

2024

Drug Diversion Prevention

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Disclosures

I have nothing to disclose concerning possible financial relationships with ineligible companies that may have a direct or indirect interest in the subject matter of this presentation.



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Pharmacist Learning Objectives

1. Recall common “Red Flags” and general controlled substance concerns for prescribers and dispensers.
2. Recognize applicable federal laws dictating how to dispense controlled substances.
3. Recall West Virginia CSMP requirements and reported trends.
4. Discuss how to use the morphine milligram equivalent (MME) factors of common prescription opioids to calculate MME/Day dosages.
5. Identify the available prescription and over-the-counter opioid antagonist products currently available in the United States and the respective administration techniques.
6. Recall the pharmacological properties of buprenorphine relevant to patient care.



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Pharmacy Technician Learning Objectives

1. Recall common “Red Flags” and general controlled substance concerns.
2. Recognize applicable federal laws dictating how to dispense controlled substances.
3. Recall West Virginia CSMP requirements and reported trends.
4. Identify the available prescription and over-the-counter opioid antagonist products currently available in the United States and the respective administration techniques.



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US Substance-Related Deaths

| Substance | ~US Annual Deaths |
|-----------|-------------------|
| “Drugs” | 110,000 |
| Alcohol | 150,000 |
| Tobacco | 500,000 |

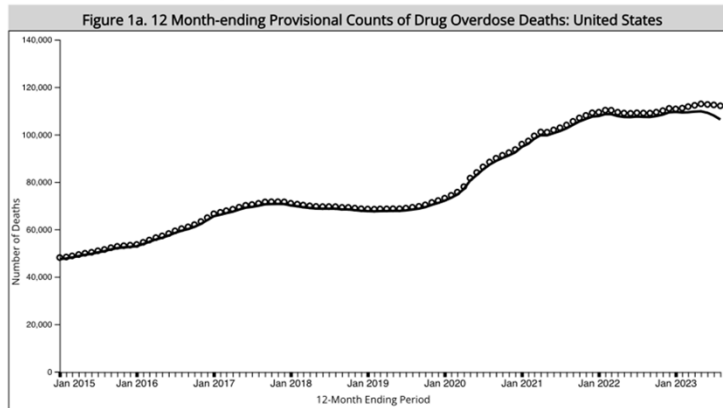


<https://www.drugwarfacts.org/node/1854>
<https://www.npr.org/2022/11/05/1134523220/alcohol-death-rate-cdc-report>

5

US Drug Overdose Deaths All Drugs

Based on data available for analysis on: January 7, 2024



Select Jurisdiction

United States

○ Predicted Value

■ Reported Value



6 min



30 min

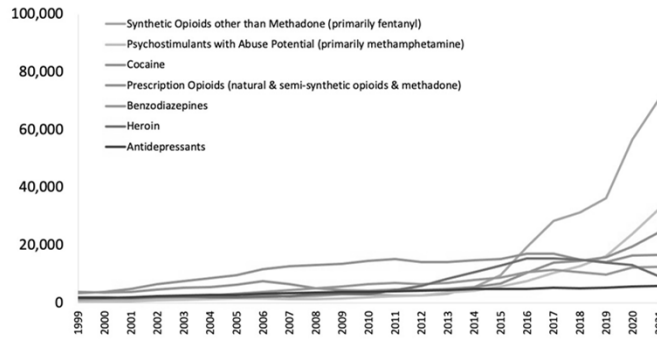


<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
<https://www.statista.com/chart/18744/the-number-of-drug-overdose-deaths-in-the-us/>

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US Drug Overdose Deaths

Figure 2. National Drug-Involved Overdose Deaths*, Number Among All Ages, 1999-2021



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2021 on CDC WONDER Online Database, released 1/2023.

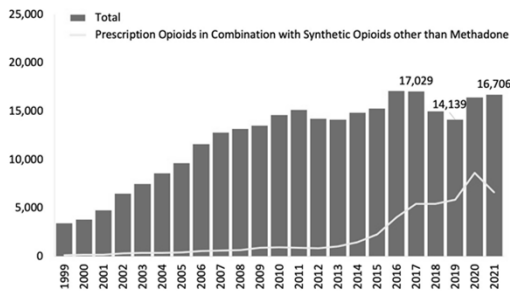


<https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>

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U.S. Rx Opioid Overdose Deaths

Figure 4. National Overdose Deaths Involving Prescription Opioids*, Number Among All Ages, 1999-2021



*Among deaths with drug overdose as the underlying cause, the prescription opioid subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2) or methadone (T40.3). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999–2021 on CDC WONDER Online Database, released 1/2023.

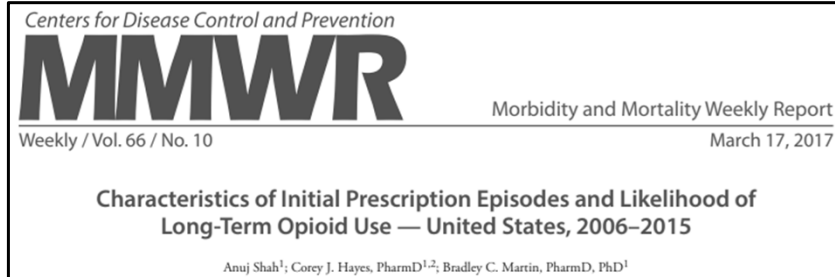


Source: CDC, Prescription Drug Use and Trends Report, 2021. Data for 2021 is preliminary. For more information on MME dispensing, visit <https://www.cdc.gov/drugabuse/resources/reports/prescription-drug-use-and-trends-report-2021>.

<https://www.drugabuse.gov/drug-topics/trends-statistics/overdose-death-rates>
<https://www.iqvia.com/insights/the-iqvia-institute/reports/prescription-opioid-trends-in-the-united-states>

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Heroin Headlines

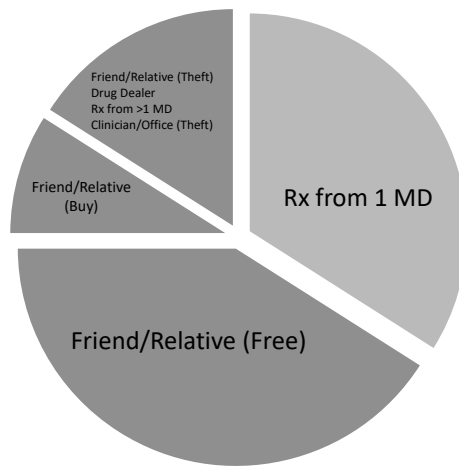


75% of Heroin Utilizers Started with Prescription Opioids



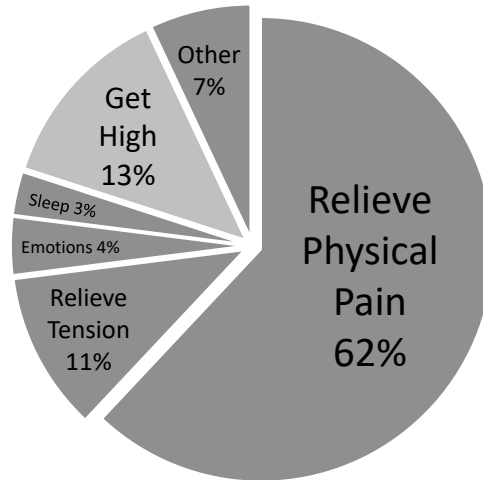
Shah A, et al. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use — United States, 2006–2015. *Weekly* / March 17, 2017 / 66(10): 265–269.

But From Where?



2017 DEA National Drug Threat Assessment. https://www.dea.gov/docs/DIR-040-17_2017-NDTA.pdf

And WHY?



2018 DEA National Drug Threat Assessment (NDTA). <https://www.dea.gov/documents/2018/10/02/2018-national-drug-threat-assessment-nda>

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Just Say NO



<https://www.scientificamerican.com/article/why-just-say-no-doesnt-work/>

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7th Grade Spelling Bee Falure

**Roloids
Vs
Relief**



<https://www.npr.org/2019/05/31/728526221/8-spelling-bee-winners-named-as-co-champions-in-historic-marathon-competition>

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Just Say KNOW



<https://www.scientificamerican.com/article/why-just-say-no-doesnt-work/>

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Social Media

How to Handle Risky Internet Trends Like TikTok's NyQuil Chicken Challenge

NyQuil risks | How youth are influenced | Talking safe use | Takeaway

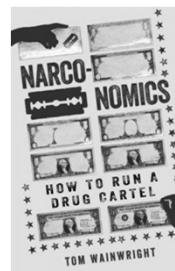
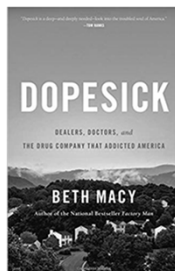
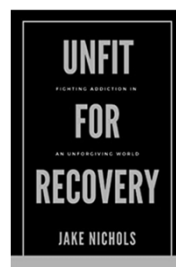
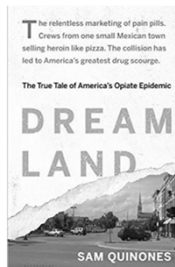
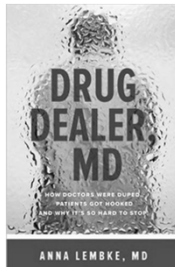
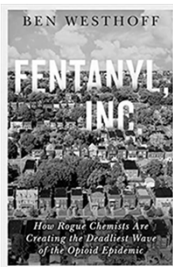


Keith Homan/Shutterstock (NyQuil); Evgeny Tomeev/Shutterstock (chicken)



<https://www.healthline.com/health/dont-eat-tiktoks-nyquil-chicken>

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| Song | Artist | Substance |
|---------------------------------|-----------------------|-----------|
| We Can't Stop | Miley Cyrus | Molly |
| Like a G6 | Far East Movement | DXM |
| Mr. Brownstone | Guns N' Roses | Heroin |
| Master of Puppets | Metallica | Cocaine |
| We Found Love (Yellow Diamonds) | Rihanna | MDMA |
| Semi-Charmed Life | Third Eye Blind | Meth |
| Snow (Hey Oh) | Red Hot Chili Peppers | Cocaine |
| Interstate Love Song | Stone Temple Pilots | Heroin |
| Cocaine | Eric Clapton | Cocaine |
| Because I Got High | Afroman | Marijuana |
| Mother's Little Helper | The Rolling Stones | Valium |
| Brown Sugar Dead Flowers | | Heroin |

<http://www.rollingstone.com/music/lists/10-songs-you-didnt-know-were-about-drugs-20130614/mgmt-time-to-pretend-19691231>

<http://loudwire.com/top-10-songs-about-drugs/>

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Dextromethorphan

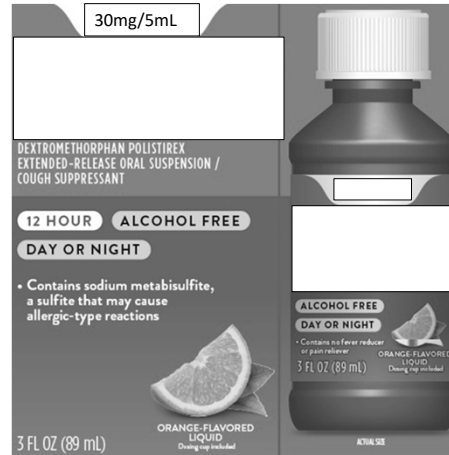
DXM

| Dose (mg) | Effects |
|-----------|---------------------------------|
| Low | Cough Suppressant |
| Moderate | Pain Management |
| 100-200 | Mild Stimulation |
| 201-400 | Euphoria & Hallucinations |
| 401-600 | Distorted Vision & Coordination |
| 601-1500 | Dissociative Sedation |

Drug Facts

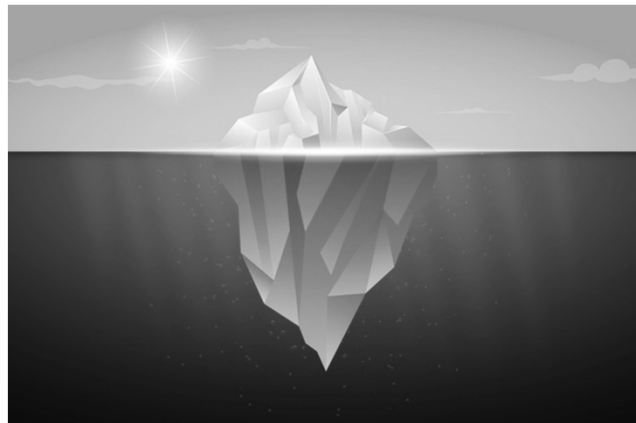
Active ingredient (in each 5 mL)
 Dextromethorphan polistirex equivalent to
 30 mg dextromethorphan hydrobromide.....Cough suppressant

Purpose



Clinical Pharmacology Online Database.



Addiction: Root Causes



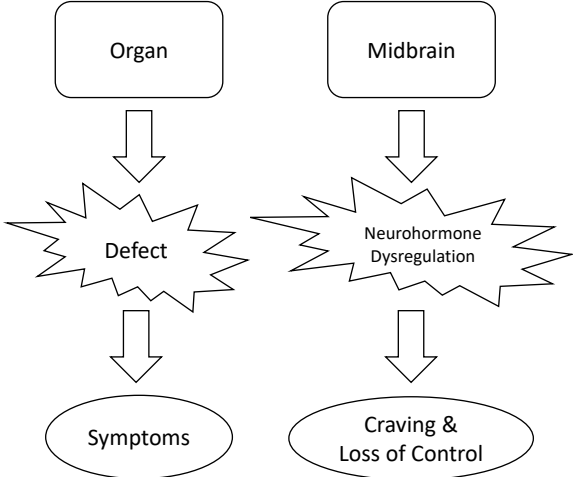
<http://mmjnz.org/healthfacts/never-waste-cannabis-root-again-it-can-save-your-life/>
https://www.freepik.com/free-vector/iceberg-illustration-concept_9926600.htm#page=1&query=iceberg%20underwater&position=0&from_view=keyword

Substance Use Disorder (Addiction)

Choice Theory

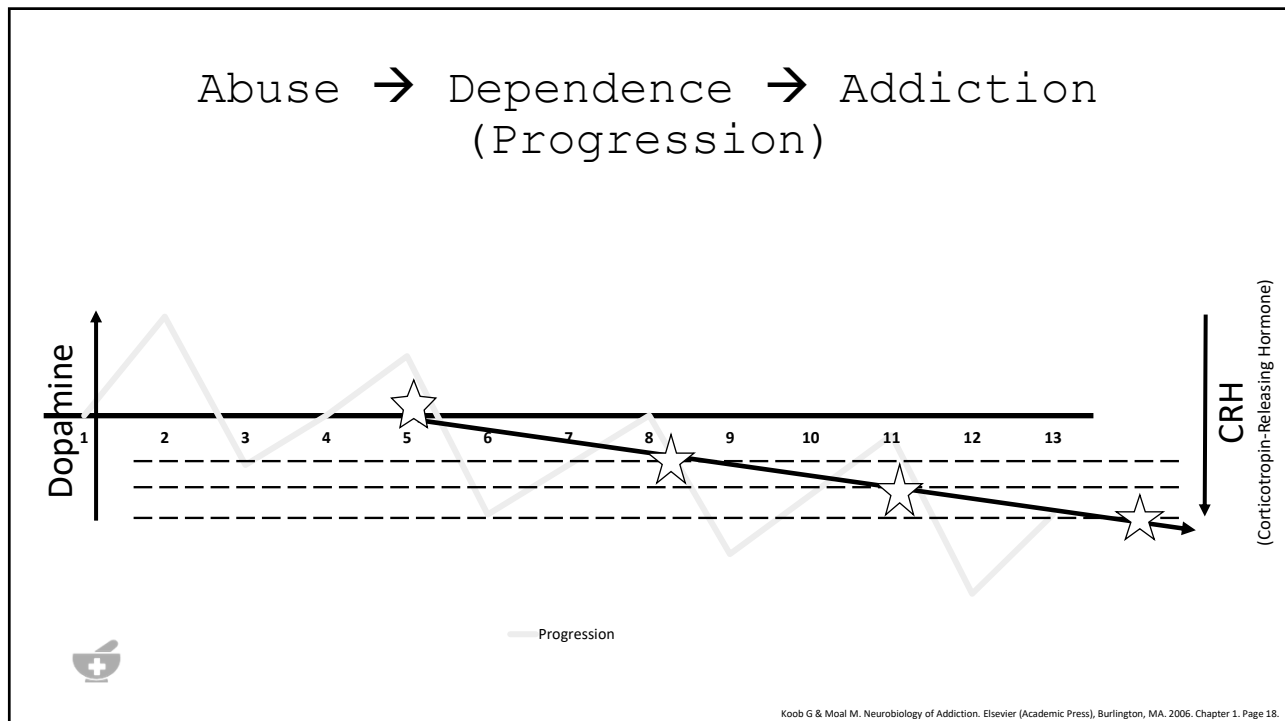



Disease/Condition Theory



<https://decisiontimechurch.com/2017/09/06/decision-time/>

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Help

General Public

SAMHSA Helpline

- 1-800-662-4357 (1-800-662-HELP)

Veteran's Crisis Line

- 1-800-273-8255, Option 1

Narcotics Anonymous (Personal)

- 818-700-0700

Nar-Anon (Family/Friends)

- 1-800-477-6291

Local Organizations?

- **1-844-HELP-4-WV**

Healthcare Professionals

Boards of Pharmacy

Pharmacists Recovery Networks (PRN)

- <http://www.usaprn.org/>

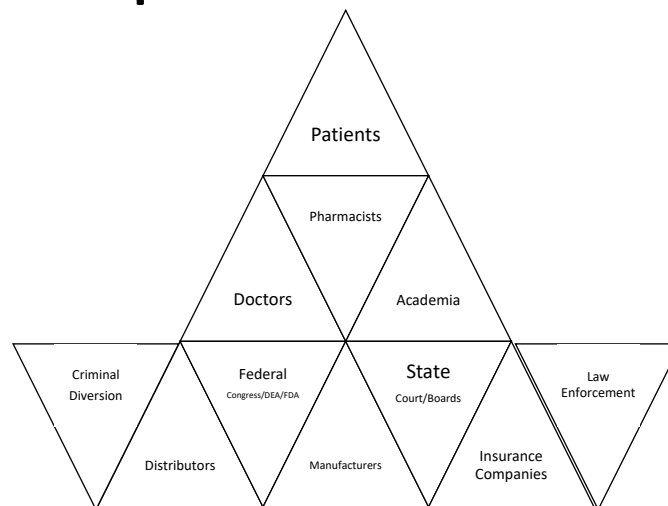
HCP SUD Typical Treatment

- Mandated or Voluntary
- Typically ~5 Years of Monitoring
- Drug Screenings & Tests
- Group Therapy
- Possible Suspended employment until PRN approves (~Setting)



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Everyone Keeps the Boat Afloat



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Controlled Substances



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1970 Controlled Substance Act

- Registration mandated for manufacturing & distribution
- Established Bureau of Narcotics & Dangerous Drugs (within Justice Department)
- Established 5 Controlled Substances Classes



<https://www.deadiversion.usdoj.gov/schedules/>

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DEA Orange Book

| CONTROLLED SUBSTANCES - BY CSA SCHEDULE - | | | | |
|---|------------|---------|------|---------------------------|
| SUBSTANCE | DEA NUMBER | CSA SCH | NARC | OTHER NAMES |
| (1-(4-Fluorobenzyl)-1H-indol-3-yl)(2,2,3,3-tetramethylcyclopropyl)methanone | 7014 | I | N | FUB-144 |
| 1-(1-Phenylcyclohexyl)pyrrolidine | 7458 | I | N | PCPy, PHP, rollicyclidine |

Lists of:
Scheduling Actions
Controlled Substances
Regulated Chemicals



<https://www.deadiversion.usdoj.gov/schedules/orangebook/orangebook.pdf>
https://www.deadiversion.usdoj.gov/schedules/orangebook/e_cs_sched.pdf

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U.S. Controlled Substance Classes

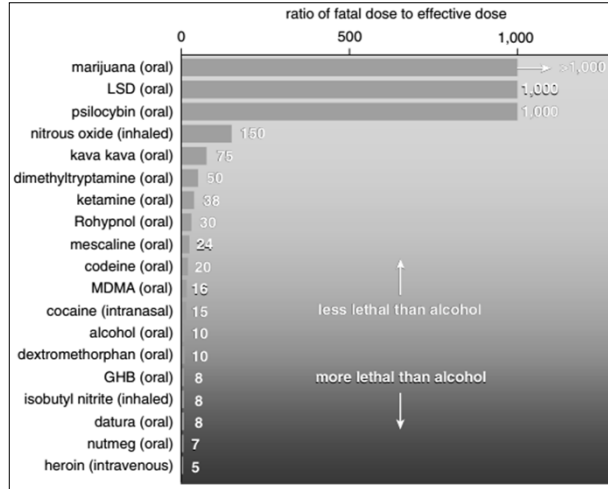
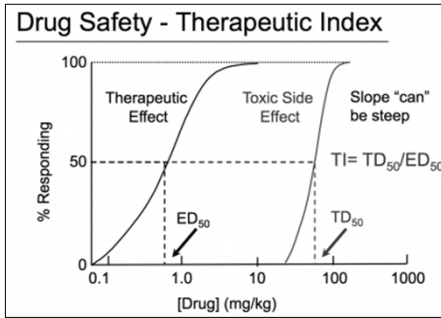
| Class | Criteria | Medications | Substances |
|-------------------|--|---|---------------------|
| Five (C5) | Medical use Low Abuse Potential Limited Quantities | Promethazine with Codeine | Sizzurp |
| Four (C4) | Medical Use Low Abuse Potential | Tramadol pentazocine/naloxone | Benzos |
| Three (C3) | Medical Use Moderate Addiction Potential | ketamine, buprenorphine, dihydrocodeine/APAP, & APAP/codeine | Special K Bup |
| Two (C2) | Medical Use High Addiction Potential | cocaine, methamphetamine, tapentadol, morphine, hydrocodone, oxycodone, methadone, & fentanyl | Carfentanyl Meth |
| One (C1) | No Accepted Medical Use High Addiction Potential | Diacetylmorphine (Heroin), LSD, MDMA, & PCP | |



<https://www.deadiversion.usdoj.gov/schedules/>

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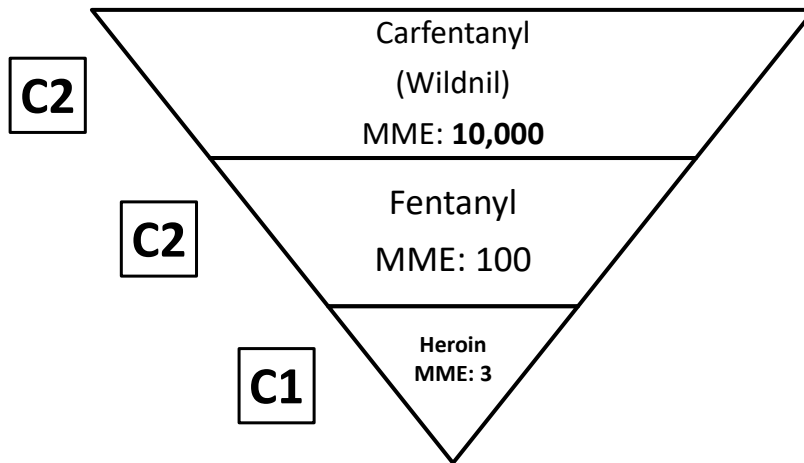
Therapeutic Index



The Toxicity of Recreational Drugs. American Scientist. 2006. Volume 94, 206-208.

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2 + 2 = 1 ?







DEA 2018 National Drug Threat Assessment (NDTA). <https://www.dea.gov/documents/2018/10/02/2018-national-drug-threat-assessment-nda>
https://www.dailymem.com/region/fentanyl-deaths-from-mexican-oxy-pills-hit-arizona-hard/article_16de8b44-9542-56b9-acd9-f5f5fa9c808a.html

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It's All About the Dosage Baby!

Paracelsus

"All things are poison and nothing is without poison; only the dose makes a thing not a poison."

| APPLE SEEDS | PEARS | POTATOES | COURGETTES |
|---|---|---|---|
|  |  |  |  |
| CONTAIN AMYGDALIN ~0.6g/kg of seeds | CONTAIN FORMALDEHYDE ~0.06g/kg | CONTAIN SOLANIN ~0.2g/kg (higher in green potatoes) | CONTAIN CUCURBITACIN E Variable (higher in bitter courgettes) |



<https://www.chemicalsafetyfacts.org/dose-makes-poison-gallery/>

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Poison Center

1-800-222-1222

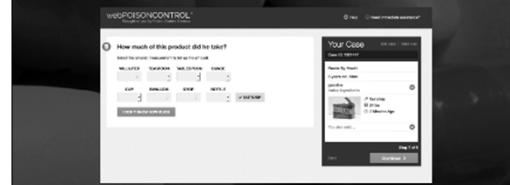
POISON CONTROL
National Capital Poison Center

Help & FAQ | Need immediate assistance? | Search

Poison & Prevention Info | Act Fast | The Poison Post® | Pill Identifier | Order Materials | Batteries | **DONATE NOW**

Call POISON CONTROL to
speak to an expert
1-800-222-1222

Use the web**POISONCONTROL**®
online tool



<https://www.poison.org/>

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A Sobering Volkow Thought...

- “The effects of a drug (legal or illegal) on individual health are determined not only by its pharmacologic properties but also by its availability and social acceptability.”
- “Legal drugs (alcohol and tobacco) offer a sobering perspective, accounting for the greatest burden of disease associated with drugs not because they are more dangerous than illegal drugs, but because their legal status allows for more widespread exposure.”



Volkow N. Adverse Health Effects of Marijuana Use. NEJM. 370:23. June 5, 2014.

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Best Practices

Patient Education

- Patient & Provider Agreements/Contracts
- Treatment Goals (Pain Reduction, Improved Function, & End of Therapy)
- Proper medication storage and disposal

Treatment Selection

- Mental Health Assessments (Psychological Evaluation & Opioid Risk Screening)
- Drug Interaction Review (Drug-Drug, PD, PK, & PGx)
- Naloxone Education


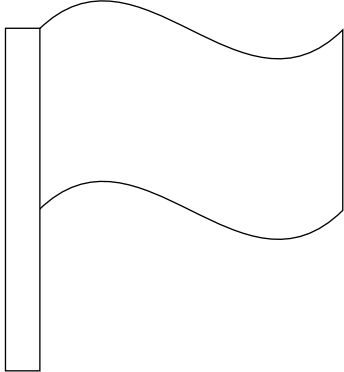
Adherence & Diversion Monitoring

- Pill Counts
- Urine Drug Monitoring
- PDMP Review
- Monitoring for Red Flags




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Controlled Substances Red Flags



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Publication of Red Flags



Prior to 2022
DEA Red Flags
(Court Cases)

2022
Practical Pain
Management
(Now: Med Central)

2023
National Opioid
Settlement



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6). <https://nationalopioidsettlement.com/>

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Publication of Red Flags



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6). <https://nationalopioidsettlement.com/>

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DEA Red Flags Prescribers

1. Out-of-Area patients
2. Out-of-Pocket-Only paying patients (i.e., no use of insurance even if available)
3. Prescribing the same (high) quantities controls to most/every patient
4. High number of prescriptions in general issued per day
5. Prescribing of the same combination of highly-abuse drugs



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).

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DEA Red Flags Dispensers

1. Dispensing a high ratio of controlled to non-controlled drugs
2. Dispensing high volumes of controlled substances generally
3. Dispensing identical prescriptions prescribed by the same prescriber to many patients
4. Dispensing to out-of-area patients
5. Dispensing to multiple patients with the same last name or address
6. Filling sequentially numbered controlled substance prescriptions from the same prescriber
7. Filling prescriptions for controlled substances for one patient from multiple practitioners
8. Dispensing for patients seeking early prescription fills/refills



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).

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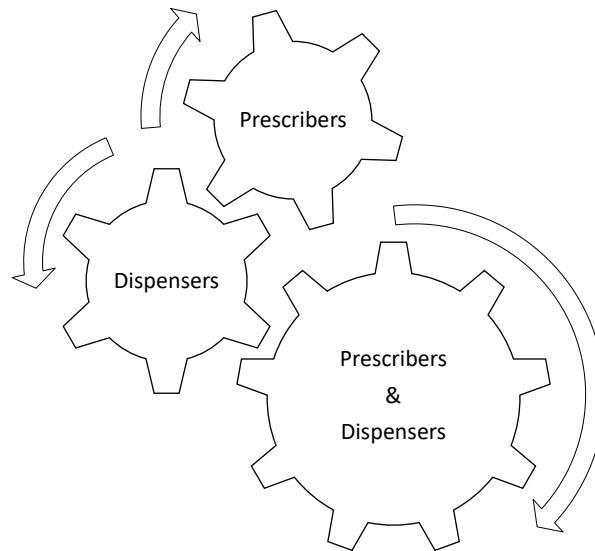
Publication of Red Flags



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).
<https://nationalopioidsettlement.com/>

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Controlled Substance Concerns



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6). <https://www.practicalpainmanagement.com/issue202206/prescribing-and-dispensing-controlled-substances-when-to-pump-the-brakes>

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Controlled Substance Concerns

Prescribers & Dispensers (Part 1 of 2)

- Medication of known recent regional abuse trends
- Patient implied or direct safety threats upon healthcare professional
- Patient is overly flattering and complimentary beyond typical human interaction
- Patient has a history of untruthfulness when filling controlled substance prescriptions
- Patient exhibiting physical signs/symptoms of substance abuse or withdrawal
- Patient requesting specific medication, formulation, dose, and/or manufacturer



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).

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Controlled Substance Concerns Prescribers & Dispensers (Part 2 of 2)

- Current provider is out-of-town, retiring, or recently retired
- Patient requesting last appointment of day/week (w/o reasonable justification)
- Controlled substance prescription that the healthcare professional knows or reasonably believes will be shared with others or sold (i.e., diversion)
- Patient has a criminal record of drug diversion
- Patient has a known SUD and is requesting a controlled substance outside of MAT without verified reasoning (e.g., acute pain, concurrent diagnoses, etc.)



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).

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Controlled Substance Concerns Prescribers (Exclusively)

- No medical history attained
- No appropriate physical exam performed
- No patient chart, record, or file kept
- Prescriber consistently initiating CS before Non-CS (or even Non-Rx)
- Noticeably large daily number of Rx's
- Patient exhibiting a dramatic, compelling, yet vague, chief complaint
- Patient desiring only one type of medication and unconcerned with diagnosis
- Patient medication allergies to commonly utilized pain medications (NSAIDs, APAP, etc.)
- Urine Drug Monitoring is negative for prescribed medications and/or metabolites
- Symptoms contradict clinical observations



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).

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Controlled Substance Concerns Dispensers (Exclusively)

- Patient utilized multiple pharmacies (beyond cost savings strategies)
- Patient presents various Rxs, but only wants the CS
- Patient presents a CS Rx for someone else (w/o verified justification)
- Prescription outside the scope of a prescriber's practice
- Prescriber's state license expired or DEA Registration suspended/revoked
- Papyrus Prescription appears to be altered or forged
- Other Pharmacy refused to fill Rx for verified justification



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6).

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Publication of Red Flags



Garofoli MP, "Prescribing and Dispensing Controlled Substances: When to Pump the Brakes". Practical Pain Management. 2022; 22(6). <https://nationalopioidsettlement.com/>

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Red Flags

National Opioid Settlement

Teva & Allergen
Settlements

Walmart,
Walgreens, & CVS
Settlements

Distributor &
Janssen Settlements

FAQs, Explanatory
Charts, & Frequently
Referenced
Documents

State Participation
Chart & Documents



<https://www.drugtopics.com/view/national-pharmacy-chain-opioid-settlements-poised-to-affect-independent-pharmacies>
<https://nationalopioidsettlement.com/>

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Red Flags

National Opioid Settlement

- A Red Flag shall not automatically mean prescription is illegitimate, yet must be resolved
- Resolution → RPh believes legitimate diagnosis & scope
- Resolutions & Rejections → Documentation



<https://nationalopioidsettlement.com/>

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Red Flags

National Opioid Settlement

Red Flags (Patient)

1. CS-2 Refill Too Soon by > 3 Days
2. Doctor Shopping (CS > 4 Previous Prescribers of Separate Practices over 6 months)
3. Prescriber has > 10 documented CS refusals within 6 months
4. Previous 3 other CS from multiple prescribers with overlapping days within 30 days
5. Distance between patient's residence and pharmacy > 50 miles
6. Distance between patient's residence and prescriber > 100 miles
7. Previous 2 CS refusals within 30 days
8. Cash pay despite having prescription insurance coverage
9. >= 3 Patients appear together for the same CS
10. Slang Term Medication Request (e.g., "Mallinckrodt blues," "M's", or "the blue pill")
11. Patient appears visibly altered, intoxicated, or incoherent



<https://nationalopioidsettlement.com/>

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Red Flags

National Opioid Settlement

RED FLAGS (PRESCRIPTION)

1. Fails to meet law requirements
2. Misspellings
3. Atypical Abbreviations
4. Multiple Colors of Ink or Multiple Handwritings

RED FLAGS (PRESCRIBER)

1. CS-2 + Benzodiazepine + Carisoprodol
2. Prescriber has no office within 50 miles of pharmacy
3. Prescriber utilizes preprinted or stamped prescription pads



<https://nationalopioidsettlement.com/>

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Prescription Monitoring Programs



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Prescription Monitoring Programs

- PMPs
- PDMPs
- CSMPs
- Board of Pharmacy Reports



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Prescription Drug Monitoring Programs

PDMPs

Current Practices (Not Universal)

- NARxCHECK®
 - Appriss owned, same company with PDMP software and MethCheck (pseudoephedrine sales)
- Pharmacies utilizing a Driver's License ID Checking System
 - Same devices that are utilized by establishments selling alcohol, tobacco, etc.
 - Smartphone apps (utilize phone camera) or traditional scanning devices

Future Possibilities

- All States Reporting and Sharing via One National System
- All Prescription Drugs (not just controlled substances)
 - Nebraska already developed for use back in 2018



<https://apprisshealth.com/wp-content/uploads/sites/2/2017/02/NARxCHECK-Score-as-a-Predictor.pdf>

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WV Controlled Substance Monitoring Program

CSMP

<https://www.csapp.wv.gov/Account/Login.aspx>

- Prescription Drug Monitoring Program (PDMP)
- Controlled Substance Monitoring Program (CSMP)
- Controlled Substance Automated Prescription Program (CSAPP)
- "The Board of Pharmacy" (not in all states)



Permission to utilize information and screenshot granted by WV CSMP Director

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WV CSMP

Registration & Use

- All licensees who dispense Schedule II, III, and IV controlled substances to residents of WV must provide the dispensing information to the WV Board of Pharmacy (BOP) each 24-hour period basis.
- All licensed prescribers must check the PDMP at the initiation of opioid therapy and at a minimum of annually thereafter.
- A physician working in a licensed pain management clinic must check the PDMP at the initiation of the controlled substance therapy and at least every 90 days thereafter.



<https://www.csapp.wv.gov/Account/Login.aspx>

<https://www.wvbp.com/about/annualreports.asp>

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WV CSMP

Fake Report Example

| West Virginia Controlled Substance FullName Report | | | | | | | | | | Report Date | | | |
|--|----------------------|----------------------|---------------------|-----------------|------------------|------------------------------------|-----------------------------|--------------------|-----|-------------|------------|-------|--------------|
| From | | To | | Date of Birth | | Sex | | Prescription Count | | 14 | | | |
| First Name | | Middle Name | | Last Name | | Address | | | | | | | |
| ALICE | | D | | WHITE | | PO BOX 583 HAPPYTOWN WV 26164 0583 | | | | | | | |
| Prescriber Name | Prescriber DEA & Zip | Dispenser Name | Dispenser DEA & Zip | Rx Written Date | Rx Dispense Date | Rx Number | Product Name | Strength | Qty | Days | # of Refil | Sched | Payment Type |
| JAMES DASH | ZZ1234567 25111 | ACME PHARMACY | ZZ1234567 25111 | 06/08/2013 | 6/8/2013 | 340227 | ALPRAZOLAM | 0.5 MG | 30 | 30 | 0/0 | CIV | Cash |
| JAMES DASH | ZZ1234567 25111 | MEDICINE DISP | YY1234567 25111 | 06/08/2013 | 6/8/2013 | 340228 | APAP/HYDROCODONE BITARTRATE | 500 MG-5 MG | 75 | 30 | 0/0 | CIII | Medicac |
| JAMES GAAL | XG1234567 25111 | RITEAID11SMITHST | WW1234567 25111 | 06/03/2013 | 6/3/2013 | 1245566 | ZOLPIDEM TARTRATE TABLETS | 10 MG | 30 | 30 | 0/0 | CIV | Medicac |
| MICHAEL SMITH | FF1234567 25111 | FAMILY PHARMACY | ZZ1234567 25111 | 05/31/2013 | 5/31/2013 | 4404908 | APAP/HYDROCODONE BITARTRATE | 500 MG-5 MG | 20 | 5 | 0/0 | CIII | Insure |
| JAMES DASH | ZZ1234567 25111 | RITEAID11SMITHST | YY1234567 25111 | 05/09/2013 | 5/9/2013 | 1240858 | APAP/HYDROCODONE BITARTRATE | 500 MG-5 MG | 75 | 30 | 0/0 | CIII | Cash |
| JAMES DASH | ZZ1234567 25111 | RITEAID11SMITHST | WW1234567 25111 | 05/09/2013 | 5/9/2013 | 1240859 | ALPRAZOLAM TABLETS | 0.5 MG | 30 | 30 | 0/0 | CIV | Medicac |
| JANE DOE | MM1234567 25111 | FRUTH, PHARMACY #999 | ZZ1234567 25111 | 05/04/2013 | 5/4/2013 | 4095848 | HYDROCODONEAPAP | | 18 | 3 | 0/0 | CIII | Medicac |
| FRED FLINT | MM1234567 25111 | RITEAID11SMITHST | YY1234567 25111 | 05/01/2013 | 5/1/2013 | 1239145 | ZOLPIDEM TARTRATE TABLETS | 10 MG | 30 | 30 | 0/0 | CIV | Insure |
| JAMES DASH | ZZ1234567 25111 | THE PHARMACY, INC | WW1234567 25111 | 04/03/2013 | 4/9/2013 | 4098593 | ALPRAZOLAM | 0.5 MG | 30 | 30 | 0/0 | CIV | Cash |
| JAMES DASH | ZZ1234567 25111 | THE PHARMACY, INC | ZZ1234567 25111 | 04/03/2013 | 4/9/2013 | 4098594 | APAP/HYDROCODONE BITARTRATE | 500 MG-5 MG | 75 | 25 | 0/0 | CIII | Medicac |
| FRED FLINT | MM1234567 25111 | RITEAID11SMITHST | YY1234567 25111 | 04/03/2013 | 4/3/2013 | 1233362 | ZOLPIDEM TARTRATE TABLETS | 10 MG | 30 | 30 | 0/0 | CIV | Medicac |
| JAMES DASH | ZZ1234567 25111 | RITEAID11SMITHST | WW1234567 25111 | 03/10/2013 | 3/10/2013 | 1228183 | APAP/HYDROCODONE BITARTRATE | 500 MG-5 MG | 75 | 30 | 0/0 | CIII | Insure |
| JAMES DASH | ZZ1234567 25111 | RITEAID11SMITHST | WW1234567 25111 | 03/10/2013 | 3/10/2013 | 1228184 | ALPRAZOLAM TABLETS | 0.5 MG | 30 | 30 | 0/0 | CIV | Cash |
| FRED FLINT | MM1234567 25111 | RITEAID11SMITHST | WW1234567 25111 | 03/05/2013 | 3/5/2013 | 1227272 | ZOLPIDEM TARTRATE TABLETS | 10 MG | 30 | 30 | 0/0 | CIV | Cash |



<https://www.wvbp.com/about/annualreports.asp>

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WV CSMP

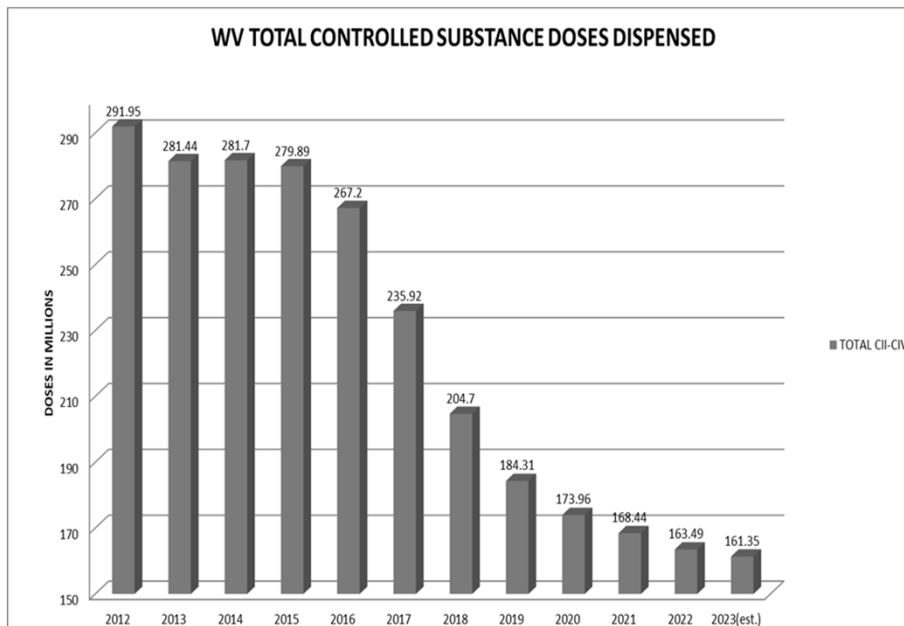
- Interstate Data Sharing (23 Total States & DC)
 - All Bordering States: VA, OH, KY, MD, & PA
 - 18 Non-Bordering States: SC, CT, IN, AZ, NV, KA, NM, MA, NY, MN, CO, etc. (and DC)
- History
 - 1995: Established (C2's only)
 - 2002: Expanded to C3's, C4's, & C5's; & Shifted from Paper to Electronic Database
 - 2004: Rx Reporting via Internet
 - 2013: Major Upgrade with Rx Data reported within 24 hours
 - 2016: MME & Naloxone reporting began in 2016
- Advisory & Data Review Committees
 - 4 Quarterly "Abnormal Prescriber" Reports sent to licensing boards



<https://www.wvbop.com/about/annualreports.asp>

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WV TOTAL CONTROLLED SUBSTANCE DOSES DISPENSED



<https://www.wvbop.com/about/annualreports.asp>

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WEST VIRGINIA 2021 CONTROLLED SUBSTANCE DOSES

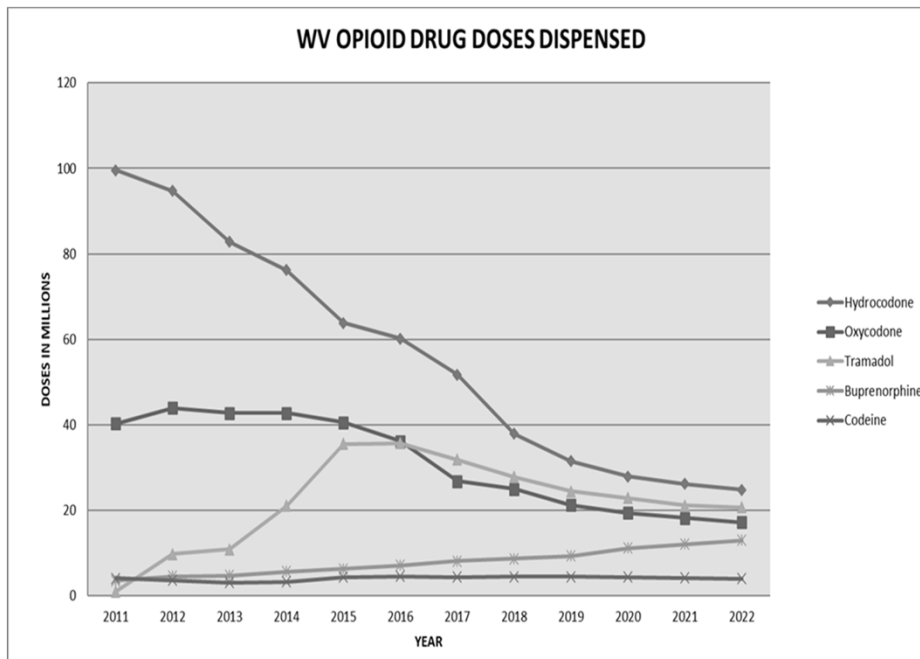
| Rank | Drug Category | Schedule | No. Dispensed |
|-------------|---------------------------|-----------------|-----------------------|
| 1. | Hydrocodone Products | II | 26.13 Million |
| 2. | Tramadol Products | IV | 21.11 Million |
| 3. | Alprazolam Products | IV | 18.34 Million |
| 4. | Oxycodone Products | II | 18.23 Million |
| 5. | Clonazepam Products | IV | 12.44 Million |
| 6. | Buprenorphine Products | III | 12.07 Million |
| 7. | Lorazepam Products | IV | 11.32 Million |
| 8. | Amphetamine Products | II | 8.21 Million |
| 9. | Zolpidem Products | IV | 5.57 Million |
| 10. | Diazepam Products | IV | 4.83 Million |
| 11. | Codeine Products | III | 4.19 Million |
| 12. | Methylphenidate Products | II | 2.56 Million |
| | All Other Products | II-IV | 23.44 Million |
| | TOTAL | II-IV | 168.44 Million |
| | Gabapentin | V | 60.95 Million |
| | Pregabalin | V | 9.62 Million |



<https://www.wvbop.com/about/annualreports.asp>

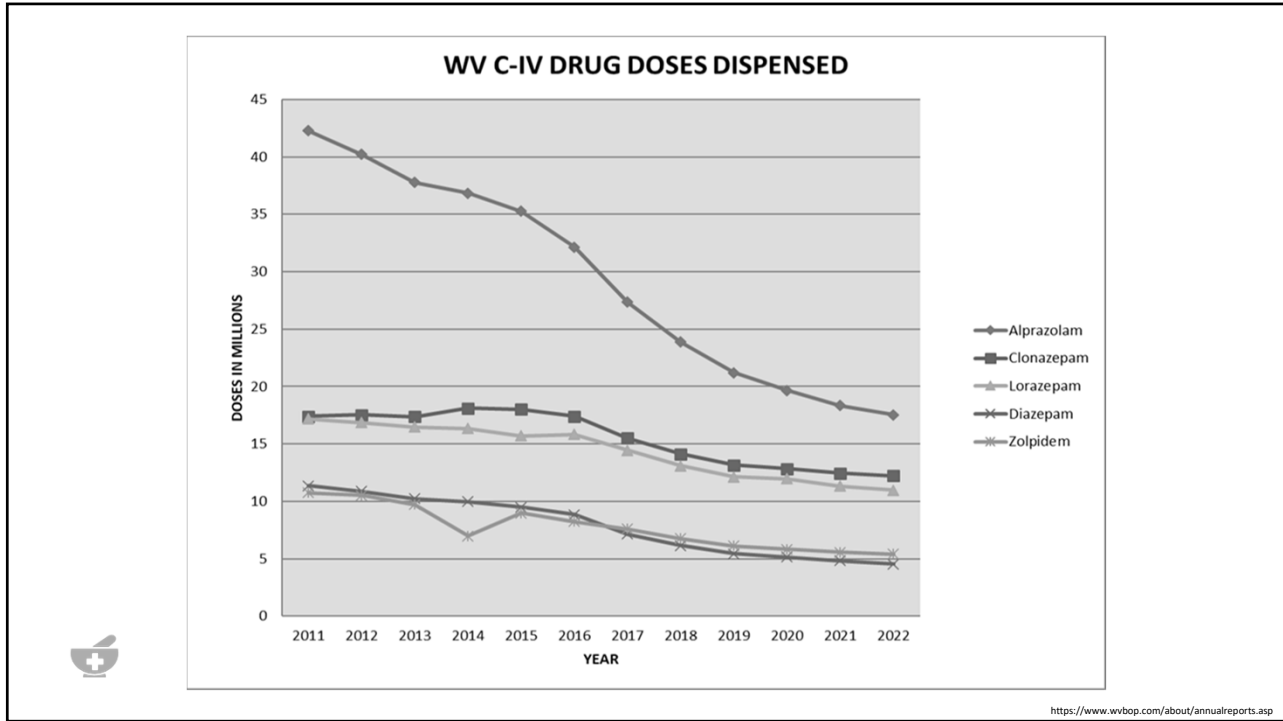
59

WV OPIOID DRUG DOSES DISPENSED

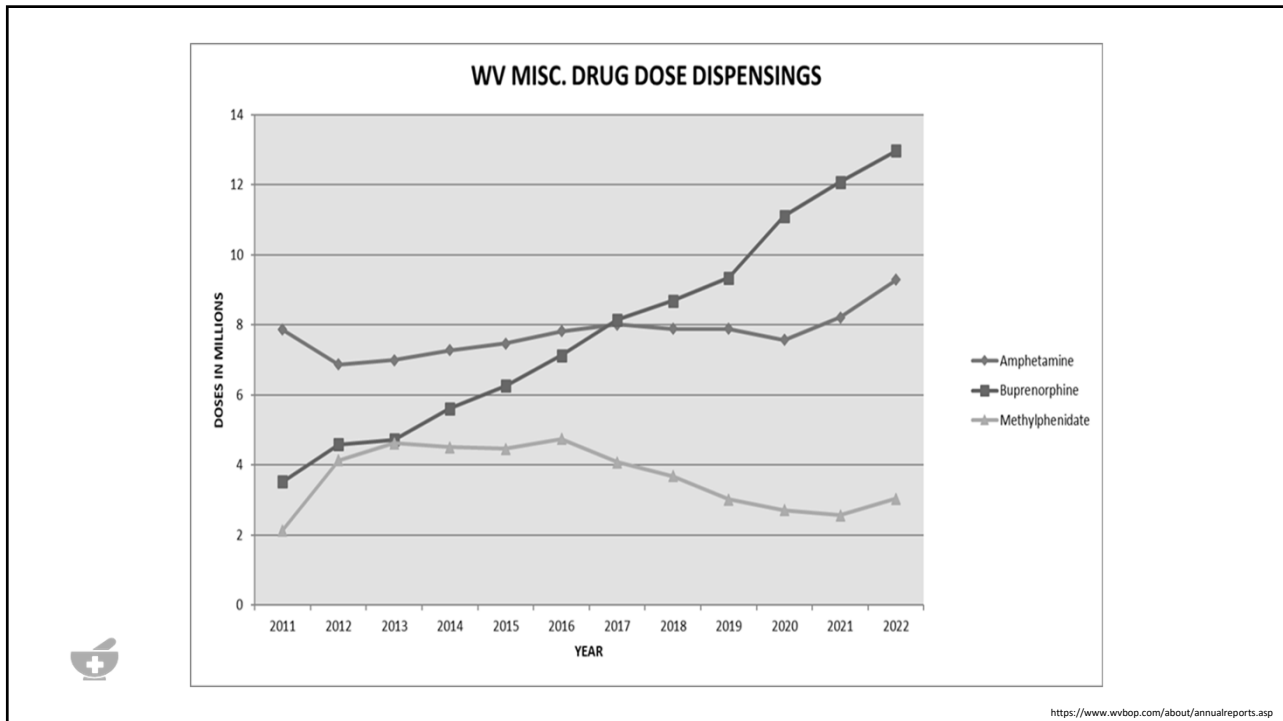


<https://www.wvbop.com/about/annualreports.asp>

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Prescriber Report Cards

Fake Example

| Number of Prescriptions | | |
|-------------------------|--------------------|-----------------------|
| Schedule Type | Prescription Count | Average for Specialty |
| CII | 877 | 44 |
| CIV | 825 | 75 |
| CIII | 36 | 16 |
| R | 1 | 0 |

| Top Drugs Prescribed | |
|--|-------|
| Product Name | Count |
| Hydrocodone Bitartrate And Acetaminophen | 574 |
| LORAZEPAM | 378 |
| Alprazolam | 350 |
| Morphine Sulfate | 190 |
| TRAMADOL HCL | 170 |

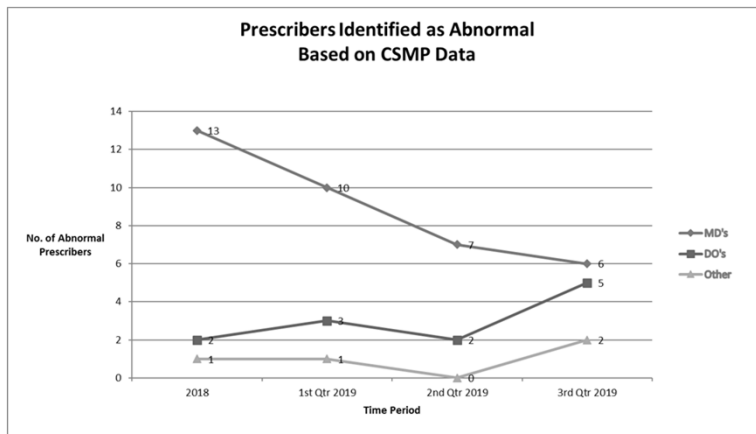
| Top Drugs Average Prescribed by Specialty | |
|---|---------------|
| Product Name | Average Count |
| GABAPENTIN | 28 |
| Hydrocodone Bitartrate And Acetaminophen | 19 |
| Alprazolam | 16 |
| TRAMADOL HCL | 11 |
| Zolpidem Tartrate | 10 |



<https://www.wvbop.com/about/annualreports.asp>

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Abnormal Prescribing Trends



Top 5% of 4-of-5 Parameters

1. Average MED per Rx
2. Total MME prescribed
3. Total opioid Rx's
4. # of unique opioid patients
5. Patients with Opioid/Benzo



<https://www.wvbop.com/about/annualreports.asp>

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PDMP Potential Concerns

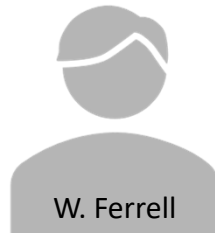
- Naloxone ???
- Methadone ???
- Veterans Administration (VA) ???
- Pet Meds ???
- Maiden Names ???
- Misspelled Names ???
- Full/Short Names (Lucas vs Luke) ???



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**That's All Great,
But What Do I Actually Do???**

I don't know what to do with my hands?!?



W. Ferrell

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DEA # Verification



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DEA Number Verification

- 1st letter
 - **A/B/F/G** = Physician
 - **M** = Mid-Level Provider
 - **X** = Medication Assisted Treatment (MAT)
- 2nd letter
 - 1st Letter of Last Name
- Last Digit within DEA Number
 - Rightmost digit of combination = Odd (1x) & Even (2x)
 - Add "Odd #s" (1st, 3rd, & 5th)
 - Add "Even #s" (2nd, 4th, & 6th), and multiply the sum by 2
 - Add "Odd #s" & the "Double Even #s" together



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DEA Number Verification

Example

AP1234563

- Dr. Payne, Pain Management Specialist MD
- Odd Numbers: $1 + 3 + 5 = 9$
- Even Number: $2 + 4 + 6 = 12 \times 2 = 24$
- Combination: $9 + 24 = 33$



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Geography

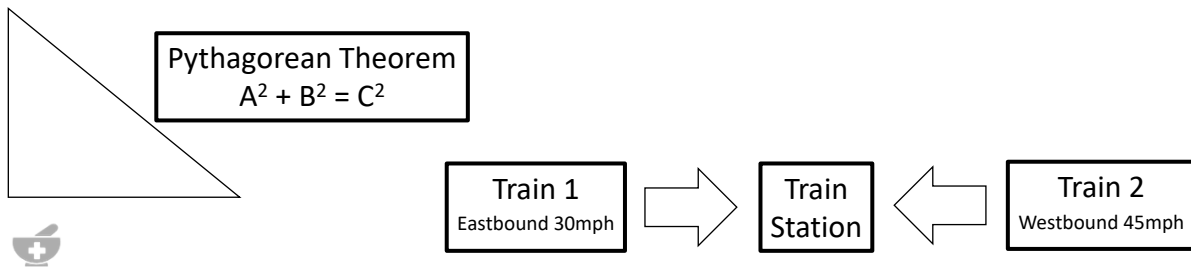


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Potential Geographical Concerns

How Far is “Too Far”?

- Patient Home Location
- Prescriber Location
- Pharmacy Location



71

Potential Geographical Concerns Case


Ms. Fay Kinet presents to your pharmacy with a prescription from Dr. Phil Good for hydrocodone/apap 10/325mg #120 (1 tablet every 4 to 6 hours as needed for pain).

- Fay lives 70 miles east of your pharmacy
- Phil’s practice is 60 miles north of Fay’s house



72


Lost Medication



73

Potential Lost Medications Concerns

| | | |
|---------------------------|---------------|---------------|
| Airline Travel | Stolen | Toilet |
|---------------------------|---------------|---------------|



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Potential Lost Medications Concerns Case

“My pain medicine fell into the toilet and is now in the ocean”

Would you provide replacement medication?

What if the patient was your Mother-in-Law or Best Friend?



75

Handling Suspicion



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When Suspicion Arises

Observed Best Practices

- Eliminate personal or judgmental biases
- Calm, collected, knowledgeable, and well researched approach
 - “Never pick up a phone until you’ve completed research”
- Conversation with respective prescriber/dispenser
 - May not even be aware
- Conversation with respective patient
 - “There’s two sides to every coin”
 - “False positives”

Emotional
Intelligence



Presenter Observed Best Practices

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When Suspicion is Confirmed

Observed Best Practices

- Treatment can continue with alternative therapies
- Refer to an addiction specialist, or an entity that can facilitate connection
- Contact law enforcement if there’s concern for anyone’s safety
- Reference the patient and provider agreement/contract
- Avoid patient abandonment
- Ensure universal respect while upholding federal/state laws



Presenter Observed Best Practices

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DEA Reporting

Online

<https://apps.deadiversion.usdoj.gov/rxaor/spring/main?execution=e1s1>

Phone

1-877-RX-Abuse
(1-877-792-2873)



<https://www.deadiversion.usdoj.gov/Reporting.html>

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Corresponding Legal Responsibility

Title 21 Code of Federal Regulations

§1306.04 (a) Purpose of issue of prescription

- 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



https://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_04.htm

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OBRA '90

It is an expected best practice, to not only offer patient counseling as required by OBRA 1990 law, but to proactively counsel (discuss) any and all dispensed prescriptions with respective patients.



<https://www.cms.gov/files/document/patientcounselingbooklet111414pdf>

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Patient Counseling At Its Best

- ~~I need you to sign here.~~
- ~~Do you have any questions?~~
- This medication might turn your urine purple.
Pause Do you have any questions?



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Avoiding Stigmatic Communications

| Stigmatic Terminology | Recommended Terminology |
|-----------------------|--|
| Aberrant Behaviors | Using Medication Not as Prescribed or Intended |
| Abuse | Non-Medical Use |
| Addict | Person with Substance-Use Disorder |
| Clean/Dirty Urine | Negative versus Positive, or Unexpected |



<https://www.samhsa.gov/capt/sites/default/files/resources/sud-stigma-tool.pdf>
<https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Memo%20-%20Changing%20Federal%20Terminology%20Regarding%20Substance%20Use%20and%20Substance%20Use%20Disorders.pdf>

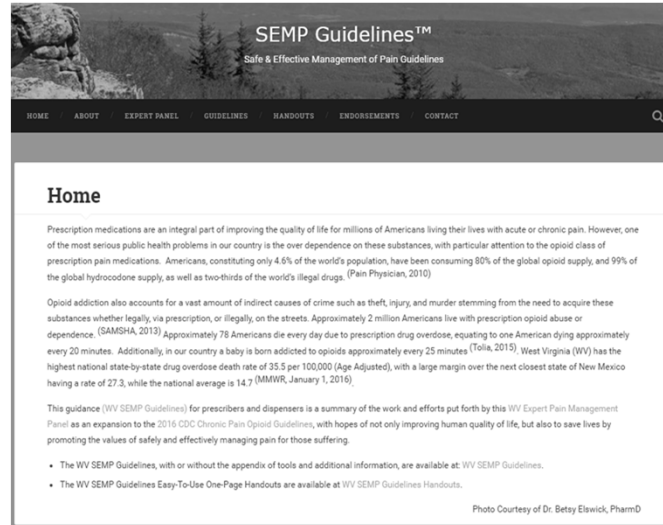
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Guidelines



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www.sempguidelines.org



www.sempguidelines.org

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WV Original Expert Pain Management Panel

| Panel Member | Organization/Title |
|--|--|
| Mark Garofoli, (Original Coordinator, Now Vice Chair) | WVU School of Pharmacy Clinical Assistant Professor |
| Timothy Deer, MD (Original Chair, Now Vice Chair) | Centers for Pain Relief President/CEO, & INS President |
| Richard Vaglianti, MD (Vice Chair) | WVU Pain Management Specialist |
| Rahul Gupta, MD | West Virginia Public Health Commissioner |
| Ahmet Ozturk, MD | Marshall University & Huntington Pain Specialist |
| Denzil Hawkinberry, MD | Community Care of West Virginia Pain Specialist |
| Bradley Hall, MD | WV Medical Professionals Health Program Executive Medical Director |
| Matt Cupp, MD | Board Certified Pain Management Specialist |
| Michael Mills, DO | West Virginia Office of Emergency Medical Services Director |
| Jimmy Adams, DO | Active Physical Medicine & Pain Center |
| Richard Gross, PhD | WVU Pain Management Psychologist |
| Jason Roush, DDS | West Virginia State Dental Director |
| Stacey Wyatt, RN | St. Francis Hospital Pain Specialist |
| Vicki Cunningham, RPh | WV Bureau of Medical Services, Pharmacy Services Director |
| Felice Joseph, RPh | PEIA Pharmacy Director |
| Stephen Small, RPh, MS | Rational Drug Therapy Program Director |
| Patty Johnston, RPh | Colony Drug & Wellness Center, Former Owner (Beckley) |
| Charles Ponte, PharmD, CPE | WVU Schools of Pharmacy & Medicine |
| James Jeffries, MS | WV HHR, Division of Infant, Child, & Adolescent Health, Director |
| Michael Goff | West Virginia Prescription Drug Monitoring Program, Administrator |

www.sempguidelines.org

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Biden picks former West Virginia health official as nation's drug czar

Rahul Gupta, ally of Manchin, would oversee drug policy strategy if confirmed



Rahul Gupta, then commissioner of the West Virginia Bureau for Public Health, in Charleston, W.Va., in 2017. (Philip Scott Andrews for The Washington Post)

By Dan Diamond

July 13, 2021 at 11:14 a.m. EDT

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<https://www.washingtonpost.com/health/2021/07/13/biden-gupta-drug-czar/>

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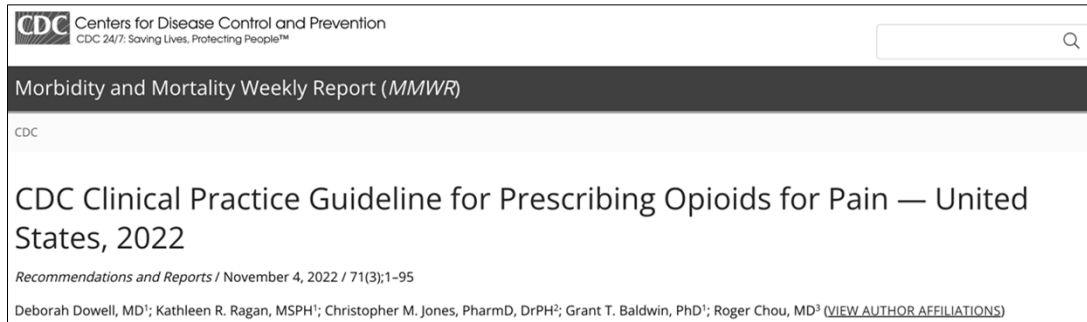
www.sempguidelines.org

| | Noiceptive Pain | Neuropathic Pain | Mixed Pain |
|----------------------|---|--|---|
| 1 st Line | <p>Non-Pharmacological (Active & Passive)</p> <p>APAP then +/-NSAID*</p> <p>Topical Agent (NSAID, Lidocaine, Capsaicin)</p> | <p>Non-Pharmacological (Active & Passive)</p> <p>Acute Trial of NSAID*/APAP</p> <p>Add on Topical Agent (NSAID, Lidocaine, Capsaicin)</p> <p>Gabapentinoids**</p> <p>Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</p> <p>Tricyclic Antidepressant (TCA)</p> | <p>Non-Pharmacological (Active & Passive)</p> <p>Acute Trial of NSAID*/APAP</p> <p>Topical Agent (NSAID, Lidocaine, Capsaicin)</p> |
| 2 nd Line | <p>Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</p> <p>Tricyclic Antidepressant (TCA)</p> <p>Controlled Substance Class IV</p> <p>Consider Referral to Specialist</p> | <p>Anti-Epileptic Drugs (AEDs)</p> <p>Controlled Substance Class IV</p> <p>Consider Referral to Specialist</p> | <p>Gabapentinoids**</p> <p>Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)</p> <p>Tricyclic Antidepressant (TCA)</p> <p>Controlled Substance Class IV</p> <p>Consider Referral to Specialist</p> |
| 3 rd Line | <p>Combination 1st & 2nd Line Agents</p> <p>Acute Add-On Muscle Relaxer**</p> <p>Controlled Substance Class III</p> <p>Interventional Therapy</p> <p>Controlled Substance Class II (R)</p> <p>Referral to Specialist Needed</p> | <p>Combination 1st & 2nd Line Agents</p> <p>Acute Add-On Muscle Relaxer***</p> <p>Controlled Substance Class III</p> <p>Interventional Therapy</p> <p>Controlled Substance Class II (R)</p> <p>Referral to Specialist Needed</p> | <p>Combination 1st & 2nd Line Agents</p> <p>Acute Add-On Muscle Relaxer**</p> <p>Controlled Substance Class III</p> <p>Interventional Therapy</p> <p>Controlled Substance Class II (R)</p> <p>Referral to Specialist Needed</p> |
| 4 th Line | <p>Spinal Cord/Dorsal Root Ganglion Stimulation</p> <p>Controlled Substance Class II (ER)</p> <p>Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide</p> <p>Consider Clinical Trial</p> | <p>Spinal Cord/Dorsal Root Ganglion Stimulation</p> <p>Controlled Substance Class II (ER)</p> <p>Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide</p> <p>Botox Injection****</p> <p>Consider Clinical Trial</p> | <p>Spinal Cord/Dorsal Root Ganglion Stimulation</p> <p>Controlled Substance Class II (ER)</p> <p>Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide</p> <p>Consider Clinical Trial</p> |

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2022 CDC Opioid Guideline Update

Published Online Thursday November 3rd, 2022



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

Recommendations and Reports / November 4, 2022 / 71(3);1-95

Deborah Dowell, MD¹; Kathleen R. Ragan, MSPH¹; Christopher M. Jones, PharmD, DrPH²; Grant T. Baldwin, PhD¹; Roger Chou, MD³ ([VIEW AUTHOR AFFILIATIONS](#))



<https://www.regulations.gov/docket/CDC-2022-0024/document>

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CDC Opioid Workgroup

2022 CDC Opioid Guideline Update

- Cunningham, Chinazo, MD, MS (Chair)
- Floyd, Frank, MD, FACP
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- Burns, Anne L., RPh
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- Waljee, Jennifer, MD, MPH, MS
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- Salinas, Roberto, MD, CAQ
- Smith, Wally, R., MD
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- Compton, Wilson, MD, MPE (Ex-Officio)
- Mundkur, Mallika, MD, MPH (Ex-Officio)
- Gandotra, Neeraj, MD (Ex-Officio)
- Rudd, Stephen, MD, FAAFP, CPPS (Ex-Officio)
- Ross, Melanie R., MPH, MCHES (Designated Federal Officer)



[https://www.cdc.gov/injury/bsc/opioid-workgroup-2019.html#:~:text=The%20opioid%20Workgroup%20\(OWG\)%20of,prepared%20by%20CDC\)%20and%20to](https://www.cdc.gov/injury/bsc/opioid-workgroup-2019.html#:~:text=The%20opioid%20Workgroup%20(OWG)%20of,prepared%20by%20CDC)%20and%20to)

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2022 CDC Opioid Guideline Updates

What's Updated???

1. Settings (All Outpatient)
2. Expanded Time Frames (Acute, Subacute, and Chronic)
3. Specific Pain Conditions
 - OA, Neuropathic, Fibromyalgia, DPN, & PHN
 - Not including palliative, cancer, nor sickle cell
4. Taper only when appropriate & only gradually (Avoid rapid tapers)
5. Massaged MME limits and thresholds wording
 - Updated Hydromorphone, Methadone, & Tramadol MME Factors



Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

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2022 CDC Opioid Guideline Update

12 Recommendations

- | | |
|---|----------------------|
| 1. Nonopioid therapies are effective for many common types of acute pain | Opioid Yes/No |
| 2. Nonopioid therapies are preferred for subacute and chronic pain | |
| 3. Utilize Immediate-Release (IR) before Extended-Release (ER) opioids | Opioid Selection |
| 4. Start low, go slow, and avoid increasing to high-risk dosage levels | |
| 5. Current high-risk opioid dosages: continually reassess risk/benefits, only taper gradually if risks > benefits | |
| 6. When opioids are utilized in acute pain, only provide for expected duration | Duration & Follow-Up |
| 7. Reevaluate chronic/subacute opioid utilization at least every 3 months (within 1 to 4 weeks initially) | |
| 8. Opioid risk screening and naloxone education | Risk Reduction |
| 9. PDMP review initially and periodically | |
| 10. Toxicology testing (UDM) | |
| 11. Caution with opioid/benzo combinations (or opioids with any CNS depressant) | |
| 12. Arrange MAT for patients with OUD | |



Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

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MME Factors

2022 CDC Guidelines

| Rx Opioid | MME Factor |
|------------------------|------------|
| Codeine | 0.15 |
| Fentanyl (Transdermal) | 2.4 |
| Hydrocodone | 1.0 |
| Hydromorphone | 5.0 |
| Methadone | 4.7 |
| Morphine | 1.0 |
| Oxycodone | 1.5 |
| Oxymorphone | 3.0 |
| Tapentadol | 0.4 |
| Tramadol | 0.2 |



Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

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MME Practice Case #1

Oxycodone

Ms. Faye Kinet is prescribed oxycodone 40mg BID for the management of his chronic lower back pain. How many Morphine Milligram Equivalents (MMEs) per day are being utilized?

40mg tablet x 2/Day = 80mg/Day
80mg/Day x 1.5 (MME Factor) = 120 MME/Day

120 MMEs/Day



https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

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MME Practice Case #2

Tramadol

Thomas Payne is utilizing tramadol 50mg QID PRN. How many Morphine Milligram Equivalents (MMEs) per day are being utilized?

Tramadol 50mg tablet x 4/Day= 200mg/Day x 0.2 (MME Factor) = 40 MMEs/Day

40 MMEs/Day



https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

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MME Potential Limitations

Patient Variability

- Age, Height, Weight
- Genetics
- Hepatic/Renal Function
- Medications, etc.

Conversion Estimates

Dose-Response Curves

- Respiratory Depression
- Analgesia

Formulation Bioavailability Variability

Mixed-Action Opioids

Tolerance

Methodone

- 2016: 4/8/10/12
- 2022: 4.7 (Source 2008)

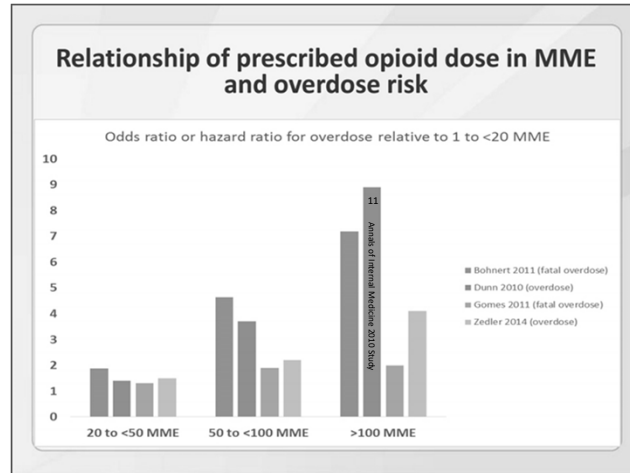
Transdermal Fentanyl

- Before 2016: Variable



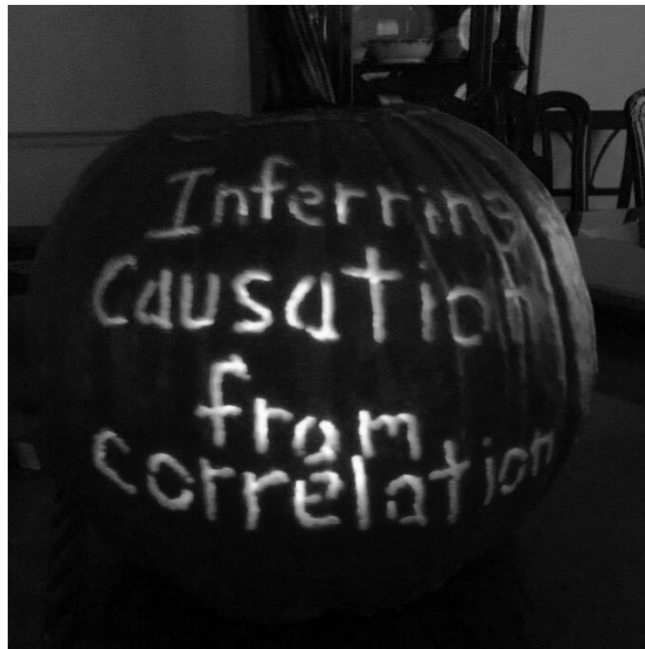
96

MMEs & Overdose Risk




<https://i1.wp.com/face-facts.org/wp-content/uploads/2017/04/Opioid-dose-vs-overdose-risk.jpg>

97

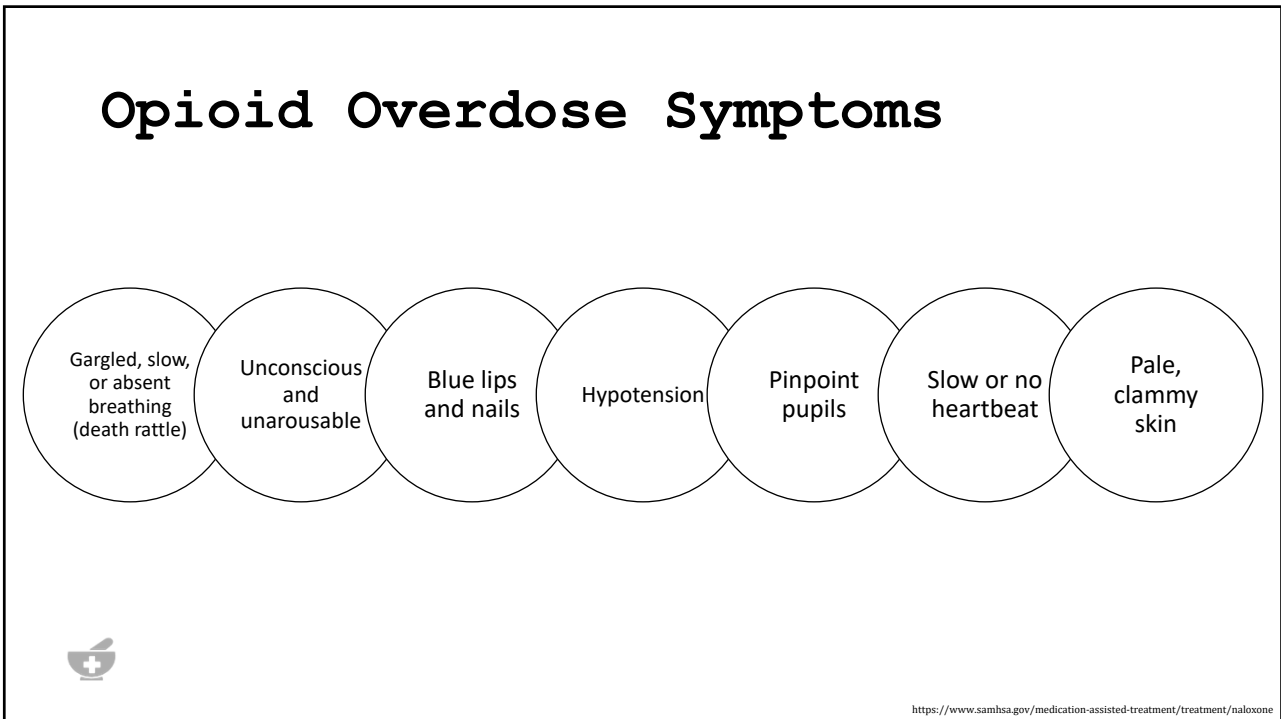


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Naloxone



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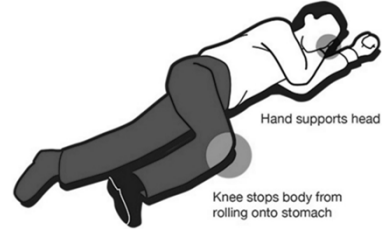


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Naloxone Administration

SAMHSA Guidelines

1. Check for signs of opioid overdose
2. Call EMS to access immediate medical attention*
3. Administer naloxone (rescue position)*
4. Rescue breathe if patient not breathing
5. Stay with the person and monitor their response until emergency medical assistance arrives. After 2 to 5 minutes, repeat the naloxone dose if person is not awakening or breathing well enough (10 or more breaths per minute)



*Order depending on the source of guidance.



<https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone>

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| Naloxone Products | | | |
|-------------------------------|--------|--|----------|
| Product | Dose | Directions | Rx/OTC |
| Generic Injectable | 0.4mg | Inject 1mL in shoulder/thigh, may repeat in 2 to 3 min Use 3mL 23G syringe and 1" needle | Rx |
| Zimhi® | 5mg | Inject in thigh, may repeat in 2 to 3 minutes | Rx |
| Auto Injector | 10mg | Military Utilization | |
| Generic Intranasal (Kits) | 1mg | Spray 1mL (half of syringe) in each nostril with atomizer, may repeat in 2 to 3 minutes | Rx |
| Narcan® Nasal Spray + Generic | 4mg | Spray into one nostril; may repeat in 2 to 3 minute with 2 nd device in alternate nostril | Rx & OTC |
| Kloxxado® Nasal Spray | 8mg | | Rx |
| Rivive® | 3mg | | OTC |
| Pocket Naloxone® | 1 swab | Swab one nostril, may repeat in 2 to 3 minutes | OTC |



Clinical Pharmacology Online Database
https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/212045s0001bl.pdf
https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/212854s0001bl.pdf

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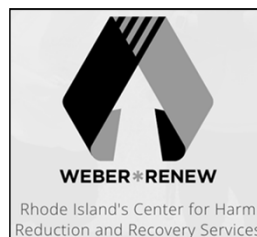
Location & Individuals

- Anyone can be trained to save a life with naloxone, yet what happens if there is no naloxone available on scene?
- Consider storing naloxone alongside AEDs, which are commonly located in public areas (malls, libraries, restaurants, and even airplanes)
- Location, Location, LOCATION!!!



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Harm Reduction



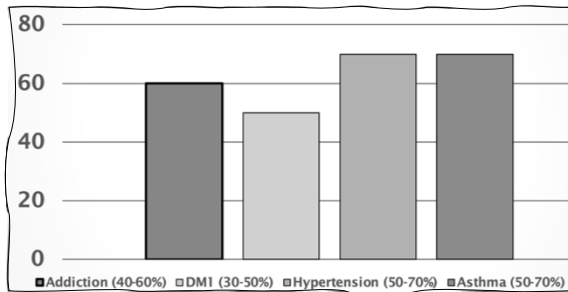
As encountered by Pain Guy™ in Burnside Park in Providence, Rhode Island

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1, 2, 3, 10, 15 Times?

Minimal conversations revolving around possible "maximum" naloxone utilizations for one human

Chronic Illness Relapse Rates



If it weren't for NatCan, Ken wouldn't be here. Ken is our intern, a Marine, a cat dad. He was revived fifteen separate times before he recovered. We are so glad you're here, Ken.
 #superstarintern #endoverdose #ioad

Comparison of Relapse Rates Between Drug Addiction and Other Chronic Illnesses JAMA. 284: 1689-1695, 2000.

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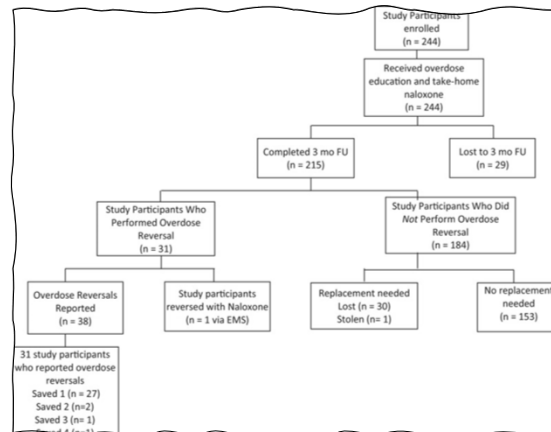
Naloxone Saves Lives: ~13% (1-in-8) of Recipients (2016 Study)

ORIGINAL RESEARCH
 OPEN

An Innovative Model for Naloxone Use Within an OTP Setting: A Prospective Cohort Study

Joanna G. Katzman, MD, MSPH, Mikiko Y. Takeda, PharmD, MS, Snehal R. Bhatt, MD, MSc, Moya B. Greenberg, MS, and Howard...

| Relationship to Study Participant | n | % |
|-----------------------------------|----|------|
| Acquaintance | 4 | 10.5 |
| Family member | 6 | 15.8 |
| Friend | 20 | 57.9 |
| Significant others | 3 | 2.6 |
| Stranger | 5 | 13.2 |



Katzman JG, Takeda MY, Bhatt SR, Moya Balasch M, Greenberg N, Yonas H. An Innovative Model for Naloxone Use Within an OTP Setting: A Prospective Cohort Study. J Addict Med. 2018 Mar/Apr;12(2):113-118.

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<https://yrm.org/misunderstood-book-time/>

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MAT & MATE Acts

MAT Act: Buprenorphine X-Waiver eliminated

- Prescribers only need an active DEA License
- There are no limits on the number of patients for a prescriber
- Federal corresponding responsibility requires both a prescriber and dispenser to assure proper diagnosis and scope of practice
- The most stringent laws (state vs federal) still apply
- Wholesale distributors supply limits/thresholds?
- Stigmatic mindsets?

MATE Act: DEA renewals (q 3 years) require 8-hour SUD training



<https://www.pewtrusts.org/en/research-and-analysis/articles/2022/12/30/president-signs-bipartisan-measure-to-improve-addiction-treatment>
<https://www.medpagetoday.com/specialreports/features/102520>
<https://www.deadiversion.usdoj.gov/pubs/docs/A-230020-Dear-Registrant-Letter-Signed.pdf>

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Buprenorphine

- MoAs (Partial Mu Agonist, Delta Agonist, Kappa Antagonist, & ORL-1 Partial Agonist)
- Mu Receptor Affinity (2nd Rx only to Sufentanil)
- 3A4 Metabolism (Active Metabolites)
- SL T ½
- Max Daily Dose
- MME Factor
- "Ceiling Affect" (Respiratory Depression)
- ADEs (Peripheral Edema, Sweating, Insomnia, Dental Concerns, Serotonin Syndrome, etc.)
- MCG vs MG (MCG: Pain, MG: OUD/Pain)
- CS-3
- Costs within Healthcare Supply Chain and Beyond



Adapted from Clinical Pharmacology Online Database

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Buprenorphine

MICRO Induction Opioid-Dependent Patients Example

2021 Bup Microdosing Review of 18 Papers

Ahmed, S. Bhivandkar S, et. al. Microinduction of Buprenorphine/Naloxone: A Review of the Literature. The American Journal on Addictions, 30: 305–315, 2021.

| | |
|-------|------------------------------|
| Day 1 | 0.5mg QD |
| Day 2 | 0.5mg BID |
| Day 3 | 1mg BID |
| Day 4 | 2mg BID |
| Day 5 | 3mg BID |
| Day 6 | 4mg BID |
| Day 7 | 12mg (stop other opioids) |



Privia A. Randhawa, Rupinder Brar and Seonaid Nolan. Buprenorphine–naloxone “microdosing”: an alternative induction approach for the treatment of opioid use disorder in the wake of North America’s increasingly potent illicit drug market CMAJ January 20, 2020 192 (3) E73.

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Buprenorphine

Access (Prescriber/Pharmacist Convo's)

- Proactively build professional relationships
- Corresponding Responsibility Pharmacist Phone Calls
 - “Hello I’m ABC from XYZ Pharmacy, is Dr. LMNO available? I’m hoping to verify a buprenorphine Rx we just received. I don’t think we’ve filled prescriptions for your office before and would like to connect whenever your provider has some time so that we can be sure to meet our mutual patients’ needs. If they could call us when they have some time that’d be great. Thank you.”
 - Upon callback: Intro Self/Rx, mention specific patient and any questions/concerns, AND ask if they have another minute
 - Let them know you’ll be best able to meet mutual patients’ needs if you have some idea of how many patients they are writing buprenorphine Rx’s for, how often, any particular days/times, totality of care plans, and so on, so that you can be sure to stock an appropriate amount of buprenorphine and because you’ll need to justify as such in writing to your wholesale distributor(s)



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Buprenorphine

Access (Pharmacist/Wholesaler Convo's/Email's)

- Type Account # into Phone System or include in Email
- Request for increase in ordering threshold/limit
 - Amount of increase
 - Reasons
 - Specific prescriber(s) accounting for increase (DEA # & Address)
 - Letter (or email?) from prescriber describing increased need
 - Increasing # of patients with SUD being prescribed buprenorphine
 - Etc.



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Pharmacist Provided Buprenorphine Efforts

Rhode Island Collaborative Practice Agreement Pilot


- Feb 2021 through April 2022
- 6 behavioral health pharmacies and 21 trained pharmacists
- Unobserved ("take-home") induction
- 100 Participants (All offered naloxone), with 58 progressing to maintenance
- 89% of patients (25/28) receiving pharmacy care continued after 1 month
- 17% of patients (5/30) receiving usual care continued after 1 month



Green T, et. al. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. N Engl J Med 2023; 388:185-186. January 12, 2023.

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| <h2>Best Practices</h2> | |
|--|--|
| <u>Patient Education</u> | <ul style="list-style-type: none"> • Patient & Provider Agreements/Contracts • Treatment Goals (Pain Reduction, Improved Function, & End of Therapy) • Proper medication storage and disposal |
| <u>Treatment Selection</u> | <ul style="list-style-type: none"> • Mental Health Assessments (Psychological Evaluation & Opioid Risk Screening) • Drug Interaction Review (Drug-Drug, PD, PK, & PGx) • Naloxone Education |
| <u>Adherence & Diversion Monitoring</u> | <ul style="list-style-type: none"> • Pill Counts • Urine Drug Monitoring • PDMP Review • Monitoring for Red Flags |



Presenter Observed Best Practices

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Pain Management Best Practices


People Respect What You Inspect, Not What You Expect

An Ounce of Prevention, is Worth a Pound of Treatment

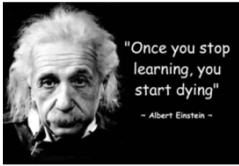
Never Stop Learning

Hippocratic Oath: Do No Harm





Primum Non Nocere
(First, do no harm.)
-Hippocrates-



"Once you stop learning, you start dying"
- Albert Einstein -

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Every. Six. Minutes.



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Stay Safe



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Resources

- 2022 CDC Opioid Guideline Update
- 2016 West Virginia Safe & Effective Management of Pain (SEMP) Guidelines
- <https://nationalopioidsettlement.com/>
- <https://www.csapp.wv.gov/Account/Login.aspx>
- <https://www.wvbop.com/about/annualreports.asp>
- DEA Drugs of Abuse Report (Annual)
- UNODC World Drug Report (Annual)
- INCB Report (Annual, International Narcotics Control Board)
- Drugs-Forum (Blog)
- Bluelight (Blog)



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ACE Evaluation Access Code

No spaces, complete evaluation by **February 26, 2025.**

Note: CE credit will be reported to CPE monitor within 4-6 weeks.



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2024

Drug Diversion Prevention

Mark Garofoli, PharmD, MBA, BCGP, CPE, CTTS

