

Additional CSA Issues

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1

Washington Laws More Restrictive than DEA

- Prescribing of Schedule II Stimulant Rx
- See 69.50.402(3)(ii) RCW
- Restricted to certain medical conditions
 - Narcolepsy, Hyperkinesia (ADHD), Rx induced brain dysfunction, epilepsy, differential diagnostic psych evaluation of depression, & treatment of refractive depression
 - Also, multiple sclerosis per BoP Rule

2

Schedule II Stimulant Question

- You receive a written prescription for the following:
- Ritalin 10 mg Tabs # 60
- Sig: Take 1 tablet as needed for drowsiness due to pain medication (Morphine)
- May you fill this Rx?

3

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4

Washington Laws More Restrictive than DEA

- CS Samples distribution by manufacturers must be reported to the Board (WAC 246-887-210)
- Patient may only possess CS in container in which the pharmacist dispensed it.
- Humane societies must register with BOP to use pentobarbital for euthanasia of animals
- Boards can require prescribers to use triplicate prescriptions for CS
 - This is only done as a disciplinary action.
 - This will be replaced by a CS Rx Monitoring System

5

WA CSA

- Note Definitions Section: 69.50.101
 - Controlled Substance
 - Drug
 - Manufacture
 - Dispense
 - Practitioner (who can prescribe CS)
 - Prescription
 - Electronic communication of Rx

6

WA CSA

- Drug paraphernalia
 - For our purposes this relates to syringes
 - Distribution allowed to prevent disease
 - See 69.50.102 and 69.50.4121
- Standards for Scheduling
- Registration
- Records of registrants
- Seizure & forfeiture of \$ & Property for violations
- State preemption clause

7

Medical Marihuana 69.51 RCW

- Law enacted by Initiative in 1998
- Only for qualifying patients diagnosed by MD with terminal or debilitating medical condition
 - Cancer, MS, epilepsy or other seizure disorder, HIV, intractable pain, glaucoma, other Dx approved by MQAC

8

Medical Marihuana 69.51 RCW

- Need signed statement from MD including “professional opinion” that benefits outweigh the risks of using.
- Limited to 60 day supply
- Either patient or primary care giver may possess the substance
- Primary care givers limited to ONE patient

9

What’s the big deal?

- Pseudoephedrine, ephedrine, PPA 2003
- Suspicious Transactions Reports
 - 4,800 Shopkeepers
 - 383 mini-marts received 3.6 million doses in 2 months from 10 wholesalers
 - Many wholesalers sold ONLY pseudo products
 - 137 mini-marts each received over 10,000 doses

10

Original WA Pseudo Law

- See 69.43 RCW/WAC 246-889-050(revised 2003)
- Pseudoephedrine, ephedrine, PPA
- 3 Gm limit per package
- 3 package limit per sale
- Persons may possess up to 15 grams (household)
- No Limit on prescriptions
- No limit on pediatric drugs < 15 mg/dose
- Signs posted or other controls implemented

11

Pseudo changes 2004 & 2005

Purchase limit

Exemptions

Log required

Package sizes

ID required

See 69.43 RCW at BOP website NOT
salmon law book

12

Pseudo Changes 2006

- The PATRIOT ACT (PL 109-177)
- Daily limit down from 6 gm to 3.6 gm
- 9 gm per month
- No sales under 18 years old
- No exemptions pediatrics etc

Federal logbook required (written or electronic)

You fill in drug and quantity purchased

Purchaser fills out name, date & time, address, type of ID, signature, reads notice of penalties

Pseudoephedrine , cont.

- Washington law & rules calculate pseudoephedrine content on grams of the salt (e.g., pseudoephedrine hydrochloride, sulfate, etc.)
- DEA calculates on the base drug (ie pseudoephedrine base)
- Note: this is why the federal rules come up with odd amounts.

14

Pseudo Changes 2006

- You verify ID with what customer wrote in log book
- Can sell one 60 mg or two 30 mg tabs withOUT ID - Pseudo only

15

Pseudo Changes 2006

- Behind the counter storage of products
- Keep log for 2 years
- Sellers certify to the US Atty General (ie DEA) that ALL persons who sell pseudo have completed uniform DEA required training (see DEA website)
- Violation to knowingly sell over limits
- Mobile vendors limited to 7.5 gm/30 days to any individual.

16