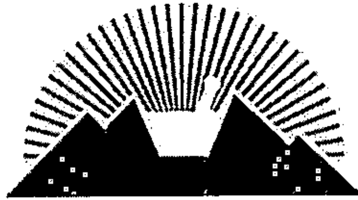


COLORADO
PHARMACISTS
SOCIETY

Opioid & Other Substance Use Disorders Interim Study Committee
Colorado Pharmacists Society Presentation
August 1st, 2017

Potential Proposed Solutions

1. Pharmacists have a "corresponding responsibility" to ensure a controlled substance prescription is for a legitimate medical purpose, yet are often in a difficult position as they may not have access to the patient's medical record and diagnosis. To add to that, the prescriber and patient are often unaware of the pharmacist's responsibility, which may lead to misunderstandings when a pharmacist needs to call a prescriber for additional information or seek additional information from the patient. Listing a diagnosis on controlled substance, especially opioid, prescription may help eliminate unnecessary calls and ensure patients that do need the medication obtain it more easily.

2. E-Prescribing CII prescriptions more commonly may allow smaller quantities to be prescribed initially, and an additional quantity be made available if necessary without requiring the patient to return to the prescribers office for a written prescription. Opioids prescriptions are often written initially for a quantity of 30 (or more) to make sure the patient has ample amounts, but that often leads to patients mistakenly thinking they need to take that quantity or patients taking one or two tablets, then having a lot of unneeded medication sitting in the patient's home, which we know often leads to that medication in the hands of someone other than for whom it was prescribed. If we can drive adoption of e-prescribing, that may be a better situation than partial fills, which can be problematic in terms of how it is implemented, due to conflicts with federal regulations and computer system limitations.

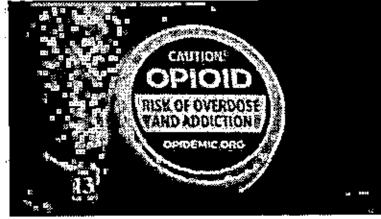
3. Limiting the days supplied for opioid prescriptions written for the treatment for acute pain (such as surgical pain or an injury). For instance, the initial prescription could be prescribed for 7 days. An additional prescription could be prescribed if the patient is still experiencing pain for an additional 7 days. If non-opioid medications are unable to control pain by this time, then a pain consult could be triggered and longer duration prescriptions could be written or e-prescribed.

4. Patients that do need chronic opioids should be ideally be restricted to one prescriber and one pharmacy with all parties having a stake in the pain contract. Pharmacists have the documentation they generally need, and all parties know the rules around ongoing medication provision (More than 90 days use = one patient, one doctor, one pharmacy). If this was implemented, there would need to be an easy way to identify and track which patients are enrolled with a pain contract; or would require the pharmacists to also have pain contracts with patients to ensure they're only using one prescriber and one pharmacy.

5. Encourage better public awareness of where drug take-back receptacles are available. Encourage pharmacies to share that information with their patients.

6. Creating a warning label for all opioid prescriptions, like the one below. It might help create public awareness of the dangers of opioids. Although, the downside is if we mandate something like that, it may add extra cost and

create extra work in already busy pharmacies, but we wouldn't want to penalize a pharmacist that doesn't have the sticker available.



7. Mobilize our pharmacy students in a naloxone awareness and training campaign.

8. Integrating PDMP with electronic health record software systems to allow for easier access. This may help expand utilization amongst other health care practitioners. Additionally, having access to information across state lines, especially contiguous states, would greatly increase the effectiveness of the data.

9. Increase the number of patients' opioid treatment programs (OTP)s that can treat and manage addiction. Instead of limiting to a group practice, maybe change to a ratio of number of patients to providers a group can treat.

10. One of the easiest ways Colorado could help diversion of opioids and other controlled substances would be the registration of pharmacy technicians. Currently Colorado is only one of five states that do NOT require any regulation over pharmacy technicians, and therefore there are no standards for education or training. This is an easy and fairly inexpensive way to help limit, or catch, any diversion that might be taking place currently.

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