

# corresponding responsibility

## checklist



Corresponding responsibility is perhaps one of the most commonly misunderstood and unknown concepts found in the Drug Enforcement Administration's (DEA) regulations. We have provided this resource as a refresher to help clarify the pharmacist's responsibility as a member of the healthcare team.

The following represents a summary checklist of how to decrease the risk of regulatory violations and comply with the general rules of dispensing controlled substances - in other words, how a pharmacist can ensure that they have met their corresponding responsibility, which is to dispense controlled substances pursuant to a legitimate medical purpose, and none other.

### STEP 1

- a. Personally know and be able to recognize the controlled substance red flag indicators, as presented by both the Board of Pharmacy and DEA.
- b. Both agencies have published lists of these red flags that are readily available online. The list from the Board of Pharmacy can be found at: [www.pharmacy.ca.gov/publications/corresponding\\_responsibility.pdf](http://www.pharmacy.ca.gov/publications/corresponding_responsibility.pdf)

### STEP 2

- a. For every red flag indicator present (to clear and convincing degree), the pharmacist must conduct a "reasonable inquiry" as to why that red flag exists.
- b. Checking the CURES database, while not mandated by law, is certainly one means of conducting this reasonable inquiry. Conversely, checking the CURES database may not be a 100% sure way of resolving every red flag.
- c. Similarly, contacting the prescriber to obtain verification, establish authenticity, and determine the clinical legitimacy of that controlled substance prescription order is another means of conducting this reasonable inquiry. However, the law specifically still contemplates NOT dispensing the controlled substance EVEN AFTER having conferred with the prescriber. In other words, do not overly rely, and certainly do not solely rely, on prescriber communications as the sole means of resolving a red flag.
- d. The pharmacist must document every step of this required reasonable inquiry and the results of their findings therein.

### STEP 3

- a. The pharmacist must either resolve or not resolve every existing red flag.
- b. The pharmacist must document every resolution and non-resolution.

### STEP 4

- a. If every red flag is resolved, then the pharmacist must dispense the controlled substance.
- b. Even if one red flag is not resolved, then the pharmacist must not dispense the controlled substance.

Additionally, for those prescriptions that are turned away due to the pharmacist's inability to resolve a red flag, CPhA strongly encourages that the pharmacy, under the leadership and direction of its PIC, create a separate dedicated file system for every rejected controlled substance, in which the four-step analysis above is documented in detail and kept as a pharmacy record for at least three years.