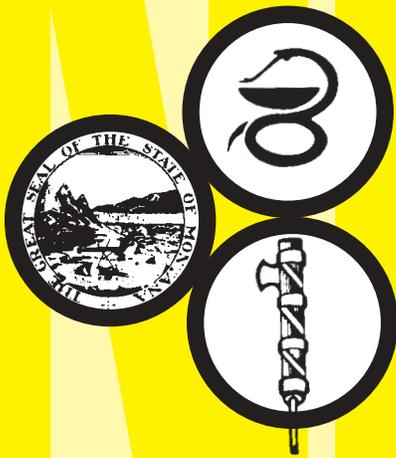


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Montana Board of Pharmacy

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Outpatient Opioid Dependence Treatment: Important Facts

Subutex® (sublingual buprenorphine) and Suboxone® (sublingual buprenorphine plus naloxone) are the first medications approved for the office-based treatment of opioid dependence under the Drug Addiction Treatment Act of 2000 (DATA). This act specifies that Schedule II drugs used to treat opioid dependence should be confined to the clinic setting, but that Schedule III-V drugs used to treat opioid dependence may be prescribed **by specially qualified prescribers** on an office-based/outpatient basis. This is an important qualification as not all prescribers have met presently established criteria.

Subutex is generally preferred for the “induction,” or initial phase of treatment. During this time, patients should receive medication under the physician’s supervision in the office. As Subutex contains only buprenorphine, it may be better tolerated by patients in the initial phase of treatment. Daily doses of Subutex are picked up **each day** for the first several days of treatment, or may be delivered to the prescriber’s office. Suboxone is preferred for maintenance treatment due to the presence of naloxone. Naloxone acts as an antagonist at the mu-opioid receptor, blocking the activity of buprenorphine when injected, thus deterring intravenous abuse. Both Subutex and Suboxone are classified under Schedule III.

To become qualified to prescribe and administer these drugs, physicians must hold a recognized subspecialty in addiction medicine **or** have completed not less than eight hours of authorized training. They must also notify the secretary of Health and Human Services (HHS) of their status. Drug Enforcement Administration (DEA) will then issue the physician a unique identification number. **Physician status can be verified by calling 1-866/BUP-CSAT or via e-mail at info@buprenorphine.samhsa.gov.** DEA is in the process of developing regulations to require the identification number to be included on all prescriptions issued pursuant to this program, in addition to the existing DEA number. If a physician needs to write a prescription before the number has been issued, this is allowed if the physician has first notified HHS.

Pharmacists as Mid-level Practitioners: DEA Numbers Now Available

Since the revision of Montana’s Pharmacy Practice Act, Montana pharmacists have been able to initiate or modify drug therapy

pursuant to a collaborative practice agreement. Drug Enforcement Administration (DEA) responded to an inquiry by the Montana Board of Pharmacy office early in September 2003, telling the Board that Montana pharmacists needing to initiate or modify drug therapy for controlled substances can now obtain DEA numbers to do so, **provided they are acting pursuant to a collaborative practice agreement.** Up to this time, most collaborative practice agreements have been written for immunization or anticoagulation services. Montana may now begin to see collaborative practice agreements for the management of outpatient pain. Paul Brand of Lolo, MT, and LeeAnn Bradley of Missoula, MT, have applied for and received DEA numbers and others are sure to follow. This is a positive step toward meeting the pain management needs of Montana patients.

DEA Contact Numbers

As most of you are aware, Montana now has a Drug Enforcement Administration (DEA) branch located in Billings. The branch may be reached at **406/657-6020**. Pharmacists wanting to confirm the DEA registration status of a prescriber may call **303/705-7300**.

Multiple Schedule II Prescriptions Written Simultaneously

As mentioned in previous *Newsletters*, prescribers can write more than one prescription for the same Schedule II medication at the same time, **provided all blanks are dated as of the date on which they are written.** A notation should be placed on subsequent prescriptions: “Do not fill before February 14, 2003,” etc. Patricia Good of Drug Enforcement Administration has issued a position paper on the agency’s behalf that explains the legalities of this issue. If you would like a copy of this paper, contact Becky at the Board office at 406/841-2355.

Joint Position Paper on Chronic Pain

Two years ago, the medical, nursing, and pharmacy boards compiled a joint position paper on the treatment of chronic pain. The paper is posted on our Web site: www.discoveringmontana.com/dli/pha. The paper lays out requirements for physicians treating chronic pain, and emphasizes that pharmacists share a corresponding responsibility to ascertain that prescriptions are written for valid medical purposes. It encourages pharmacists to engage in

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dialogue with prescribers when necessary, and informs prescribers that Montana's boards of Medical Examiners, Nursing, and Pharmacy consider pharmacists to be an important part of the health care team. As a pharmacist, you have a right and an obligation to ask questions of prescribers if you are uncomfortable with any prescription. Hopefully, the joint position paper will encourage dialogue where needed and, ultimately, result in better patient care. Purdue Pharma, LP, will be mailing a packet with this letter, along with other pain management information and resources, to all pharmacists, physicians, and physician assistants shortly after the first of the year.

A Pharmacist's Guide to Prescription Fraud

Drug Enforcement Administration's (DEA) Diversion Control Program has an excellent brochure with the above title available on its Web site: www.deadiversion.usdoj.gov. The brochure contains many scenarios that could potentially indicate that a prescription is fraudulent or has been altered:

- ◆ Know who is calling in prescriptions (it is best to ask for a name) and confirm by calling the prescriber's office if necessary.
- ◆ Do not call phone numbers for prescription verification that you do not know to be a valid prescriber's number.
- ◆ Question a prescription that looks just "too legible," or is written for quantities or dosages not usually seen in your practice.

These are common sense things, but we all can benefit from occasional reminders. A copy of this useful brochure can also be obtained by calling Becky at the Board office at 406/841-2355.

Administration of Vaccines: A Clarification

24.174.503 Administration of vaccines by pharmacists and 24.174.524 Collaborative practice agreement requirements were written separately. Although these are separate sections, we remind you that pharmacists can administer vaccines and emergency measures **only pursuant to a collaborative practice agreement**. This is mandated by statute.

Failure to Transfer a Prescription When Requested

The screening panel has recently considered cases in which pharmacists have refused to transfer a prescription in a timely manner when requested to do so. While it is an understatement to acknowledge that pharmacists are busy people, the Board reminds you that your responsibility to the patient's well-being should be your ultimate concern. A prescription transfer should be accomplished within the same day, ideally within an hour or two of receiving the transfer request. "I'll do it next week" is neither an acceptable nor professional response. In refusing to transfer a prescription in a timely manner when asked, you potentially put a patient's safety at risk. You also place yourself in jeopardy of being cited for professional misconduct. Prescriptions that have expired or do not have refills remaining can be transferred with that information, telling the receiving pharmacist that the transfer **may not be filled and is for informational purposes only**, much as hard copy prescriptions were copied in previous years.

Our next Board meeting is scheduled for February 3-4, 2004, in Helena. The Board and its staff wish you a bright and Happy New Year!

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