PHARMACY CHALLENGES

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Alabama Board of Pharmacy

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I, Tim Martin, have no actual or potential conflict of interest in relation to this program.
DURING THIS SESSION WE WILL

➢ Improve our understanding of the problem of prescription and illicit drug addiction.
➢ Learn how to enhance our use of existing tools and resources.
➢ Create a greater appreciation of others’ roles in combating the problem of prescription and illicit drug addiction.
➢ Provide focused multidisciplinary communication about the problem of prescription and illicit drug addiction.
BACKGROUND OF PRESCRIPTION AND ILLICIT DRUG ADDICTION

Just a few more numbers...

➢ In 2015, opioid deaths in the US exceeded 30,000 for the first time.
➢ Between 78 and 129 people die in the US daily from opioids.
➢ In 2014, 723 Alabamians died from drug overdoses (up 19.7% from the previous year).
➢ In Alabama, only 10% of people with addictions receive treatment.
5,800,000 prescriptions for opioids were written in 2015 in Alabama.

It’s estimated that only 17% of drugs leading to overdoses and deaths are prescribed for the individual by MDs.

The most common source of abused drugs is the family medicine cabinet!
In the US, every 10 minutes a child younger than 6 is taken to ER for medicine poisoning

More than 50% of prescription drug abusers obtain their drugs from family or friends for free.

Of 11,000 on-line drug providers reviewed by NABP, 96% could not be recommended.

In 2015, more than 18.9 million people used prescription drugs for non-medical purposes.
OTHERS’ ROLES IN COMBATING PRESCRIPTION AND ILLICIT DRUG ADDICTION?

First, some basics...

➢ As you might expect, most prescriptions are legitimate!

➢ How do pharmacists tell the legits from the illegits?

➢ Did you know that pharmacists have a “Corresponding Responsibility”....... The Rx must be for a legitimate medical purpose!

➢ In rare cases, a pharmacy can become a dangerous place!
SOME OF THE CURRENT CHALLENGES PHARMACISTS FACE WHEN DISPENSING TO, AND COUNSELING, PATIENTS WITH ADDICTION

Green Flags - The Rx is probably OK

- You know the patient
- The patient has a medical condition you know about
- You are familiar with the physician who wrote the Rx
- The quantity prescribed is reasonable
SOME OF THE CURRENT CHALLENGES PHARMACISTS FACE WHEN DISPENSING TO, AND COUNSELING, PATIENTS WITH ADDICTION

Red Flags - Multiples could = abuser

- New Patient
- From out of town
- Prescriber from a different town
- Previous problems with this prescriber’s Rx’s
SOME OF THE CURRENT CHALLENGES PHARMACISTS FACE WHEN DISPENSING TO, AND COUNSELING, PATIENTS WITH ADDICTION

Red Flags - Multiples could = abuser

- Rx is for 180 tablets or more
- PDMP shows questionable activity
- More than one person arrived in the same car with the same Rx
- They brought their own security guard!
What is the impact on legitimate patients with legitimate needs for these drugs?

➢ The DEA has told drug wholesalers that they expect the wholesalers to help monitor movement of controlled substances.
➢ Fines to wholesalers have been in the tens of millions of dollars.
What is the impact on legitimate patients with legitimate needs for these drugs?

- In turn, wholesalers have placed some pharmacies on monthly allotments of opioids.
- As a result, some medical needs are not being met.
Experience is the best teacher!
Have a conversation with the patient
Review patient profile, claims data
Access the PDMP for recent similar prescriptions, doctor shopping, or a history of early refills
Call the prescriber
NALOXONE STANDING ORDER

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I, Nancy Bishop, have no actual or potential conflict of interest in relation to this program.
Naloxone standing order allowed by Act 2016-307.

Naloxone standing order can be found on the Alabama Department of Public Health Pharmacy Division website: http://www.adph.org/pharmacyunit/

Click on Naloxone Distribution in the gold menu bar on left.
The Pharmacy Division is responsible for establishing dispensing policies for all county health departments and overseeing implementation of these policies.

Division Services and Activities:
- The Pharmacy Division consults and coordinates with all public health units, including county health departments and other agencies on medication-related and pharmacy-related activities. These activities include, but are not limited to, distribution issues, clinical information, drug scheduling, purchasing, and regulatory issues. Medication reviews are also provided to state employers to enhance their knowledge about their medications. Consultation and assistance is provided in the areas of osteoporosis, cardiovascular disease, bioterrorism, diabetes, arthritis, and home health.
- The Prescription Drug Monitoring Program (PDMP) is housed in the Pharmacy Division. The primary role of PDMP is to monitor the dispensing of schedule II-V controlled substances in Alabama.
- Internships to pharmacy students are provided by the Pharmacy Division, hosting students from Auburn University and Samford University each year. Assistance is also provided in coordinating professional education satellite programs for nurses, pharmacists, and physicians.
- The Pharmacy Division participates in the department's bioterrorism task force and coordinates development of Alabama's procedures for ordering and processing the Strategic National Stockpile, a special stockpile of drugs and supplies, which would be shipped by the federal government to the state following any terrorism event.

Immunizing Pharmacists:
Many pharmacists are now providing immunizations in the State of Alabama. To find participating pharmacists in your area, please view a list of immunizing pharmacies. Publix Pharmacy has provided a copy of the Public Pharmacy Alabama Immunizers list to find participating pharmacies near you.

High-Dose Flu Vaccine:
Alabama pharmacies, such as Krogers, Walgreens, Winn Dixie, and Borden Family Pharmacy in Cullman, Alabama, provide high-dose seasonal vaccines to adults 65 years of age and older. Phamarica provides high dose flu vaccines to nursing home residents. For information on the new Fluzone high-dose seasonal vaccine, please visit the Centers for Disease Control and Prevention (CDC) Questions and Answers page.
Purpose of this standing order is to ensure that naloxone is readily obtainable by any person who is:

- An individual at risk of experiencing an opioid-related overdose;

- Or a family member, friend, or other individual, including law enforcement, fire department, rescue squad, and volunteer fire department personnel, who is in a position to assist a person at risk of experiencing an opioid-related overdose.
AUTHORITY
➢ This standing order is issued pursuant to Act 2016-307, which authorizes the State Health Officer to prescribe naloxone via standing order.

AUTHORIZATION
➢ May be used as a prescription to obtain naloxone from a pharmacy in the event there is an inability to obtain naloxone or a prescription for naloxone from an eligible person’s regular health care provider or another source.

➢ Authorization for pharmacists to dispense naloxone and devices for its administration solely in the forms prescribed herein.
FORMS OF NALOXONE ALLOWED

Must include step-by-step instructions including a possible second dose, along with basic instructions on calling 911, providing rescue breathing, and monitoring the overdose victim until professional help arrives.

- **Intranasal naloxone with atomizer** kits must contain a minimum of the following:
  - Two 2-mL Luer-Jet Luer-lock syringes prefilled with naloxone hydrochloride (2mg/2mL).
  - Two mucosal atomization devices (MAD).

- **Intranasal naloxone spray kits** must contain a minimum of the following:
  - One package of two 4mg doses of naloxone nasal spray (4mg/0.1mL) (4mg in each single-dose nasal spray) (Narcan®, NDC 69547-353-02).
FORMS OF NALOXONE ALLOWED (CONTINUED)

- **Intramuscular naloxone kits** must contain a minimum of the following:
  - Two single-use 1mL vials of naloxone hydrochloride (0.4mg/mL).
  - Two intramuscular needles with syringes.

- **Intramuscular auto-injector naloxone kits** must contain a minimum of the following:
  - One naloxone hydrochloride 0.4mg/mL prepackaged kit containing two auto injectors with audio instructions and one training device (Evzio®, NDC 60842-030-01).
Pharmacist must provide education.

Use and directions and basic contraindications, precautions, and adverse reactions can be found in the standing order information.

Current standing order expires 12/31/2019.
PHARMACIST ACTIONS

➢ Assess patient or caregiver
  ➢ Reasonable conclusion that the patient or the caregiver is associated with someone who is at risk of an opioid overdose.
  ➢ The individual can recognize an overdose, respond, and administer naloxone.
  ➢ The patient does not have a known serious adverse reaction to naloxone.

➢ Provide instructions on how to:
  ➢ Recognize an overdose
  ➢ Call 911
  ➢ Perform rescue breathing
  ➢ Administer naloxone
PHARMACIST ACTIONS (CONTINUED)

➢ Counsel
  ➢ Risk factors for overdose
  ➢ Overdose prevention measures
  ➢ Risk and recognition of addiction
  ➢ Resources for mental health and addition treatment services

➢ Have client complete and sign form (page 6 of standing order)

➢ Dispense naloxone kit and explain contents

➢ Keep records
  ➢ Record of all patients who receive naloxone via the standing order
  ➢ The Standing Order is the prescription and should be processed as such
Naloxone Client Form

1. Check one:
a) ___ I am an individual at risk of experiencing an opioid-related overdose.
b) ___ I am a family member, friend, or other individual in a position to assist an individual at risk of experiencing an opioid-related overdose.

Write in this box the facts that support the statement checked above (this information will be kept confidential, but it is needed to verify your need for naloxone):

2. ___ I have received information on how to recognize and respond to a possible opioid overdose.
3. ___ I have received basic instructions on how to administer naloxone.
4. ___ I have been offered information/counseling on risk factors for opioid overdose, overdose prevention measures, risk and recognition of addiction, and resources for mental health and addiction treatment services.

I understand that I may administer naloxone to another individual if I have a good faith belief that the individual is experiencing an opioid-related overdose, and if I exercise reasonable care in administering the naloxone.

Signature: ______________________________________  Date signed: _____________

Print Name: ________________________________  Date of Birth: ________25
Questions?