

UPDATE ON DISPENSING OPIATES: DO'S AND DON'TS EVERY SICKLE CELL PATIENT MUST KNOW

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MISUSE

- Taking a medication in a manner or dose other than prescribed
- Taking someone else's prescription, even if for a legitimate medical complaint such as pain
- Taking a medication to feel euphoria (i.e., to get high

STATISTICS

- Every day, more than 90 Americans die after overdosing on opioids
- Economic burden reported by The Centers of Disease Control and Prevention of prescription misuse \$78.5 million/year including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement

HOW DID THIS HAPPEN?

- In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates.
 - Roughly 21 to 29 percent of patients prescribed opioids for chronic pain misuse them
 - Between 8 and 12 percent develop an opioid use disorder
 - An estimated 4 to 6 percent who misuse prescription opioids transition to heroin
 - About 80 percent of people who use heroin first misused prescription opioids

OUR RESPONSIBILITY

- All manufacturers, distributors, physicians, pharmacies, and others in the controlled substance supply chain are required to register with the DEA (unless exempt) and maintain strict accounting of all controlled substance transactions
- All parties should be able to track drugs from their manufacture to their environmentally safe disposal.
- The Control Substance Act holds pharmacists personally responsible for knowingly dispensing controlled substances outside of the usual course of professional treatment.

LEGAL REQUIREMENTS

- Prescribers must manually sign and date the prescription, but can delegate prescription preparation to other personnel.
- Patient's full name and address
- Practitioner's full name, address, and DEA registration number
- Drug name
- Strength
- Dosage form
- Quantity prescribed

LEGAL REQUIREMENTS (CONT.)

- Directions for use
- Number of Rx written
- Number of refills (if any) authorized no refills for CII
- Schedule III, IV, and V prescriptions can be written, oral, or sent by facsimile; up to 5 refills within 6 months allowed. (in CA 120 days supply of refills)
- Verify DEA numbers
- Must be written on state approved prescription pad or authentic EPCS (escript)

ROADBLOCKS FOR ABUSERS

- Prescription drug monitoring programs (PDMPs)
 - multiple prescribers
 - multiple pharmacies
 - dates filled
 - quantity and day supply and whether the patient has filled or refilled an opioid prescription
 - CNS depressants and stimulants (all CV through CII prescriptions)
- Pharmacists
 - Consultation
 - Watch for prescription falsifications or alterations
 - Recognizing problematic patterns

RED FLAGS

- Patient appears to return too frequently
- Patient presents multiple prescriptions written for other people
- Large quantity

PATIENT'S RESPONSIBILITIES

- Follow the directions as explained on the label or by the pharmacist
- Be aware of potential interactions
- Never stop or change a dosing regimen without first discussing it with the doctor
- Never use another person's prescription, and never give their prescription medications to others
- Store prescription stimulants, sedatives, and opioids safely
- Properly discard unused or expired medications by following U.S. Food and Drug Administration (FDA) guidelines or visiting U.S. Drug Enforcement Administration collection sites

PATIENT'S RESPONSIBILITIES (CONT.)

- Inform provider of medical problems, prescriptions medications, over-the-counter medicines, and dietary and herbal supplements they are taking before they obtain any other medications.
- Stay with one prescriber in their city
- Stay with one pharmacy in their city
- Have prescriber write the diagnosis on RX
- Have your identification card especially if you are a new patient
- Fill all your non narcotics and narcotics Rx at one pharmacy