



State of West Virginia
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Consumer Protection and Antitrust Division

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Discussion Draft

Suggested Best Practices for Dispensing Opioids in West Virginia

Background

Prescription drug abuse is an epidemic in West Virginia. In 2015, there were approximately 686 drug overdose deaths, including 598 opiate-related fatal overdoses, in West Virginia. In 2014, West Virginia had the highest overdose death rate in the United States with 35.5 deaths per 100,000 people. This is more than double the national average of 14.7 deaths per 100,000 people. These guidelines are proposed to help reduce the misuse of prescription opioids while preserving legitimate patient access to necessary medical treatment.

One of the goals with these guidelines is to dramatically reduce the use of opioids as a first-line treatment option for patients with pain and to significantly increase the use of non-opioid alternatives for these patients. We understand that there is no one-size-fits-all treatment plan for pain management and that individual plans of care may vary, but it is clear that our state is being flooded with far too many opioids than the population requires.

These guidelines provide recommendations for pharmacists who fill prescriptions for opioids for pain. Applicable to adult patients that are at least eighteen years old, the guidelines exclude patients prescribed opioids for chronic pain related to active cancer treatment, palliative care, and end-of-life care.

The guidelines address best practices for (1) utilizing West Virginia's Controlled Substance Monitoring Program, (2) verifying the legitimacy of the patient, prescriber, and prescription, (3) ensuring that the prescription medication, dose, and quantity is safe and appropriate, (4) educating patients about the safe use, storage, and disposal of opioids, and (5) incorporating naloxone into opioid treatment discussions.

The Attorney General's Office obtained input from experts and stakeholders in drafting these guidelines. These guidelines balance the need for safe and effective pain management treatment for West Virginians while addressing the state's opioid epidemic. However, dispensers should

use their professional judgment in determining whether to dispense medication to patients and should document their decisions.

Recommendations

1. Pharmacist or his or her authorized designate should check West Virginia's Controlled Substance Monitoring Program ("CSMP") prior to dispensing benzodiazepines or opioids.
2. When individuals purchase naloxone without a prescription, dispenser, per protocol, must educate patient, family, and/or caregiver about the risks of opioid overdose and the signs or symptoms of an overdose.
3. When individuals purchase naloxone without a prescription, dispenser, per protocol, must consult with patients and/or their family members or caregivers on the proper administration of the opioid antagonist; the importance of contacting emergency services as soon as practicable either before or after administering the opioid antagonist; and the risks associated with failure to contact emergency services following administration of an opioid antagonist.
4. Record the dispensing of an opioid antagonist without a prescription in accordance with the Bureau of Public Health and Board of Pharmacy's protocol.
5. Validate the legitimacy of the identity of the person picking up a controlled substance through acceptable photo identification, such as a valid driver's license, similar state-issued photo identification card, a military identification card, or a passport. Document that the pharmacy obtained valid photo identification.
6. The dispenser should initiate communication with the prescriber to discuss the dispenser's concerns if he or she identifies any of the following potential red flags:
(1) the prescriber writes the same or similar medications in the same strength and quantity for multiple patients without regard to a patient's individual characteristics;
(2) the prescriber writes the prescription for a dangerous drug "cocktail," such as a prescription for an opioid, a muscle relaxant, and a benzodiazepine; (3) the prescriber is writing prescriptions for treatment outside his or her practice area; or (4) the prescriber is located outside the pharmacy's typical geographical area.

7. Verify the legitimacy of the patient by proactively recognizing suspicious prescriptions and identifying individuals who may be abusing controlled substances. Several red flag examples include patient travels in groups; patient presents prescriptions for controlled substances written in the names of others; patient shows physical signs associated with controlled substance abuse, such as needle tracks or scars; patient obtains similar prescriptions at different pharmacies; patient has insurance but insists on paying cash; patient requests early refills on controlled substances; patient presents prescriptions for highly abused drug cocktails (combination of opioids, benzodiazepines, muscle relaxants, sedative-hypnotics, and/or anticonvulsants); and patient presents a prescription from a prescriber who is prescribing outside the scope of his or her practice. If red flags are observed, dispenser should contact the prescriber. If dispenser is unable to satisfactorily resolve his or her suspicions, then the dispenser should not fill the prescription.
8. Dispensers should understand how to calculate total morphine milligram equivalents (MME) per day. Dispensers may use an opioid dose calculator, such as the CDC's scale for calculating the total daily dose of opioids, which calculates the total MME per day based on the type of opioid and milligrams taken by a patient each day.
9. If a prescriber has prescribed doses over the CDC's recommended limit in the CDC's "Guideline for Prescribing Opioids for Chronic Pain," then the dispenser should initiate communication with the prescriber to discuss the opioid prescription.
10. When dispensing opioids, educate patients on the safe use, storage, and disposal of opioids and other prescription drugs.
11. When an individual is identified who may be diverting or abusing opioids, refer the individual to treatment and other support resources by either directly counseling the individual or distributing educational material.