

64B16-27.831, F.A.C.

64B16-27.831 Standards of Practice for the Dispensing of Controlled Substances for Treatment of Pain.

(1) The Board of Pharmacy recognizes that principles of quality pharmacy practice dictate that the people of the State of Florida have access to appropriate and effective pain relief. The appropriate application of up-to-date knowledge and treatment modalities can serve to improve the quality of life for those patients who suffer from pain as well as reduce the morbidity and costs associated with untreated or inappropriately treated pain. The Board encourages pharmacies to view effective pain management as a part of quality pharmacy practice for all patients with pain, acute or chronic, and it is especially important for patients who experience pain as a result of terminal illness. All pharmacists should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing and dispensing controlled substances.

(2) Inadequate pain control may result from pharmacists' lack of knowledge about pain management or an inadequate understanding of addiction. Fears of investigation or sanction by federal, state, and local regulatory agencies may also result in inappropriate or inadequate treatment of chronic pain patients. Pharmacists should not fear disciplinary action from the Board or other state regulatory or enforcement agencies for dispensing controlled substances for a legitimate medical purpose.

Accordingly, these guidelines have been developed to clarify the Board's position on pain control, specifically as related to the use of controlled substances, to alleviate pharmacist uncertainty and to encourage better pain management.

(3) The Board of Pharmacy is obligated under the laws of the State of Florida to protect the public health and safety. The Board recognizes that inappropriate dispensing of controlled substances may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Pharmacists should be diligent in preventing the diversion of drugs for illegitimate purposes.

(4) An order purporting to be a prescription issued not in the usual course of professional treatment nor in legitimate and authorized research is not a prescription and the pharmacist knowingly filling such a purported prescription shall be subject to penalties for violations of the law. The following criteria should cause a pharmacist to question whether a prescription was issued for a legitimate medical purpose: (1) Frequent loss of controlled substance medications, (2) Only controlled substance medications are prescribed for a patient, (3) One person presents controlled substance prescriptions with different patient names, (4) Same or similar controlled substance medication is prescribed by two or more prescribers at same time, (5) Patient always pays cash and always insists on brand name product. If any of these criteria is met, the pharmacist should insist that the person to whom medication is dispensed provide picture identification and the pharmacist should photocopy such picture identification for the pharmacist's records. If a photocopier is not available, the pharmacist should document on the back of the prescription complete descriptive information from the picture identification. If the

person to whom medication is dispensed has no picture identification, the pharmacist should confirm the person's identity and document on the back of the prescription complete information on which the confirmation is based. The pharmacist should also verify the prescription with the prescriber. A pharmacist who believes a prescription for a controlled substance medication to be valid, but who has not been able to verify it with the prescriber, may determine that he or she is unable to supply the full quantity and may dispense a partial supply, not to exceed a 72 hour supply. After verification by the prescriber, the pharmacist may dispense the balance of the prescription within a 72 hour time period following the initial partial filling, unless otherwise prohibited by law.

(5) Every pharmacy permit holder shall maintain a computerized record of controlled substance prescriptions dispensed. A hard copy printout summary of such record, covering the previous 60 day period, shall be made available within 72 hours following a request for it by any law enforcement personnel entitled to request such summary under authority of *Section 465.017(2), F.S.* Such summary shall include information from which it is possible to determine the volume and identity of controlled substance medications being dispensed under the prescription of a specific prescriber, and the volume and identity of controlled substance medications being dispensed to a specific patient.

(6) Any pharmacist who believes that a prescriber of controlled substances is involved in the diversion of controlled substances shall report such prescriber to the Department of Health.

(7) Any pharmacist that dispenses a controlled substance subject to the requirements of this rule when dispensed by mail shall be exempt from the requirements to obtain suitable identification.