

The Pharmacists Role in Curtailing the Opioid Epidemic

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Disclosures

- The faculty and planners report no financial relationships relevant to this activity.

Objectives

- Describe current data demonstrating the increased misuse of prescription opioids.
- Identify strategies in existence and in development to minimize the risk of opioid misuse and abuse.
- Summarize the role of the pharmacist in preventing opioid misuse and abuse.

Patient Case

- LW is a 55 year old female who presents to the North Carolina Cancer Hospital for a second opinion in the management of metastatic breast cancer
- Radiology results from an outside hospital confirm metastatic disease with liver and lung involvement
- The patient has no other significant past medical history
- A decision is made that her oncology care will be transferred to the NC Cancer Hospital
- The patient reports significant uncontrolled chronic and acute pain and the pharmacist is contacted to assist in the management of the patients pain

Patient Case

- LW does have a significant past social history which includes polysubstance abuse, multiple incarcerations, and documentation from previous providers citing drug diversion
- Her medications include oxycodone HCl extended-release (OxyContin®) 20 mg po BID, oxycodone 5mg/acetaminophen 325 mg, 1-2 tablets every 4 hours as needed, and alprazolam 0.5 mg QHS

Patient Case

- The Oncology Supportive Care Consult Service is consulted by the primary oncologist for symptom management
- This service takes over management of her chronic malignant pain and anxiety
- Assessment and management is conducted in conjunction with each established visit at UNC
- LW initiates combination chemotherapy

Patient Case

- After 3 months, the patient states that her pain has worsened and requests an increase in her pain medications after running out of her medications early
- At 4 months, the patient reports that all of her medications were stolen and she requests refills
- At 5 months, the patient does not show up for her chemotherapy appointment but requests pain medications to be mailed to her home

Patient Case

- At 6 months, a local pharmacy contacts the supportive care provider to notify them of unusual prescribing patterns. It is discovered that the patient has been making copies of opioid prescriptions
- After 8 months the patient has missed multiple appointments and is discharged from the care of her oncologist
- The patient is encouraged to seek medical care locally for her chronic pain and is provided local resources

Role of the Pharmacist

- Patient assessment
- Patient counseling
- Patient background evaluation
- Opioid dispensing
- Rational prescribing
- Opioid monitoring
- Toxicology screening

Role of the Pharmacist

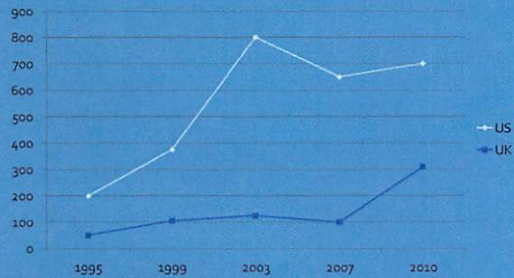
- Opioid contract development
- Opioid monitoring system
- Institutional policy development
- Interdisciplinary pain committee involvement
- Professional society guideline development
- Education of health care professionals

The Problem

- In the United States
 - Deaths attributable to drug overdose have increased threefold since 1990
 - In 2008, opioids accounted for 3 out of every 4 drug overdoses attributable to prescription drugs
 - Opioid overdose is now the second leading cause of accidental death after motor vehicle accidents
 - In 2010, the number of prescriptions for opioids was fourfold higher than in 1999

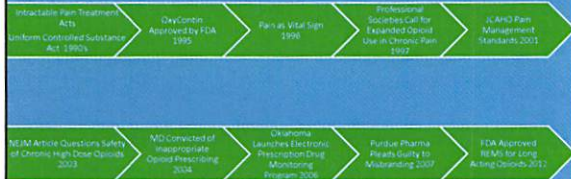
Ringwalt C et al. *J Prim Prev*. 2014; Dec 3. [Epub ahead of print]
Weisberg DF et al. *Int J Drug Policy*. 2014; 25: 1124-30

Opioid Consumption



Adapted from: Weisberg DF et al. *Int J Drug Policy*. 2014. 25: 1124-30

Historical Events in Opioid Use



Adapted from: Weisberg DF et al. *Int J Drug Policy*. 2014; 25:1124-30.

What Makes Pain Difficult to Manage?

- Subjective nature of pain assessment
 - Dependent on patient report
- Poor understanding of pathophysiology of pain
- Lack of familiarity of opioid medications by providers
- Problematic and life-threatening side effects
- Fear of litigation

What Makes Pain Difficult to Manage?

- Emphasis on patient satisfaction
 - Public doctor ratings
 - Internal utilization of patient satisfaction scores
- Treating pain pays
 - Quicker patient throughput
- Treating addiction does not
 - Patient education and counseling
- Lack of consequences to not treating addiction

Lembke A. *N Engl J Med* 2012;367:1580-1.

What tools are available to health-system pharmacists to assist in curtailing this problem?

Pharmacist Tools

- Proper knowledge of pain management and drug characteristics
- Prescription Drug Monitoring Programs (PDMP)
- Toxicology screening
- Pain management contracts
- Electronic Medical Records

Prescription Drug Monitoring Program

Prescription Drug Monitoring Program

- As of the Fall of 2013, 49 states passed legislation to establish prescription drug monitoring programs
- Forty-seven states have fully operational programs
- Designed to collect data on prescription drugs as they are dispensed and to make data available to various users

Ringwalt C et al. *J Prim Prev.* 2014, Dec 3. [Epub ahead of print]

Prescription Drug Monitoring Program

- North Carolina (NC) PDMP established to:
- Improve ability to identify controlled substance misusers and abusers
 - Refer these patients to treatment
 - Identify and stop the illegal use of prescriptions drugs in an efficient and cost effective manner
 - All without impeding the appropriate medical utilization of licit controlled substances

Ringwalt C et al. *J Prim Prev.* 2014, Dec 3. [Epub ahead of print]

Prescription Drug Monitoring Program

- Information included:
 - Drug name
 - Strength
 - Quantity
 - Dates prescription written and filled
 - Provider
 - Dispenser
- Reactive vs. Proactive PDMP

Ringwalt C et al. *J Prim Prev.* 2014, Dec 3. [Epub ahead of print]

Prescription Drug Monitoring Program

Drawbacks and Concerns

- No clear data demonstrating benefit
- Concern that may lead to under-treatment of pain
- Data may not be in real-time
- Does not identify what happens after prescription filled
- If reactive, may not be utilized
- If proactive, may be burdensome

Toxicology Screening

Toxicology Screening

- Several practice guidelines recommend routine urine drug testing for patients receiving opioid therapy for chronic noncancer pain
- Proper ordering and interpretation are key to successful screening

Cobaugh DJ et al. *Am J Health Syst Pharm*. 2014; 71:1539-54.

Pearls for Toxicology Screening

- May be utilized to screen for drugs patient should not be taking
- May be utilized to confirm adherence
- Know what you are going to do if actual results vary from expected results

Pain Management Contracts

Opioid Contracts

- Formal and explicit written agreements between physicians and patients that delineate key aspects regarding adherence to opioid therapy
- Endorsed by many organizations such as the American Academy of Pain Medicine
- Primary goal is to promote patient adherence to opioid therapy

Arnold RM et al. Am J Med. 2006; 119:292-6

Objectives of Opioid Contracts

- Adherence
 - Adhere to prescribed amounts and intervals
 - Designated provider(s)
 - No non-approved drugs (licit or illicit)
- Informed Consent
 - Shared decision making
- Legal Risk Management
 - Documentation
- Practice Efficiency
 - Coordination of care

Arnold RM et al. Am J Med. 2006; 119:292-6

Sample Draft Pain Contract

The UNC Oncology Supportive Care Clinic is a comprehensive interdisciplinary clinic which manages cancer patients with problematic symptoms from their disease or disease treatment. Treatment options for managing pain are determined by our healthcare providers based on multiple factors including an individual's past medical history. Medications may or may not be prescribed for managing your pain. There are multiple types of medications which may be used for pain management of which opioids are the most closely regulated because of their potential for abuse, misuse, and/or diversion. If the decision is made by your healthcare provider that opioids are a treatment option for you, there are several policies you should be aware of which are listed below.

My signature and initials on this Treatment Agreement indicates that I have read this Agreement in full and I understand the policies listed below. **If opioids are prescribed to me for pain management I agree to:**

- Only receive opioids from the UNC Supportive Care Service with whom I have this Agreement (referred to as "my Provider")
- Not ask for opioid medications from any other provider without the knowledge and consent of my Provider. If an acute need occurs (urgent care, surgery, or emergency room) I will notify my Provider within 48 hours.
- Agree to provide regular samples of urine for drug screens. Positive tests for any illegal substances, opioids not prescribed by my Provider, or absence of the prescribed opioids will result in ending this Agreement, dismissal by my Provider, and/or referral for a substance abuse evaluation. If a urine sample is requested by my Provider and the sample is not provided, prescriptions will not be issued.
- Take prescribed opioid medications as directed and not more frequently. I understand that increasing my opioid medication dose or frequency without my Provider's instructions to do so is a violation of this treatment agreement.
- Not get prescriptions filled early.
- Bring all of my opioid medications in the original prescription bottle to each clinic visit.

Possible Consequences of Opioid Contracts

- May result in reduced appropriate utilization of opioids (from both providers and patients)
- Potential to stigmatize opioids and patients
- Negative impact of provider/patient relationship
- Population screening decisions
- May have no actual impact on objectives

Arnold RM et al. Am J Med. 2006; 119:292-6

Pearls for Opioid Contracts

- Balance of information
- Multidisciplinary review
- Clear expectations and consequences
- Plan for electronic documentation storage and access

Medication-Use Policy

Medication-Use Policy

- Clinical guidelines
- Operational policies
 - Proper control and accountability
- Use of computerized prescriber order entry and clinical decision support
- Formulary restrictions

Cobaugh DJ et al. *Am J Health Syst Pharm*. 2014; 71: 1539-54

SYSTEMATIC APPROACH TO OPIOID MANAGEMENT

Evaluation of the Patient

- Pain history
- Physical examination
- Review of previous diagnostic studies
- Review of previous treatments
- Drug history
- Assessment of coexisting conditions
- When appropriate, baseline drug screening

<http://www.painmed.org/files/use-of-opioids-for-the-treatment-of-chronic-pain.pdf>
Accessed March 2, 2015

Treatment Plan

- Tailored to both the patient and the presenting problem
- Consider alternative treatment modalities
- Opioids only utilized if other modalities considered inadequate
- Inform patient of risks and conditions of treatment

<http://www.painmed.org/files/use-of-opioids-for-the-treatment-of-chronic-pain.pdf>
Accessed March 2, 2015

Consultation If Needed

- Consultation with pain medicine or other specialist may be needed depending on expertise of practitioner
- Management of patients with history of addiction or comorbid psychiatric disorder requires special consideration

<http://www.painmed.org/files/use-of-opioids-for-the-treatment-of-chronic-pain.pdf>
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Periodic Review of Treatment Efficacy

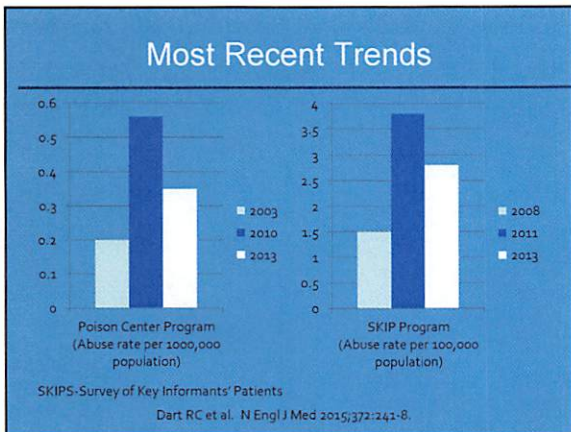
- Includes evaluation of functional status, analgesia, adverse effects, quality of life, and indications of misuse
- May include tool such as drug screening, pill counts, prescription monitoring program
- Reassessment of pain

<http://www.painmed.org/files/use-of-opioids-for-the-treatment-of-chronic-pain.pdf>
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Documentation

- Should support evaluations
- Reason for opioid treatment
- Overall pain management treatment plan
- Consultations
- Status updates

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Accessed March 2, 2015



Summary

- Opioid misuse and abuse has reached epidemic proportions in the United States
- Several tools exist which can aid the health-system pharmacist in curtailing the opioid epidemic
- Pharmacists are ideally positioned and trained to ensure appropriate utilization of opioids in the management of pain
