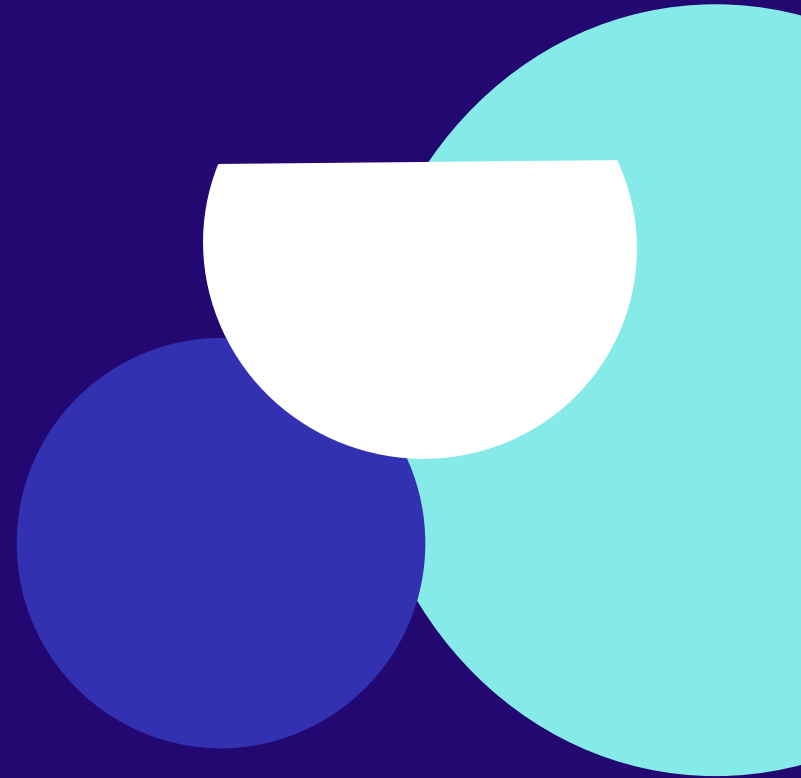


The Pharmacists Role in the Dispensing of Controlled Substances

Joseph Cammilleri, PharmD, BCACP, CPE





Disclosure

I do not have (nor does any immediate family member have) a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.

Joseph Cammilleri, PharmD, BCACP, CPE



Presentation Objectives



Describe how to ensure access to controlled substances for all patients with a valid prescription

Use the Prescription Drug Monitoring Program's Database

Assess prescriptions for appropriate therapeutic value

Detect prescriptions that are not based on a legitimate medical purpose

Discuss the laws and rules related to the prescribing and dispensing of controlled substances, proper patient storage and disposal of controlled substances, and protocols for addressing and resolving problems recognized during the drug utilization review

Provide education on section 381.887, F.S., emergency treatment for suspected opioid overdoses and on the State Surgeon General's Statewide Standing Order for naloxone

Counsel patients with opioid prescriptions

Provide available treatment resources for opioid physical dependence, addiction, misuse, or abuse



Oath of a Pharmacist



**"I promise to devote myself to a lifetime of service to others through the profession of pharmacy.
In fulfilling this vow:**

I will consider the welfare of humanity and relief of suffering my primary concerns.

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the lifelong obligation to improve my professional knowledge and competence.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

The Opioid Epidemic

DRUG TYPE	(DEATHS 2021)
Synthetic Opioids (fentanyl)	71,238
Psychostimulants (meth)	32,856
Cocaine	24,538
Natural/semi-synthetic (prescription)	13,503

Timeline



1980

Addiction is
Rare in
Patients
Treated with
Narcotics



1986

Chronic Use of
Opioid
Analgesics in
Non-Malignant
Pain



1990

The Tragedy
of Needless
Pain



1996

Oxycodone
ER



1998

Endorsement
of Opioids for
Chronic
Non-malignant
Pain

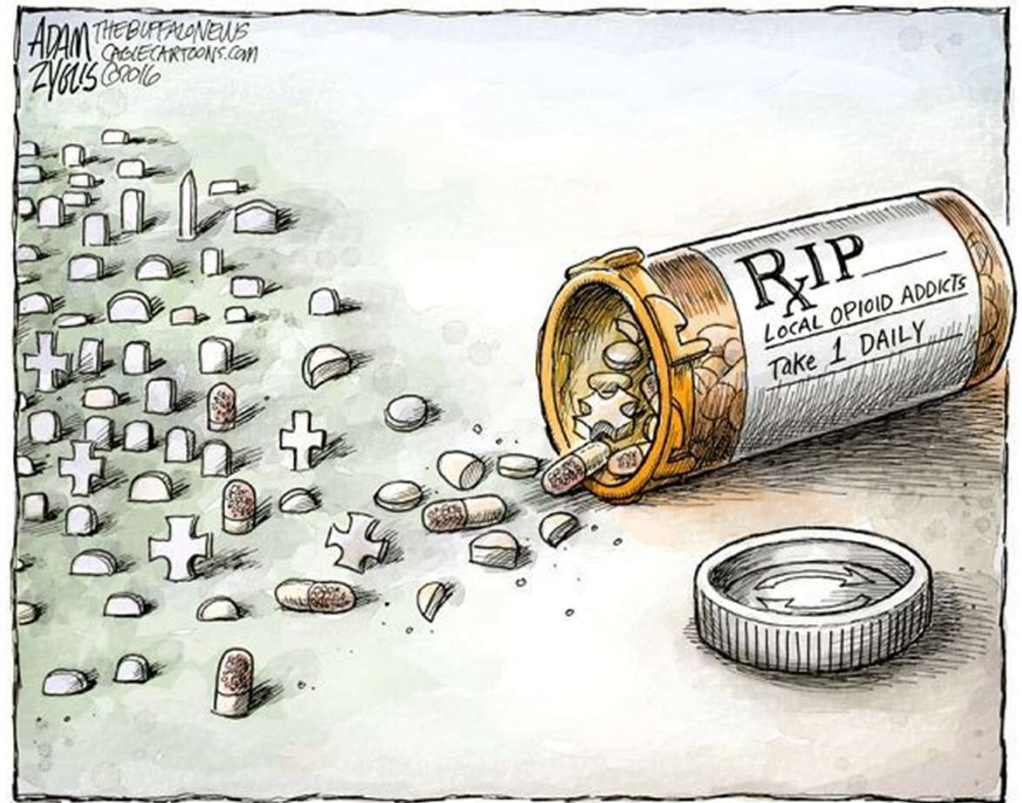


2001

Pain as the
Fifth Vital
Sign

Approximately how many deaths occur daily in the United States due to opioid overdose?

- (A) 480
- (B) 23
- (C) 136
- (D) 92



Events Leading to the Opioid Epidemic



Weak regulatory oversight of pain management practices



No statewide prescription drug monitoring program

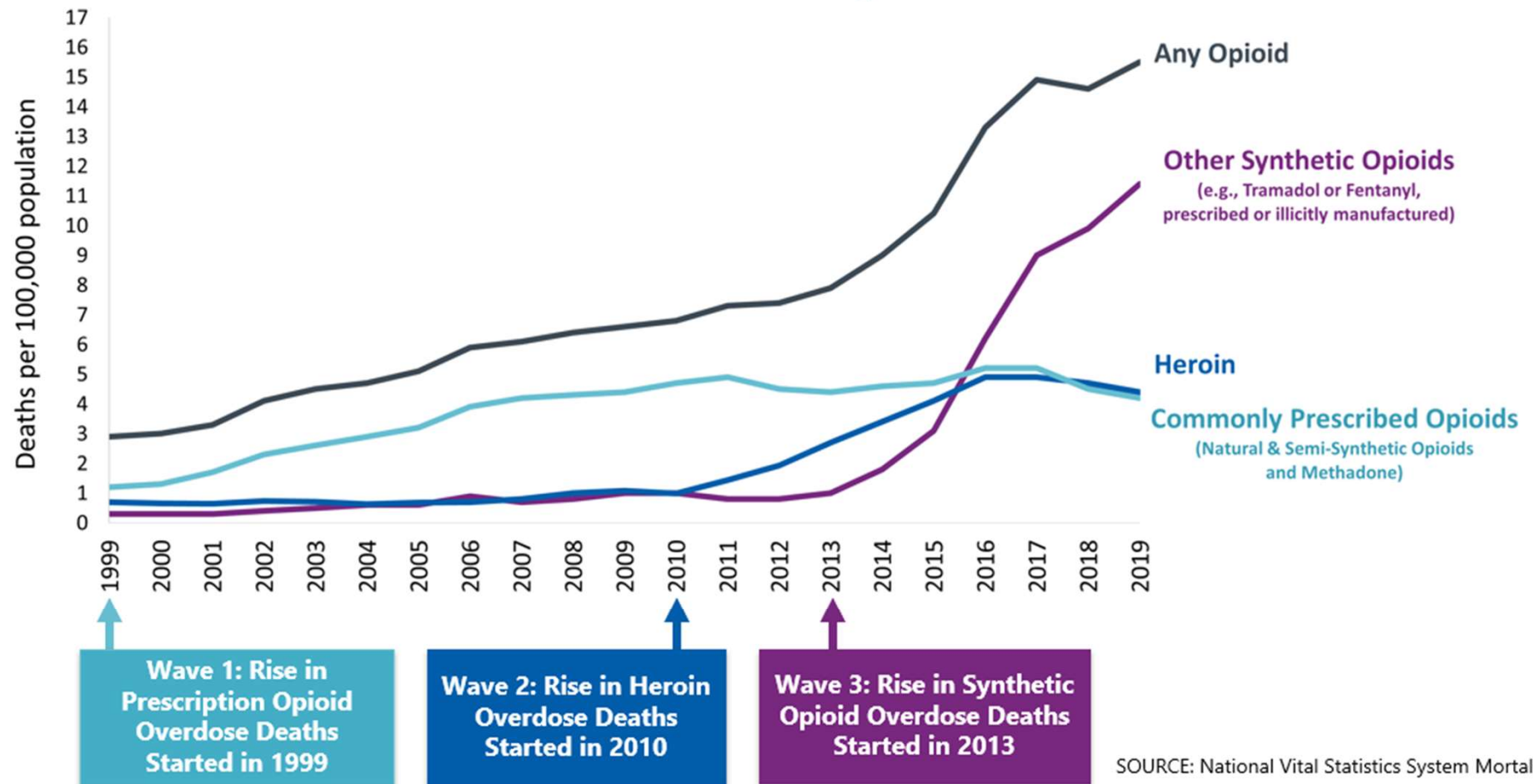


Limited supervision of physician dispensing habits



Criminal enterprises exploited Florida's regulatory system

Three Waves of the Rise in Opioid Overdose Deaths





75%

OF THOSE WHO BEGAN ABUSING OPIOIDS IN THE 2000S,
REPORTED THAT THEIR FIRST OPIOID WAS A PRESCRIPTION DRUG

80%

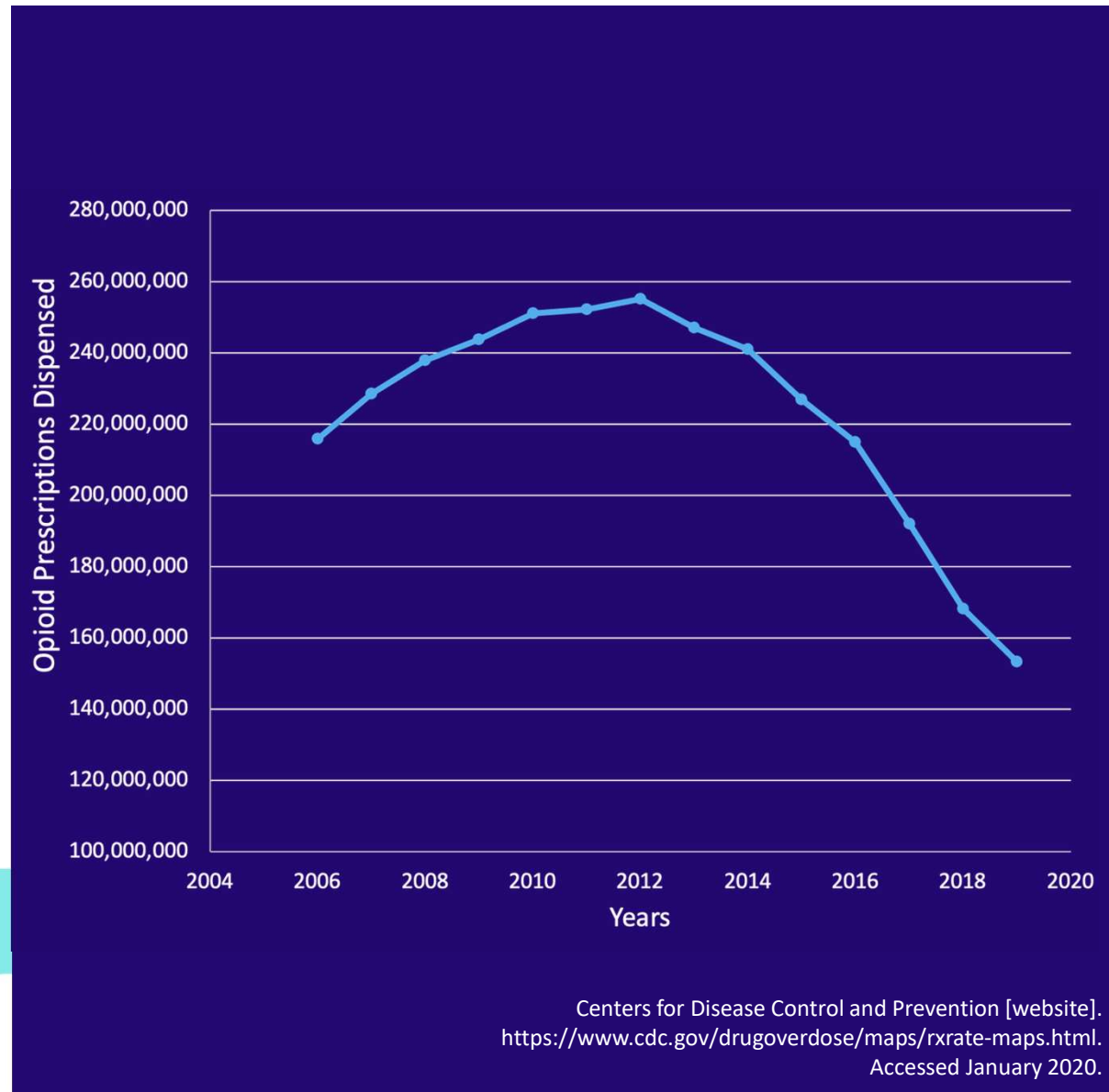
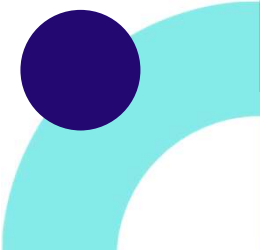
OF HEROIN USERS REPORTED USING PRESCRIPTION
OPIOIDS PRIOR TO HEROIN



Opioid Prescribing Making the Climb

Total number of opioid prescriptions dispensed in the United States

2006–2019



Changing the Trajectory

Public Health and Legislative Initiatives



Prescription Drug
Monitoring Program (PDMP)

E-Forcse, RxAware®



Board of Pharmacy

64B16-27.81



New Provider Guidelines



Florida Legislative Changes

House Bill 21, 451, 831

Senate Bill 544, 321

E-Forcse RxAware®

ELECTRONIC-FLORIDA ONLINE REPORTING OF CONTROLLED SUBSTANCE EVALUATION PROGRAM

CREATED BY THE 2009 FLORIDA LEGISLATURE

Encouraged safer
prescribing of controlled
substances

Focused on reducing drug
abuse and diversion within
the state of Florida



PURPOSE

Provide information
collected in the database
to health care practitioners

Guide decisions in
prescribing and dispensing to
encourage safer practice

Reduce drug abuse and
diversion within the state of
Florida

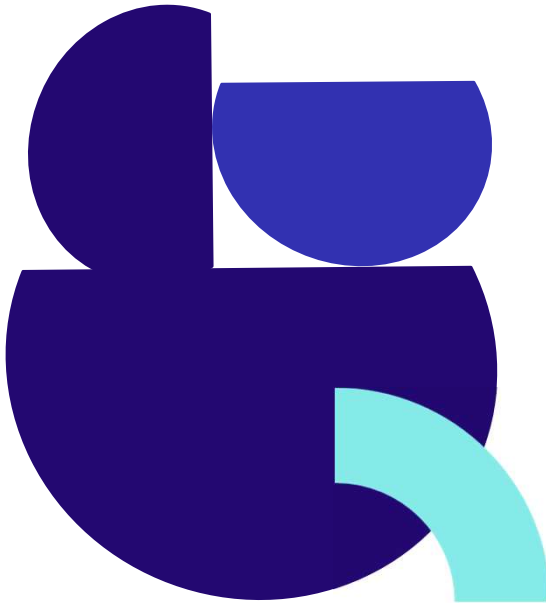


DATA STORAGE

Prescribing and dispensing
data for schedule II, III, IV,
and select schedule V drugs

Records are stored for four
years

E-Forcse RxAware®



PRESCRIBERS OR THEIR DELEGATES

- Must query the PDMP each time a prescription for a controlled substance is written for a patient age 16 years or older
- All schedule II – V controlled substances (except non-opioid schedule V)

PHARMACISTS MUST REVIEW PDMP BEFORE DISPENSING

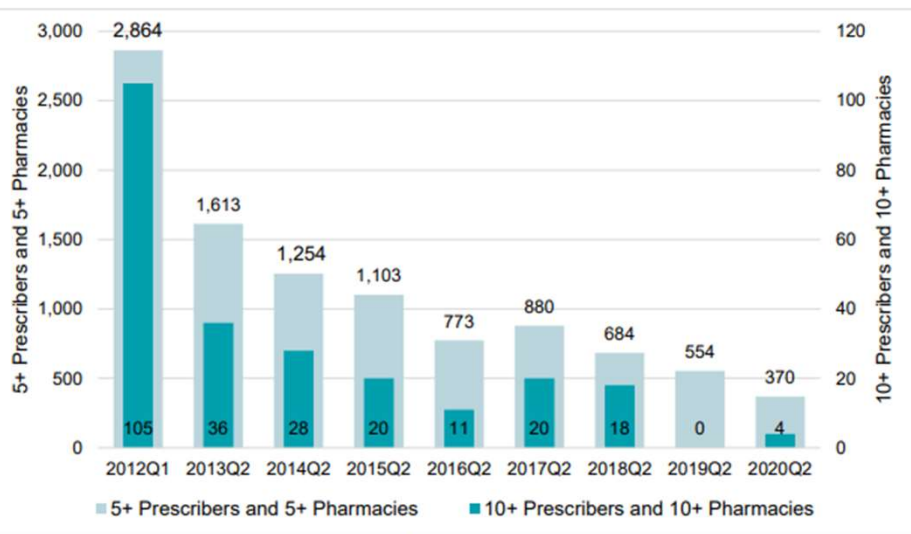
- Applies to new or refilled controlled substances (all schedule II – V controlled substances except non-opioid schedule V)
- Report the telephone number of patient, the individual picking up the controlled substance and identification

TECHNICAL DIFFICULTIES

- Prescriber must document the reason in the medical record and may not prescribe more than a 3-day supply of a controlled substance
- Pharmacist may only dispense a 3-day supply

E-Forcse RxAware®

Frequently Asked Questions



*Controlled substance schedules II-IV before July 1, 2018; schedules II-V after July 1, 2018.



MULTI-STATE SEARCH FUNCTIONALITY

- When searching outside of Florida utilize the E-Forcse RxAware® website



ELECTRONIC MEDICAL RECORD INTEGRATION



EXEMPTIONS FOR REPORTING TO THE PDMP

- Directly administered to patients
- Dispensed in the health care system of the Department of Corrections
- Patients under the age of 16



MORPHINE EQUIVALENT INTERPRETATION

- Based on Center for Disease Control Conversion (CDC) Factors
- Caution interpreting pregabalin and buprenorphine MME values

E-Forcse RxAware®

RxSearch > Patient Request



Support: (877) 719-3120

Patient Request

[? Patient Rx Request Tutorial](#)

[Can't view the file? Get Adobe Acrobat Reader](#)

* Indicates Required Field

Patient Info

First Name*

Partial Spelling

Last Name*

Partial Spelling

Date of Birth*

Date of Birth Range

Prescription Fill Dates

No earlier than 2 years from today

From*

To*

Patient Location

Search accuracy can be improved by including the address

Zip Code

E-Forcse RxAware®

Also Search

<input checked="" type="radio"/> PMP Interconnect	<input type="radio"/> RxCheck	<input type="radio"/> None
---	-------------------------------	----------------------------

To search in other states as well as your home state for patient information, select the states you wish to include in your search.

- A** Alabama
- C** Colorado Connecticut
- D** Delaware
- G** Georgia
- I** Idaho
- L** Louisiana
- M** Maine Massachusetts Michigan Military Health System Minnesota Mississippi
- N** North Carolina
- O** Ohio
- P** Pennsylvania
- R** Rhode Island
- S** South Carolina
- T** Tennessee
- V** Virginia
- W** Wisconsin

Search

E-Forcse RxAware[®]

Also Search

PMP Interconnect

RxCheck

None

To search in another state as well as your home state for patient information, select the state you wish to include in your search.

K Kentucky

M Maryland

W Washington

Search

E-Forcse RxAware®

Filled ▾	Drug ⚡	QTY ⚡	Days ⚡	Prescriber ⚡	Dispenser ⚡	PMP ⚡
▼ 07/08/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Eb Pra	Sha (0574)	FL
▼ 06/10/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ju Joc	Sha (0574)	FL
▼ 05/13/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ju Joc	Sha (0574)	FL
▼ 04/14/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ju Joc	Sha (0574)	FL
▼ 03/17/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ju Joc	Sha (0574)	FL
▼ 02/16/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ma Jam	Sha (0574)	FL
▼ 01/19/2022	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ro Jon	Sha (0574)	FL
▼ 12/22/2021	Hydrocodone-Acetamin 5-325 Mg	84.00	28	Ma Jam	Sha (0574)	FL
▼ 11/24/2021	Hydrocodone-Acetamin 5-325 Mg	56.00	28	Eb Pra	Sha (0574)	FL
▼ 10/28/2021	Hydrocodone-Acetamin 5-325 Mg	54.00	27	Eb Pra	Sha (0574)	FL

Learn How to Share

Following review of the PDMP document your findings in the medical record

Do NOT scan PDMP information into the Electronic Medical Record (EMR) or provide print outs to others



Pharmacists Caught in the Balancing Act

Decrease Diversion While Maintaining Patient Access

PHARAMCIST VS PROVIDER

“Can you give me his diagnosis? Do you have MRI scans? When was their physical examination? Have you tried other modalities of care? It’s like a whole laundry list of questions they ask you. They’re a pharmacist. They’re not really trained in making a clinical assessment. ... I think they’re really walking outside of the box and stretching out beyond their expertise.”

Charles Friedman, MD
American Board of Anesthesiology
American Board of Addiction Medicine



PHARMACIST VS PATIENT

- Don't have the medicines in stock
- Worried about running out of the medications and leaving their longtime patients empty-handed
- Obeying mandates handed down by their employing corporations
- Afraid of being caught in a net cast by the U.S. Drug Enforcement Agency that has shuttered 13 Florida pharmacies since 2011

The 'Pharmacy Crawl'

Opioid Pill Mill Crackdown Forces Patients to Shop Around

"Lesley Young traveled to more than a dozen Jacksonville-area pharmacies before finding one that would fill her husband's prescriptions. You try and dress nice. You go into the drug store and speak well, and they look at you and say what do you need all this medication for and fling (the prescription) back at you, It's humiliating."

"Suzy Carpenter, diagnosed with Stage IV breast cancer, spent three days pleading with pharmacists at 13 drug stores before she received her pain medication"

"Three pharmacies rejected 4-year-old Aiden Lopez's prescriptions for narcotics after the tot underwent surgery for kidney cancer"



Florida's Initiative to Ensure Patient Access

"Decrease roadblocks to patients with a valid prescription and legitimate diagnosis to access the medications they need."

Pam Bondi

Ensuring Appropriate Access

64B16-27.81

```
graph LR; A[STANDARDS OF PRACTICE FOR THE FILLING OF CONTROLLED SUBSTANCE PRESCRIPTIONS] --> B[ELECTRONIC PRESCRIBING UTILIZATION]; B --> C[MANDATORY CONTINUING EDUCATION FOR PHARMACISTS];
```

STANDARDS OF
PRACTICE FOR
THE FILLING OF
CONTROLLED
SUBSTANCE
PRESCRIPTIONS

ELECTRONIC
PRESCRIBING
UTILIZATION

MANDATORY
CONTINUING
EDUCATION FOR
PHARMACISTS



Florida Board of Pharmacy

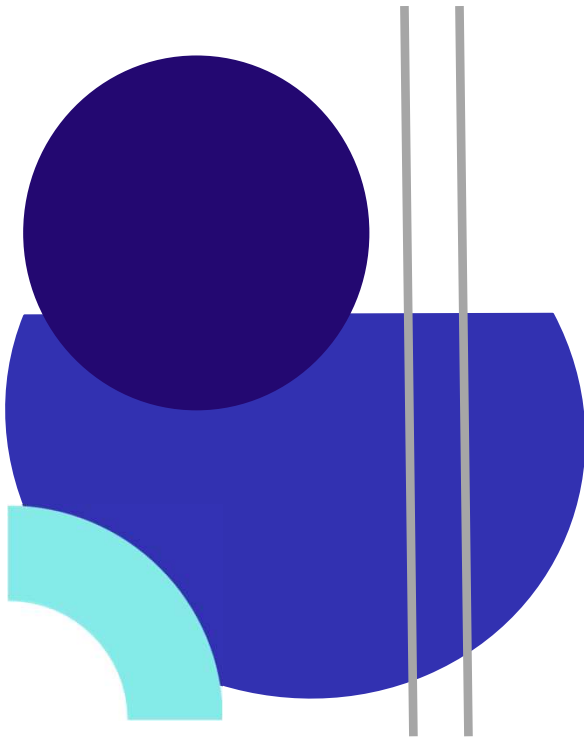
The Board of Pharmacy recognizes that it is important for the patients of the state of Florida to be able to fill valid prescriptions for controlled substances

In filling these prescriptions, the Board does not expect pharmacists to take any specific action beyond exercising sound professional judgment

Pharmacists should not fear disciplinary action from the Board or other enforcement agencies for dispensing controlled substances for a legitimate medical purpose in the usual course of professional practice

Every patient situation is unique and prescriptions for controlled substances shall be reviewed with each patient's unique situation in mind

Pharmacists shall attempt to work with the patient and the prescriber to assist in determining the validity of the prescription



General Standards for Validating a Prescription 64B16-27.831(2),F.A.C

Each prescription may require a different validation process and no singular process can fit each situation that may be presented to the pharmacist. There are circumstances that may cause a pharmacist to question the validity of a prescription for a controlled substance; however, a concern with the validity of a prescription does not mean the prescription shall not be filled.

Rather, when a pharmacist is presented with a prescription for a controlled substance, the pharmacist shall attempt to determine the validity of the prescription and shall attempt to resolve any concerns about the validity of the prescription by exercising his or her independent professional judgment.



Definitions to Consider

VALID PRESCRIPTION


Based upon a practitioner-patient relationship and when it has been issued for a legitimate medical purpose

VALIDATING A PRESCRIPTION

The process implemented by the pharmacist to determine that the prescription was issued for a legitimate medical purpose


INVALID PRESCRIPTION

If the pharmacist knows or has reason to know that the prescription was not issued for a legitimate medical purpose




Validating a Prescription


Section 64B16-27.831(2)(a), (b) and (c), F.A.C.



Neither a person nor a licensee shall interfere with the exercise of the pharmacist's independent professional judgment.



The pharmacist shall ensure that all communication with the patient is not overheard by others.



If at any time the pharmacist determines that in his or her professional judgment, concerns with the validity of the prescription cannot be resolved, the pharmacist shall refuse to fill or dispense the prescription.



Prescribers

“A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose”

Pharmacists

“ ... but a corresponding responsibility rests with the pharmacist who fills the prescription.”

Title 21 Code of Federal Regulations 1306.04 Purpose of issue of prescription.



Validating a Prescription

TITLE 21 CODE OF FEDERAL REGULATIONS
1306.04 LEGITIMATE PRESCRIPTIONS



**Based on sound
clinical judgment**



**Appropriately
Documented**



**Current clinical
best practices**



**Demonstrate benefit
to the patient**

GO TO



JAIL

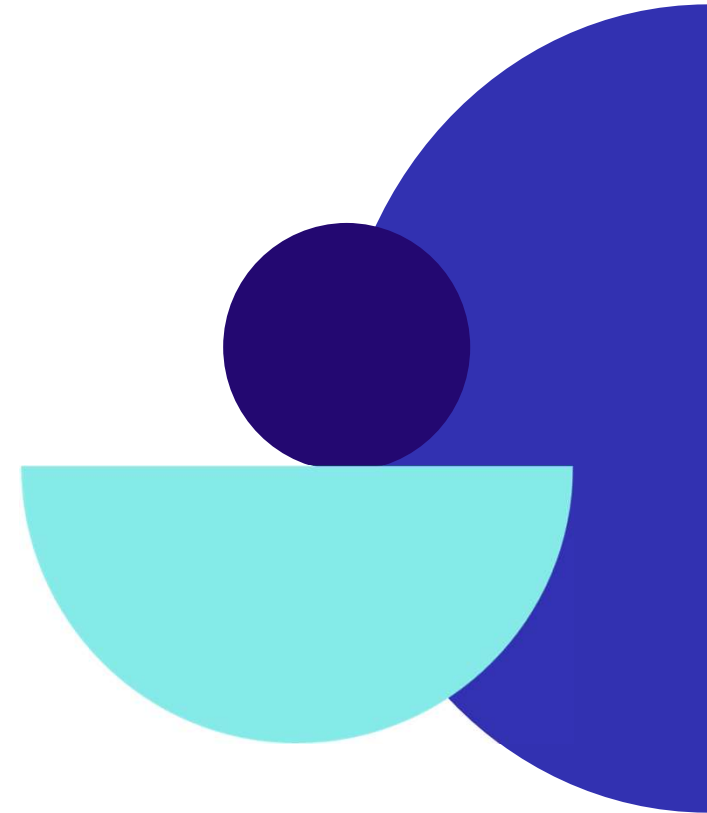
Fears of Committing a Felony Offense

A Pharmacist who deliberately ignores a questionable prescription when there is reason to believe it was not issued for a legitimate medical purpose may be prosecuted along with the issuing practitioner, for knowingly and intentionally distributing controlled substances.

Prospective Drug Utilization Monitoring

A PHARMACIST SHALL REVIEW THE PATIENT RECORD AND EACH NEW AND REFILL PRESCRIPTION PRESENTED FOR DISPENSING IN ORDER TO PROMOTE THERAPEUTIC APPROPRIATENESS BY IDENTIFYING:

- (a) Over-utilization or under-utilization;
- (b) Therapeutic duplication;
- (c) Drug-disease contraindications;
- (d) Drug-drug interactions;
- (e) Incorrect drug dosage or duration of drug treatment;
- (f) Drug-allergy interactions;
- (g) Clinical abuse/misuse



Identifying Potential 'Red Flags'

Indicators Prompting Further Review



Cash pay only for controlled substances



Multiple providers for similar medications



Excessive quantities or high volume prescribing patterns



Inappropriate urine drug screens



Presenting altered after visitation or leaving the unit



Multiple identities or addresses



"Out of area" prescriptions



Falsely phoned in or written prescriptions



"Cocktails" of frequently abused controlled substances



PDMP history does not align with patient reported use



Resolving Red Flags

- ✓ Review the PDMP
- ✓ Speak to the patient
- ✓ Consult the provider

Talking to the Patient

Ensure that all communication with the patient is not overheard by others



WHEN WAS YOUR LAST OFFICE VISIT? HOW LONG HAVE YOU BEEN SEEING DR. PERRY?



IT LOOKS LIKE YOU RECENTLY FILLED A SIMILAR MEDICATION, DID YOUR PROVIDER DISCUSS THE REASON FOR THIS PRESCRIPTION?



I HAVE MULTIPLE ADDRESSES AND PATIENT INFORMATION DUPLICATES ON FILE FOR YOU, CAN YOU HELP ME TO RECONCILE THEM?



YOUR URINE TOXICOLOGY DOES NOT ALIGN WITH YOUR CURRENT MEDICATION REGIMEN, COULD YOU TELL ME MORE ABOUT THAT?



WHEN WAS YOUR LAST DOSE OF THIS MEDICATION? DO YOU EVER FIND YOURSELF TAKING IT DIFFERENTLY THAN PRESCRIBED?



I SEE THAT YOU ARE NEW TO OUR PHARMACY HOW CAN WE HELP YOU TODAY?

The Case of Mrs. Jones



Central Florida Pain Specialists
Michelle Smithson, M.D.
123 Mickey Mouse Trail
Orlando, FL 32801
Phone: (407)-826-4537 Fax: (407)-826-4538

Rx

040225123456 ME 100001 DEA 1234567

Name Jennifer Jones DOB 11/23/72 Date September 8th 2023

Address 4000 South 2nd street, Louisville, KY 40214

Diagnosis: Methadone 10 mg
G90.50

Non-Acute Pain 3 tabs P.O. TID

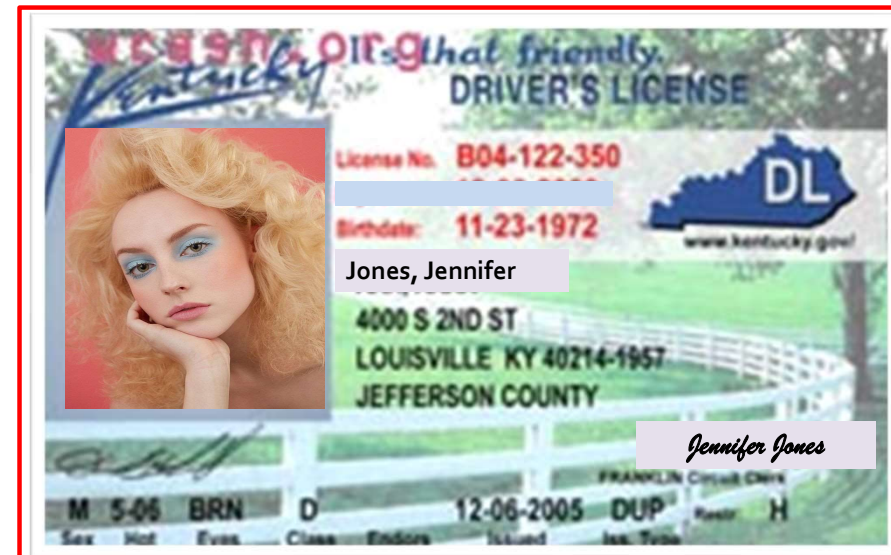
1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
 _____ Units

270
(two-hundred and seventy)

Michelle Smithson M.D.

Signature

Refills NR 1 2 3 4 5



UnitedHealthcare Community Plan
Health Plan (80840) 911-87726-04

Member ID: 99999999 Group Number: OHPHCP

Member: SUBSCRIBER BROWN
MMIS: 9999999999
PCP Name: DR. PROVIDER BROWN
PCP Phone: (999)999-9999

Payer ID: 7726

NO

OTUMRx™
Rx Br: 610494
Rx Grp: ACUOH
Rx PCN: 9999

7501 Administered by UnitedHealthcare Community Plan of Ohio, Inc



The Case of Mrs. Jones

 Review the PDMP

Filled	Drug	QTY	Days	Prescriber	Dispenser	PMP
08/10/2023	Methadone 10mg	270	30	Mi Smith	Walg (0332)	FL
07/11/2023	Methadone 10mg	270	30	Mi Smith	Walg (0332)	FL
06/11/2023	Methadone 10mg	270	30	Mi Smith	Walg (0332)	FL
05/12/2023	Methadone 10mg	270	30	Mi Smith	Walg (0332)	FL

Mrs. Jones



Speak to the Patient

I see that you are new to this pharmacy

Yes, I'm on vacation and couldn't fill it before I left

Your doctor is in Orlando however your address is Kentucky

I've been taking care of my mom in Orlando for the past few months

When was your last office visit?

Friday

Does this medication help your ability to function?

I couldn't function without it

Do you have insurance?

Yes, I have Kentucky Medicaid

Mrs. Jones

 Consult the provider

SMITHSON MICHELLE

License Number: ME100001

License
Information

Secondary
Locations

Discipline/Admin
Action

Practitioner
Profile

Profession Medical Doctor

License ME106558

 License Status CLEAR/ACTIVE

License Expiration Date 01/31/2024

License Original Issue Date 03/10/2010

Address of Record
555 WEST EIGHTH STREET
PAVILION, 2ND FLOOR
JACKSONVILLE, FL 32209

 Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-
malignant Pain)

Discipline on File No

 Public Complaint No

Mrs. Jones



Consult the provider

Profession	Medical Doctor
? License Status	CLEAR/ACTIVE
Year Began Practicing	Not Provided
License Expiration Date	01/31/2024
? Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

- General Information
- Education & Training
- Academic Appointments
- Specialty Certification
- Financial Responsibility
- Proceedings & Actions
- Optional Information
- License Information

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification
AMERICAN BOARD OF ANESTHESIOLOGY	AN - ANESTHESIOLOGY
AMERICAN BOARD OF ANESTHESIOLOGY	AN - PAIN MANAGEMENT



CDC Guidelines

Prescribing Opioids for Chronic Pain

Provides ***recommendations*** for ***all clinicians*** who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care

Determining Initiation and Continuation of Opioids for Chronic Pain

OPIOIDS ARE NOT FIRST-LINE OR ROUTINE THERAPY FOR CHRONIC PAIN

Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

ESTABLISH AND MEASURE FUNCTIONAL GOALS

Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

DISCUSS RISKS AND BENEFITS OF OPIOIDS AND AVAILABILITY OF NONOPIOID THERAPIES

Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

Selection and Management of Opioids for Chronic Pain

IF NEEDED, BEGIN WITH IMMEDIATE RELEASE OPIOIDS

When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids. There are plenty of options.

START LOW AND GO SLOW

When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day.

PRESCRIBE NO MORE OPIOIDS THAN NEEDED AND DO NOT PRESCRIBE LONG ACTING OPIOIDS FOR ACUTE PAIN

Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient; more than seven days will rarely be needed.

FOLLOW-UP AND RE-EVALUATE RISK OF HARM

REDUCE DOSE, TAPER AND DISCONTINUE IF NEEDED

Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or of dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

Assessing Risk and Reducing Harm

EVALUATE RISK FACTORS FOR OPIOID-RELATED HARMS

Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥ 50 MME/day), or concurrent benzodiazepine use, are present.

EVALUATE THE PDMP HISTORY

Clinicians should review the patient's history of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. Clinicians should review PDMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

CONDUCT URINE DRUG TESTING

When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

AVOID CONCURRENT BENZODIAZEPINE AND OPIOID PRESCRIBING

Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

CDC guideline for prescribing opioids for chronic pain-United States 2022.

**ARRANGE TREATMENT FOR OPIOID USE
DISORDER IF NEEDED**

Misapplication of the CDC Guidelines



MISAPPLICATION OF RECOMMENDATIONS TO POPULATIONS OUTSIDE OF THE GUIDELINE'S SCOPE

The Guideline is intended for primary care clinicians treating chronic pain for patients 18 and older. Examples of misapplication include applying the Guideline to patients in active cancer treatment, patients experiencing acute sickle cell crises, or patients experiencing post-surgical pain.

MISAPPLICATION OF THE GUIDELINE'S DOSAGE RECOMMENDATION THAT RESULTS IN HARD LIMITS OR "CUTTING OFF" OPIOIDS

The Guideline states, "When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should... avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage to ≥ 90 MME/day." The recommendation statement does not suggest discontinuation of opioids already prescribed at higher dosages.

THE GUIDELINE DOES NOT SUPPORT ABRUPT TAPERING OR SUDDEN DISCONTINUATION OF OPIOIDS

These practices can result in severe opioid withdrawal symptoms including pain and psychological distress, and some patients might seek other sources of opioids. In addition, policies that mandate hard limits conflict with the Guideline's emphasis on individualized assessment of the benefits and risks of opioids given the specific circumstances and unique needs of each patient.

MISAPPLICATION OF THE GUIDELINE'S DOSAGE RECOMMENDATION TO PATIENTS RECEIVING OR STARTING MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER

The Guideline's recommendation about dosage applies to use of opioids in the management of chronic pain, not to the use of medication-assisted treatment for opioid use disorder. The Guideline strongly recommends offering medication-assisted treatment for patients with opioid use disorder.

The Case of Mrs. Jones

Central Florida Pain Specialists

Michelle Smithson, M.D.
123 Mickey Mouse Trail
Orlando, FL 32801

Phone: (407)-826-4537 Fax: (407)-826-4538



040225123456

ME 100001 DEA 1234567

Name *Jennifer Jones* DOB *11/23/72* Date *September 8th 2023*

Address *4000 South 2nd street, Louisville, KY 40214*

Diagnosis: *Methadone 10 mg*
G90.50

Non-Acute Pain *3 tabs P.O. TID*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

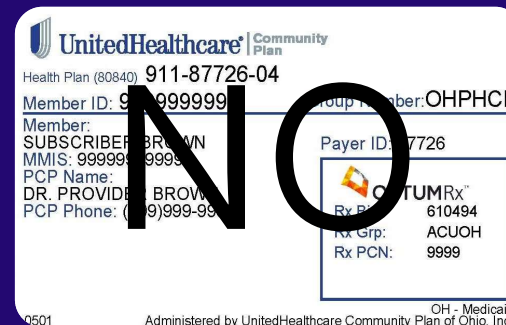
Units

Refills *NR* 1 2 3 4 5

270
(two-hundred and seventy)

Michelle Smithson M.D.

Signature



Validating a Prescription

TITLE 21 CODE OF FEDERAL REGULATIONS
1306.04 LEGITIMATE PRESCRIPTIONS



**Based on sound
clinical judgment**



**Appropriately
Documented**



**Current clinical
best practices**



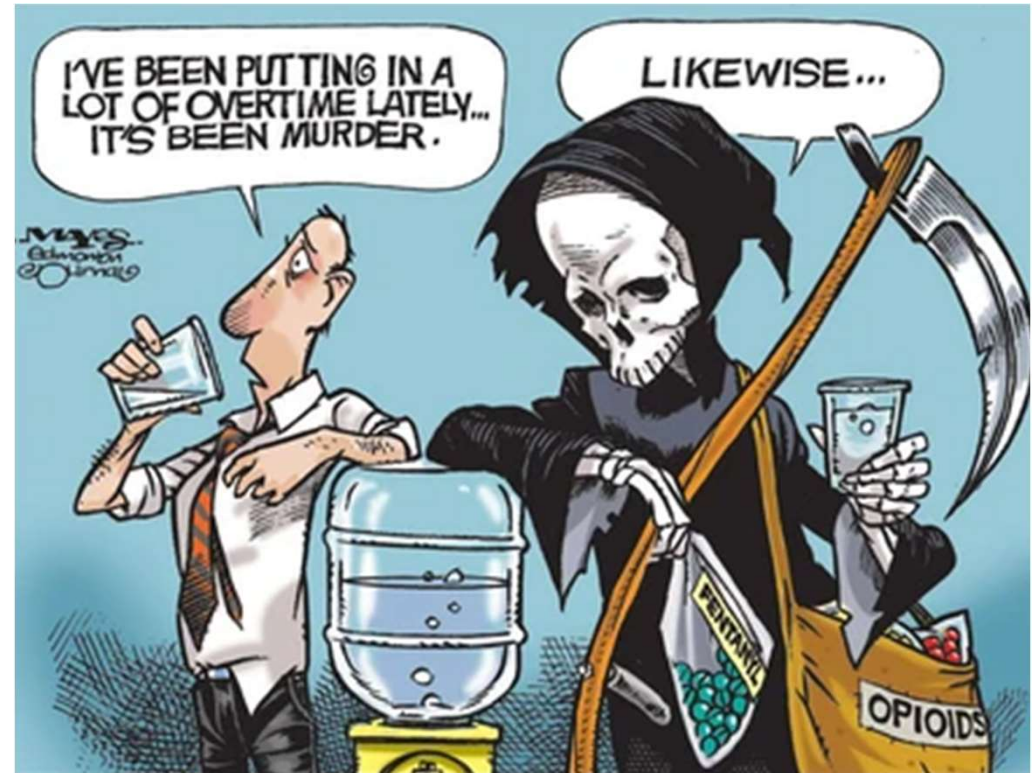
**Demonstrate benefit
to the patient**

“The process implemented by the pharmacist to determine that a prescription was issued for a legitimate medical purpose” is known as:

(A) Validating a prescription

(B) Invalid prescribing

(C) Valid prescribing



Minimum Standards Before Refusing to Fill

Section 64B16-27.831(3)(a), F.A.C.

(a) Before a pharmacist can refuse to fill a prescription based solely upon a concern with the validity of the prescription, the pharmacist shall attempt to resolve those concerns and shall attempt to validate the prescription by performing the following:

Initiate communication with the patient or the patient's representative to acquire information relevant to the concern with the validity of the prescription;

Initiate communication with the prescriber or the prescriber's agent to acquire information relevant to the pharmacist's concern with the validity of the prescription.

b) In lieu of either subparagraph 1. or 2., but not both, the pharmacist may elect to access the Prescription Drug Monitoring Program's Database to acquire information relevant to the pharmacist's concern with the validity of the prescription.

(c) In the event that a pharmacist is unable to comply with paragraph (a) due to a refusal to cooperate with the pharmacist, the minimum standards for refusing to fill a prescription shall not be required.



Refusing to Fill



**"I promise to devote myself to a lifetime of service to others through the profession of pharmacy.
In fulfilling this vow:**

I will consider the welfare of humanity and relief of suffering my primary concerns.

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the lifelong obligation to improve my professional knowledge and competence.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

Potentially Negative Consequences from Refusing to Fill



**WITHDRAWAL WHICH
MAY LEAD TO SELF
MEDICATING**



SEIZURES



**SUICIDAL IDEATION
OR ACTION**

The Case of Mr. Cash

North Florida Primary Care
Hillary Sampson, M.D.
654 River Oaks Trail
Jacksonville, FL 32209
Phone: (904)-823-1110 Fax: (904)-823-1111

Rx

040225123456 **DEA 1234567**

Name Fabio Cash DOB: 4/2/1977 Date September 9th 2023
Address 4267 Gate Parkway, Jacksonville, FL 32209

Alprazolam 2mg
1 P.O. QID PRN Anxiety
#120
(One-hundred and Twenty)

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
____ Units

Refills NR 12345

Hillary Sampson M.D.

Signature

The Case of Mr. Cash

 Review the PDMP

Filled	Drug	QTY	Days	Prescriber	Dispenser	PMP
4/23/2022	Alprazolam 1mg	10	5	Mi, Mat	Walgreens (2518)	FL
1/20/2022	Oxycodone HCL 15mg	55	30	Ja, Mar	Walmart (3909)	FL

The Case of Mr. Cash



Speak to the Patient

Is this a new medication for you?

I have taken it before. It's the only thing that works.

What else have you tried for anxiety?

Depression medications, they make me feel funny.

The Case of Mr. Cash



Consult the
provider

According to the PDMP
Mr. Flash has not received
Alprazolam since 2022.

I'm concerned with starting
at a dose of 8mg/day. The
recommended starting dose
is 0.25-0.5mg TID.

He told me that's what works for
him so just fill the prescription.

The Case of Mr. Cash

VALIDATING A PRESCRIPTION



Based on sound clinical judgment



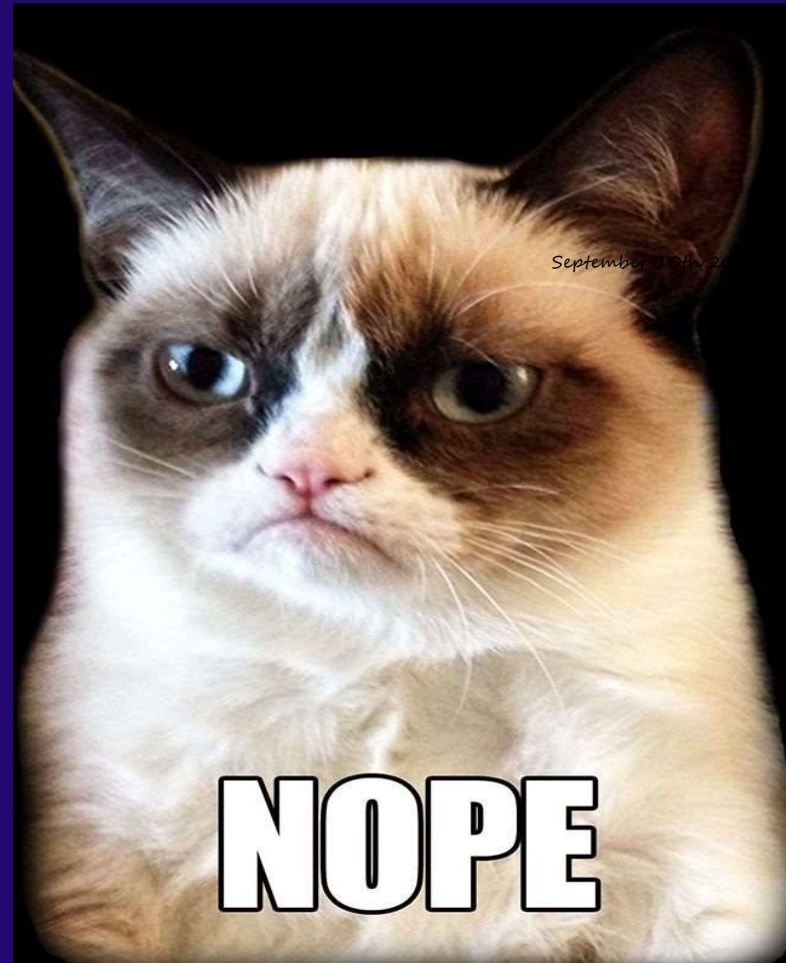
Current clinical best practices



Appropriately Documented



Demonstrate benefit to the patient





Pharmacist's Duty to Report

Section 64B16-27.831(4), F.A.C.

If a pharmacist has reason to believe that a prescriber is involved in the diversion of controlled substances, the pharmacist shall report such prescriber to the Department of Health

The Case of Ms. Lewis

Florida Primary Care
Petra Franks, M.D.
1975 APPLE CT
JACKSONVILLE, FL 32209
PHONE: (904)-369-8490 FAX: (904)-369-8491



040225123456

DEA PF1234567

Name *Hope Lewis* DOB: *6/5/2001* Date *September 9th 2023*
Address *429 Greenery way, Jacksonville FL 32209*

Cheratussin AC 100mg-10mg/5ml

Take 10ml qA-6hrs prn

420ml
(Four hundred and twenty)

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- ____ Units

Petra Franks M.D.
Signature

Refills NR 1 2 3 4 5

Florida Primary Care
Petra Franks, M.D.
1975 APPLE CT
JACKSONVILLE, FL 32209
PHONE: (904)-369-8490 FAX: (904)-369-8491



040225123456

DEA PF1234567

Name *Hope Lewis* DOB: *6/5/2001* Date *September 9th 2023*
Address *429 Greenery way, Jacksonville FL 32209*

Amoxil 500mg

Take 1 po TID #21

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- ____ Units

Petra Franks M.D.
Signature

Refills NR 1 2 3 4 5



The Case of Ms. Lewis



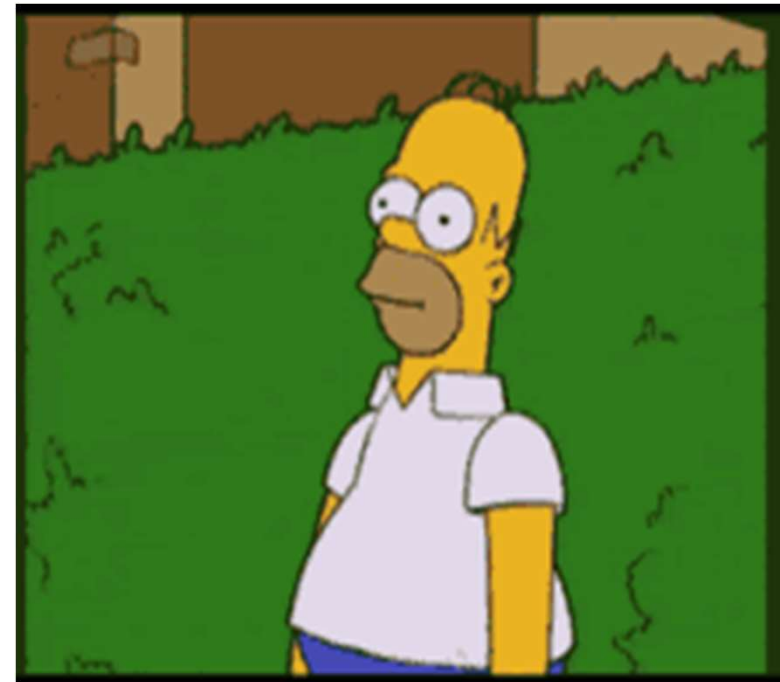
Review the PDMP

Filled	Drug	QTY	Days	Prescriber	Pharmacy	PMP
No record found						

The Case of Ms. Lewis



Speak to the
Patient



The Case of Ms. Lewis



Consult the provider

Called the phone number on the RX and voice mail was that of a different office

Looked up doctor in the pharmacy computer system and called that number

No record of the doctor seeing the patient

The Case of Ms. Lewis

<p>Florida Primary Care Petra Franks, M.D. 1975 APPLE CT JACKSONVILLE, FL 32209 PHONE: (904)-369-8490 FAX: (904)-369-8491</p> <p>040225123456</p> <p>Name <i>Hope Lewis</i> DOB: <i>6/5/2001</i></p> <p>Address <i>429 Greenery way, Jacksonville FL 32209</i></p> <p><i>Cheratussin AC 10mg/5ml</i></p> <p><i>Take 10ml q 4h prn</i></p> <p><i># 420</i> <i>(Four hundred and twenty)</i></p> <p><input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input checked="" type="checkbox"/> 151 and over</p> <p>Units</p> <p>Refills <i>NR 1 2 3 4 5</i></p> <p><i>Petra Franks</i> M.D. Signature</p>	<p>Florida Primary Care Petra Franks, M.D. 1975 APPLE CT JACKSONVILLE, FL 32209 (904)-369-8490 FAX: (904)-369-8491</p> <p>040225123456</p> <p>Name <i>Hope Lewis</i> DOB: <i>6/5/2001</i> Date <i>September 9th 2023</i></p> <p>Address <i>429 Greenery way, Jacksonville FL 32209</i></p> <p><i>Cheratussin AC 10mg/5ml</i></p> <p><i>Take 10ml q 4h prn</i></p> <p><i># 420</i> <i>(Four hundred and twenty)</i></p> <p><input type="checkbox"/> 1-24 <input type="checkbox"/> 25-49 <input type="checkbox"/> 50-74 <input type="checkbox"/> 75-100 <input type="checkbox"/> 101-150 <input checked="" type="checkbox"/> 151 and over</p> <p>Units</p> <p>Refills <i>NR 1 2 3 4 5</i></p> <p><i>Petra Franks</i> M.D. Signature</p>
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The Joint Commission Pain Standards



LEADERS' ROLE IN PAIN
MANAGEMENT, SAFE
OPIOID PRESCRIBING,
AND PERFORMANCE
IMPROVEMENT



NON-PHARMACOLOGIC PAIN
TREATMENT



STAFF EDUCATIONAL
RESOURCES



PATIENT CONSULTATION
AND TREATMENT REFERRAL
RESOURCES



ACCESS TO THE PDMP



EQUIPMENT TO MONITOR
HIGH RISK PATIENTS



Florida House Bill

HB 21

Prescribing of Controlled Substances

Requires pain management clinics to register valid certificate of exemption

The department inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Medicine

Standards for the Treatment of Chronic Non-Malignant Pain

The complete medical history and a physical examination, including history of drug abuse or dependence

Diagnostic, therapeutic, laboratory results as well as urine drug screen results

Evaluations, consultations, treatments

Discussion about treatment objectives and documentation of risks and benefits

Medications, including date, type, dosage, and quantity prescribed

Instructions and agreements

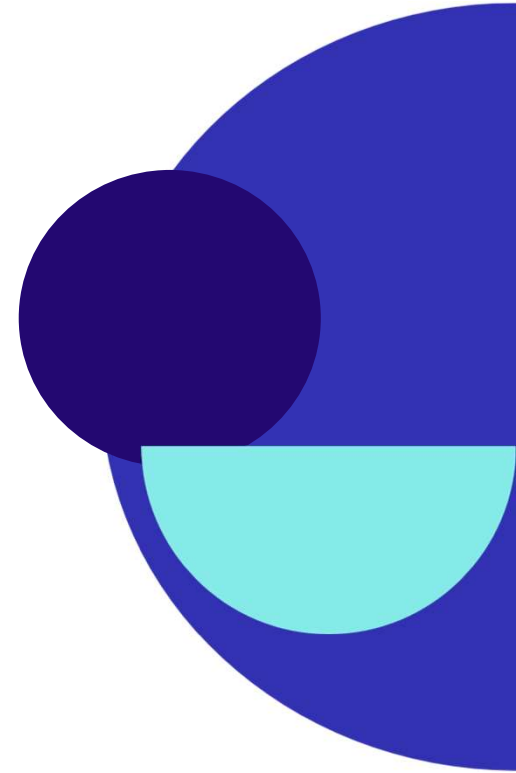
Periodic reviews (every 3 months at minimum)

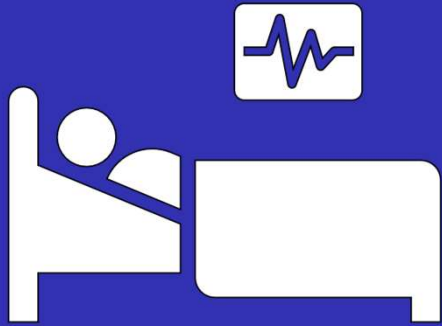
A photocopy of the patient's government-issued photo identification

If a written prescription for a controlled substance is given to the patient, a duplicate record of the prescription

The registrant's full name presented in a legible manner

Board eligible or board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist are excluded





Acute Pain

The normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness

HB 21

Excludes

- Malignant Pain
- Palliative care
- Terminal Patients
- Patients with an Injury Severity Score > 9





Opioid Prescribing for Acute Pain

ACUTE PAIN

Maximum of a 3-day supply of a Schedule II Opioid

ACUTE PAIN EXCEPTION

The prescriber must document the medical condition and lack of treatment alternatives that justify providing up to a 7-day supply for a Schedule II opioid prescription

“Acute pain exception” must be printed/written on the prescription

CHRONIC PAIN

“Non-Acute Pain” on the prescription for a Schedule II opioid prescription



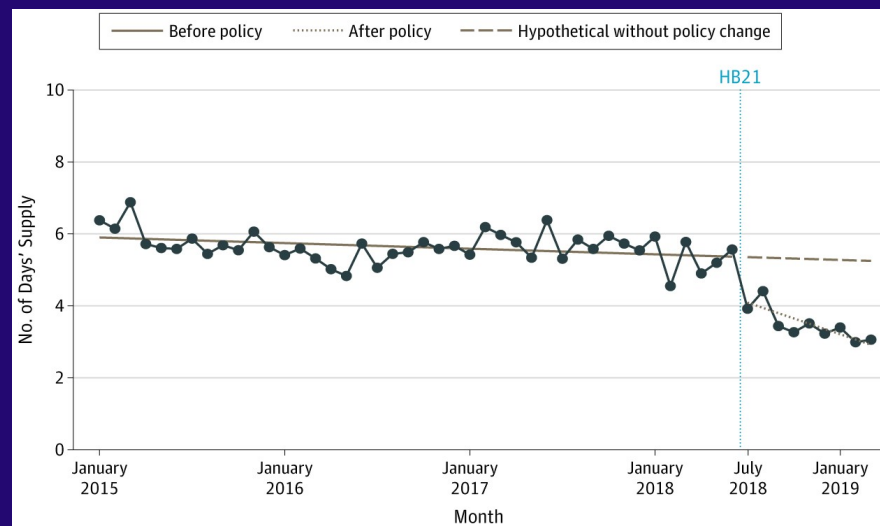
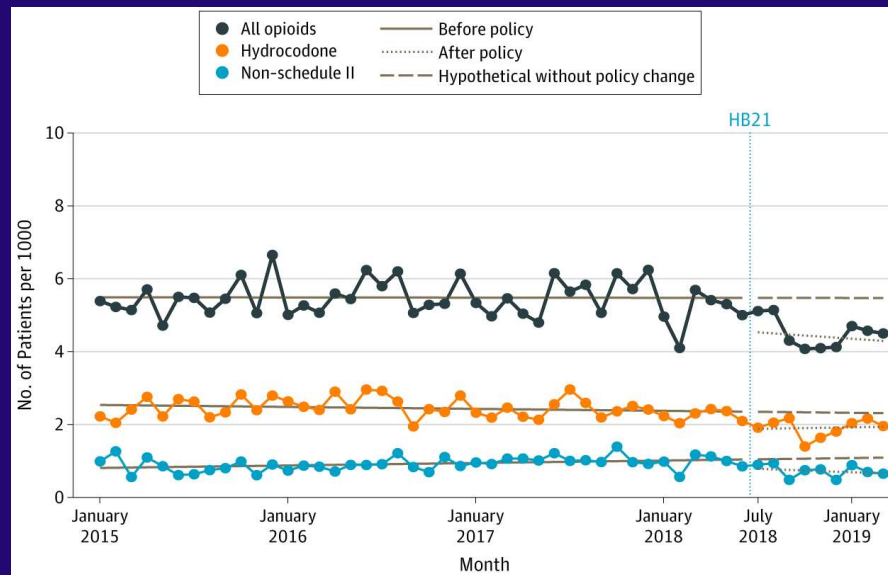
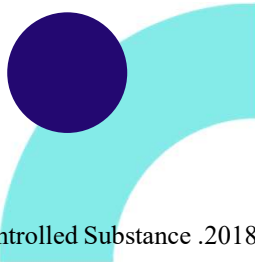
Impact of HB 21

Expenditure versus Earnings

Decline in total opioid prescriptions following implementation

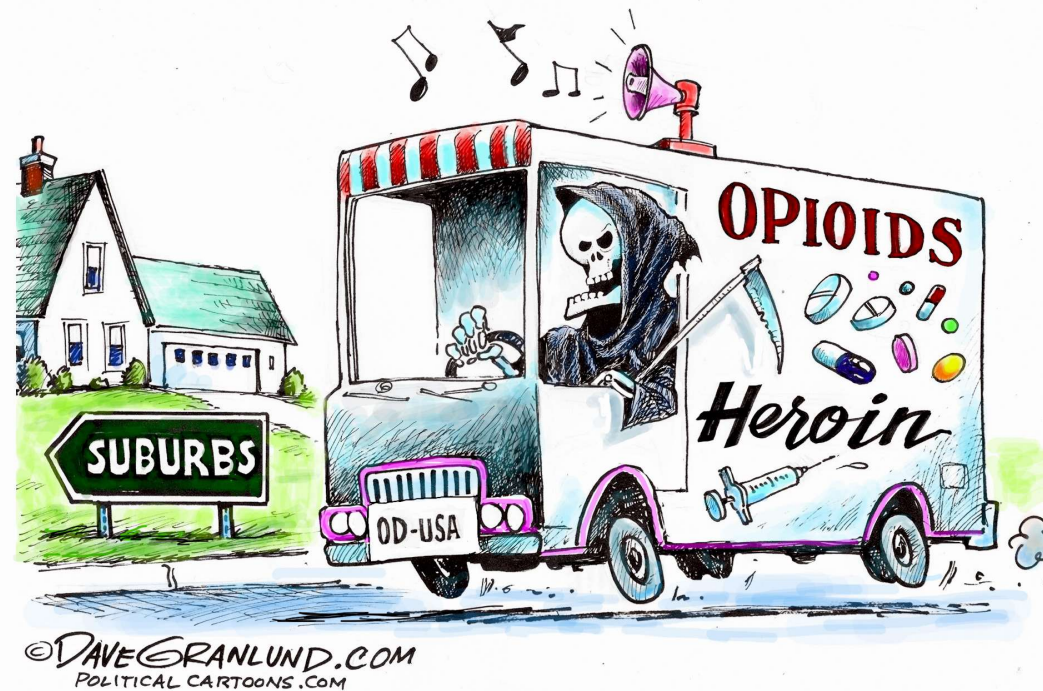
Decrease in non-schedule II opioid prescribing followed

Day supply of medication decreased from >5 days in 2018 to < 4 in fall of 2019



Which statement about the CDC guidelines for chronic pain is false?

- (A) Avoid concurrent opioid and benzodiazepine prescribing
- (B) Establish goals for pain and function
- (C) Provides recommendations for all clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care
- (D) Do not prescribe ER/LA opioids for acute pain



Florida House Bill HB 451

Non-Opioid Alternatives

Talk to your health care provider about how to treat your pain.
Create a safe and effective treatment plan that is right for you.

Alternatives to Opioids: Medications

ADVANTAGES:

- Can control and alleviate mild to moderate pain with few side effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

Florida
HEALTH

NON-OPIOID MEDICATIONS	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
Acetaminophen (Tylenol)	Relieves mild-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. Overdoses can cause liver damage.
Non-steroidal Anti-inflammatory Drugs (NSAIDs): Aspirin, Ibuprofen (Advil, Motrin), Naproxen (Aleve, Naproxen)	Relieve mild-moderate pain, and reduce swelling and inflammation. Risk of stomach problems increases for people who take NSAIDs regularly. Can increase risk of bleeding.
Nerve Pain Medications: Gabapentin (Neurontin), Pregabalin (Lyrica)	Relieve mild-moderate nerve pain (itching and burning pain). Can cause drowsiness, dizziness, loss of coordination, lightheadedness and blurred vision.
Antidepressants: Effexor XR, Cymbalta, Wellbutin	Relieve mild-moderate chronic pain, nerve pain (itching and burning pain) and headaches, depending on medication. Side effects can include drowsiness, dizziness, weakness, constipation, weight loss or gain.
Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: Anesthetics (Lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Compound Topicals	Can be safer to relieve mild-moderate pain because medication is applied where the pain is. Anesthetics relieve nerve pain (itching and burning pain) by numbing an area. NSAIDs relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff, and Capsaicin relieves musculoskeletal and neuropathic pain. Compounded topical prepared by a pharmacist can be customized to meet a patient's specific needs. Skin irritation is the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.
Interventional Pain Management	Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord stimulation; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. Certain medical conditions and allergies can cause complications.
Non-opioid Anesthesia	Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.

- Requiring that the pamphlet provided to the patient be printed;
- Authorizing a health care practitioner to discuss non-opioid alternatives with, and provide the pamphlet to, the patient's representative rather than the patient;
- Specifying that only those health care practitioners ordering or prescribing or providing care that requires the administration of anesthesia using an opioid must meet the requirements and removing the requirement to address non-opioid alternatives when a drug is dispensed or administered; and
- Exempting health care practitioners providing hospice services and providing care in a hospital critical care unit or emergency department from the requirement to discuss non-opioid alternatives with a patient or the patient's representative and provide a printed copy of the pamphlet



Florida House Bill

HB 831

Section 456.42

A health care practitioner licensed by law to prescribe a medicinal drug who maintains a system of electronic health records as defined in s. 408.051(2)(a), or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her capacity as such an owner, an employee, or a contractor, may only electronically transmit prescriptions for such drugs.

Exceptions include hospice, research, waived practitioners, and in situations where electronic prescribing a prescription would be a barrier to the patient obtaining medication

Telehealth and Controlled Substance Prescribing

FL Legislation

- FL SB 312 approved by Gov on 4/6/22
- Anticipated effective date: July 1, 2022
- Narrows restrictions on Rx of controlled substances via telehealth
 - Prescribing Schedule II not allowed via telehealth, unless:
 - Exception for treatment of psychiatric disorder (ADHD, Anxiety), patients receiving hospice services, or patients located in hospital or SNF
- Schedule III, IV, V are now allowed
 - Includes: Testosterone, Xanax, Several Anti-Epileptic Drugs
- Does not allow for prescribing or refilling narcotics via Telehealth

[Senate Bill 312 \(2022\) - The Florida Senate \(flsenate.gov\)](https://www.flsenate.gov)



Get Involved

Pharmacists working against the Opioid Epidemic



Educate on Safe
Prescribing and Disposal
Practices

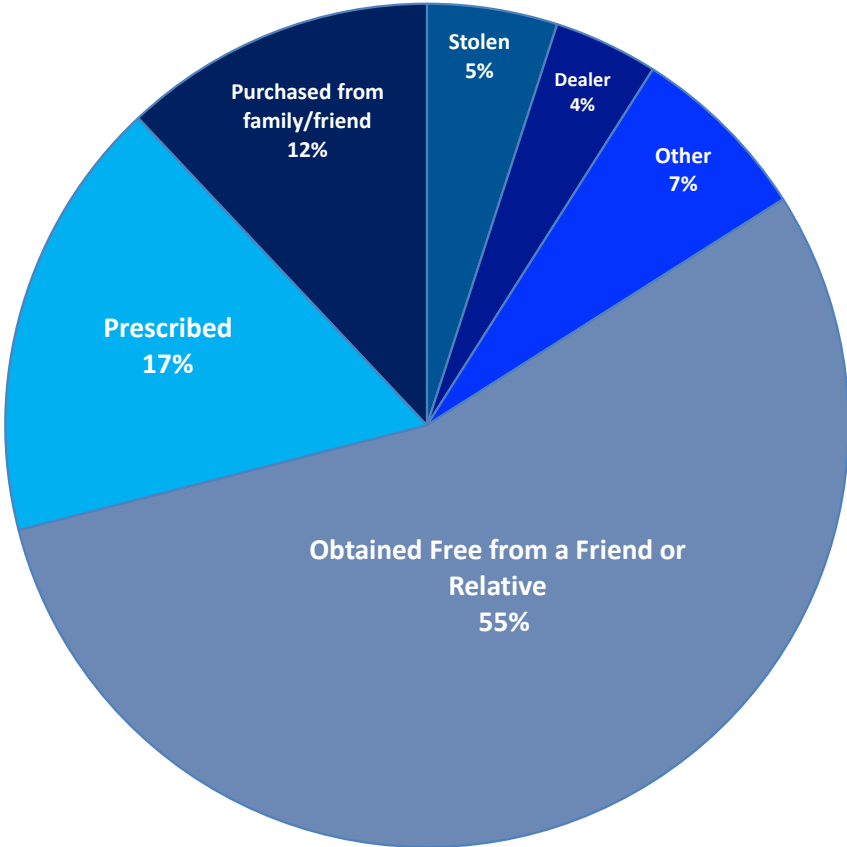


Substance Use Disorder
Treatment



Prevent Overdose Deaths

Don't Let the Medicine Cabinet Become Your Communities Dealer



Safe Storage of Controlled Substances



Store all opioids in their **original packaging** so you retain the prescription information, directions for use and expiration date.



Keep opioids in a **locked cabinet or lockbox** away from family members and house guests.



If you wear a fentanyl patch, consider **covering it with adhesive film** to make sure it doesn't fall off and regularly check to make sure it is still in place.^v

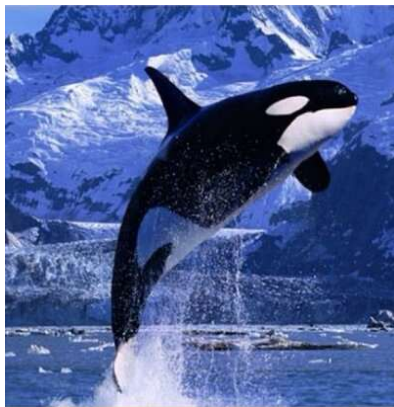


Be sure to keep these **medicines out of reach** of young children. For more information on safe medicine storage visit www.upandaway.org.



Be sure to **monitor the medicine you take** and how much you have left so you will know if there is any missing medicine.

Proper Drug Disposal



DEA NATIONAL DRUG
TAKE-BACK DAY

[National Prescription Drug Take Back Day](#)



DEA AUTHORIZED
COLLECTOR IN THE
COMMUNITY

[DEA-authorized collector](#)



HOME DISPOSAL
(FLUSH OR TRASH)

[list of medicines](#)

FDA Flush List

Active Ingredient	Found in Brand Names
Benzhydrocodone /Acetaminophen	Apadaz
Buprenorphine	Belbuca , Bunavail , Butrans , Suboxone , Subutex , Zubsolv
Fentanyl	Abstral , Actiq , Duragesic , Fentora , Onsolis
Diazepam	Diastat / Diastat AcuDial rectal gel
Hydrocodone	Anexsia , Hysingla ER , Lortab , Norco , Reprexain , Vicodin , Vicoprofen , Zohydro ER
Hydromorphone	Dilaudid , Exalgo
Meperidine	Demerol
Methadone	Dolophine , Methadose
Methylphenidate	Daytrana transdermal patch system
Morphine	Arymo ER , Embeda , Kadian , Morphabond ER , MS Contin , Avinza
Oxycodone	Combunox , Oxaydo (formerly Oxecta), OxyContin , Percocet , Percodan , Roxicet , Roxicodone , Roxybond , Targiniq ER , Xartemis XR , Xtampza ER
Oxymorphone	Opana , Opana ER
Tapentadol	Nucynta , Nucynta ER
Sodium Oxybate	Xyrem oral solution

“FDA believes that the known risk of harm, including death, to humans from accidental exposure to the medicines listed above, especially potent opioid medicines, far outweighs any potential risk to humans or the environment from flushing these medicines.”



Medication Disposal

- ✔ Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt, or cat litter
- ✔ Put the mixture in something you can close (a re-sealable zipper storage bag, empty can, or other container) to prevent the drug from leaking or spilling out
- ✔ Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy
- ✔ Throw the container and drug packaging away

Opioid REMs Program

What You Need to Know About Opioid Pain Medicines

This guide is for you! Keep this guide and the Medication Guide that comes with your medicine so you can better understand what you need to know about your opioid pain medicine. Go over this information with your healthcare provider. Then, ask your healthcare provider about anything that you do not understand.

What are opioids?

Opioids are strong prescription medicines that are used to manage severe pain.

What are the serious risks of using opioids?

- Opioids have serious risks of addiction and overdose.
- Too much opioid medicine in your body can cause your breathing to **stop** – which could lead to **death**. This risk is greater for people taking other medicines that make you feel sleepy or people with sleep apnea.
- Addiction is when you crave drugs (like opioid pain medicines) because they make you feel good in some way. You keep taking the drug even though you know it is not a good idea and bad things are happening to you. Addiction is a brain disease that may require ongoing treatment.

Risk Factors for Opioid Abuse:

- You have:
 - a history of addiction
 - a family history of addiction
- You take medicines to treat mental health problems.
- You are under the age of 65 (although anyone can abuse opioid medicines).
- You can get addicted to opioids even though you take them exactly as prescribed, especially if taken for a long time.
- If you think you might be addicted, talk to your healthcare provider right away.
- If you take an opioid medicine for more than a few days, your body becomes physically “dependent.” This is normal and it means your body has gotten used to the medicine. You must taper off the opioid medicine (slowly take less medicine) when you no longer need it to avoid withdrawal symptoms.

How can I take opioid pain medicine safely?

- Tell your healthcare provider about **all** the medicines you are taking, including vitamins, herbal supplements, and other over-the-counter medicines.
- Read the Medication Guide that comes with your prescription.

- Take your opioid medicine exactly as prescribed.
- Do not cut, break, chew, crush, or dissolve your medicine. If you cannot swallow your medicine whole, talk to your healthcare provider.
- When your healthcare provider gives you the prescription, ask:
 - How long should I take it?
 - What should I do if I need to taper off the opioid medicine (slowly take less medicine)?
- Call your healthcare provider if the opioid medicine is not controlling your pain. Do not increase the dose on your own.
- Do not share or give your opioid medicine to anyone else. Your healthcare provider selected this opioid and the dose just for you. A dose that is okay for you could cause an overdose and death for someone else. Also, it is against the law.
- Store your opioid medicine in a safe place where it cannot be reached by children or stolen by family or visitors to your home. Many teenagers like to experiment with pain medicines. Use a lock-box to keep your opioid medicine safe. Keep track of the amount of medicine you have.
- Do not operate heavy machinery until you know how your opioid medicine affects you. Your opioid medicine can make you sleepy, dizzy, or lightheaded.



What should I avoid taking while I am taking opioids?

- Unless prescribed by your healthcare provider, you should avoid taking alcohol or any of the following medicines with an opioid because it may cause you to stop breathing, which can lead to death:
- Alcohol: Do not drink any kind of alcohol while you are taking opioid medicines.
 - Benzodiazepines (like Valium or Xanax)
 - Muscle relaxants (like Soma or Flexeril)
 - Sleep medicines (like Ambien or Lunesta)
 - Other prescription opioid medicines

What other options are there to help with my pain?

Opioids are not the only thing that can help you control your pain. Ask your healthcare provider if your pain might be helped with a non-opioid medication, physical therapy, exercise, rest, acupuncture, types of behavioral therapy, or patient self-help techniques.

What is naloxone?

- Naloxone is a medicine that treats opioid overdose. It is sprayed inside your nose or injected into your body.
- Use naloxone if you have it and call 911 or go to the emergency room right away if:
 - You or someone else has taken an opioid medicine and is having trouble breathing, is short of breath, or is unusually sleepy
 - A child has accidentally taken the opioid medicine or you think they might have
- Giving naloxone to a person, even a child, who has not taken an opioid medicine will not hurt them.

Naloxone is never a substitute for emergency medical care. Always call 911 or go to the emergency room if you've used or given naloxone.

What things should I know about the specific opioid medicine that I am taking?

- Your healthcare provider has prescribed _____ for you. Read the Medication Guide for this medicine, which is information provided by your pharmacy.
- Remember this other important information about your opioid medicine:

Dosing instructions: _____

Any specific interactions with your medicines: _____

What if I have more questions?

- Read the Medication Guide that comes with your opioid medicine prescription for more specific information about your medicine.
- Talk to your healthcare provider or pharmacist and ask them any questions you may have.
- Visit: www.fda.gov/opa/od for more information about opioid medicines.

Where can I get naloxone?

- There are some naloxone products that are designed for people to use in their home.
- Naloxone is available in pharmacies. Ask your healthcare provider about how you can get naloxone. In some states, you may not need a prescription.
- When you get your naloxone from the pharmacy, read the Patient Information on how to use naloxone and ask the pharmacist if anything is unclear.
- Tell your family about your naloxone and keep it in a place where you or your family can get to it in an emergency.

When you no longer need your opioid medicine, dispose of it as quickly as possible. The Food and Drug Administration recommends that most opioid medicines be promptly flushed down the toilet when no longer needed, unless a drug take-back option is immediately available. A list of the opioid medicines that can be flushed down the toilet is found here: <https://www.fda.gov/drugdisposal>

Get Involved

Pharmacists working against the Opioid Epidemic



Promote Safe
Prescribing and Disposal
Practices



Substance Use Disorder
Treatment



Prevent Overdose Deaths



Buprenorphine

Methadone

Naltrexone



Accessing Treatment for OUD

RECOMMENDED PATIENT AND FAMILY RESOURCES

SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION (SAMSHA)

CENTERS FOR DISEASE CONTROL AND
PREVENTION

ASSOCIATION OF TERRITORIAL HEALTH OFFICIALS

NATIONAL ASSOCIATION OF STATE ALCOHOL AND
DRUG ABUSE DIRECTORY

PROJECT SAVE LIVES

Myths About Medications Used to Treat Opioid Use Disorder



Methadone and buprenorphine substitutes one addiction for another



Patients commonly use buprenorphine to get high



Patients on methadone or buprenorphine for opioid use disorder (OUD) should not receive pain medications during hospitalization

Considerations for OUD Treatment Selection



Compliance and good retention rates



Low abuse potential and low risk of toxicity

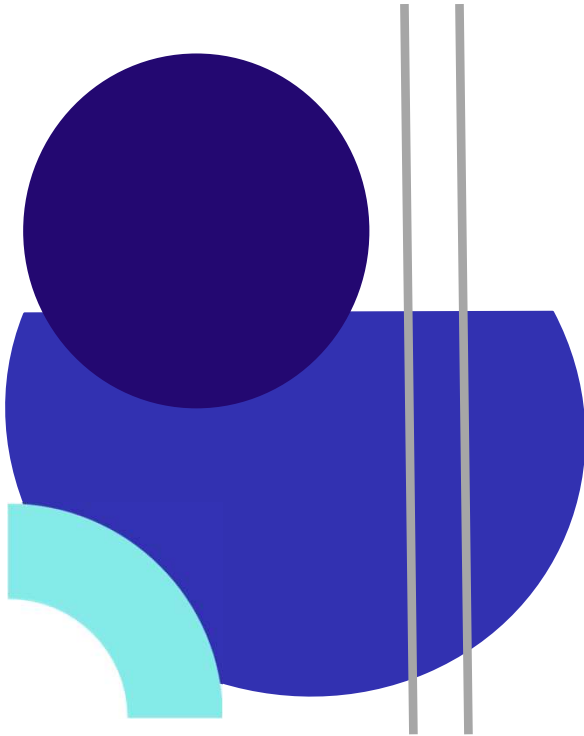


Accessible to the patient



Limits withdrawal symptoms and cravings

Ensuring Access to Treatment



METHADONE

Clinic based dosing only

Limited take home dose privileges may be considered

BUPRENORPHINE

Office based or home induction available

Medication may be obtained in clinic or pharmacy

- ① INDUCTION
Minimize withdrawal symptoms and cravings
- ② STABILIZATION
No cravings or withdrawal symptoms
Drug testing indicates patient compliance
- ③ MAINTENANCE
Continue treatment indefinitely

The Case of Mr. Timely

Behavioral Health Services

Thomas Dumas, M.D.
839 Boogie Drive
Jacksonville, FL 32209
Phone: (904)-369-8490 Fax: (904)-369-8491



040225123456

DEA TD1234567

Name *Timothy Timely* DOB: *7/23/97* Date *September 8th 2023*

Address *429 Greenery way, Jacksonville FL 32209*

Adderall 30mg

Take 1 tablet BID for ADHD

*#60
(sixty)*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Thomas Dumas

M.D.

Signature

Refills NR 1 2 3 4 5

Behavioral Health Services

Thomas Dumas, M.D.
839 Boogie Drive
Jacksonville, FL 32209
Phone: (904)-369-8490 Fax: (904)-369-8491



040225123456

DEA TD1234567

Name *Timothy Timely* DOB: *7/23/97* Date *September 8th 2023*

Address *429 Greenery way, Jacksonville FL 32209*

Suboxone Film 8/2mg

Take 1 film BID for opioid dependence

*#60
(Sixty)*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Thomas Dumas

M.D.

Signature

Refills NR 1 2 3 4 5

Xanax 2 mg

1 P.O. BID PRN for anxiety

*#60
(Sixty)*

The Case of Mr. Timely

 Review the PDMP

Filled	Drug	QTY	Days	Prescriber	Pharmacy	PMP
08/10/2023	Bup/Nal 8/2mg	60	30	Th Dum	Walg (0332)	FL
08/10/2023	Dex-Amph 30mg	60	30	Th Dum	Walg (0332)	FL
08/10/2023	Alprazolam 2mg	60	30	Th Dum	Walg (0332)	FL
07/11/2023	Bup/Nal 8/2mg	60	30	Th Dum	Walg (0332)	FL
07/11/2023	Dex-Amph 30mg	60	30	Th Dum	Walg (0332)	FL
07/11/2023	Alprazolam 2mg	60	30	Th Dum	Walg (0332)	FL



PATIENT HAS BEEN ON THE SAME REGIMEN FOR A YEAR

The Case of Mr. Timely



Speak to the Patient

Are you aware of the risk for breathing problems with alprazolam and Suboxone?

I have taken been on this for a long time with no problems

What else have you tried for anxiety?

Depression medication, but it makes me feel funny

Are the medications helping you?

I have been clean for 2 years and working full time

Mr. Timely



Consult the provider

Recommend alternative agents to the provider for Mr. Timely's anxiety and attention deficit disorder indications

Validating a Prescription

TITLE 21 CODE OF FEDERAL REGULATIONS
1306.04 LEGITIMATE PRESCRIPTIONS



**Based on sound
clinical judgment**



**Appropriately
Documented**



**Current clinical
best practices**



**Demonstrate benefit
to the patient**

The Case of Mr. Timely

Behavioral Health Services

Thomas Dumas, M.D.
839 Boogie Drive
Jacksonville, FL 32209
Phone: (904)-369-8490 Fax: (904)-369-8491



040225123456

DEA TD1234567

Name *Timothy Timely* DOB: *7/23/97* Date *September 8th 2023*

Address *429 Greenery way, Jacksonville FL 32209*

Adderall 30mg

Take 1 tablet BID for ADHD

*#60
(sixty)*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- ____ Units

Thomas Dumas

M.D.

Signature

Refills NR 1 2 3 4 5

Behavioral Health Services

Thomas Dumas, M.D.
839 Boogie Drive
Jacksonville, FL 32209
Phone: (904)-369-8490 Fax: (904)-369-8491



040225123456

DEA TD1234567

Name *Timothy Timely* DOB: *7/23/97* Date *September 8th 2023*

Address *429 Greenery way, Jacksonville FL 32209*

Suboxone Film 8/2mg

*Take 1 film BID for opioid
dependence*

*#60
(Sixty)*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- ____ Units

Thomas Dumas

M.D.

Signature

Refills NR 1 2 3 4 5

Xanax 2 mg

1 P.O. BID PRN for anxiety

*#60
(Sixty)*

The Case of Mr. Timely... 2 weeks Later

Westshore ER
William Fox, M.D.
8200 Fake Street
Jacksonville, FL 32209
Phone: (904)-369-8490 Fax: (904)-369-8491

040225123456
DEA WF1234567

Name Timothy Timely Date September 16th 2023
Address 429 Greenery way, Jacksonville FL 32209

Percocet 10/325mg

Take 1 tablet Q4-6 hrs prn pain

#10
(Ten)

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
____ Units

William Fox M.D.
Signature

Refills NR 1 2 3 4 5



TALK TO THE PATIENT

Mr. Timely reports that he broke his arm



CONTACT THE EMERGENCY DEPARTMENT

Ensure the provider is aware patient is taking buprenorphine/naloxone



CONTACT THE OUD PROVIDER

Inform provider of the injury and the opioid prescription provided by the ER practitioner



OFFER THE PATIENT NALOXONE

Get Involved

Pharmacists working against the Opioid Epidemic



Promote Safe
Prescribing and Disposal
Practices



Substance Use Disorder
Treatment



Prevent Overdose Deaths in the
Community

Risk Factors Associated with Opioid Overdose



Combining opioids with alcohol or certain other drugs



Taking more opioids than prescribed



Taking high daily dosages of prescription opioids

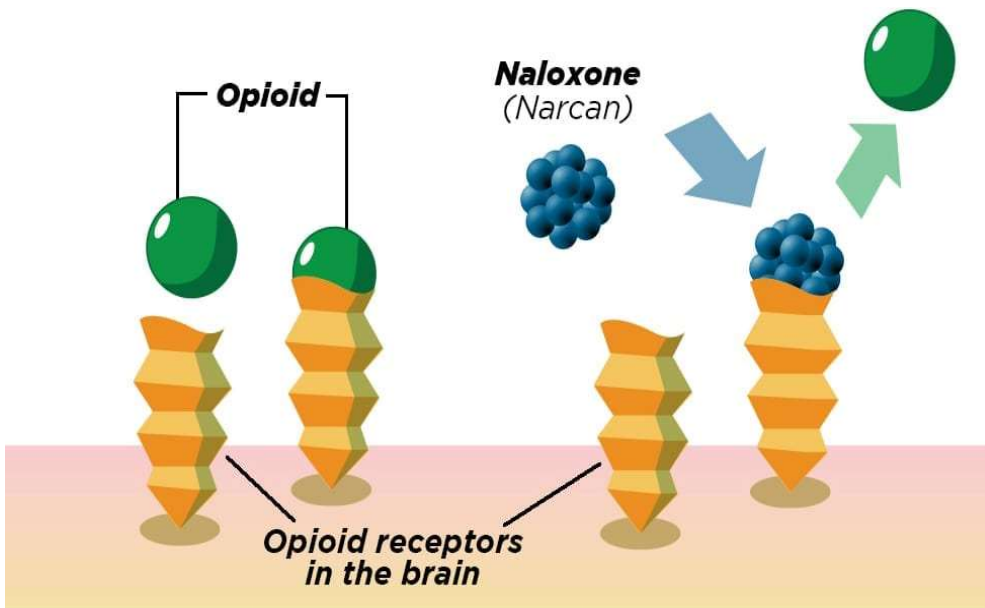


Patients greater than 65 years of age



Medical conditions, such as sleep apnea, mental health issues, or reduced kidney or liver function

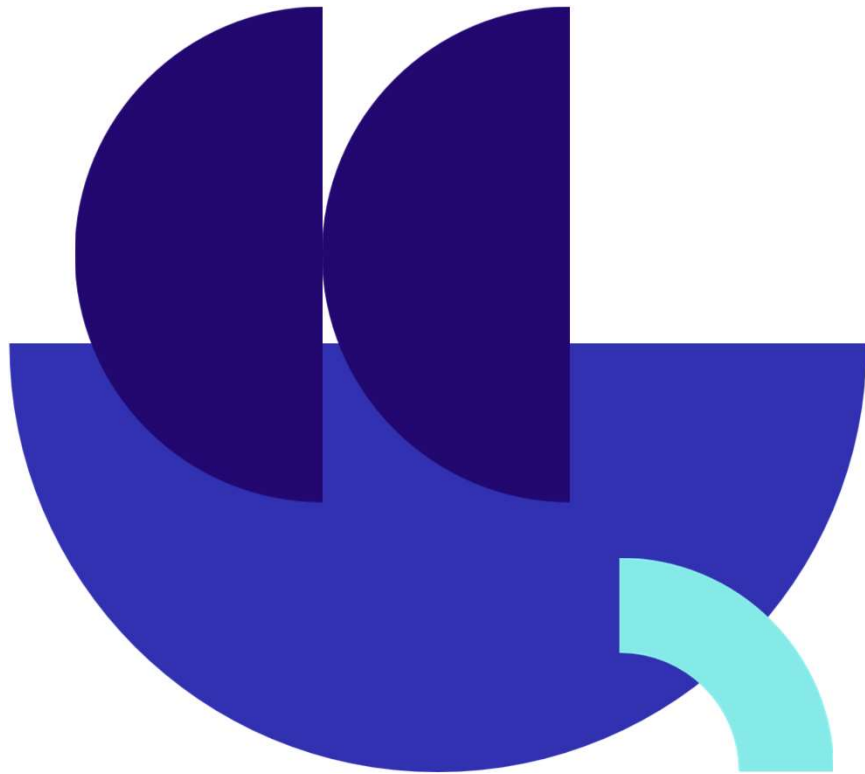
Patient and Family Education



Death from an opioid overdose happens when too much of the drug overwhelms the brain and interrupts the body's natural drive to breathe

Naloxone is a fast-acting medication used to reverse overdoses; however, it is not a replacement for contacting 9-1-1

May be injected into the muscle or sprayed in the nose to block opioids from binding to receptors in the brain



Signs and Symptoms of Opioid Overdose

SMALL, CONSTRICTED “PINPOINT PUPILS”

FALLING ASLEEP OR LOSS OF CONSCIOUSNESS

SLOW, SHALLOW BREATHING

CHOKING OR GURGLING SOUNDS

LIMP BODY

PALE, BLUE, OR COLD SKIN



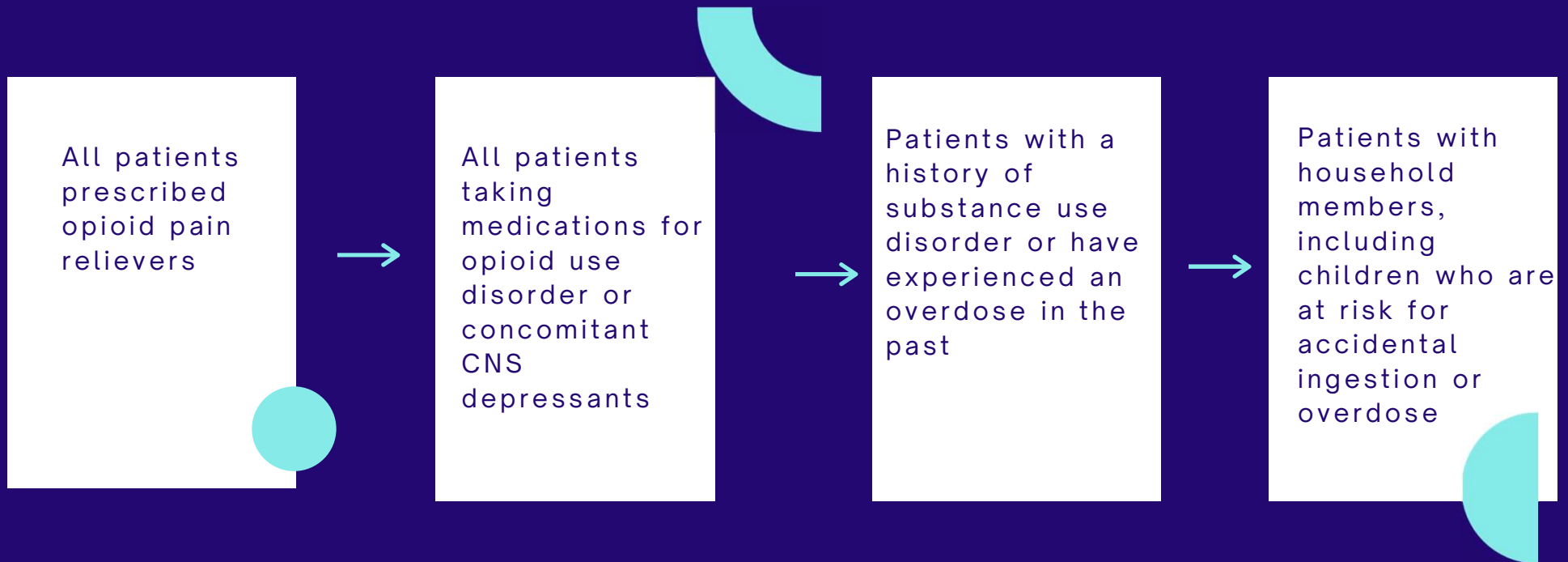
Responding to an Opioid Overdose



- ① **Call 911 immediately**
- ② **Administer naloxone, if available**
- ③ **Try to keep the person awake and breathing**
- ④ **Lay the person on their side to prevent choking**
- ⑤ **Stay with the person until emergency workers arrive**

FDA Recommendations for Naloxone

July 2020



Intranasal Naloxone

Patient Education



Tilt head back, support the patients neck

Do **NOT** prime prior to administration

Administer naloxone nasal spray as quickly as possible

Seek immediate medical attention after administration and rotate patient on their side

Re-administer naloxone nasal spray in opposite nostril in 2 to 3 minutes if the patient does not respond or relapses

An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a

OTC Approved March 29th 2023

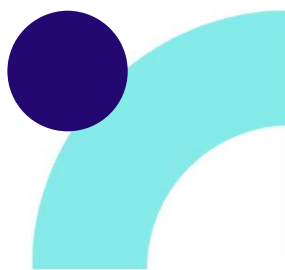
experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

381.887(3) Emergency treatment for suspected opioid overdose.2016.



Naloxone Dispensing

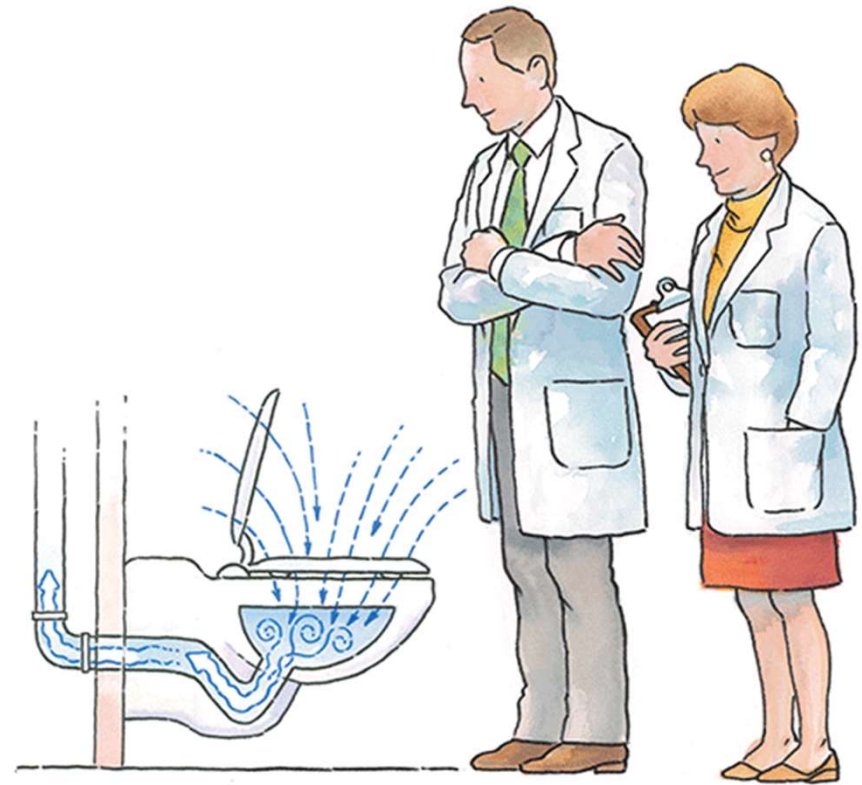
Surgeon General's Statewide
Standing Order for Naloxone



Authorizes pharmacists who maintain a current active license practicing in a pharmacy located in Florida that maintains a current active pharmacy permit to dispense naloxone to emergency responders for administration to persons exhibiting signs of opioid overdose. Emergency responders include law enforcement officers, firefighters, paramedics and emergency medical technicians

Which of the following are approved medication disposal methods?

- (A) Flushing down to toilet**
- (B) Mixed with unpalatable substance and thrown in trash**
- (C) Take to drug take back location**
- (D) All of the above**



Summary & Resources



Pharmacists play an essential role as the gatekeepers to appropriate therapy for patients receiving controlled substances



64B16-27.831 outlines the expectations for pharmacists validating controlled substance prescriptions



Federal law resources may be referenced in the DEA Pharmacists Manual

The Pharmacists Role in the Dispensing of Controlled Substances

Joseph Cammilleri, PharmD, BCACP, CPE

