PARTNERSHIP HEALTHPLAN RECOMMENDATIONS
For Safe Use of Opioid Medications

Community Pharmacy Guidelines

Introduction

Partnership HealthPlan is a County Organized Health System covering Medical and Mental Health Benefits for Medi-Cal beneficiaries in 14 counties in Northern California. Our mission is to help our members, and the communities we serve, be healthy. In this spirit, we have launched a community-wide initiative to promote safer use of opioid medications.

Why is this important? In the last decade, the death rate from opioid overdose has quadrupled, making opioid overdose as common a cause of death as motor vehicle accidents. For every overdose death, there are 130 people who have a long-term dependence on opioids and 825 non-medical users of opioids (see figure at end of this policy). These numbers originate in prescriptions for opioid pain medications written by health professionals, so health professionals must work together to reverse this trend.

Community pharmacies play a key role in helping prevent opioid overdoses, opioid-induced hyperalgesia, opioid diversion, and opioid addiction. They also have a recently-clarified legal responsibility to do so. PHC recommends that all community pharmacies develop policies and standards to fulfill this responsibility. Here are recommended components of this policy:

Recommendations

A. Every pharmacist working at a community pharmacy should have an account to be able to check CURES reports.

B. Each pharmacy should define the circumstances for checking the CURES report of a patient. Options include:
   1. All patients with a prescription for a controlled drug
   2. New prescriptions for a controlled drug
   3. Patients with behavior suspicious for abuse or diversion. Examples include:
      a. Patient is paying cash for a medication when they have active insurance coverage.
      b. Patient has no active filling history at this pharmacy, but brings a prescription for a controlled medication.
      c. Patient brings in a prescription pad with multiple prescriptions, but only wants to pick up the narcotic.
      d. Patient has a prescription with an unusually high quantity of pain medications.
      e. Patient comes in with a prescription for narcotics on a weekend or at the end of the day when most doctors' offices are closed.
      f. Patient's doctor's office is not within reasonable distance of the pharmacy.

g. Subject to professional judgment.
h. Patient's home address is not within a reasonable distance from the pharmacy or the doctor's office.
i. Patient looks nervous and tries to hurry the pharmacy staff.
j. Patient is unable to provide a valid ID.
k. Patient claims their prescription was stolen or lost.
l. Patient presents a story that sounds too suspicious to be true.
m. A significant number of customers appear with prescriptions from the same prescriber and for the same controlled medication.
n. Patient shows "unusual knowledge of controlled substances."

C. Notify the patient's primary care clinician or primary prescriber when filling a controlled medication for a patient:
1. If the patient is picking up a prescription written by an Emergency Department clinician, a dental practice, or an out-of-area prescriber.
2. If the patient calls to request early refills.
3. If the medication prescribed is not indicated for the patient's diagnosis.

D. Pharmacists should counsel patients picking up opioid prescriptions of the risk of tolerance, addiction, opioid induced hyperalgesia, and overdose.

E. Pharmacists should request photo ID for patients picking up controlled medications from the pharmacy.

Other Guidelines for Safe Opioid Prescribing

Dental Guidelines
Emergency Room Guidelines
Primary Care & Specialist Prescribing Guidelines

Key Points from Other Guidelines

1. 1. Most experts world-wide advocate a maximum dose of 120 mg oral morphine equivalents daily (MED), to decrease the risk of overdose and opioid-induced hyperalgesia. This does not mean doses should be escalated to this point in all patients. Many are well-controlled at lower doses. PHC recommends this 120 mg MED limit be used as a community standard.

2. Have a random toxicology screen performed at least once a year to detect prescribed and non-prescribed opioids and other controlled or illicit drugs.

3. Have a signed medication use agreement with the prescriber or prescribing office, renewed yearly.

4. Regularly check the CURES database in all patients being prescribed opioids, preferably each time a prescription is being authorized. At a minimum, the CURES database should be checked annually. If a finding on the CURES report is not consistent with the patient's history,

PHC recommends contacting the relevant pharmacies to confirm the accuracy of the CURES report, as reporting errors do occur.

5. Have at least three office visits yearly for chronic pain patients using opioids.

6. Limit each opioid prescription to 28 days, writing this on the prescription (e.g. "must last 28 days"). The 28 day refill, scheduled for a Tuesday, Wednesday, or Thursday every 4 weeks, is a best practice, to avoid weekends, holidays, and Friday refills.

References

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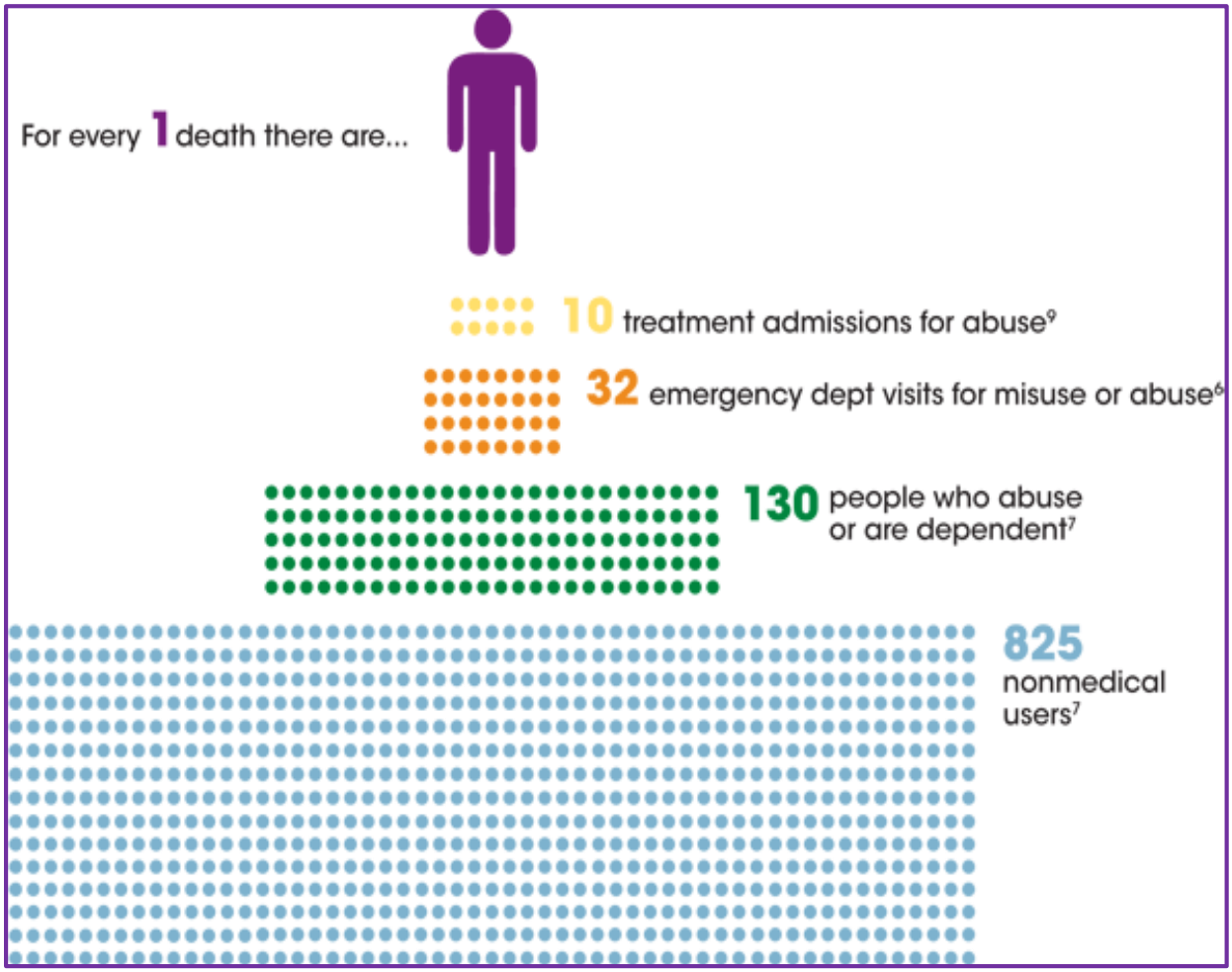

CDC statistics (2008)

Why we have shared responsibility to ensure safe opioid prescribing!