

## HOW TO SURVIVE A DEA INSPECTION SERIES:

### THE PROBLEM WITH THE OXYCODONE 30MG TABLET

Every day pharmacists in New Jersey are confronted with patients presenting a prescription for 180 tablets of Oxycodone 30mg tablets. Some pharmacists will not even blink, accept the prescription and fill such prescription. Other pharmacists will tell the patient that they don't have the medication.

It is obvious that most patients with pain will have an opioid prescribed for them. The prescribers will vary from family practice physicians to pain management clinics. For patients with cancer and their battle to defeat the disease, it can be an adventure in finding a pharmacist that will fill their controlled substance prescriptions. On the other hand, patients with mild to moderate pain will have to find that pharmacist that will not question their prescriptions. In other non-cancer cases, the control of their pain will be with a prescription written for Oxycodone 30mg tablets and in some cases the prescription will be treating addiction and not the pain.

This is where the Drug Enforcement Administration (DEA) and the New Jersey Attorney General's Office (OAG) will look at the Oxycodone 30mg prescription and attempt to determine that there is a legitimate medical purpose for such prescription. Their actions can be a negative impact to a physician who wrote the prescription and the pharmacist who filled the prescription. Negative impact becomes criminal for a prescriber and/or pharmacist when the content of a prescription is found to be the subject of diversion or has cause an overdose or death.

DEA and OAG will look at the prescribing of Oxycodone 30mg tablets by physicians especially where the pattern is to prescribe 180 dosage unit of Oxycodone 30mg tablets to all their patients. Every pharmacist in New Jersey has read of a pill-mill prescriber being arrested for illegally prescribing such medication. The biggest RED FLAG is seeing patients from a practitioner all receiving the same amount of Oxycodone 30mg with a wide variety of patients having different heights and weights. Pharmacists not questioning why a physician only writes all their patients the same drug, the same strength and the same quantity and not prescribing any other controlled substance is a disaster waiting to happen.

#### **TAKE NOTE:**

In any criminal case whether federal or on a state level, the question is the same. Was the prescription for legitimate medical purpose? Was the pharmacist practicing willful blindness and deliberate ignorance with those prescriptions? Today for a pharmacist to say, "The doctor has a DEA license that is good enough for me" is not a good policy to follow. Such pharmacist will eventually face the wrath of law enforcement and regulatory entities. In 90% of those cases, the pharmacy and/or pharmacist license will be revoked or the subject of civil actions.

**So now that I got your attention, you need to know what DEA and OAG means when they say the pharmacist must maintain a "due diligence" pharmacy policy. As a pharmacist, you have learned that you have a "corresponding responsibilities" to determine that a prescription has to be for legitimate medical purpose and written by a practitioner in their professional practice.**

The due diligence that you need to understand is that a pharmacist has to know the field of medicine and board certification of a prescriber especially a prescription written by them for an opioid as part of a pain management patient plan. As a compliance consultant, I have reviewed numerous dispensing records of controlled substances and I have asked many pharmacists how they can justify filling a prescription for 180 dosage units of Oxycodone 30mg for a 25 year old adult written by an OBGYN practitioner, a cardiologist or a psychiatrist with no pain management certification. In many cases, the pharmacist has been filling such prescription for a long period of time and patients have been paying in cash for such prescription without being asked if they had insurance.

With regards to payment in cash, some pharmacies may charge from \$200 to \$1,700 for filling such prescriptions. DEA and OAG may question the payment of large sums of cash for 180 dosage units of Oxycodone 30mg tablets. If you have a 25 year old who has no insurance and no legitimate source of income, the question that will be asked of a pharmacist is "how can such person pay \$1,700 for such prescription?" You have to do the math which is \$1

per milligram or \$5,400 for the prescription. If the patient is from Ohio, Tennessee, Kentucky, Georgia or Florida, the returns are even greater.

Well you need to think what your pharmacy due diligence policy will be to prevent diversion of such controlled substance. My personal view is that Oxycodone 30mg should only be dispensed for severe pain that includes only cancer or intractable pain. For prescribers, you need to look at their medical education, field of medicine, board certification and determine that the prescriber hasn't been the subject of a federal or state investigation. If you are in New Jersey, you may want to use the two websites [www.nj.gov/oag/](http://www.nj.gov/oag/) and [www.certificationmatters.org](http://www.certificationmatters.org) that can provide you the answers. For the DEA registration validation, you can go to the DEA website [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) and look for registration validation section under the Resources tab. For New York prescribers the website [www.nydoctorprofile.com](http://www.nydoctorprofile.com) will probably be the best website to gather additional information on New York based prescribers. You will initially need to verify your DEA number for the pharmacy, the name of the pharmacy as noted on their DEA certificate and your federal EIN number. Once you have sign on, you can verify a DEA number.

**TAKE NOTE:**

For patients, there are several things a pharmacist may want to know about them. First, you need to get valid ID from them and the best ID is a drivers' license with a valid New Jersey address. Ask them for their insurance information. If they have it and want to pay cash make them aware that any Oxycodone 30mg prescriptions requires to be paid with insurance. There is no reason why someone can't get insurance especially with the implementation of the Affordable Care Act which New Jersey is a participant.

**TAKE NOTE:**

With regards to patient, I recommend that you do a New Jersey State I-Stop profile for any Schedule II to V controlled substance. With regards to refills, I strongly recommend you do it on the initial prescription and every 90 days. If you mail a prescription outside of New Jersey, you need to be registered as an out-of-state pharmacy and report such transaction to their state prescription monitoring program.

Remember, any controlled substance prescription written for pain must be clearly reviewed by the staff pharmacist especially those prescriptions written for Oxycodone 30mg tablets. Any "willful blindness or deliberate ignorance" on the part of pharmacy staff can bring hardship to not only the pharmacy owner but to the supervising pharmacist. Therefore, it is important to maintain a stringent due diligence policy that all pharmacy staff should follow and closely monitored by the supervising pharmacist.

Carlos M. Aquino  
Compliance Consultant  
PharmaDiversion LLC