Message

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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


Pharmacist GFD Review
Pharmaceutical Integrity Team
April 2013
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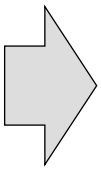
Agenda

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.

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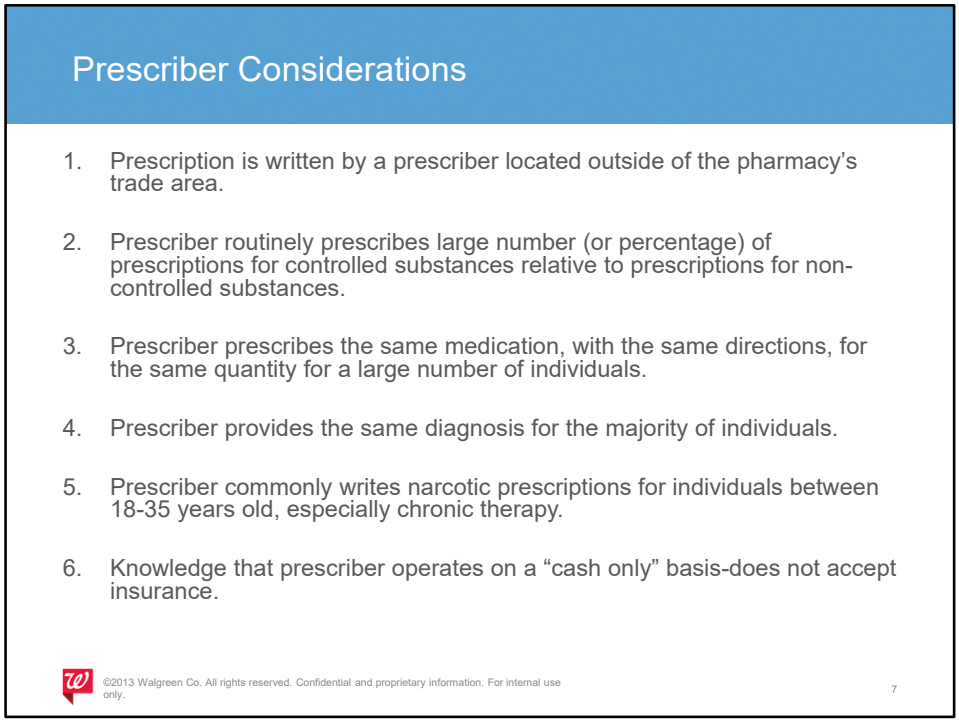

Is the prescriber Board Certified in a specialty that typically utilizes the types and quantities of controlled substances being prescribed (examples: Pain Management, Oncology, Orthopedics, etc.)?
Are the controlled substances being prescribed consistent with the diseases or conditions that would be treated by the prescriber's area of practice? Does the prescriber also write for non-controlled substances that are consistent with their area of practice? Is the prescriber's prescribing pattern similar to that of other prescribers (within same specialty) in the community?
Is the age of the individual receiving controlled substance consistent with the prescriber's area of practice (i.e., is a pediatrician writing for a 50 year-old individual)?
Are the controlled drugs prescribed in the identical or same chemical class? (i.e., opiates)
In the usual course of legitimate medical practice, similar prescribing patterns are often observed among prescribers in a given specialty or area of practice. A common trend observed in established cases of abuse includes the disproportionate prescribing of controlled substances by the prescriber when compared to the prescribing habits of other prescribers in the same specialty or area of practice.
There have been established cases of illegitimate prescribing of controlled substances where the prescriber's area of practice has not been consistent with either the drugs being prescribed or the age of the individual being treated (example: a pediatrician prescribing narcotic analgesics for adults).
Are the controlled substance quantities and directions being prescribed consistent with the diseases or conditions for each individual?
Are most of the prescriptions written for the same combination of medications?

This is a prescribing behavior that has been observed in documented "pill mill" cases. It is very questionable that in the usual course of practice, most or all individuals would require the exact same combination of controlled substances and doses as part of a legitimate medical regimen.
Prescribing behavior in which treatment is not individualized may be an indicator that a proper prescriber-patient relationship does not exist.
Does the prescriber practice in a very narrow, specialize area of medicine?
Is it plausible that all individuals have the same diagnosis? Does it appear unrealistic?
Does the prescriber specialize in a particular field that is more applicable to this age group, for example Sports Medicine?
Are individuals in this age range receiving short or long-term narcotic therapy?
Is the prescriber located in an area with a younger population (e.g., near a college campus)?
There have been documented cases of "pill mills" operating on a cash-only basis. While operating on a cash-only basis does not necessarily imply that the prescriber is running a "pill mill" it is a red flag that should be considered in light all any other red flags that may be present when evaluating a prescription.

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.

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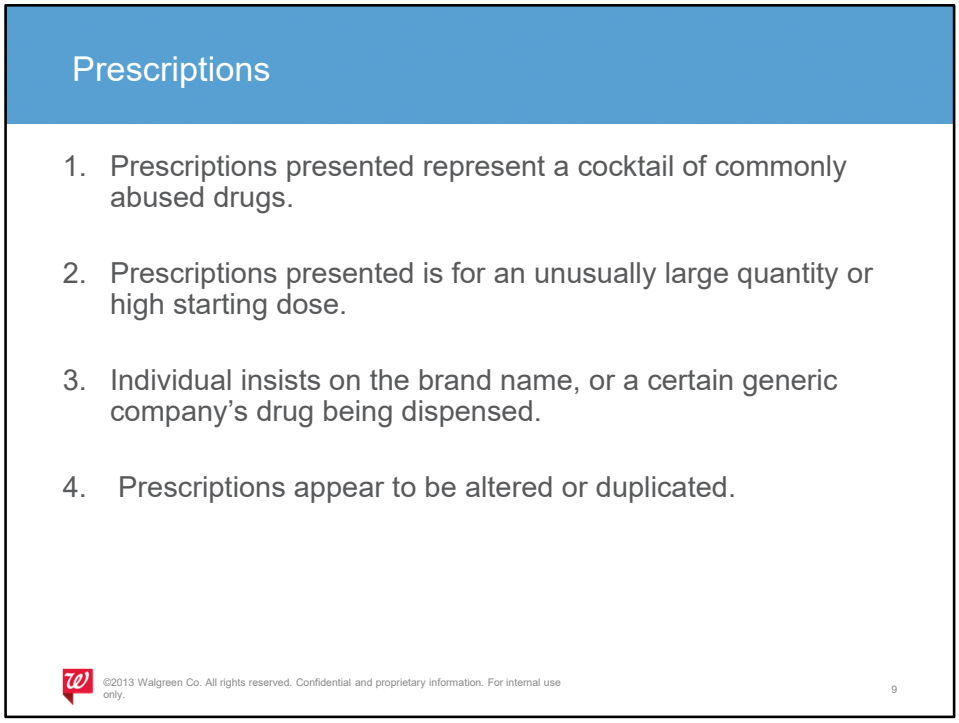


The abuse of any combination of the above controlled substances is a trend that has been identified by law enforcement officials.
The combination of a narcotic, a benzodiazepine, and a muscle relaxant can have a synergistic effect on an individual's central nervous system and cause respiratory depression thus posing a substantial risk to any individual actually taking the drugs as prescribed.
It has been observed by law enforcement that many prescribers writing for illegitimate purposes will often write prescriptions for the same combination of drugs, usually in the same strength, for all individuals.

A large quantity of a medication or an unusually high starting dose for an acute ailment may be an indication that the prescription was not written for a legitimate medical purpose.
It has been observed that many prescribers writing for an illegitimate medical purpose will write prescriptions for the same dose and duration of therapy no matter the age or weight of the individual.
Brand name and certain generic company drugs typically command a higher street value than do other drugs due to the fact that they are easily identified by their shape or markings, and are more readily recognizable in and amongst drug abusers involved in illicit drug trafficking.
Referring to prescription products by their street names is highly indicative of abuse and illegitimate use.
Prescription drug abusers will attempt to alter prescriptions in order to obtain larger quantities and or refills.
Any prescription can be altered, but prescriptions from emergency rooms, immediate care centers, and hospitals are typically targeted by drug abusers.


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

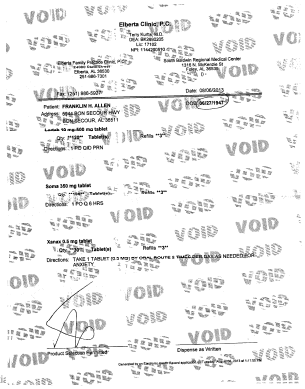
Case Studies

Case Study 1

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

Case Studies

Case Study 2
Hydrocodone 10/325mg Sig:1 PO QID PRN Qty:120
Carisoprodel 350mg Sig:1 PO Q 6hrs Qty:100
Alprazolam 05.mg Sig: 1 PO BID PRN for anxiety Qty: 30



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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

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

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