



Practical Considerations in Pharmacy Practice

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- ❑ Determine and define principles and pattern/source(s) of ethical standards
- ❑ Identify the ethical obligations within the profession of pharmacy
- ❑ Determine ethical decision making skills with regards to practical cases
- ❑ Report existing NM pharmacists, interns, and technicians ethical decision making in practical cases

Objectives

- ❑ I promise to devote myself to a lifetime of service to others
- ❑ I will consider the welfare of humanity and relief of suffering
- ❑ I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct
- ❑ I will embrace and advocate changes that improve patient care

Oath of a Pharmacist Highlights

Avoid...

- Healthcare providers generally assume patient's compliance, overlook patient autonomy, and blame the patient for their poor health outcomes.

Source: James R. Titchener J. Using the patient-centred medicine clinical framework to better appreciate and explore the many barriers to care in Type 2 diabetes. J Prim Health Care. 2014;6(4):340-348

- **Autonomy:** Independent decision making
 - e.g., Informed Consent, refusal of treatment
- **Nonmaleficence:** At minimum, do no harm
 - e.g., Dispensing drug with not enough information, negligence, professional misconduct
- **Beneficence:** To do good, to remove harm, to promote welfare
 - e.g., Isolation rooms for immunocompromised patients
- **Justice:** Fair distribution of goods

Some Ethical Principles/Terms

- **Veracity:** Truthfulness
- **Privacy:** Leaving one alone
- **Fidelity:** Keeping promises
- **Confidentiality:** Maintaining patient information

Professional Obligations

- Increasing price of a prescription for difficult patients
- Dropping pills on the floor & using the 5 second rule
- Telling a patient we are out of one of the ingredients for a compound, so you don't have to make it
- Selling a little too much pseudoephedrine
- Moving "important" customers to the front of the line
- Taking a pill from stock because we forgot our dose
- Taking pills that we do not have a prescription for
- Allowing practitioners such as dentists and optometrists to write prescriptions for drugs that are not in their scope of practice

Ethically Incorrect

- Selling syringes to avoid a hassle or not selling to avoid clientele
- Dispensing mifepristone that may or may not be for abortions
- Refusal to give a flu shot offsite for an HIV clinic
- Avoiding a Narcan discussion because it's an uncomfortable topic or a patient may get offended

Ethically Debatable

- How do I stay close to the passions and commitments that led me into this field while challenging myself, my colleagues, and my institution to keep faith with the profession's deepest values?

Question to Ponder

4 -step process for effectively addressing and managing each of these challenges

- 1) Pharmacists must "own" their actions and decisions. "We have to debunk the myth that institutions are external to us," Take ownership and have a stake in it.

Own it

- 2) Apply "emotional intelligence" and recognize patterns of behavior that may be negatively affecting patients, caregivers, or other healthcare professionals. "We have to examine our own shadows."

Examine it

- 3) Convene with the care team & create communities of trust that encourage others to assert core professional values and actively listen to one another.

Listen to it

- 4) Strike a balance between blind optimism and crippling cynicism in order to set realistic/professional objectives.

Decide on it

Patterns for Ethical Standards

- A four-stage decision-making model involving **ethical attention, reasoning, intention and action** offers insights into decision-making.
- 23 community RPh's were asked to describe and resolve ethical problems at work
- Pharmacists were often inattentive and constructed problems in legal terms.
- Ethical reasoning was limited, but examples of appeals to consequences, the golden rule, religious faith and common-sense experience emerged.
- Ethical intention was compromised by frequent concern about legal prosecution.
- Ethical inaction was common, typified by pharmacists' failure to report healthcare professionals' bad practices.
- Four decision-making stages are a useful tool in considering how healthcare professionals try to resolve ethical problems in practice. More pharmacist ethical training may be necessary for the welfare and wellbeing of patients

Patterns for Ethical Standards

• Moral Code of Ethics

- We are all born with a disposition to respond to certain moral situations in similar ways, despite cultural differences.
- This doesn't indicate a specific way of filling out the details.
- **Pharmacy Code of Ethics**
- Pharmacists are health professionals who assist individuals in making the best use of medications.
- This Code, prepared and supported by pharmacists, is intended to state publicly the principles that form the fundamental basis of the roles and responsibilities of pharmacists.
- These principles, based on moral obligations and virtues, are established to guide pharmacists in relationships with patients, health professionals, and society.

Sources of Ethical Standards

- <https://www.pharmacist.com/code-ethics> (adopted by APHA 1994)

- I. A pharmacist respects the covenantal relationship between the patient and pharmacist.
- II. A pharmacist promotes the good of every patient in a caring, compassionate, and confidential manner.
- III. A pharmacist respects the autonomy and dignity of each patient.
- IV. A pharmacist acts with honesty and integrity in professional relationships.
- V. A pharmacist maintains professional competence.
- VI. A pharmacist respects the values and abilities of colleagues and other health professionals.
- VII. A pharmacist serves individual, community, and societal needs.
- VIII. A pharmacist seeks justice in the distribution of health resources.

Pharmacy Code of Ethics

- In July of 2013, an Indiana pharmacist was sentenced to 25 months in prison and the pharmacy was fined \$1.44 million for HIPAA violations resulting from disclosures the pharmacist made to her husband about a customer with whom he was previously involved

- Source:

Public Ethical Dilemmas

- In December of 2013, there was a report that over 700 illnesses and 64 deaths in 20 states resulted from a fungal meningitis outbreak caused by tainted steroid injections
- The source of the contaminated product, the New England Compounding Center, agreed to a preliminary settlement that would create a \$100 million fund to compensate victims

- Source:

Public Ethical Dilemmas

- Yarushka Rivera, 19, of Lowell had epilepsy and took Topamax to manage life-threatening seizures. Her insurer, MassHealth, covered the drug until June 2009.
- In July 2009, MassHealth wouldn't cover the cost of the drug without a doctor's PA. The pharmacy told the family about the requirement and said they would have to pay \$399.99. They faxed for a PA and during the waiting period, Rivera had a seizure and passed away.

Public Ethical Dilemmas

- The doctor and his practice maintain that they were "never notified by pharmacists or family members about the need for prior authorization"
- In October, 2012 the family sued the pharmacy, the doctor and his group practice, alleging wrongful death and the Mass. Judicial Court has ruled this will be allowed to go to trial.
- The pharmacy is not required by law or regulation to facilitate the PA, but "it is evident that they have some role in furthering the well-being of their patients, and are well suited to assist patients with certain issues regarding their medication" the court wrote. "The skill and knowledge of pharmacists today involve more than the dispensing of pills".
- Source:
<https://www.cnn.com/2018/06/08/health/massachusetts-walgreens-lawsuit-bn/index.html>

Public Ethical Dilemmas

A patient refuses to take their maintenance meds due to the side effects associated. How do you address this?

- Answer:

- Approach 1: Consult with the patient regarding their meds to evaluate their awareness about the complications that accompanies their chronic illness and discuss the important role of the medication.
- Approach 2: Provide an alternative drug therapy that has the potential for fewer side effects. The pharmacist can achieve this by first contacting the patient's prescriber, informing them of the patient's concern for side effects, and suggest an alternative medication for the patient.

Case 1

Based on one pharmacist's opinion, a patient should have received a test that would have better determined a treatment regimen for a cardiac condition. The pharmacist's physician coworker disagreed, citing the potential for a high-cost, low-benefit outcome for the patient. How do you proceed?

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- Answer:

- One way to manage limited resources is to have non-emotional conversations with those who oversee the budget while emphasizing that the ultimate goal is to provide high-quality patient care/outcomes

Case 2

The store manager is adamant about having the drawers counted down and employees out the door by 10:30 pm. A patient fresh from the ER shows up at the drive-thru with five prescriptions at 9:55 pm. Do you fill them and deal with the manager's reprimand, or send the patient to a 24-hour pharmacy 30 minutes away?

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1. What ethical principle(s) are involved & why?
2. With whom did you consult when making the decision (i.e. nurse, colleague, friends, family)?
3. What other factors have you considered? (i.e. legal issues, financial concerns)
4. What is your final decision?
5. What was the outcome (if applicable) or what does the law state surrounding this?

Rubric

- A local dentist calls and asks you to refill his wife's thyroid medication he called in for her. When you tell him there are no more refills, he gets angry and asks to speak to your pharmacy manager, who "always does this for me."
- Do you continue the tradition?

Case 4



- Response 1: "I would not fill the script."- Community RPh
- Response 2: "I would explain to the dentist why I think it is incorrect to keep authorizing refills under his name..."- Graduate Intern
- Law States: 61-5A-4. **Scope of practice.** (Repealed effective July 1, 2016.) As used in the Dental Health Care Act,...prescription of remedy...involving both the functional and aesthetic aspects of the teeth, gingivae, jaws and adjacent hard and soft tissue of the oral and maxillofacial regions..."

"Angry Dentist"



- One of your techs, who has been with you through thick and thin, starts to slip a little. These lapses have become more frequent lately. Not only has this affected your ability to focus on your duties and keep your patients safe, but the other techs are now complaining that this person is not pulling their weight and it's causing more work to fall on them.
- Do you confront this issue head on, or ignore it and hope it will go away?

Case 5



- Response 1: "Confront this issue right away. Talk with the PIC and have a conversation with them along with the tech..."-P4 Intern
- Response 2: "Talk to the tech and make sure they understand that your personal relationship should not affect your professional relationship at work..."-P4 Intern
- Law States: "It shall be the duty and responsibility of the pharmacist-in-charge...to supervise all of the professional employees of the pharmacy..."-16.19.6.9

"The Slacker"



- One of your technicians tells you that a relief pharmacist often employs the "five-finger discount" at the end of the night, ringing up his own purchases and paying a suspiciously low price for a huge cartful of merchandise.
- Do you confront him?

Case 6



- Response 1: I would not necessarily confront the RPh, but would have a talk with them and ask them to talk to the store manager about the policies about ringing up one's merchandise.
- Response 2: "I would have a talk with the RPh first and let them know that ringing up their own merchandise and giving themselves discounts can be seen as theft and result in termination..."
- Law States: "Gross immorality shall constitute a conviction of a crime involving moral turpitude including...fraud, theft, embezzlement or bribery. A copy of the record of conviction certified by the clerk of the court entering the conviction is conclusive evidence..."-16.19.4.8

"Five Finger RPh"



- One of your technicians has admitted to abusing alcohol and drugs. This tech has come to work to perform daily duties and has bothered all staff members while heavily intoxicated on more than one occasion. When she comes to work sober, however, she is one of your better techs and you know she needs the job.
- Should you let it slide?

Case 7



- **Response 1:** I would not let it slide and report the tech to the impaired pharmacists program and talk to the PIC, this tech is creating a hazardous work environment."-Graduate Intern
- **Response 2:** "I would not let it slide. I would talk to the tech and let her know I will be contacting the impaired pharmacist program and the BOP..."-P4 Intern
- **Law States:** "If any person knows or suspects that a licensee is impaired, that person shall report any relevant information either to the Impaired Pharmacist Program or to the Board of Pharmacy ("Board")."-16.19.4.12
- **Law States:** "Unprofessional or dishonorable conduct by a pharmacist shall mean...Failure to report an impaired licensee in compliance with Subparagraph (a) of Paragraph (1) of Subsection C of 16.19.4.12 NMAC."

"Toxic Tech"



- You are asked to sell their narcotic medication more than two days early by a patient who is known to you and has no history of abuse, a direct violation of the Good Faith Dispensing Policy.
- Do you use your professional judgment and take care of the patient?
- Does your answer change if the patient is a prominent local physician?

Case 8



- **Response 1:** "If the patient is known to the pharmacy, I would check their health conditions and see if they are taking pain medications for valid reasons..."
- **Response 2:** "Depend on how early the patient wants to fill their medication. If it's more than 3 days early, I would explain the policies and hope they would understand..."
- **Law States:** "Controlled substance prescriptions dispensed directly to a patient shall not be refilled before seventy-five percent of the prescription days' supply has passed, unless the practitioner authorizes the early refill, which must be documented by the pharmacist."-16.19.20.45

"Early Pain Pills"



- A patient arrives at the pharmacy counter loudly explaining how medical marijuana and other homeopathic meds cured his cancer. You have read the literature and did not see any statistically or clinically significant publications that prove such a claim.
- A nearby patient asks you, "Is this true? shall I try it?"

Case 9



- **Response 1:** "I would explain to the patient that there is no statistically or clinically significant evidence regarding the effectiveness of marijuana or homeopathic medications and follow up by saying I cannot recommend trying any."-P4 Intern
- **Response 2:** "I would tell the patient I am not able to make any recommendations regarding that and would encourage them to do their own research in the matter."-P4 Intern
- **Law States:** "The following responsibilities require the use of professional judgement and therefore shall be performed only by a pharmacist or pharmacist intern...evaluation of available clinical data in patient medication record system...oral communication with the patient or patient's agent of information, as defined in this section under patient counseling, in order to improve therapy by ensuring proper use of drugs and devices."-16.19.4.16

"Can Marijuana Cure?"



- A patient at your pharmacy identifies they have diabetes as they are buying glucose tablets. They are on less than the standard of care you were taught in school (ADA guidelines recommends DM patients be on metformin, ASA, statin, and Ace-I).
- What are next steps?

Case 10



- **Response 1:** "I would research the patient's profile then contact the doctor to suggest the standard of care be added if appropriate for this patient." -Community RPh
- **Response 2:** "I would ask the patient if they have time to talk about their diabetes care and explain to them that they are not receiving the standard of therapy..."-Intern
- **Law States:** "The following responsibilities require the use of professional judgement and therefore shall be performed only by a pharmacist or pharmacist intern... oral communication with the patient or patient's agent of information, as defined in this section under patient counseling, in order to improve therapy by ensuring proper use of drugs and devices."-16.19.4.16

"DM Steps of Care"



- A nurse from the cancer center calls about a dose of taxol recently sent up for her patient. The RN states that the label on the bag contains the correct amount of taxol and that it should be in NS but she noticed the bag is D5W. You double check the computer against the original order and note that the label is correct but that D5W was used instead of NS. You check both Facts and Comparisons as well as the Handbook of Injectable Drugs and both state that taxol is compatible with both NS and D5W. To remake the bag would cost the pharmacy over \$1000 in loss of taxol. The RN states the patient is about to begin treatment and the ordering physician is out for surgery.
- How do you handle the matter?

Case 11



- **Response 1:** "I would recommend remaking to bag. I would rather spend an extra \$1000 dollars in Taxol than get in trouble for mixing it incorrectly."
- **Response 2:** "Since the drug is compatible in both NS and D5W, I would call the doctor, explain the compatibility and ask if the label can be changed to be made with D5W." -Part-time Hospital RPh
- **Law States:** "The following responsibilities require the use of professional judgement and therefore shall be performed only by a pharmacist...final check on all aspects of the completed prescription including sterile products and cytotoxic preparations, and assumption of the responsibility for the filled prescription, including, but not limited to, appropriateness of dose, accuracy of drug, strength, labeling, verification of ingredients and proper container."-16.19.4.16

"A Taxing Dilemma"



- After a long and busy day you are putting away a bunch of bottles used to fill scripts that day. You notice a bottle of Cozaar and remember filling it a few hours ago for a middle-aged man going overseas the next day on business. When you set the bottle down on the shelf you notice that it expired four months ago.
- What do you do?

Case 12



- **Response 1:** "I would call the patient and explain the situation and ask them to check if he received an expired bottle..."
- **Response 2:** "I would call the patient and see if they can come back before they leave for their trip..."
- **Law States:** ""**Incident**" means a drug that is dispensed in error, that is administered and results in harm, injury or death."-16.19.25.7 "The Pharmacist in charge shall: Report incidents, including relevant status updates, to the Board on Board approved forms within fifteen (15) days of discovery."-16.19.25.8
- **Law States:** "Pharmacy personnel shall establish and follow policies and procedures for the removing of expired drugs"-16.19.6.28 "Patient dispensed legend and OTC medications that are unwanted or expired may be returned to an authorized pharmacy for destruction."-16.19.6.15

"Expired Cozaar"



- On Saturday night a patient drops off prescriptions from the local emergency room for Flexeril (muscle spasms) and Darvocet N-100 (pain) for an automobile accident. The patient is on the state Medicaid program but says she has not yet received her new card for this year in the mail.
- How do you handle this?

Case 13



- **Response 1:** "I would research and get the necessary insurance information."-P4 Intern
- **Response 2:** "If the insurance info is not available, I would have the patient pay out of pocket and if they bring their card back ASAP we can reimburse the patient."-Community RPh
- **Law States:** "The following responsibilities require the use of professional judgement and therefore shall be performed only by a pharmacist or pharmacist intern: initial identification, evaluation and interpretation of the prescription order and any necessary clinical clarification prior to dispensing... evaluation of available clinical data in patient medication record system."-16.19.4.16

"Medicaid Coverage"



- EJ is an elderly patient on Medicare with a fixed income and no prescription insurance. Yesterday EJ picked up a prescription for Zithromax and politely complained about the cost \$60+ for the prescription. He calls today telling you that he had a bad reaction to the antibiotic and called his doctor who told him to stop taking the drug and that he would call EJ in a new prescription. You are aware that the doctor did just call in a new antibiotic for him called Cipro and that it is even more expensive than the Zithromax. Once you tell EJ that his new prescription is ready he asks you if he can return the remaining Zithromax for a refund to help pay for the new prescription.
- What do you tell the patient?

Case 14



- **Response 1:** "Unfortunately, based on the BOP law we will not be able to return your prescription for a refund..."-Community RPh
- **Response 2:** "By law, I am not allowed to take a return."-Intern
- **Law States:** "Drugs...shall not be accepted for return or exchange of any pharmacist or pharmacy after such articles have been taken from the premises where sold or distributed"-16.19.6.14

"\$\$\$ for Pills"



- During a busy Monday morning you grab a bottle of Zyvox 600mg tablets by the lid. While carrying it back to your work station the lid comes off and the bottle drops scattering tablets on the floor. The accident is made worse by knowing that one bottle of Zyvox costs several hundred dollars. While bending down to pick up the tablets you notice that the uncarpeted floor is rather dirty and dusty. Additionally, the patient was standing near the pharmacy and you're unsure if he saw what happened.
- What do you do?

Case 15



- **Response 1:** "Fallen tablets on a dirty floor have been rendered useless and must be added to hazardous waste..."-Intern
- **Response 2:** Similar response - Community RPh
- **Law States:** "The restricted area to be occupied by the prescription department...shall provide for the compounding and dispensing and storage of...pharmaceuticals...under proper condition of sanitation."-16.19.6.10

"Dirty Pricy Pills"



- You are a new pharmacist working in the IV room of a large hospital. You are busy checking IVs made by a long-time pharmacy tech. Checking IVs involves examining a tray with the labeled final admixture bag, an empty drug vial and a syringe pulled back to indicate the amount of drug added to the bag. When checking a tray with four IV bags calling for the same dose of Zofran, an expensive antiemetic drug, you notice an empty syringe pulled back to the correct volume but no vial. When you ask the technician she quickly dismisses you saying that she used the correct drug by must have thrown away the vial by accident.
- What do you do?

Case 16



- **Response 1:** "Since the responsibility of drug verification is only on the RPh's shoulder, if there is no way of verifying the actual vial that drug was drawn from, those IV bags must be wasted..."-Intern
- **Response 2:** "Ask the tech to pull another vial from the shelf to show me what was mixed and show me what exactly was done. I would educate them to leave the empty vials for the future."-Part-time Hospital RPh
- **Law States:** "Only a pharmacist shall perform the following duties: final check on all aspects of the completed prescription including sterile products and...the responsibility for the filled prescription, including, but not limited to, appropriateness of dose, accuracy of drug, strength, labeling, verification of ingredients and proper container."-16.19.4.16

"Missing Zofran Vial"



- You are a pharmacy intern working at a chain pharmacy. Only you and a pharmacist are staffing the pharmacy on a slow Sunday afternoon. The store manager comes to the pharmacy and tells the pharmacist that they have to have an emergency meeting in the manager's office. The pharmacist tells you that she will be back in 15 minutes. 5 minutes later a patient comes rushing over to the pharmacy to pickup a refill of Norvasc called in yesterday. You notice the medication is filled and waiting on the counter to be checked by the pharmacist.
- What do you do?

Case 17



- **Response 1:** "The RPh must be called back into the pharmacy to do the final check..."-Community RPh
- **Response 2:** Similar response -Intern
- **Law States:** "Only a pharmacist shall perform the following duties: final check on all aspects of the completed prescription...including...appropriateness of dose, accuracy of drug, strength, labeling, verification of ingredients and proper container."-16.19.4.16

"An Inpatient Waiter"



- BJ left a refill request for his carbamazepine on the pharmacy answering machine. While processing his request on the computer you note that it is the 6th refill for this prescription and that the tech who initially entered the information used an incorrect billing code. As a result, the patient has been overpaying \$12 for each refill to date.
- How do you handle this?

Case 18



- **Response 1:** "We can process a refund for that extra \$12 and put a note in the computer that it was by mistake and make sure next time the correct amount is processed before dispensing."-Intern
- **Response 2:** "I would look into the store policy and insurance regarding billing and how we can go about crediting the patient for the amount he overpaid..."-Community RPh
- **Law States:** No direct BOP law addresses this issue.

"Overcharged, Overpaid"



- A patient calls to refill her prescription of Digoxin for her severe cardiac arrhythmias. You go to the shelf and notice there are no bottles of Digoxin left. Apparently it was not reordered after the last refill. To make matters worse, it is Friday afternoon so there will be no delivery from your drug wholesaler until Monday and the patient states she only has one tablet left.
- How do you handle this?

Case 19



- **Response 1:** "I would let the patient know we are out of the medication and apologize for the inconvenience and reassure them that we will help by contacting other pharmacies located closest to us to see who has it in stock..."-Intern
- **Response 2:** "I would do my best to find the drug from other stores within my company and if not available, I would look for another strength."-Community RPh
- **Law States:** "A pharmacy may not refuse to transfer original prescription information to another pharmacy who is acting on behalf of a patient and who is making a request for this information as specified in this subsection."-16.19.6.23

"No More Digoxin"



- You have recently accepted a position at a small independent pharmacy. After a few days on the job you discover from a fellow employee that the last pharmacist left after an armed robbery occurred in the store. You are upset that the owner failed to disclose this to you. The employee goes on to tell you that since the robbery the owner has failed to increase security in the store.
- How do you respond to the matter?

Case 20



- **Response 1:** "I would talk to the owner to find out more info and seek knowledge of how severe it was..."-Community RPh
- **Response 2:** "I would tell the owner that I would like to be informed about the latest news of the store..."-Intern
- **Law States:** "The restricted area to be occupied by the prescription department...shall provide for the compounding and dispensing and storage of...pharmaceuticals...under proper...security."-16.19.6.10

"Feeling Insecure"



- You are pharmacist working in a small hospital. A nurse you are familiar with stops by the pickup window of the inpatient pharmacy. She asks you for a single dose of Diflucan 150mg. You understand how busy the nurses are due to limited staffing so you quickly retrieve one unit-dose tablet, place it in a zip-lock baggie and hand it to the nurse. As she leaves she tells you how much she appreciates your help and that it works like a charm for her when she uses it. You had assumed she was getting the dose for a patient, but by now you already see her walking down the hall.
- What do you do now?

Case 21



- **Response 1:** "I wouldn't have even been able to give her the medication unlabeled per company policy."-Intern
- **Response 2:** "I would stop her, and as which doctor can I put the order under."-Part-time Hospital RPh
- **Law States:** "All medications, with the exception of those for emergency use, shall be issued for inpatients use pursuant to the review of the physician's order or direct copy thereof, prior to dispensing." -16.19.7.11

"RN takes Diflucan"



- A physician calls the pharmacy for a prescription of OxyContin for a patient with lung cancer. The physician states she forgot to write the prescription before she flew out of town to attend a medical conference. The patient lives on a farm 12 miles outside of the closest city. The doctor does not want to inconvenience the patient and wants you to take a verbal order and says she will mail you a hard copy of the prescription when she returns next week.
- What do you do?

Case 22



- **Response 1:** "I believe it is okay with the law to take a verbal prescription in an emergency as long as a hard copy is provided within the next week or so." -Intern
- **Response 2:** "The law states we have 7 days to get the hard copy so I would take the script and fill it with the verbal promise of the physician to mail the hard copy to me. If the physician did not mail it I would physically go to the providers office to pick it up before the 7th day." -Community RPh
- **Law States:** "Emergency dispensing of Schedule II controlled substances: **Emergency situation**" means the prescribing physician determines the prescribing physician, within seven days after authorization of the emergency dispensing, shall furnish a written, signed prescription to the pharmacist. The signed prescription shall have written on the face "AUTHORIZATION FOR EMERGENCY DISPENSING" and the date of the oral order or facsimile order." -16.19.20.47

"New Narc on the fly"



- JB, a body builder, comes to your pharmacy. He is known for competing in various state and national competitions. He presents with a prescription for two 10mL vials of testosterone injection. You call the physician who wrote the prescription and he verifies it is correct.
- What do you do?

Case 23



- **Response 1:** "I would fill the prescription, if the doctor verifies he wrote it and I have all the necessary information on the hard copy I need to fill the prescription, then I don't see why I shouldn't fill it." -Intern
- **Response 2:** "I would call physician back and explain that he is in a competition and this is against competition rules. I would also assess the necessity of the Rx and then educate patient that this is illegal to use in competitions and could result in him getting kicked out." -Community RPh
- **Law States:** "Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying clinical abuse/misuse, appropriate medication indication... Upon recognizing... a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem." -16.19.4.16
- **Law States:** "The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner but a corresponding responsibility rests with the pharmacist who fills the prescription." -16.19.20.41

"A Testy Purpose"



- You begin to notice that a regular patient at your pharmacy, JB, has been coming in more and more frequently for his pain medications. He was injured in an auto accident 6 months ago and continues to complain of back pain. It has been only four days since his last refill but he is requesting another refill of 100 Tylenol/Apap tablets because his roommate stole his last bottle. JB says he kicked the roommate out so it shouldn't happen again.
- How do you proceed?

Case 24



- **Response 1:** "Bring up the time line of his fills being earlier and earlier. Listen to his story looking for consistency. Tell him we would need to contact the MD and ask for an earlier fill. Company policy also requires documentation for early fills for control substances. I would ask for a police report number and talk with the doctor." -Community RPh
- **Response 2:** "I would call the doctor and explain the situation to the doctor to see if they want to early fill the medication." -Community RPh
- **Law States:** "Controlled substance prescriptions dispensed directly to a patient shall not be refilled before seventy-five percent of the prescription days' supply has passed, unless the practitioner authorizes the early refill, which must be documented by the pharmacist" -16.19.20.45

"Narcotic Refill"



- A 22yo man walks into the pharmacy and stands in line for about 3 minutes. When it is finally his turn, he hands you a crumpled prescription from the local hospital's emergency room. The prescription calls for forty Vicodin tablets to be taken as needed for an ankle sprain. You notice from the date on the prescription is two months old.
- What do you decide to do?

Case 25



- **Response 1:** "I would call the MD and would not return the script to the patient."-Hospital RPh
- **Response 2:** "I would call ER to see if prescriber wants to still authorize it."-Intern
- **Law States:** "A prescription for a controlled substance may be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice, and who is registered under the Controlled Substances Act. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription." - 16.19.20.41
- **Law States:** "Before a practitioner prescribes or dispenses for the first time, a controlled substance in schedule II, III, IV or V to a patient for a period greater than four days, or if there is a gap in prescribing the controlled substance for 30 days or more, the practitioner shall review a PMP report for the patient for the preceding 12 months. A PMP report shall be reviewed a minimum of once every three months during the continuous use of a controlled substance for each patient."- 16.10.14.8

"2 Months 2 Late?"



- You are working at the outpatient pharmacy at large university hospital. A resident calls to inform you that he is sending a patient down to have a prescription filled for methadone. The resident wanted to assure the pharmacy that it was a legitimate prescription and that he was prescribing the patient only enough methadone until he can be seen in the methadone clinic in four days.
- How do you respond to the resident?

Case 26



- **Response 1:** "Community RPh cannot fill methadone for the indication of opioid dependence."-
- **Response 2:** "The resident probably doesn't have authorization from the DEA to provide Methadone to addicts; A doctor with the appropriate DEA license will have to prescribe."-Clinic RPh
- **Law States:** "Clinics dispensing only one class of dangerous drug or controlled substance, such as methadone, may administer the drug to patients of the clinic and dispensed or distributed to patients of the clinic."- 16.19.10.11

"Methadone Script"



- LP, a 54yo female, calls your pharmacy complaining that she is having extremely sharp pains and swelling of her left leg when walking. She says the symptoms have just started and that she has never experienced this before. She also states that her shoulder has recently started to hurt as well and she thinks she's just getting old. LP asks the pharmacist what she should take for the pain. The pharmacist is concerned and decides to review her profile before responding.
- LP's current medications are:
 - Zithromax 500 mg daily x 3 days for sinusitis (on day 3)
 - Prednisone 10 mg daily x 2 weeks (on day 3)
 - Singulair 10 mg daily
 - Albuterol Inhaler used 1-2 puffs 30 minutes before exercise
 - Premarin 0.625 mg daily
- What do you conclude?

Case 28



- **Response 1:** "Further workup is required, including Rx history & appropriate work-up."-Hospital RPh
- **Response 2:** "I would be concerned about a clot due to the Premarin but would need more information."-Intern
- **FDA Medwatch:**
<https://www.fda.gov/Safety/MedWatch/default.htm> --> "Report a Problem", →Begin a report as a "Consumer/Patient (FDA form 3500B)"

"Questionable Pain"




- SH is a 59yo female who presents to her doctor's office for a physical exam. One year ago, SH's A1C was 5.8%. Today, her BG is 202 mg/dL and her A1C is 6.7%. SH denies any major dietary changes. A preliminary diagnosis of DM2 is made, to be confirmed by follow up lab values. However, the physician is suspicious of this sudden change. She is negative for a family history of DM2 and is only 10% over her IBW. The physician calls SH's pharmacist and asks if any of her medications could be responsible for this change.
- Her current medications are:
 - Zestril 20 mg daily
 - Fosamax 10 mg daily
 - Aciphex 20 mg daily
 - Seroquel 200 mg twice daily
- What do you conclude?

Case 29



- Response 1: "Seroquel would be highly suspicious."-Clinic RPh
- Response 2: "If Seroquel was initiated within the past year, the rise in BS is very possibly due to it. I would contact doctor if a change is appropriate."-Community RPh
- Law States: "Report incidents, including relevant status updates, to the Board on Board approved forms within fifteen (15) days of discovery."-16.19.25.8

"DM2 vs. ADE"



- Pharmacy is a moral practice and pharmacists have special moral obligations, including but not limited to:
 - Promoting the welfare of patients,
 - Protecting them from harm, and
 - Respecting their rights to self-determination

Conclusion

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