

CASE STUDIES FOR PHARMACISTS

The following case studies have been prepared by the Drugs and Poisons Regulation Group (DPRG) to indicate what steps pharmacists could and/or should have taken. Pharmacists were prosecuted for failing to comply with their legislative responsibilities in some of these cases. Please refer to the Drugs, Poisons and Controlled Substances Regulations 2006 (at www.legislation.vic.gov.au) for full details. The DPRG website (www.health.vic.gov.au/dpu) also contains summaries of other key legislative requirements.

Impersonating a medical practitioner

A middle-aged woman successfully obtained pethidine injections from more than 20 pharmacies by phoning the pharmacy and claiming to be a local medical practitioner.

This ruse has been used before but this offender was surprisingly successful. She would:

- ❖ Attend a clinic to note the name of a female medical practitioner and obtain a relevant business card if one was available in the reception area.
- ❖ Phone the clinic to find out when the medical practitioner was next on (and off) duty.
- ❖ Phone a nearby pharmacy (sometimes next door to the clinic) and claim to be the medical practitioner.
- ❖ Indicate that she was making an emergency house call, had despatched a family member to collect five pethidine amps and that she would drop the script in to the pharmacy the next day.
- ❖ Attend the pharmacy, as the anticipated family member, and collect the pethidine.

Many pharmacists were not aware that they had been deceived until they subsequently phoned to remind the medical practitioner about the owed script.

Forgeries from a familiar patient

- ❖ One pharmacy accepted more than 50 forged prescriptions (all for pethidine amps) from a person well known to the pharmacists.
- ❖ The person had previously had legitimate pethidine prescriptions from the nearby medical practitioner, whose handwriting was familiar to the pharmacists.
- ❖ The forged prescriptions contained a number of anomalies, including the fact that the word "pethidine" was regularly misspelt.
- ❖ The earlier forgeries were written in a faltering manner that is often observed when a person attempts to copy another person's signature and handwriting.
- ❖ Pethidine amps were also supplied without prescription, at the patient's request, when the person indicated that he was on his way to the clinic.
- ❖ The medical practitioner was not contacted, because he was reportedly difficult to deal with.
- ❖ The "owed scripts" that were subsequently presented were also forgeries.

Computer-generated forgeries

The incidence of fraudulent computer-generated prescriptions appears to be increasing, with Oxycontin, MSContin and Kapanol plus anabolic steroids and alprazolam noted to have been a common target of this type of deception.

Offenders were commonly found to have stolen the prescription pages and printed the forgeries using a personal computer OR to have made manual amendments to computer-generated prescriptions.

Computer-generated forgeries

- ❖ One pharmacy supplied more than 2000 pethidine injections in less than 3 months upon presentation of forged prescriptions.
- ❖ All of the prescriptions were presented by a person who had previously presented legitimate scripts from other medical practitioners at the same clinic.
- ❖ The offender, who was well known to the pharmacists (and to DOH), repeatedly phoned the pharmacy and impersonated the prescriber before presenting the forgeries.
- ❖ Earlier forgeries were for 5 or 10 ampoules but later forgeries were for progressively larger quantities - up to and including 90 ampoules.
- ❖ The pharmacists did not phone the clinic or contact DOH even though the prescribing would be considered excessive – even if the scripts had not been forgeries.

Forgeries confirmed by the prescriber

- ❖ A number of cases have been noted where pharmacists have dispensed forged scripts, despite having phoned and spoken with the prescriber, who confirmed having written a prescription on the day.
- ❖ The legitimate scripts were presented at a pharmacy where the prescriber's handwriting was familiar and would not be questioned whilst forgeries were presented at another pharmacy.
- ❖ **On some occasions, it might be necessary to fax a script for confirmation.**

Key points to consider

- ❖ Patients can become drug-dependent due to long-term prescribing of narcotics – especially with shorter-acting drugs like pethidine.
- ❖ The fact that a person is well known to a pharmacist does not mean that the person is not or may not **become** drug-dependent.
- ❖ The Drugs, Poisons and Controlled Substances Act and Regulations require pharmacists to take certain steps under certain circumstances - **not** only when they are suspicious or believe that there may be a problem.
- ❖ Pharmacists have a responsibility to make a professional assessment regarding the need for prescribed drugs and should not merely assume prescribing is appropriate.
- ❖ Holding a permit to prescribe a Schedule 8 poison does not necessarily mean a medical practitioner is prescribing appropriately. Many medical practitioners have exceeded the limits of their permits - as much as tenfold.
- ❖ The fact that a prescription has been or appears to have been dispensed previously does not mean that subsequent prescriptions or repeat prescriptions should be accepted without question.
- ❖ If previous prescriptions are to be examined to compare the handwriting of a purported prescriber, **make certain that the reference document is not also a forgery.**

What might have been done?

Prescriptions should be examined in a critical manner to detect anomalies or indications of any alterations. When noted, the following, should be discussed or verified with the prescriber:

- ❖ Anomalies, alterations or atypical quantities – **especially** for Schedule 8 poisons where the quantity or number of repeats has not been written in words and figures.
- ❖ Prescriptions for Schedule 8 poisons when the handwriting is not familiar (Regulation 28).
- ❖ The identity of an unfamiliar medical practitioner who has phoned the pharmacy.
- ❖ Patients who have obtained drugs of dependence from other medical practitioners (Regulation 32).
- ❖ The intended dosage when a patient is noted to be collecting medications more frequently than would be required if taken in accordance with the stated directions.
- ❖ Manual amendments to computer-generated prescriptions.

For further information

Please refer to the DPRG web site www.health.vic.gov.au/dpu to obtain summaries of key legislative responsibilities for health professionals under the *Drugs, Poisons and Controlled Substances Act 1981* and the *Drugs, Poisons and Controlled Substances Regulations 2006*.

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