

Pharmacy Clinical Calling Guidelines For Controlled Medications
Approved, San Diego Prescription Drug Abuse Medical Task Force
April 8, 2016

This guideline was developed in conjunction with the San Diego Prescription Drug Abuse Medical Task Force and the San Diego Prescription Drug Abuse Pharmacy Committee. The purpose of the guideline is to create a unified approach that is transparent to both providers and dispensers. The scripting provided is only a suggestion; any language that facilitates the conversation is acceptable. This is a guideline only, clinical judgment should apply.

1. The UnHoly Trinity

Please contact the prescriber if you find the unholy trinity being prescribed within the past 2 months.

The unholy trinity is defined as 1. Soma, plus 2. Any benzodiazepine, plus 3. Any opioid.

The prescription in question would meet this criteria if it includes one, two, or all three of these medications that result in the unholy trinity when reviewing a 2 month prescribing history

Suggested Scripting: "We are calling to clarify a prescription on patient X, for medication Y prescribed by Dr. X. We are calling because this prescription is not recommended by the San Diego Prescription Drug Abuse Medical Task Force and can increase risk of overdose."

2. New Start Soma (Carisoprodol)

Please contact the prescriber if you find a prescription for Soma that is considered a new start.

New Start is defined as a new prescription in the past 3 months.

Suggested Scripting: "We are calling to clarify a prescription on patient X, for Soma. We are calling because we noticed that this is a new start prescription for Soma. Soma is non formulary for new starts with several health plans in San Diego and not a recommended muscle relaxant by the San Diego Prescription Drug Abuse Medical Task Force."

3. New Start Methadone without prior trial of alternate ER/LA opioid

Please do NOT call provider if the patient is on hospice or malignancy-related pain.

Please contact the prescriber if you note a new start methadone with no prior attempt of recent different alternate ER/LA opioid.

New Start is defined as a new prescription within the past 3 months.

Suggested Scripting: "We are calling to clarify a prescription on patient X, for Methadone. We are calling because we noticed that this is a new start prescription for Methadone with no recent trial of an alternate extended release or long acting opioid. The CDC states that methadone should not be the first choice for an ER/LA opioid."

4. Multiple Prescribers

Please contact the prescriber if you notice more than 4 prescribers for the same class of medications in the past 6 months.

Class of medication is defined as opioids, benzodiazepines, or stimulants.

Suggested Scripting: "We are calling to clarify a prescription on patient X. We found that this patient has had "4" different providers for opioids in the past 6 months.

5. New Start High Morphine Equivalents

Please do NOT contact providers for hospice patients or malignancy-related pain.

Please contact the prescriber if you notice that the patient is receiving a new start of 90 or more morphine milligram equivalents (MME) of combined opioids.

The purpose is to create an alert for patients being titrated up in dosing. This means that if on previous months the patient was at less than 90 MME, and now is up to 90, please contact the provider. If the patient is being titrated down and has reached 90MME, you do NOT need to contact the provider. You do NOT need to contact for patients who are currently existing on 90 MME or greater.

Suggested Scripting: "We are calling to clarify your prescription on patient Y. We noticed that in previous months the patient was on less than 90 morphine equivalents per day and this month has increased to 90 (or more). The CDC recommends avoiding increasing dose to >90 MME per day as overdose deaths increase 2 - 8.9.

6. Naloxone

Please suggest a prescription for naloxone for patients with >50 morphine equivalents per day. (CDC recommendation)

If insurance plan does not cover naloxone if it is prescribe by the pharmacist, and it is covered if prescribed by provider, please contact the provider and explain request for prescription.

Resources

- CDC Guidelines for Prescribing Opioids for Chronic Pain - United States, 2016
- Lev, R et al "Methadone Related Deaths Compared to All Prescription Related Deaths" *Forensic Science International. 2015*
- Lev, R et al "Who is prescribing controlled medications to patients who die from prescription drug abuse?" *American Journal of Emergency Medicine. Oct 2015.*

One San Diego Vision for Controlled Medication

1. One Provider, One Pharmacy for all Controlled Medication
2. Use Medication Agreements for all medications requiring 3 or more consecutive months
3. Use CURES
4. Avoid Opioids and Benzodiazepines
5. Honor the Emergency Department Guidelines

SanDiegoSafePrescribing.org