Whereas, Opioid supply quotas and slow action from the Drug Enforcement Agency (DEA) have contributed to hospital shortages of injectable medications; and

Whereas, Supply reductions may cause temporary shortages of oral opioid medications at specific community pharmacies; and

Whereas, Certain states mandate electronic prescribing of all controlled substances; and

Whereas, Ongoing federal legislation may mandate electronic prescribing of all controlled substances nationwide; and

Whereas, Unlike traditional paper prescriptions, unsuccessful electronic prescriptions are not physically portable; and

Whereas, Increased use of Prescription Drug Monitoring Programs (PDMPs) and electronic prescribing will better allow physicians and pharmacies to prevent pharmacy shopping by patients for whom the intent is prescription opioid diversion; and

Whereas, U.S. Drug Enforcement Administration regulations do not allow transfer of original electronic opioid prescriptions for Schedule II-V medications between pharmacies, allowing only one-time transfers of Schedule III-V medication refills; and

Whereas, An unanticipated inability of a patient with bona fide pain to fill an opioid medication at a particular pharmacy after hours or on weekends constitutes a serious barrier to needed care, and may increase unnecessary emergency department utilization; therefore be it

RESOLVED, That our American Medical Association advocate for the federal legalization of interpharmacy transfers of valid electronic prescriptions for Schedule II-V medications. (New HOD Policy)
Fiscal Note: Not yet determined

Received: 05/02/18

RELEVANT AMA POLICY

Third Party Payers Mandating Doctor and Patient Transfers of Prescriptions H-120.927
Our AMA will advocate that: (1) insurers or other third party payers must provide 60 days
advance notice of changes in retail pharmacy networks to both patients and all physicians
treating these patients; (2) insurers or other third party payers making changes to their
pharmacy network must allow patients to designate a new pharmacy of choice within the
network; and (3) when an insurance company or other third party payer mandates prescription
transfers due to a change in their retail pharmacy network, that the payer and pharmacies within
network have mechanisms in place to seamlessly transfer the prescription, as initially prescribed
with regard to refills, substitutions, and other pertinent prescription details, to the patients
pharmacy of choice without the need for the patient/physician to initiate such transfer, as well as
safety mechanisms to ensure that the formulation which has been established and tolerated is
available to the patient without a lapse in dispensing.
Citation: Res. 701, A-17