

November 9, 2009

Mark W. Caverly  
Chief Liaison and Policy Section  
Office of Diversion Control  
Drug Enforcement Administration  
8701 Morrisette Drive  
Springfield, VA 225152

*RE: 21 CFR Part 1301 [Docket no. DEA-321a] Identification of Institution-based Individual Practitioners*

Dear Mr. Caverly:

Thank you for the opportunity to comment on how to best standardize the specific internal code number associated with each individual practitioner permitted by the hospital or other institutional practitioner to administer, dispense, or prescribe controlled substances using that institution's DEA registration. The National Community Pharmacists Association (NCPA) represents America's community pharmacists, including the owners of more than 22,700 independent community pharmacies, pharmacy franchises, and chains. Together they represent an \$88 billion health-care marketplace, employ over 65,000 pharmacists, and dispense over 40% of all retail prescriptions.

NCPA submits the following comments regarding 21 CFR Part 1301:

**Formats that pharmacy applications could accommodate or would prefer, recognizing that pharmacy applications may need to be reprogrammed to accept this information**

- NCPA recommends that individual DEA numbers be assigned earlier in physician training to allow for direct tracking of the practitioner throughout their career. Institution-specific codes make it difficult to track residents when they train in multiple facilities. Additionally, prescribing history before and after obtaining an individual DEA number cannot currently be linked. If the intent of the DEA is to identify the individual practitioner, there must be unique identifiers per individual – a permanent number assigned by the DEA that should not be tied to a location as is currently the practice.
- If assigning each individual practitioner with authority to prescribe controlled substances a permanent DEA registration number is determined to be infeasible by DEA, NCPA recommends that the internal code number ("suffix") follow a standard that could be accommodated by pharmacy management systems currently.

**Estimates of the costs to pharmacies and/or pharmacy application providers for such reprogramming**

- It is difficult to know what costs pharmacies would incur from upgrading or modifying pharmacy management systems. Currently, most systems accommodate for a nine digit code. Suffixes are not standardized and may be too long for pharmacy fields. If systems do need to be reprogrammed to accept a new standard suffix code there will be a cost that is passed onto the ultimate user, in NCPA's case the independent pharmacy owner. NCPA respectfully requests that DEA collaborate with pharmacy organizations, including NCPA, throughout this process to ensure that current systems are being utilized to the full extent.

**Comments regarding whether pharmacies have had difficulty obtaining information from institutional practitioners regarding individual practitioners' internal code numbers and, if so, any proposed solutions**

- Pharmacies have reported difficulty obtaining internal code numbers from institutional practitioners. Some institutional prescription pads do not have a department or even a phone number listed, which can cause great difficulty in identifying the prescriber. Anecdotally, some teaching institutions have refused to provide pharmacies with lists of residents and interns to help identify and verify the prescriber. NCPA reiterates that solutions include assigning individual DEA registration numbers to practitioners who prescribe controlled substances, which is our preference, or at minimum developing a systematic approach to assigning suffix codes that incorporates current standards that exist today.

NCPA appreciates the opportunity to comment on 21 CFR Parts 1301. If you have any questions, please contact me at (703) 683-8200 or [john.coster@ncpanet.org](mailto:john.coster@ncpanet.org).

Sincerely,



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Senior Vice President, Government Affairs  
National Community Pharmacists Association