

# Progression 2: Opioid Focus

## Domain 3: Non-Pharmacist Support Staff



### Flip the Pharmacy: Champion Checklist

Use the checklist to accomplish this month's workflow innovations. The main focus is leveraging non-pharmacist support staff while implementing your Pharmacy's Opioid Pledge.

- Review the Change Package
- Refresh your Pharmacy Dashboard.** Be sure this is posted a visible location.
- Continue to identify patients with opioid prescriptions, offer naloxone where appropriate, and **document an eCare plan** for those patients.
- Finalize and share the Opioid Pledge with patients.**
- Review the roles of non-pharmacist staff and maximize their roles.
- Check out the Flip the Pharmacy Best Practices website** for additional resources provided by CPESN Pharmacies and others.

### Progression 2 Road Map\*

Domain	Month	Focus	Workflow Innovation	
1	June	Appointment-Based Model	Identify Sync Patients prescribed an opioid	Calculate MME PDMP Checks
2	July	Improving Patient Follow up and Monitoring	Continue identifying patients with prescribed opioids	Assess patient risk and safe use of opioids. Offer naloxone when appropriate Send prescriber a note about patient receiving/denying naloxone
3	Aug	Non-Pharmacist Support Staff	Engage technicians with PDMP checks (based on state) & MME Calculation	Implement pharmacy policy for opioid dispensing and share Opioid Pledge with patients Review the roles of staff members and be sure to maximize their roles
4/5	Sept	Optimizing the Utilization of Technology and electronic Care Plans Establishing Working Relationships with other Care Team Members	Provide education about acute opioids and safe opioid disposal	Assess patient's pain control using an assessment Enhance prescriber communication Review the first 3 Domains and solidify processes
6	Oct	Developing the Business Model and Expressing Value		Understand your data related to opioids Understand the generation of review new opportunities (e.g., grants) based on patient population

\*Note: Subject to change

Click [HERE](#) to Print Roadmap

## Background

A new normal for opioid stewardship should exist in your practice at this point!

**Every patient receiving an opioid medication should be getting an eCare plan.** This is a great time to make sure you know the patient's fill history by checking the PDMP, document the MME, and the indication.

As you implement the Opioid Pledge, keep in mind that **opioid medications are high risk medications with many safety concerns**. One of the most important aspects when having a conversation with a patient is to be **non-threatening** and **non-judgmental**. Offering naloxone and providing an Opioid Pledge is intended to help keep the patient safe, not to single out one individual for a particular behavior. **All patients should be receiving an Opioid Pledge with some exceptions as determined by your pharmacy staff** (i.e., hospice or palliative care patients).

### Why are we focused on providing an Opioid Pledge to patients?

- Consistency in opioid dispensing practices
- Formalizes the dispensing practices already in place at the pharmacy
- Streamlines training of new pharmacy staff and decreases confusion among staff when questions about refill dates arise.
- Makes dispensing practices transparent to patients and sets expectations regarding opioid dispensing upfront.
- Increases patient awareness of the actions the pharmacy is taking to help them take opioids safely.
- Decreases likelihood of meeting DEA quantity limits on controlled substances.
- Aligns the pharmacy services with [\*\*CPESN Opioid Patient Safety Service Set\*\*](#).
- Provides opportunities to practice documenting eCare Plans.

 **Purpose of Opioid Pledge:** *Set of expectations around opioid prescriptions, which is provided up-front to patients with the purpose of creating dialog between pharmacists and patients regarding opioid safety.*

Pharmacy's Responsibility	Patient's Responsibility
Help ensure patient safety	Be aware of risks
Communicate with prescribers	Understand limitations of early refills
Assess treatment response	Medication disposal and storage
Provide disposal resources	Speak to prescriber before making dose or frequency changes
Offer and provide naloxone	



**Kelci Trahms, PharmD** at Moose Pharmacy implemented an Opioid Pledge with each of the pharmacy locations during her residency and the Opioid Pledge is still being utilized today, 2 years later.

Pharmacists were instructed to review 2-3 points from the Opioid Pledge with the patient.

The most common points that pharmacists at Moose Pharmacy discussed with patients were:

1. Safe storage and disposal
2. Overdose risk overview and offering naloxone
3. Discussing non-opioid pain options to help with pain control

Below are testimonials from pharmacists at Moose Pharmacy regarding the Opioid Pledge.

*"Any opportunity to talk to patients is beneficial. They get a better understanding of why we have certain restrictions to dispense and we get a better understanding of what the patient might be going through."*

*"An opportunity to show patients we want to help them with pain management and not just give them a hard time about early refills."*

*"Listening to why they are taking pain medication helps better understand the needs of the patient."*

*"Having a document to give the patient made the Naloxone discussion seem less 'judgmental' to the patient."*

*"Distributing the Opioid Pledge increased my comfort level and ease of talking with patients."*

# Workflow Innovations: Opioid Pledge Implementation

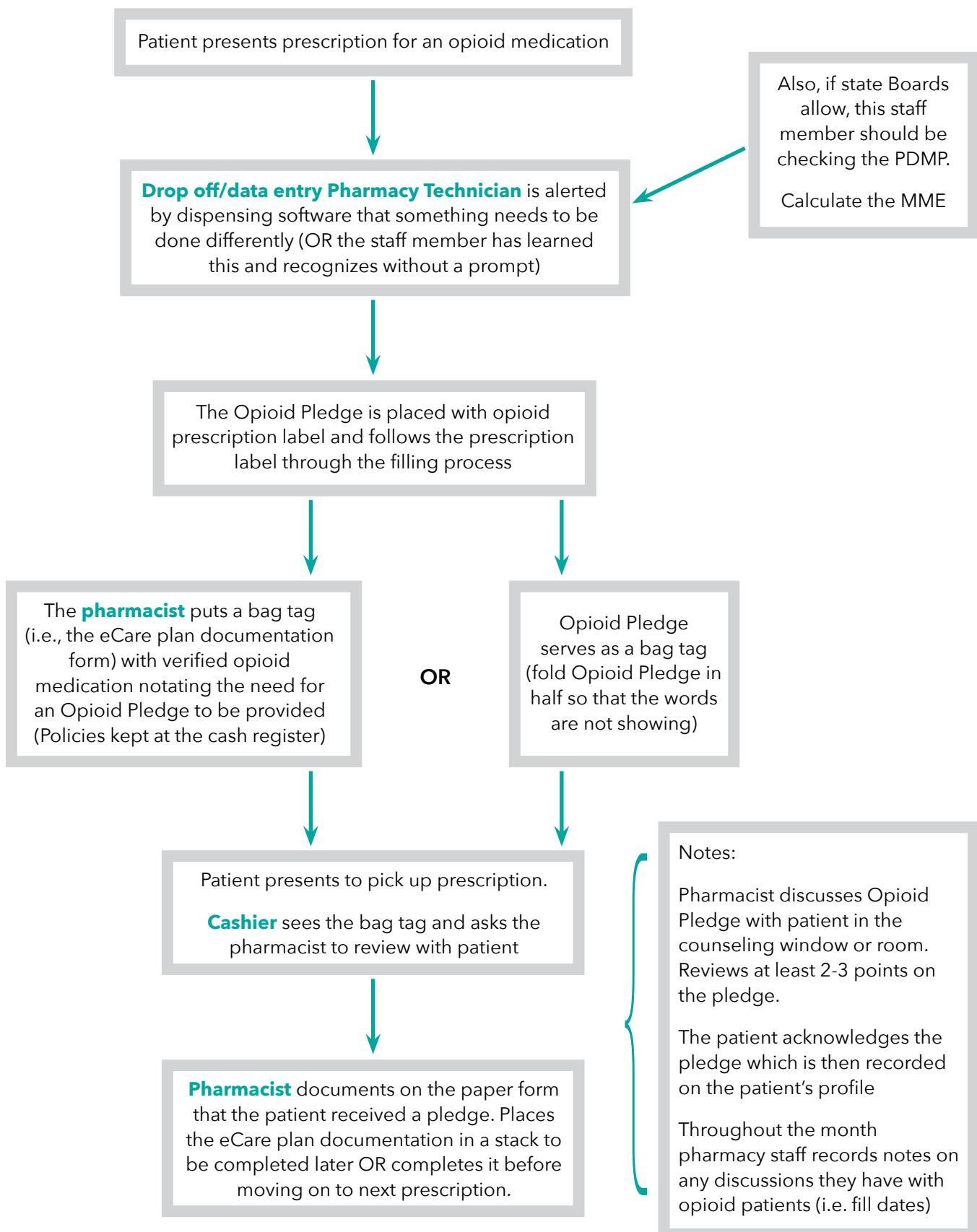
- MONTH 1:** Introduced to the Opioid Pledge Concept
- MONTH 2:** Create your Pharmacy's Opioid Pledge
- MONTH 3:** Implement your Pharmacy's Opioid Pledge

## General Steps for Opioid Pledge Implementation

1. Make sure everyone on your pharmacy team is on the same page with the Opioid Pledge and the pharmacy's internal policies on opioid dispensing.
  - a. When can patients receive a refill based on their day supply?
  - b. What happens if a patient states their prescription was lost or stolen?
  - c. What if a patient does not like the Opioid Pledge?
  - d. What if the only thing you fill for the patient is opioids, but know they get other chronic medications somewhere else?
2. Develop your pharmacy's Opioid Pledge to share with patients.
  - a. Click [HERE](#) to view the description of the Opioid Pledge if you have not in the previous month (See Appendix A).
  - b. Click [HERE](#) to download an editable document to create your own if you have not yet (this is the last page of the PDF referenced above).
  - c. Click [HERE](#) to develop personalized talking points based on your Opioid Pledge (Moose Pharmacy pharmacists chose their own and reviewed 2-3 points - see page 3). (See Appendix B.)
3. Print copies of the Opioid Pledge and place at appropriate workstations. Make sure all pharmacy staff knows where more pledges can be printed.
4. Educate Pharmacy staff members on the workflow process and their role.
  - a. On the next page (page 5), use the workflow process or develop one that best fits your pharmacy by editing the template (See Appendix C).
5. Pharmacists should practice discussing the Opioid Pledge with a staff member (see information on page 7 to view audio and written examples).
6. Begin providing patients with your pharmacy's Opioid Pledge with the goal to provide it to all acute opioid patients at each time an acute opioid medication is received and to all chronic opioid patients (those who have received an opioid medication for 4 consecutive months).
  - a. Like Moose Pharmacy, this process may take 2 months to complete. You may want to consider providing the pledge annually to patients taking chronic opioid medications.

## Workflow Process for the Opioid Pledge:

Print this one or click [HERE](#) to edit and make your own.  
See Appendix C.



# Additional Considerations for Implementation

(Adapted from the Training "Manual" for Moose Pharmacy)

## General Process

1. Data Entry/Input/Drop Off Pharmacy Technician will begin the process by putting a bag tag with the opioid prescription (15 seconds)
2. The pharmacist will indicate during verification that an Opioid Pledge is needed to be given to the patient (15 seconds, bag tag, stamp)
3. When the patient arrives the pharmacist will provide the patient with the Opioid Pledge and explain 2 key points on the pledge (2 minutes)
  - Pharmacist document the interaction with the patient in eCare Plan (2 minutes)

## General Process - Delivery Patients

1. During verification, the pharmacist will call the patient to explain the purpose of the Opioid Pledge, highlight two patient responsibilities on the pledge, and answer any questions the patient may have.
2. The pledge will be delivered to the patient with the patient's prescription.
3. If the patient is unable to be reached, please send the Opioid Pledge with the medication.
4. Best practice is to ask the patient to call once they receive the medication/opioid pledge.
  - Once you speak to the patient you can document the Opioid Pledge was provided.

## How to indicate an Opioid Pledge needs to be given to the patient?

- The best time to take action on documenting the eCare Plan for the Opioid Pledge is during final verification, but action can be taken at any point in the dispensing process. If an Opioid Pledge triggers indicate on the prescription that a pharmacist would like to talk to the patient. This can be done in whichever way the pharmacist prefers but suggested mechanisms include.
  - Stamping "Pharmacist to Counsel" on the prescription.
  - Attaching an Opioid Pledge bag tag to the prescription
  - Calling the patient to discuss the pledge during final verification.

## How to talk to a patient about the Opioid Pledge

- Each pharmacist is encouraged to come up their own method for speaking to patients about the Opioid Pledge. Doing this allows the conversation to be personalized to the pharmacist and patient.
- All patient encounters should contain the following elements
  - Providing the patient with a physical copy of the Opioid Pledge
  - An explanation of why the patient is receiving the Opioid Pledge
  - Conversation should highlight 2-3 items in the pledge
    - **Examples:** review the day supply and when next refills can be received, discuss storage, and discuss naloxone

## Tips:

- Start with the "why"
- Include that everyone is getting this pledge (not just certain patients)
- Use counseling areas if needed

continued on page 7

## Video Examples:

**Kelci and Joe at Moose Pharmacy:** Click [HERE](#) to view video.

**Randy and Cody:** Click [HERE](#) to view video.

## Written Example for Patients taking Chronic Opioids:

*"Hello John, we are starting something new at our pharmacy for all of our patients taking this type of medication. We are trying to be as transparent as possible so that we can help you take this medication safely and that you do not have any trouble getting the medications you need. Here is our written statement on how we can help you with this medication and our expectations of you as a patient. I wanted to point out a few key things on this document, the first being that this medication is an opioid medication which does have risks of causing an overdose. We do have naloxone or Narcan, the opioid reversal agent, here in our pharmacy if that ever becomes something you would be interested in keeping around. Another thing I like to point out to patients is that with this medication we can only fill this medication 2 days before you are scheduled to run out of this current prescription. Please take time to read this when you have a chance and let me know if you have any questions."*

## Written Example for Patients taking Acute Opioids:

*"Hello David, I just wanted to speak with you about your new medication if that is okay with you? Your doctor might have told you this, but this medication is oxycodone, a powerful pain medication, in a class of medications called opioids. You may have heard of these medications. They have been on the news a lot lately. This medication is considered a very high-risk medication because it can cause people to become dependent on the medication, addicted to the medication, and can cause accidental overdose. Do you have any questions about the risk associated with this medication? I would recommend to take it only when you absolutely need it and to discard any extra tablets when you are done. Our pharmacy has a drop box for you to dispose of it if you would like to use that when you are done. I've also included a copy of our pharmacy's Opioid Pledge with this medication for you to review. It goes into more specifics about how we can work together to help decrease the risks associated with this medication. Please let me know if you have any questions."*

## Commonly Asked Questions

**Q** Can I provide the Opioid Pledge to someone other than the patient?

**A** Yes. You should provide the Opioid Pledge to whoever is picking up the prescription for the patient. Please ask whoever is picking up the medication to share the document with the patient.

**Q** Do I have to take the patient into a separate counseling area to complete the interaction?

**A** No, you do not have to go to a separate area to complete the interaction. You may want to speak with the patient in the patient counseling room to add more privacy to your conversation.

**Q** Are any patients exempt from receiving the Opioid Pledge?

**A** Patients on hospice. (Consider other patient populations you may want to exclude at your pharmacy).

**Q** How long are encounters with patient's expected to take?

**A** Encounters are anticipated to take 1-2 minutes or less. The length will be similar to the time it takes to counsel a patient on a new medication.

**Q** How will I know if the patient has received an Opioid Pledge before?

**A** Determine the best way that the pharmacy team will be informed of this. It could be that you recognize an eCare plan being submitted for this patient before or you have a note on the patient's profile that the patient has received one before.

**Q** Where can I print more opioid dispensing policies?

**A** Determine which computer the Opioid Pledge should be saved on.

## Workflow Innovation: Leveraging non-pharmacist staff roles to the best of their ability/license

Visit the FtP Best Practices Website to view the tools that Surgoinsville Pharmacy and Duvall Family Drugs have developed for their pharmacy staff members. If you have not done so, utilize the templates they have provided to make sure that everyone in the pharmacy staff is being maximized.

Click [HERE](#) to access the FtP Best Practices

### Create and Implement a List of Daily Activities for Non-Pharmacist Support Staff

1. Identify the non-pharmacist support staff roles in your pharmacy.
2. Create a list of daily activities or to-do items for each of the roles.
3. Review those daily activities with the person(s) who carry them out to make sure none is missing.
4. Once the list is almost final, review the activities to see what is missing based on what the staff is capable of providing.
  - a. Are there activities that a pharmacist is doing that someone else legally can be doing? If so, add those to the list for the respective non-pharmacist staff member.
5. Print out the finalized lists and post at each workstation and implement the process.
  - a. Review with staff on a regular basis to see how the process is going and if any changes need to be considered.

# eCare Plan Documentation for Opioids

## **GOAL:** Submit **25** Opioid Related Care Plans

The form below includes opioid related eCare Plan documentation options

## This month's focus:

- Documenting that an Opioid Pledge was provided to a patient
  - Intervention code: "Patient Contracting"
  - Note that for our sample patient, M.S. Cortinez, she had requested an early refill. That medication related problem is provided in the documentation form as seen below. However, this is only an example scenario.
    - Patients may be filling their medication on a regular basis and not early so you could choose one of the past medication related problems if applicable.

Also, you may continue documenting care plans from previous months.

- Discussing naloxone with patients
  - Select the Medication Related Problem (MRP) as "Additional medication required" and the intervention can be "Recommendation to start prescription medication" or "Naloxone therapy"
    - Note within the note section whether patient accepted or declined
  - Continue documenting care plans for patients with a MME  $\geq 50$

Encounter Reason: High Risk Drug Monitoring	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem	Intervention
<input type="checkbox"/> Medication dose too high <input type="checkbox"/> Medication taken at higher dose than recommended  <input type="checkbox"/> Additional medication required  <input type="checkbox"/> Takes medication more frequently than recommended	<input type="checkbox"/> Pain Medication Review <input type="checkbox"/> Recommendation to start prescription medication [Note: Accepted or Denied] <input type="checkbox"/> Assessment using risk index for overdose or serious opioid-induced respiratory depression scale (RIOSORD Score: _____) <input type="checkbox"/> Naloxone therapy [Note: Accepted or Denied] <input type="checkbox"/> Education about take home naloxone for opiate overdose intervention <input type="checkbox"/> Patient Contracting
Notes:	
Use (circle one): Acute / Chronic	Indication: _____
MME: _____	PDMP Check on _____ by _____

(Click [HERE](#) to print the forms to place at workstations. See Appendix D.)

See Appendix D.)

## Sample Care Plan Case

Document for M.S. Cortinez.  
Then do so for real patients.

<p><b>PERSONA #2: 3</b>  <b>M.S. Cortinez</b>  <b>Opioid Stewardship: Discuss an Opioid Pledge with Patients</b></p> <p><b>DATE OF ENTRY:</b> August 14, 1961</p> <p><b>Gender:</b> Female  <b>Employment:</b> Coffee Shop Owner</p> <p><b>Address:</b> 2911 FedEx Drive, Hunt, VA 24363</p> <p><b>Problem List:</b> Chronic opioid use, drowsiness, constipation, hypertension</p> <p><b>History of Present Illness:</b>  <b>M.S. Cortinez</b> comes to the office, and talks on the phone. She says she has been having pain for a couple of weeks. She has been taking OxyContin 20 mg every 8 hours (5 days too many). The technician asks M.S.C. if she would like to go to the office and speak with M.S.C. about her pain. M.S.C. says she would like to speak with the pharmacist. The pharmacist explains the prescription and asks if she has any questions. She is interested in pain relief that she can take without doing a few things to help with the pain.</p> <p><b>Past Medical History:</b>    Spinal Cord Injury    Hypertension</p> <p><b>Active Medications:</b>    OxyContin 20 mg every 8 hours 50 mg QD    Tylenol 500 mg 2-3 times QD</p> <p><b>Fill History:</b>    M.S.C. is not on OxyContin with her hypertension medication. She is currently taking her OxyContin each month.</p> <p><b>Allergies:</b>    None</p> <p><b>Social History:</b>    M.S. comes to her own coffee shop. She does not exercise due to her pain issues.</p>	 <p><b>VITAL SIGNS AND LABS</b></p> <ul style="list-style-type: none"> <li>• Weight: 150 lbs</li> <li>• Complete metabolic panel and fasting lipid panel: Normal</li> </ul> <p><b>MENTAL STATUS ASSESSMENT:</b>    M.S.C. has taken an extra tablet of OxyContin on 3 occasions this week. She has had blurry vision and trouble focusing on her computer screen.</p> <p><b>PHARMACEUTICALS AND EDUCATION (RECOMMENDATIONS):</b>    You can start with a low dose of OxyContin and then increase it if she is still in pain. She can take her hypertension medication as prescribed. You can also review her hypertension medication options.</p> <p>Auditorium has enjoyed the opioid pledge information.</p> <p>M.S.C. and the pharmacist discussed that she needed five refills.</p> <p><b>GOALS:</b>    Take OxyContin 20 mg 3 times daily as needed and no more than 3 times a day.</p> <p><b>MONITORING PLAN AND FOLLOW-UP:</b>    Follow up with M.S.C. next month to review her goals.</p>
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Sample Care Plan Case																											
August 2013																											
<b>Encounter Reason:</b> (6/13/20) High Risk Drug Monitoring																											
<b>Patient Demographics:</b> Patient First Name: John S. Address: 911 Elmwood Drive		<b>Patient Last Name:</b> Connor City: Hurst State: VA Zip: 26563																									
<b>Allegies:</b> No Known Drug Allegies		<b>Patient DOB:</b> 8/14/61 <b>Phone:</b> 434-111-1111																									
<b>Active Medication List:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Medication Name:</td> <td style="width: 25%;">Dosage:</td> <td style="width: 25%;">Directions:</td> <td style="width: 25%;">Prescriber:</td> </tr> <tr> <td>Codeine 20 mg</td> <td>1 tablet every 4 hours daily</td> <td>1 tablet daily</td> <td>Dr. Smith</td> </tr> <tr> <td>Acetaminophen 500 mg</td> <td>1 tablet daily</td> <td>1 tablet daily</td> <td>Dr. Davis</td> </tr> <tr> <td>Tramadol HCl 50-100 mg</td> <td>1 tablet daily</td> <td>1 tablet daily</td> <td>Dr. Davis</td> </tr> <tr> <td>Neurotin Nerve Strength, 1 mg</td> <td>5 sprays of nasal spray, 2 times daily</td> <td>5 sprays of nasal spray, 2 times daily</td> <td>Dr. Davis</td> </tr> <tr> <td colspan="4">Special instructions: Avoid alcohol. Avoid driving. Do not drink alcohol if you are taking this medication.</td> </tr> </table>				Medication Name:	Dosage:	Directions:	Prescriber:	Codeine 20 mg	1 tablet every 4 hours daily	1 tablet daily	Dr. Smith	Acetaminophen 500 mg	1 tablet daily	1 tablet daily	Dr. Davis	Tramadol HCl 50-100 mg	1 tablet daily	1 tablet daily	Dr. Davis	Neurotin Nerve Strength, 1 mg	5 sprays of nasal spray, 2 times daily	5 sprays of nasal spray, 2 times daily	Dr. Davis	Special instructions: Avoid alcohol. Avoid driving. Do not drink alcohol if you are taking this medication.			
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Special instructions: Avoid alcohol. Avoid driving. Do not drink alcohol if you are taking this medication.																											
<b>Medication-Related Problems (MRPs) and Interventions:</b> <ul style="list-style-type: none"> <li>■ MRP (6/13/20): John is medicating himself excessively this is recommended for pain. He is 5 days into his therapy and is already trying to give it to other due to his uncontrolled pain. Start an ofx for him.</li> <li>■ MRP (6/13/20): John's MRP is that he is not taking his pain medication as prescribed. His pain is still present and he is not able to sleep. He is taking his pain medication as prescribed.</li> <li>■ Intervention (6/13/20): Patient concerning for MRP. Refer to pain management specialist.</li> <li>■ Intervention Note: Roads pharmacists reviewed and provided with opioid pledge on 6/13/20.</li> </ul>																											
<b>Goals (Free Text):</b> Goal (6/13/20): Take OxyContin 20 mg 3 times daily as needed and no more than 3 times daily.																											
Print Test Prescriber 2 Progression of Outcomes 3																											

Click **HERE** to access the Opioid Persona and Case

(See Appendix E.)



## Guidance for Community-Based Pharmacists: Developing a Patient Opioid Pledge

With pharmacists and pharmacies susceptible to investigations and corresponding liability, it is important that pharmacies establish due diligence policies, which include checking state prescription drug monitoring programs, identification of **Red Flags (Exhibit A)**, communicating with the prescribing provider when concerned and appropriately documenting patient interactions. Red flags are warning signs that may indicate a controlled substance prescription is not being obtained for legitimate medical purpose but rather for diversion or abuse. It is the pharmacist's job to evaluate and interpret the seriousness of these warning signs. Pharmacists are required to exercise sound professional judgment with determining the legitimacy of a controlled substance prescription.

When a pharmacist is presented with a doubtful, questionable or suspicious prescription, *the law does not require a pharmacist to dispense the prescription*. On the contrary, a pharmacist who deliberately ignores a questionable prescription when there is reason to believe the prescription was not issued for a legitimate medical purpose may be prosecuted along with the prescribing physician for knowing and intentionally distributing controlled substances.

In an effort to improve health care delivery and have better results for your patients, CPESN USA suggests adopting and implementing a Safe Opioid Dispensing Policy/Pledge to be shared with patients. Such policy/pledge should be conspicuously posted or provided to each applicable patient. An example policy/pledge is provided as **Exhibit B**.

### **Please Note, Before Refusing to Fill a Prescription:**

- *Use caution. Keep in mind that a patient who suddenly discontinues a long-term medication, particularly an opioid medication, may experience negative health consequences, including withdrawal and even death.*
- *Contact the prescriber. If a pharmacist has any concern regarding a prescription, he or she should attempt to have a professional conversation with the prescriber to resolve those concerns and not simply refuse the prescription. A short conversation with the prescriber will either alleviate the pharmacist's concerns or substantiate them—in either case, this is important information to have. You are invaluable as a healthcare professional in terms of your medication expertise, and you should feel empowered to utilize this expertise as part of any dialogue with a prescriber regarding potential alternatives, changes in the prescription strength, and directions to the patient.*
- *Be part of the solution. If Red Flags consistently involve the same prescribing provider do not hesitate to contact the appropriate licensing board or authority.*



## Exhibit A: Red Flags

Signs that patients might be struggling with opioid use disorder or diverting medications include:

- Forged prescriptions (e.g. lack of common abbreviations or overly legible handwriting)
- Prescriptions originating from outside the immediate geographic area
- Altered prescriptions (e.g. multiple ink colors or handwriting styles)
- Cash payments
- Inconsistent or early fills
- Multiple prescribers

### **RESOURCES:**

A detailed examination of the pharmacist's role and *Red Flags* can be found in the *Pharmacy Times* article [Don't Ignore These Opioid Abuse Red Flags](#).

A coalition of medical, pharmacist, and supply chain stakeholder organizations released a consensus document highlighting challenges and “red flag” warning signs related to prescribing and dispensing controlled substance prescriptions. The goal is to provide health care practitioners with an understanding of their shared responsibility to ensure that all controlled substances are prescribed and dispensed for a legitimate medical purpose, as well as to provide guidance on which red flag warning signs warrant further scrutiny. See [Stakeholders' Challenges and Red Flag Warning Signs Related to Prescribing and Dispensing Controlled Substances](#).



## Exhibit B: Patient Opioid Pledge

### *[Insert Pharmacy Name]* Patient Rights and Obligations regarding receiving Opioid Medications

**PURPOSE:** The purpose of this pledge is to highlight the pharmacists' and patient's responsibilities when a patient is prescribed certain controlled substances. The pharmacy has legal and ethical responsibilities to patients prescribed and receiving certain controlled substances.

Our Pharmacists are responsible to use professional judgment to assess the appropriateness of the service we provide to all patients. *[Insert Pharmacy Name]* commits to helping you understand the risks associated with your treatment plan and the appropriate, storage, use, and disposal of the controlled substance prior to receiving the medication.

#### As your trusted pharmacy, we commit to:

- Counsel you on the safe and appropriate use, benefits, and risks of your medications.
- Help safely manage your medications and medical conditions.
- Communicate with your prescriber on your progress with treatment and help with any unmet treatment needs.
- If the pharmacist has any concerns, he/she will work with you as the patient and your provider to resolve these concerns.
- The pharmacist will document your conversations and treatment plan to build your complete health record
- Review State Controlled Substance Reporting Systems to verify your medication history to ensure it is safe and appropriate to fill the controlled substance and avoid any duplications of medications.
- Help you keep your medications secure and disposing of unwanted medications properly.
- The pharmacist will assess your risk based on current dose of opioid(s) and make the offer for a prescription for naloxone, the opioid overdose reversal medication if appropriate to protect you and other individuals [BASED ON STATE LAW].

#### Patient by accepting the dispensed controlled substance AGREES that:

- There are risks of dependence, addiction, and overdose associated with the use of opioid medications and other controlled substance medications and will discuss any concerns with the pharmacist.
- I will discuss any changes in dosage or how often I take my medication with my doctor and pharmacists.
- I will not request my medication to be refilled before the date I am scheduled to run out of my medication. If I need to refill my medication earlier than this date, I understand the pharmacy will not fill the medication more than 1-2 days early depending on the last day supply received.
- I will safeguard my medications from loss, theft, or unintentional use by others by keeping my medications in a locked box or away from others, including children.
- I will dispose of any unused medications properly as discussed with the pharmacy staff.
- I understand that my prescription is for me only and will not share my medication with anyone.

I agree to abide by this policy to ensure my safety.

I understand the pharmacy may refuse to fill further controlled substance prescriptions for me if I cannot abide by this Policy.

## Opioid Pledge Talking Points

1 \_\_\_\_\_

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\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Opioid Pledge Talking Points

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

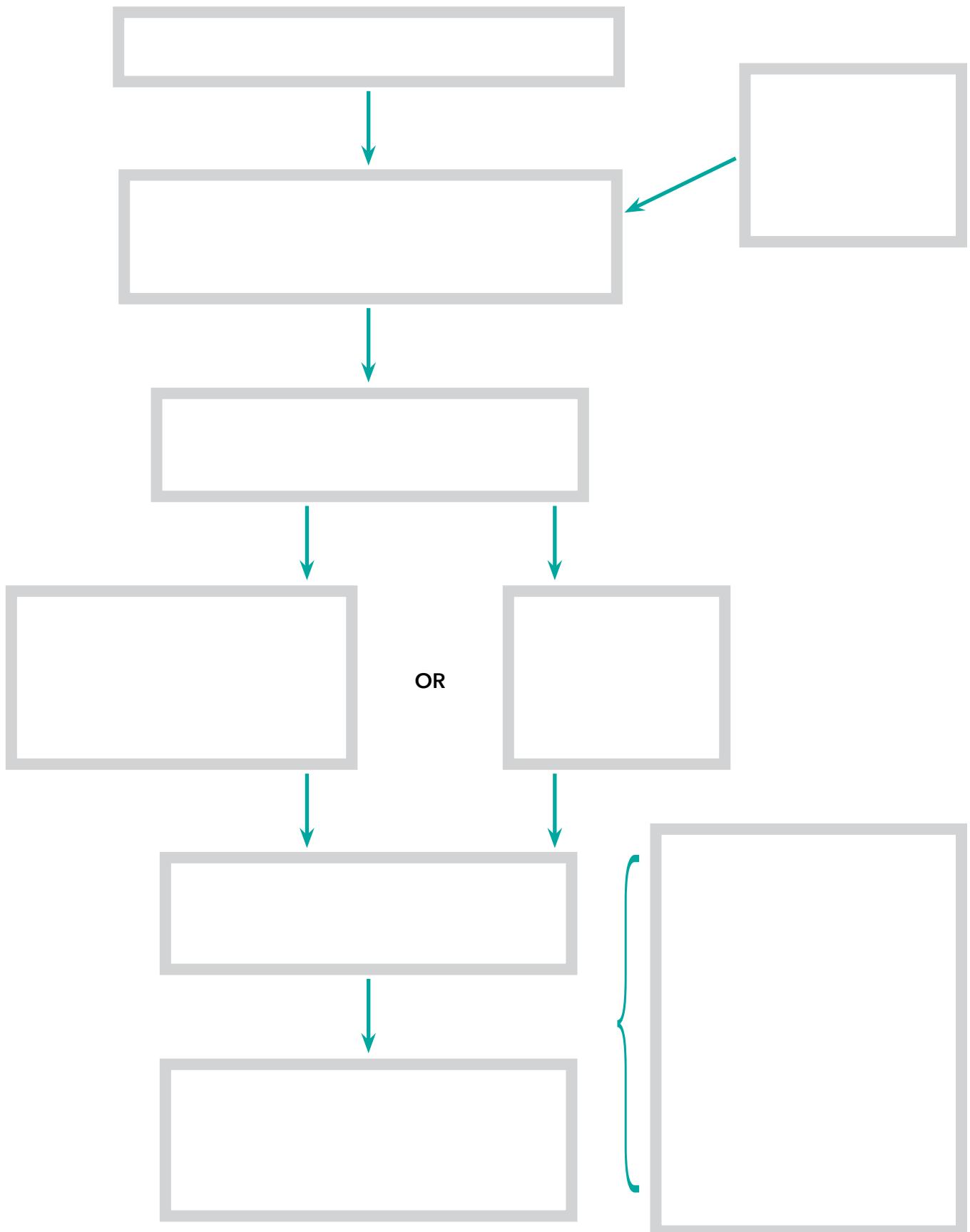
\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Workflow Process for the Opioid Pledge:





# Opioid Prescription Documentation Form

Encounter Reason: High Risk Drug Monitoring	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem	Intervention
<input type="checkbox"/> Medication dose too high <input type="checkbox"/> Medication taken at higher dose than recommended <input type="checkbox"/> Additional medication required <input type="checkbox"/> Takes medication more frequently than recommended	<input type="checkbox"/> Pain Medication Review <input type="checkbox"/> Recommendation to start prescription medication [Note: Accepted or Denied] <input type="checkbox"/> Assessment using risk index for overdose or serious opioid-induced respiratory depression scale (RIOSORD Score: _____) <input type="checkbox"/> Naloxone therapy [Note: Accepted or Denied] <input type="checkbox"/> Education about take home naloxone for opiate overdose intervention <input type="checkbox"/> Patient Contracting
<b>Notes:</b> Use (circle one): Acute / Chronic      Indication: _____ MME: _____      PDMP Check on _____ by _____	

Encounter Reason: High Risk Drug Monitoring	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem	Intervention
<input type="checkbox"/> Medication dose too high <input type="checkbox"/> Medication taken at higher dose than recommended <input type="checkbox"/> Additional medication required <input type="checkbox"/> Takes medication more frequently than recommended	<input type="checkbox"/> Pain Medication Review <input type="checkbox"/> Recommendation to start prescription medication [Note: Accepted or Denied] <input type="checkbox"/> Assessment using risk index for overdose or serious opioid-induced respiratory depression scale (RIOSORD Score: _____) <input type="checkbox"/> Naloxone therapy [Note: Accepted or Denied] <input type="checkbox"/> Education about take home naloxone for opiate overdose intervention <input type="checkbox"/> Patient Contracting
<b>Notes:</b> Use (circle one): Acute / Chronic      Indication: _____ MME: _____      PDMP Check on _____ by _____	



PERSONA #2.3

## M.S. Cortinez

### Opioid Stewardship: Discuss an Opioid Pledge with Patients



**DATE OF BIRTH:** August 14, 1961

**RACE:** Hispanic

**GENDER:** Female

**OCCUPATION:** Coffee Shop Owner

**ADDRESS:** 2911 Fentora Drive Hurt, VA 24563

**PROBLEM LIST:** Chronic spinal disease/spinal stenosis, hypertension

#### HISTORY OF PRESENT ILLNESS

M.S. Cortinez calls the pharmacy and talks to the pharmacy technician. She indicates that she has a couple of prescriptions still on file at the pharmacy for Oxycontin. She is requesting an early refill (5 days too soon). The technician asks MSC if she can place her on hold so she can get the pharmacist to discuss this with her. The pharmacist speaks with MSC and asks why she needs the prescription early. MSC tells the pharmacist that she has had some increased pain this past month so she took an extra dose a few times to help with the pain.

#### PAST MEDICAL HISTORY

Spinal Stenosis x 5 years  
Hypertension x 5 years

#### ACTIVE MEDICATIONS

Oxycontin 20 mg TID, Losartan 50 mg QD,  
Triamterene/HCTZ 37.5/25 QD

#### FILL HISTORY

MSC is not consistent with her hypertension medication refills. MSC consistently refills her Oxycontin each month.

#### ALLERGIES

NKA

#### SOCIAL HISTORY

MSC owns her own coffee shop. She does not exercise due to her pain issue.

#### VITAL SIGNS AND LABS

- **Vital signs:**  
None reported
- **Complete metabolic panel and fasting lipid panel:**  
Labs not provided to the pharmacy

#### MEDICATION RELATED PROBLEM(S)

MSC has been taking an extra tablet "every so often" due to her uncontrolled pain. She ran out of her medications 5 days early. Pharmacy will fill Oxycontin on 6/17.

#### INTERVENTION(S) AND EDUCATION

##### (RECOMMENDATIONS)

You counseled MSC on taking too much of the Oxycontin and informed her that she should contact her doctor if she feels that she needs more medication than what is prescribed. You also reviewed OTC medication options.

Additionally, you reviewed the opioid pledge with MSC and documented that she received the information.

#### GOALS

Take Oxycontin 20 mg 3 times daily as needed and no more than 3 times daily.

#### MONITORING PLAN AND FOLLOW-UP

Follow up with MSC next month to review her goal.

# Sample Care Plan Case

Encounter Reason (6/13/20): High Risk Drug Monitoring

**Patient Demographics:**

Patient First Name: M.S.      Patient Last Name: Cortinez      Patient DOB: 8/14/61  
 Address: 911 Fentora Drive      City: Hurt      State: VA      Zip: 24563      Phone: 434-111-1111

**Allergies:** No Known Drug Allergies

**Active Medication List:**

Medication Name	Directions	Prescriber
Oxycontin 20 mg	1 tablet three times daily	Dr. Ouch
Losartan 50 mg	1 tablet daily	Dr. Ouch
Triamterene/HCTZ 37.5/25 mg	1 tablet daily	Dr. Ouch
Narcan Nasal Spray 4mg/0.1mL	For suspected opioid overdose, administer a single spray of nasal spray in one nostril. May repeat after 3 minutes if no or minimal response.	Dr. Ouch

**Medication-Related Problems (MRPs) and Interventions:**

- **MRP (6/13/20):** Takes medication more frequently than recommended
  - **MRP Note:** MSC has been taking an extra tablet "every so often" due to her uncontrolled pain. She ran out of her medications 5 days early. Pharmacy will fill Oxycontin on 6/17.
- **Intervention (6/13/20):** Patient contracting
  - **Intervention Note:** Brandi, pharmacist, reviewed and provided with opioid pledge on 6/13/20.

**Goals (Free-Text):**

- **Goal (6/13/20):** Take Oxycontin 20 mg 3 times daily as needed and no more than 3 times daily.