapsed since issuance of discipline, repeat the prior discipline step.*

All documentation related to GFD discipline process must be entered into the Talent Management Portal as discipline for misconduct.



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Supporting Documents

- **Observations**
- **GFD and TD GFD Policy posted on Storenet**
- **RX Integrity on Storenet**
- **CE's on Storenet/Learn/Continuing Education/Pain Management**



Next Steps

- **Review and familiarize yourselves with:**
 - **Top pharmacists identified in your area**
 - **Criteria for script selection**
 - **Script examples**
- **Incorporate pharmacist coaching on controlled substances in your store visits**
- **Ensure all stores have a “refused” folder for TD GFD**
- **Communicate with your pharmacists**



Questions?

- Pharmacy Supervisors can direct questions to the Divisional Rx Integrity Managers:
 - Christopher (Chris) Dymon - East
 - Patricia (Patty) Daugherty - Midwest
 - Edward (Ed) Bratton - South
 - Eric Stahmann - West

OR

- Rx Integrity E-mail: (rxintegrity@walgreens.com)



Thank You