

**From:** Ryan Ruggles  
**Sent:** Monday, March 14, 2016 3:18 PM  
**To:** Rep. Paul Seaton  
**Subject:** HB 344

Representative Seaton-

In regards to HB 344:

I am a pharmacist in the Anchorage area and my thoughts and opinions are my own.

I have been working in Anchorage since 2010, and I have previously overseen 24 different pharmacies as a Regional Manager.

I believe that this bill is addressing a problem in this state, and I respect the idea that this bill is trying to accomplish.

I am in favor of the increased access to the right people in order to help prevent opioid abuse.

I think it will increase utilization if we can delegate the access to other staff members.

I also believe that this needs to be a team effort between prescribers and pharmacists in order to really reduce the problem.

The DEA would state the pharmacists and prescribers have “Dual responsibility” for controlled substances.

I do think that the wording of checking the PDMP for every Controlled Substance Rx dispensed is excessive.

If a patient has 4 refills on a medication, and I have checked on the initial fill, I am unsure that the additional checks would be helpful.

Additionally, if we are looking at the information that frequently, it becomes easy to miss the important information.

This, in the pharmacy world, has been known as “alert fatigue”. The idea that being alerted constantly about information can lead to missing something simply because there are too many unnecessary alerts.

I would suggest and be more supportive of language resembling this:

“In best practice, each dispensing and prescribing of a Controlled substance should be paired with reviewing the information on the PDMP. Each time a New controlled drug, or a strength change occurs the prescribing practitioner or their delegate will review the patients record on the PDMP. In addition, each pharmacist will review the PDMP prior to dispensing a new controlled substance or dose change to a patient. Additionally, the pharmacist will review the PDMP if the prescriber is different than an original prescriber.”

Please remember, that without a prescription a pharmacist cannot dispense controlled substances by laws that already exist. So encouraging prescribers to check, could remove the possibility of an Rx being filled.

Utilizing this methodology, if this procedure is met, every New patient will have their information checked. This ensures that there are checks and balances. If the prescriber misses their part, then the pharmacist should catch it. Additionally, if the prescriber is checking, and if the pharmacist misses their check, then at least a practitioner looked at the information. This method should cast a good net for limiting the problem we are facing.

This also allows us to utilize our professional judgement to either more frequently or less frequently check the database.

Please note, that there are many red flags that pharmacists should be aware of that could tip them off to identify potential behavior that could lead to diversion.

There are Continuing Education courses that can reflect this.

I support the more frequent uploading to the database as it becomes much more useful as a tool for pharmacists and prescribers to use.

Thank you for your time and consideration,

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