

# Oklahoma Opioid Dispensing Guidelines 2013

*Note: As defined by the Institute of Medicine, guidelines are “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.” As such, these guidelines are intended to provide general advice to the pharmacist working in retail pharmacies throughout Oklahoma.*

*The Oklahoma Opioid Dispensing Guidelines 2013 should never be relied on as a substitute for proper assessment and professional judgment for the particular circumstances of each case.*

- 1. Pharmacists should check the Oklahoma Prescription Monitoring Program (PMP) before dispensing opioids, and specifically in high risk circumstances.**
- 2. Pharmacists should consider communicating with the prescriber prior to dispensing an opioid whenever the legitimacy of that prescription is suspected.**
- 3. Pharmacists should validate patient identity in accordance with recommended verification steps.**
- 4. Pharmacists should proceed in a professional and proactive manner when choosing not to fill an opioid prescription.**
- 5. Pharmacists should counsel patients about proper use, storage, and disposal prior to dispensing opioids and other controlled substances.**

It is the duty of every pharmacist to be familiar with the law and the legal and ethical responsibilities of dispensing controlled substances, according to the Drug Enforcement Agency (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drugs (OBND) policies.<sup>1</sup>

- It is unlawful to knowingly dispense controlled substances for anything other than a “legitimate medical purpose.”
- Pharmacists have no legal obligation to dispense a prescription, especially one of doubtful, questionable, or suspicious origin;
- Knowingly, dispensing an opioid prescription to a chemically dependent patient may violate federal or state provisions on maintenance of addiction, and pharmacists could be liable if the patient later injures himself or others.

Pharmacists should be familiar with the types of fraudulent prescriptions and characteristics of forged prescriptions (see Appendices A and B for additional information).



## BACKGROUND

Prescription drug abuse is Oklahoma's fastest growing drug problem. Of the nearly 3,200 unintentional poisoning deaths in Oklahoma from 2007-2011, 81% involved at least one prescription drug.<sup>2</sup> In 2010, Oklahoma had the fourth highest unintentional poisoning death rate in the nation (17.9 deaths per 100,000 population).<sup>3</sup> Prescription painkillers (opioids) are now the most common class of drug involved in overdose deaths in Oklahoma (involved in 87% of prescription drug-related deaths, with 417 opioid-involved overdose deaths in 2011).<sup>2</sup> In a 2010 National Survey on Drug Use and Health report, Oklahoma led the nation in non-medical use of painkillers, with more than 8% of the population age 12 and older abusing/misusing painkillers.<sup>4</sup> Oklahoma is also one of the leading states in prescription painkiller sales per capita.<sup>4</sup>

These guidelines are proposed to help reduce the misuse of prescription opioid analgesics while preserving patient access to needed medical treatment. The workgroup utilized state and national recommendations most relevant to the practice of pharmacy in Oklahoma; the Arizona Guidelines for Dispensing Controlled Substances were a primary source for this document.<sup>6</sup>

## RECOMMENDATIONS

### Oklahoma Opioid Dispensing Guidelines 2013

- 1. Pharmacists should check the Oklahoma Prescription Monitoring Program before dispensing opioids, and specifically in high risk circumstances.**
  - A. Every unknown patient
  - B. Any prescription written for an opioid in excessive doses or quantities.
  - C. Any prescription considered inconsistent with the prescriber's scope of practice.
  - D. All weekend and late-day prescriptions
  - E. Any prescriptions written far from the location of the pharmacy or the patient's residence.
  - F. Any time suspicious behavior by a patient is noted (e.g., nervous, overly talkative, agitated, emotionally volatile, evasive, overly friendly, etc.). (See Appendix A)
- 2. Pharmacists should consider communicating with the prescriber prior to dispensing an opioid whenever the legitimacy of that prescription is suspected.**
  - A. Pharmacist suspects a forged, altered or counterfeit prescription. (See Appendix B)
  - B. Patient is repeatedly requesting early refills.
  - C. Patient presents with a prescription lasting longer than 3 days from the Emergency Department (ED).<sup>7</sup>
  - D. Any time suspicious behavior by the patient is noted. (see Appendix A)
- 3. Pharmacists should validate patient identity in accordance with recommended verification steps. (See Appendix C)**
  - A. Squeeze the identification (ID) to make sure the weight and rigidity matches similar IDs.
  - B. Look for squared edges (most legitimate IDs have rounded edges).

Note: When contacting the prescriber for verification or clinical clarification – use the phone number for the provider in the computer versus a potentially false number on a prescription.

- C. Using the pads of the fingers, lightly feel to make sure there are no bumps, ridges or irregularities on the front and back surfaces of the ID.
  - D. Check for font or coloration differences (e.g., different font styles, improper bolding, lack of shading, spelling errors, or the wrong font size).
  - E. Check the front and back for words like “secure”, “valid”, “genuine” or “credibility status” (these are common false “security measures” placed on fake IDs).
  - F. Request another form of ID (e.g., a credit card or other official ID), as people who present fake IDs are often reluctant to produce another form.
- 4. Pharmacists should proceed in a professional and proactive manner when choosing not to fill an opioid prescription.**
- A. Politely refuse to dispense the prescription and refer the patient to the attending physician for further management.
  - B. Document the encounter in the patient’s record.
  - C. Notify other local pharmacies; such cross-communication between pharmacists is NOT a violation of the Health Insurance Portability and Accountability Act (HIPAA).
  - D. Report patterns of prescription abuse to the State Board of Pharmacy, OBNDD, the local DEA office, and local law enforcement.<sup>1,7</sup>
  - E. When possible, copy the prescription and patient ID for reporting to local authorities. A fraudulent prescription is regarded as private property and should be returned to the individual unless otherwise directed by the prescriber.
- 5. Pharmacists should counsel patients about proper use, storage, and disposal prior to dispensing opioids and other controlled substances. (See Appendix D)**
- A. Advise patients not to ever share medication with friends, family or others and remind patients that doing so could pose a serious health risk.
  - B. Suggest storage tips including never leaving any controlled substance out “in the open” in locations such as kitchen counters, in unlocked medicine cabinets, or even purses or handbags.
  - C. Share disposal tips including information on take-back events, mail-back programs, permanent drop box locations, and other FDA-approved disposal methods.
  - D. If take-back events, mail-back programs or drop boxes are unavailable, instruct patients to use the DEA disposal guidelines and FDA tips.
  - E. Recommend removing and destroying all identifying information from prescription containers and pharmacy documents before disposal.
- Note: The FDA and DEA provide many helpful suggestions on their websites for disposing unneeded medications.
- 6. Additional Recommendations:**
- A. Clinical clarifications related to questionable therapeutic use of an opioid should be discussed with the prescriber.
  - B. All pharmacists in the pharmacy, including part-time and floating pharmacists, should be trained on use of the PMP.
  - C. Pharmacists should document their PMP review and calls to prescribers in a patient’s record.
  - D. Pharmacists should document actions taken related to PMP review and fraudulent prescriptions.
  - E. Pharmacists are encouraged to communicate with other local pharmacies when they choose to deny a prescription or if a prescription that has been denied by another pharmacist is received by their pharmacy.

## 7. Tools for Implementing Guidelines

### TOOLS FOR PHARMACISTS

Oklahoma Prescription Monitoring Program

- [http://www.ok.gov/obnnd/Prescription\\_Monitoring\\_Program/](http://www.ok.gov/obnnd/Prescription_Monitoring_Program/)

Suggestions for disposing of unneeded medications:

- [http://www.deadiversion.usdoj.gov/drug\\_disposal/index.html](http://www.deadiversion.usdoj.gov/drug_disposal/index.html)

*Opioid Prescribing Guidelines for Oklahoma Emergency Departments (ED) and Urgent Care Clinics (UCC):*

- <http://poison.health.ok.gov>.

*Opioid Prescribing Guidelines for Oklahoma Health Care Providers in the Office-Based (OB) Setting:*

- <http://poison.health.ok.gov>.

### TOOLS FOR PATIENT EDUCATION

#### Drug Disposal

FDA handouts for patients can be found at:

- <http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf>
- <http://water.epa.gov/scitech/swguidance/ppcp/upload/ppcpflyer.pdf>

Drug take-back programs:

- <http://disposemy meds.org> (see “Locator” link)
- <https://portal.obn.ok.gov/takeback/default.aspx>
- <http://www.ok.gov/obnnd/documents/TakeBackBoxes.pdf>

#### Drug Storage

Resources for patients:

- <http://lockyourmeds.org>
- <http://medicineabuseproject.org/>

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*Disclaimer: This document should not be used to establish any standard of care. No legal proceeding, including medical malpractice proceedings or disciplinary hearings, should reference a deviation from any part of this document as constituting a breach of professional conduct. These guidelines are only an educational tool. Clinicians should use their own clinical judgment and not base clinical decisions solely on this document. The recommendations are not founded in evidence-based research but are based on promising interventions and expert opinion. Additional research is needed to understand the impact of these interventions on decreasing unintentional drug poisoning and on health care costs. These guidelines should be considered by clinicians, hospitals, administrators, public health entities, and other relevant stakeholders.*

## **LIST OF APPENDICES**

- A. Identifying the Drug-Seeking Patient in a Pharmacy
- B. Pharmacist's Guide to Prescription Fraud
- C. Identifying False or Fake Identification
- D. Patient Education: How to Dispose of Unused Medicines

## Appendix A:

### Identifying the Drug-Seeking Patient in a Pharmacy

Chemically dependent patients often come to pharmacies for early refills of their prescriptions. These patients may exhibit acute withdrawal symptoms and may become extremely agitated, tearful and violent if they cannot obtain their drug of choice or a substitute. Alternatively, patients who present with a lethargic, disinterested, slurred speech or staggering gait may be intoxicated and seeking more drugs. Overly familiar greetings or presentation, intruding on appropriate professional interpersonal space, or seductiveness should also arouse suspicions.

A patient cannot be readily diagnosed as chemically dependent in a pharmacy setting. However, chemically dependent patients do exhibit diagnostic clues including the following:

#### INDICATIONS OF CHEMICAL DEPENDENCY

##### Physical Signs

- Pupils – pinpoint or extremely dilated
- Droopy eyelids
- Constant runny nose and rubbing of nose
- Complexion either pale or flushed
- Excessive itching and scratching
- Sweating
- Tremors
- Rigid movements and muscle cramps

##### Emotional Signs

- Fearful and agitated
- Emotionally volatile
- Lethargic and disinterested
- Giddy and overly friendly
- Evasive answers

#### RED FLAG INDICATORS

- Refusal or reluctance to present identification
- Doctor and pharmacy shopping
- Out-of-town patient or claims to be from out-of-town
- Very assertive behavior
- Any telephone requests for narcotics
- Presents when prescriber cannot be reached
- Inordinate interest in the layout of the pharmacy
- Appears to be in a hurry
- Tries to take control of the discussion
- Well versed in clinical terminology
- Reports allergy to codeine, NSAIDs, or local anesthetics
- Manipulative – provides a very good story
- Inappropriate interpersonal space or seductiveness

#### Dealing with a Drug Seeker

The pharmacist has no legal obligation to dispense a prescription. To knowingly fill a prescription for a chemically dependent patient may violate federal or state provisions on maintenance of addiction. Moreover, if a patient is obviously intoxicated, a pharmacist could be liable if he or she dispenses the medication and the patient later injures himself or others.

## **Appendix B:**

### **Pharmacist's Guide to Prescription Fraud**

#### **PHARMACISTS' RESPONSIBILITIES:**

The abuse of prescription drugs, especially controlled substances, is a serious social and health problem in the United States. As a healthcare professional, the pharmacist shares responsibility for solving the prescription drug abuse and diversion problem. A pharmacist:

- A. Has a legal responsibility to know the state and federal requirements for dispensing controlled substances.
- B. Has a legal and ethical responsibility to uphold these laws to protect society from drug abuse.
- C. Has a personal responsibility to protect the pharmacy staff from potential violence and the practice from becoming an easy target for drug diversion by being aware of the potential situations in which drug diversion can occur and safeguards that can be enacted to prevent this diversion.

#### **WHAT IS "CORRESPONDING RESPONSIBILITY"?**

The dispensing pharmacist must maintain constant vigilance against forged or altered prescriptions. Before dispensing a prescription, a pharmacist is required to exercise sound professional judgment when determining the legitimacy of a controlled substance prescription. The law does not require a pharmacist to dispense a prescription of doubtful, questionable, or suspicious origin. To the contrary, a pharmacist who deliberately ignores clear indication that the purported prescription has not been issued for a legitimate medical purpose, may be prosecuted, along with the issuing practitioner, for knowingly and intentionally distributing controlled substances.

#### **TYPES OF FRAUDULENT PRESCRIPTIONS**

Pharmacists should recognize fraudulent prescriptions which may be presented for dispensing.

- A. Legitimate prescription pads may be stolen from physicians' offices and prescriptions are written for fictitious patients.
- B. Patients may alter the physician's original prescription in an effort to obtain additional amounts of legitimately prescribed drugs.
- C. Drug abusers will have prescription pads from a legitimate doctor printed with a different call back number that is answered by an accomplice to verify the prescription.
- D. Some drug abusers will call in their own prescriptions and give their own telephone number for a call back confirmation.
- E. Computers are often used to create prescriptions for nonexistent doctors or to copy legitimate doctors' prescriptions.

#### **CHARACTERISTICS OF FORGED PRESCRIPTIONS**

- A. The prescription looks "too good"; the prescriber's handwriting is too legible.
- B. Quantities, directions or dosages differ from usual medical usage.
- C. Additional zeroes are added to the quantity.
- D. Additional refills written into the prescription.
- E. The prescription does not comply with the acceptable standard abbreviations or appear to be textbook presentations.
- F. The prescription appears to be photocopied or scanned.
- G. Directions are written in full with no abbreviations.
- H. The prescription is written in different color inks or written in different handwriting.



## **PRESCRIPTIONS NOT ISSUED FOR A LEGITIMATE MEDICAL PURPOSE**

The following criteria may indicate the purported prescription was not issued for a legitimate medical purpose:

- A. The prescriber writes significantly more prescriptions (or in larger quantities) compared to other practitioners in the area.
- B. The patient appears to be returning too frequently. A prescription that should have lasted for a month with legitimate use is being refilled on a biweekly, weekly or even a daily basis.
- C. The prescriber writes prescriptions for antagonistic drugs, such as depressants and stimulants, at the same time. Drug abusers often request prescriptions for “uppers and downers” at the same time or over a period of time.
- D. The individual presents prescriptions written in the names of other people.
- E. A number of people appear simultaneously, or within a short time, all bearing similar prescriptions from the same physician.
- F. Numerous “strangers,” individuals who are not regular patrons or residents of the community, suddenly show up with prescriptions from the same physician.

## **PREVENTION TECHNIQUES**

- A. Know local prescribers and their signatures;
- B. Know the prescriber’s DEA registration number and check DEA numbers regularly;
- C. Know the patient; and
- D. Check the date on the prescription order. Has it been presented to the pharmacy in a reasonable length of time since the prescriber wrote it?

## **REPORTING ACTIONS**

- A. Call the prescriber for verification or clarification with any question concerning any aspect of the prescription order.
- B. Should there be a discrepancy, the patient must have a plausible reason before the prescription medication is dispensed. Investigate the patient’s offered reason or excuse for any discrepancy prior to dispensing.
- C. Request proper identification any time there is doubt. Although this procedure isn’t foolproof (identification papers can also be stolen or forged), it does increase the drug abuser’s risk, and the pharmacy will not be labeled as an easy target for diversion.
- D. Don’t dispense the prescription if there is reason to believe it is forged, altered, or counterfeited. Call the local police if possible.
- E. Contact the State Board of Pharmacy or the local DEA office if there is a suspected pattern of prescription abuse. Both the DEA and the OBNDD consider retail-level diversion a priority issue.<sup>1</sup>

## **Appendix C:**

### **Identifying False or Fake Identification**

All pharmacy staff should be trained to identify fake identification cards using a consistent and standard process. They should know the proper look and feel of Oklahoma driver's licenses and ID cards. Be sure to note distinguishing features on common IDs such as font and placement of symbols on the cards so that any discrepancies can be easily identified during inspection of a patient's identification.

- A. The easiest way to detect a fake ID is a close visual and physical examination of the actual document. Grasp the ID in hand to feel it and properly examine it. Individuals reluctant to remove IDs from carriers may be using a false front technique. Use the four basic "feel" tests to aid in detection:
  1. Check the rigidity of the card. In many cases, the material of the fake ID is of a different weight/thickness than the real document. Simply giving the ID a squeeze will help make that determination. The weight of the document will vary from state to state but will be consistent within the state and the style of the ID being examined.
  2. Check the edges of the ID. Most IDs have rounded edges due to the material. If the edges feel square, it is possible that the ID has a false front, and a closer inspection should be completed. Typically, the squared edge is due to an overlay affixed to the front of the ID which was cut incorrectly.
  3. Feel the front and back surfaces using the pads of the fingers. Lightly feel for bumps, ridges and irregularities that are not part of the normal ID.
  4. Check the corners of the ID. Real documents are made so that the face of the ID cannot be peeled up. Simply try to split the ID using a fingernail. If the ID splits, it is a good indicator that the document is not real. It is not uncommon to find false front IDs. The texture of the false front is often different.
- B. When doing the visual examination of the ID, check the overall appearance of the ID as well as the fonts and coloration patterns. It is not uncommon to see font differences between fake and real documents. This may include a totally different font style, improper bolding, lack of shading, and the wrong size font. The colors may be of different shades or even the wrong color for the type of ID being shown. Spelling errors have also been noted on fake IDs. Always remember to examine the back as well. Those manufacturing illegal IDs go to a great deal of effort to try to match the face of the ID but often fail to put the same effort onto the back. The reverse side of the ID may have information which does not even match the real document. In some cases the forger will put information on the back designed to convince the person examining it that the document is real (e.g., "Card Credibility Status Defined"). Check the fine print; in some cases, they will also have embedded statements like "Not a Real ID" or "Not a Government ID" on the back.
- C. Many fake IDs add unique security features and symbols that are inconsistent with the real documents. A seal of authenticity, eagle's head or flying eagles, skeleton keys, whole globes or three part globes and words like "secure", "valid" and "genuine" have been regularly placed on the security plate of the fake IDs. It is important to know the security identifiers used on valid IDs. The use of an ID checking guide can be very useful in making these assessments and should be available to staff in every pharmacy. Costs of these guides will vary, and in some cases they may be obtained free from an alcohol distributor (e.g., Budweiser).

## **Appendix D: Patient Education: How to Dispose of Unused Meds**

### **DISPOSAL OF UNUSED MEDICINES**

Most drugs can be thrown in the household trash, but consumers should take certain precautions before doing so, according to the Food and Drug Administration (FDA). A growing number of community-based take-back events, mail-back programs, and drop box locations offer another safe disposal alternative.

#### **Guidelines for Drug Disposal**

The FDA and White House Office of National Drug Control Policy developed the first consumer guide for proper disposal of prescription and non-prescription drugs. These federal guidelines are summarized here:

- A. Follow any specific disposal instructions on the drug label or patient information that accompanies the medication. Do not flush prescription drugs down the toilet.
- B. Take advantage of community drug take-back programs that allow the public to bring unused drugs to a central location for proper disposal. Call your city or county government's household trash and recycling service to see if a take-back program is available in your community. The Drug Enforcement Administration, working with state and local law enforcement agencies, is sponsoring National Prescription Drug Take Back Days ([www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov)) throughout the United States.
- C. If no instructions are given on the drug label and no take-back program is available in your area, throw the drugs in the household trash, but first:

1. Remove them from their original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will be less appealing to children and pets, and unrecognizable to people who may intentionally go through your trash.
2. Put this mixture in a sealable bag, empty can, or other container to prevent the medication from leaking or breaking out of a garbage bag.

#### **Additional tips:**

- A. Before throwing out a medicine container, remove the prescription label or scratch out all identifying information to make it unreadable. Shred or destroy all accompanying literature or receipts that identify the drug, patient, or prescription number. This will help protect your identity and the privacy of your personal health information.
- B. Never share or give medications to friends. Doctors prescribe drugs based on a person's specific symptoms and medical history. A drug that works for you could be dangerous for someone else.
- C. When in doubt about proper disposal, talk to your pharmacist.
- D. Don't store old or unnecessary medications after treatment has ended. This can create potential errors with dosages and puts you at risk for theft or diversion.

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