Supplementary Appendix

The authors have provided this appendix containing additional information about their work.

Supplement to: Sun S, White BD. Pharmacist and Prescriber Responsibilities for Avoiding Prescription Drug Misuse. *AMA J Ethics*. 2021;23(6):471-479. doi:10.1001/amajethics.2021.471.

Table of Contents

Table S1. Federal and State of Ohio "Corresponding Responsibility" Regulations

Federal Regulations	State of Ohio Regulations
"A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a prescription within the meaning and intent of section 309 of the Act (21 U.S.C 829) and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances."[a]	"A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of the prescriber's professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law."[b]

[a] 21 CFR §1306.04(a) (2021).
[b] Ohio Admin Code 4729:5-5-15(A) (2020).

Table S2. Questions Ms D Might Ask Dr O to Better Understand the Medical Indications Rationale for Refilling the Loperamide Prescription

1. What is known about the etiology of Mr T's "chronic intermittent diarrhea"? Might it be irritable bowel syndrome, stress, diet-related diarrhea, medication-related loose stools,[a] or some other more specific medical indication?
2. How thoroughly or how recently might Dr O have evaluated the possible causes of Mr T's diarrhea if the specific etiology is still unclear? Might there be interest in or need for further investigation or referral to a gastroenterologist for additional evaluation or diagnostic studies?
3. Is Mr T taking the loperamide as prescribed? If Mr T is taking loperamide in a manner inconsistent with prescribed directions, is there a medical rationale consistent with physician directions? Does the physician agree with the patient's current use or regimen of loperamide? Is it possible that he might be abusing loperamide?
4. Is Mr T taking loperamide consistent with FDA-approved uses, whether the OTC lower dose products or prescription-only higher dose products? If the physician is prescribing Mr T loperamide for an unapproved use or in unapproved doses (ie, "off-label" use), is there a reasonable medical rationale consistent with good medical practice, as established by peers in the literature?[b]
5. Might Mr T be obtaining additional loperamide doses as either an OTC product or from other physicians or other pharmacies?

Abbreviations: FDA, Food and Drug Administration; OTC, over-the-counter.

[a] What causes diarrhea? Imodium®. Accessed January 21, 2020. https://www.imodium.com/what-causes-diarrhea

[b] Understanding unapproved use of approved drugs "off label." US Food and Drug Administration. Reviewed February 5, 2018. Accessed January 21, 2020. https://www.fda.gov/patients/learn-about-expanded-access-and-other-treatment-options/understanding-unapproved-use-approved-drugs-label