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# SC Department of Labor, Licensing & Regulation - Board of Pharmacy

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## Board Elections

At the June 2001 meeting, the South Carolina Board of Pharmacy elected Charles C. Turner, RPh, as its new chairman. Mr Turner is the pharmacist representative serving the Fourth Congressional District. Davis C. Hook, Jr, RPh, was elected as vice chairman representing the Second Congressional District. Each will serve a one-year term from July 1, 2001, until June 30, 2002.

## Transfer of Prescription Information for Controlled Substances for Refill Purposes

*Comments from Wilbur Harling, Department of Health and Environmental Control-Director, Bureau of Drug Control*

Section 21 CFR 1306.25 of the Code of Federal Regulations and Sections 40-43-86(G)(1-11) of the Pharmacy Practice Act permit the transfer of original prescription information for Schedules III, IV, or V controlled substances for the purpose of refill dispensing between pharmacies **“on a one-time only basis.”** These sections also permit pharmacies electronically sharing a real time, online database to transfer up to the maximum refills permitted by law and the prescriber’s authorization. Transfers are subject to the following requirements:

- (1) The transfer is communicated directly between two pharmacists, and the transferring pharmacist records the following information:
- (2) Use the word “void” on the face of the invalidated prescription.
- (3) Record on the reverse of the invalidated prescription the name, address, and Drug Enforcement Administration (DEA) registration number of the pharmacy to which it was transferred and the name of the pharmacist receiving the prescription information.
- (4) Record the transfer date and the name of the pharmacist transferring the information.

The pharmacist receiving the transferred prescription information must put the following in writing:

- (1) Use the word “transfer” on the face of the transferred prescription.
- (2) Provide all information required to be on a prescription pursuant to 21 CFR 1306.05 and include:
  - (a) Date of issuance of original prescription;
  - (b) Original number of refills authorized on original prescription;
  - (c) Date of original dispensing;
  - (d) Number of valid refills remaining and date(s) and locations of previous refill(s);

- (e) Pharmacy’s name, address, DEA registration number and prescription number from which the prescription information was transferred;
- (f) Name of pharmacist who transferred the prescription; and
- (g) Pharmacy’s name, address, DEA registration number, and prescription number from which the prescription was originally filled.

The original and transferred prescription(s) must be maintained for two years from the date of the last refill.

Pharmacies electronically accessing the same prescription record must satisfy all information requirements of a manual mode for prescription transferal.

While **“on a one-time only basis”** has been interpreted by at least one other state as “up to the maximum refills authorized on a particular prescription all at one time,” Sections 40-43-86(G) (1) and (5) of the Practice Act limit the pharmacist in South Carolina receiving the transferred prescription to only one refill.

## CII Information Changes

The Drug Enforcement Administration policy is that the majority of changes can be made only after the pharmacist contacts the prescribing practitioner. After consultation with the prescribing practitioner, the pharmacist is permitted to change the patient’s address, drug strength, drug quantity, and directions for use. The pharmacist is permitted to make information additions provided by the patient or bearer (such as the patient’s address), and such additions should be verified. The pharmacist may also add the dosage form to the prescription order after verification with the prescribing practitioner.

The pharmacist is **never** permitted to make changes to the patient’s name, controlled substance prescribed (except for generic substitution permitted by state law), or the prescriber’s signature. These types of changes challenge the necessity of the original prescription and would require a new prescription from the prescribing practitioner.

If you have any questions regarding any of these items, contact Mr. Harling at 803/896-0636.

## Emerging Trends in the Diversion of OxyContin® and Other Pharmaceutical Drugs

Information provided by DEA, Office of Diversion Control, Washington, DC, and Cheri Crowley, DEA, Columbia, SC.

In 1999 (latest data available), the National Household Survey on Drug Abuse, conducted by the Substance Abuse and Mental Health Services Administration, found that an estimated 14.8 million Americans were considered "current illicit drug users," meaning that they had used illicit drugs during the month prior to the survey. Of these, four million had used psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives) for non-medical reasons.

The most commonly diverted and abused **controlled** pharmaceuticals reported by Domestic Divisions of the Drug Enforcement Administration (DEA) were the following: hydrocodone (most common brands – Lortab, Lorcet, and Vicodin) reported in all Domestic Divisions; benzodiazepines (most common brands – Valium/diazepam and Xanax/alprazolam) reported in 19 Domestic Divisions; oxycodone reported in 18 Domestic Divisions (OxyContin® has increased in mentions where previous to Fiscal Year 2001 most brands mentioned were Percodan and Percocet); hydromorphone Products reported in six Domestic Divisions; and, ketamine reported in six Domestic Offices.

Concern has been growing among federal, state, and local officials about the dramatic increase in the illicit availability and abuse of the prescription drug OxyContin. In response, DEA has initiated a comprehensive effort to reverse this trend. As background to the problem, prescriptions dispensed for all common opioid analgesics (such as codeine, hydrocodone, morphine, and hydromorphone) during the years 1996 to 2000 increased by 23%. OxyContin prescriptions dispensed during the same period increased by more than 1,800 percent. Abusers can easily compromise the controlled-release formulation for a powerful morphine-like high. There are increasing numbers of confirmed overdose fatalities and as much as a 75% increase in property and other crimes related to OxyContin addiction being reported.

DEA's goal is to reduce the existing and potential costs to public health and safety by having a significant and immediate impact on the criminal use and sale of OxyContin. DEA will work with other federal, state, and local law enforcement agencies to gather intelligence information and conduct joint investigations of OxyContin abuse. DEA will use its full range of regulatory and administrative

authority to include reformulation of OxyContin; guidelines for the treatment of pain; closer scrutiny of exports; and immediate suspensions of DEA registrations. DEA will seek industry cooperation in marketing strategy, restrict distribution of OxyContin, and modify shape, logo, and color to indicate source. DEA will also work with medical organizations and international health care groups to assess the legitimate need for OxyContin. DEA's outreach program will alert medical and pharmacy associations, develop joint initiatives, and stress doctor/patient relationship and the responsibility of the pharmacist.

The DEA, South Carolina Diversion Group, located in Columbia, SC, is reporting an increase in OxyContin abuse in the state. There has been a significant increase in pharmacy break-ins/robberies, in admissions to alcohol and drug treatment facilities for OxyContin abuse, overdose deaths attributed to OxyContin, and illegal prescribing of OxyContin by certain physicians in the state. OxyContin is selling on the streets of South Carolina for as much as \$50 for an 80 mg tablet. The drug is being crushed and snorted or injected either IM or IV by addicts. Groups of individuals are being transported by drug dealers to physicians' offices throughout the state to obtain OxyContin for resale on the street. Any information pertaining to the abuse, illegal sale/distribution, or other questions regarding OxyContin can be forwarded to DEA Columbia at 803/253-3441 (telephone) or 803/253-3163 (facsimile).

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