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U.S. Department of Justice  
Drug Enforcement Administration

Washington, D.C. 20537

JUN 08 1995

**"FOR YOUR INFO"**

**COPY**

Patrick Gavin, R.Ph.  
Vice President, Pharmacy Operations  
MEIJER, Inc.  
2929 Walker Avenue, N.W.  
Grand Rapids, Michigan 49504-9428

Dear Mr. Gavin:

Reference is made to your letter dated May 4, 1995, to John Mudri, Staff Coordinator in the Liaison and Policy Section (ODL) of the Office of Diversion Control, wherein you seek an interpretation of the appropriateness of filling prescriptions for methylphenidate upon which the prescribing practitioner has indicated "do not fill before XXXX date". You advised that the Columbus Ohio division of DEA had indicated to your employees that these prescriptions were "postdated". This office has discussed the matter with Diversion Group Supervisor Gerald R. Kopp of the Columbus District Office.

As you describe the present circumstances, the practitioner signs and dates as many as six prescriptions on the day of issuance. The prescriptions are noted that the pharmacist is not to dispense the prescription for 30, 60, 90 or 120 days. It would appear that, because third party payers and insurance companies will only pay for a 30 day supply of a drug, the prescribing practitioner is electing to prepare the prescriptions in the manner you have described.

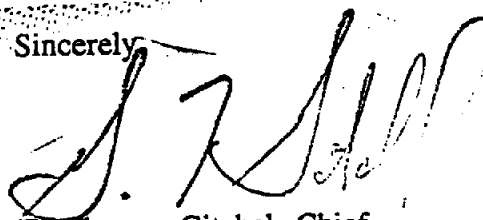
The term "post dated prescription" is not defined within current Federal Law (the Controlled Substances Act, Title 21 United States Code (USC), Section 880, et. seq.) nor within the current federal regulations (21CFR Part 1300 to End). As Commonly understood, the term relates to a prescription signed by a practitioner on a date other than the date which appears on the prescription. Usually, a "post dated prescription" is one that is signed on today's date and bears a date sometime into the future.

Although the use of a potent Schedule II as a long term, maintenance therapy is unusual, there appears to be no violation of current federal laws or regulations in the prescribing in the manner you have described. However, the longer the time between the patient/practitioner direct contact and the dispensing of the drug, the more likely a reasoned

argument can be made as to the validity of the medical purpose of the prescription. The dispensing pharmacist has always shared, with the prescribing practitioner, the responsibility to insure that controlled substances are dispensed in the usual course of professional practice for a valid medical purpose. Additionally, the individual States in which your stores operate may have laws, regulations and/or interpretational differences with the foregoing. As always, the more stringent applies. You have indicated that you have contacted the Ohio Pharmacy Board and we will forward a copy of this letter for their reference.

If you have any further questions, please feel free to contact Staff Coordinator James Crawford of the Policy Unit of the Office of Diversion Control at (202) 307-5466.

Sincerely,



G. Thomas Gitchel, Chief  
Liaison and Policy Section  
Office of Diversion Control

cc: Ohio Pharmacy Board

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