

CONTROLLED SUBSTANCE RECOMMENDED POLICIES (REVISED 7/30/2013)

Due to a constantly changing environment regarding controlled substances, the following recommendations are made to assist pharmacies with the dispensing of controlled substances. These “best practices” were developed in conjunction with the current policies of independent pharmacy owners. Any or all of these practices may apply to a pharmacy practice, and can be utilized for guidance.

- I. Inventory availability of any Schedule II pain medication should not to be given to a patient over the phone.
It is best to inform the patients that the pharmacy does not guarantee availability of narcotics without a legitimate written prescription at the pharmacy.
- II. It shall be the policy of the pharmacy that prescriptions for controlled substances will be filled **ONLY** for customers residing in the area or reasonable local surrounding areas from physicians that can be verified.
Exceptions may be made for known patients/families on a case by case basis.
- III. Any new patients or patient representatives presenting prescriptions for controlled substances must have a valid state form of identification. The ID# and expiration date should be documented on the prescription.

Acceptable forms of identification are:

1. United States passport;
2. Alien Registration Receipt Card or Permanent Resident Card, Form I-551;
3. An unexpired foreign passport that contains a temporary I-551 stamp, or temporary I-551 printed notation on a machine-readable immigrant visa;
4. An Employment Authorization Document which contains a photograph (Form I-766);
5. In the case of an individual lawfully enlisted for military service in the Armed Forces under 10 U.S.C. § 504, a military identification card issued to such individual may be accepted only by the Armed Forces.

For individuals 16 years of age or older:

1. A driver's license or identification card containing a photograph, issued by a state or an outlying possession of the United States. If the driver's license or identification card does not contain a photograph, identifying information shall be included such as: name, date of birth, sex, height, color of eyes, and address;
2. School identification card with a photograph;

3. Voter's registration card;
4. U.S. military card or draft record;
5. Identification card issued by federal, state, or local government agencies or entities. If the identification card does not contain a photograph, identifying information in item 1 above must be included;
6. Military dependent's identification card;
7. Native American tribal documents;
8. United States Coast Guard Merchant Mariner Card.

IV. Controlled substances will not be filled any earlier than 3 days prior to when it is due, or as mandated by law (whichever is stricter).
Any controlled substance refill that occurs outside of these parameters must be approved by the prescribing physician and documented on the prescription or in the Rx memo section of the electronic patient file.

V. The pharmacist should call and document the diagnosis/reason for use of any chronic pain management medication or any controlled substance prescribed in excess quantities upon initiation of therapy or for a new patient.
This would not be required for subsequent fills/refills due to an established history.

VI. The only changes permitted to be made to a CII prescription: (by a pharmacist upon documented verification)

- The pharmacist may add or change the patient's address upon verification.
- The pharmacist may add or change the dosage form, drug strength, drug quantity, directions for use, or issue date only after consultation with and agreement of the prescribing practitioner.
- Such consultations and corresponding changes should be noted by the pharmacist on the prescription.
- Pharmacists and practitioners must comply with any state/local laws, regulations, or policies prohibiting any of these changes to controlled substance prescriptions.

VII. The following are required to be on the face of all prescriptions for controlled substances (*CFR 1306.05(a)*):

- shall be dated as of, and signed on, the day when issued
- shall bear the full name and address of the patient
- drug name, strength, dosage form, quantity prescribed and directions for use
- name, address and DEA number of the practitioner

If any of the above requirements are omitted upon receipt of the Rx, it is acceptable to add the required information.

VIII. A hard copy or copy of a dispensed prescription shall ONLY leave the pharmacy/storage premises for the purposes of:

- Transfer to main pharmacy office for auditing purposes.
- By request of law enforcement agent/agency.
- By request of State Board of Pharmacy inspector.

A signed receipt must be obtained from the person removing the original from the pharmacy and a record (w/copy) of where the original prescription is located in its place.

***Hard copy prescriptions leaving the pharmacy for reasons, other than those listed above, are a direct violation of HIPAA with substantial fines, and may be subject to full recovery during any audits.*

IX. In the event of a suspected forgery, the pharmacist must make every *effort* to verify the forgery with the physician prior to calling law enforcement.

X. If a prescription appears to be fraudulent, whenever possible, make a copy of the script and file in a "Refuse to Fill" file for future reference in the event of a DEA audit.

XI. Controlled substances should be purchased only from reputable manufacturers and wholesalers willing to comply with all requirements of the Controlled Substance Act.

XII. In accordance with state and federal law, any pharmacist has the right to refuse the dispensing of a prescription. Professional judgment permits a pharmacist exercise this option whenever there is any doubt about dispensing a medication, especially controlled substances.

Examples of Judgment calls:

- a. Patient or customer asks for a specific manufacturer of a controlled substance, such as "Speckleds" or "Pinks". This behavior may be indicative of abusive behavior. The pharmacy is only required to dispense a legitimate generic alternative, and not a particular manufacturer.

It is highly recommended to not even purchase those products to avoid controversy.

Follow copy instructions for number X above and note the patient's request on the copy for reference.

- b. Patient's that continue to bring in multiple scripts written for a 30 day supply at a time for 90 days. While prescribers legitimately use this practice for patients, it should not be a habit and could be an indication of abuse, "doctor shopping", or even prescriber fraudulent behavior.

Be sure to follow up with the prescriber and document not only the diagnosis in these circumstances, but the reason for the multiple rxs. Pharmacies may even want to note how many times a patient has multiple scripts to place in file for future fills.

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