



American Society of
Health-System Pharmacists
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November 9, 2009

Drug Enforcement Administration
Attention: DEA Federal Register Representative/ODL
8701 Morrisette Drive
Springfield, VA 22152

Re: Docket No. DEA-321, Identification of Institution-based Individual Practitioners

Dear Sir/Madam:

The American Society of Health-System Pharmacists (ASHP) is pleased to submit written comments pertaining to the identification of institution-based individual practitioners. For more than 60 years, ASHP has helped pharmacists who practice in hospitals and health systems improve medication use and enhance patient safety. The Society's 35,000 members include pharmacists and pharmacy technicians who practice in inpatient, outpatient, home-care, and long-term-care settings, as well as pharmacy students.

ASHP is pleased that the Drug Enforcement Administration (DEA) is requesting information on current methods being used to employ internal code number systems, and how best to implement industry standardization in this area. To help DEA gather this information, ASHP performed an informal (non-randomized) survey of our members.

Twenty-seven ASHP members responded to our survey. While 66.67% of respondents stated that their institutions do allow residents and fellows (trainees) to use the institutional DEA number with an extension to prescribe controlled substances, the majority of practitioners that are allowed to prescribe controlled substances are residents (54.55%). For those institutions that allow their residents and trainees to use the institutional DEA number with extension, 36.84% of respondents reported that less than 10 practitioners are covered under this practice, while 26.32% of respondents reported greater than 250 practitioners are covered.

Though not reflected in the survey, ASHP is aware that most hospitals control the DEA number with extension through their medical staff office, and there is little coordination with the pharmacy department. For example, once a year, the medical staff office might send a list of hospital providers who are permitted to use the hospital's institutional DEA

number, with the assigned extension, to the pharmacy department. However, until that list is provided, the pharmacy department would not have up-to-date information. ASHP believes that standardizing the format and methods of communicating the assigned extension would help to ensure that every person who prescribes controlled substances in the institution is eligible to do so.

Currently, many community pharmacies and hospital outpatient pharmacy departments do not recognize assigned extension numbers. ASHP members have reported that it has been a challenging burden to manage these extension numbers, so instead, many institutions require residents and trainees to ask a prescriber with a valid DEA number to write controlled substance prescriptions.

ASHP believes that, to accommodate a standardized format for internal code numbers, pharmacy prescription management systems would need to be changed and reformatted to ensure the extension number is properly utilized. Every institution and extension number should be included in a central database, and pharmacy systems should be developed to ensure that, when the institutional DEA number is entered, the extension number would be required before processing could occur.

ASHP appreciates this opportunity to comment. Please feel free to contact me if you have any questions. I can be reached by telephone at 301-664-8702, or by e-mail at jcoffey@ashp.org.

Sincerely,

A handwritten signature in cursive script that reads "Justine Coffey".

Justine Coffey, JD, LLM
Director, Federal Regulatory Affairs