# Opioid Prescribing in 2019: Doing Good, Staying Well

February 7, 2019

GME Wellness Week

# Learning Objectives

- Understand the limitations of urine drug screening
- Know how to find details about changes in Arizona laws related to opioid prescribing
- Demonstrate how to access AZPMP and the Cerner external medication history
- Describe the steps to diffuse conflict with patient
- Identify one action you will incorporate into your wellness practice

# Our Panel

| | |
|---|---|
| Dr. Jason Leubner | System support in patient safety |
| Dr. Jerry Snow | Urine drug screen pitfalls |
| Dr. Luke Peterson | AZ opioid laws |
| Dr. Daniel Drane | Conflict resolution |
| Dr. Alena Petty | Substance use and mental health |
| All | Physician wellness |

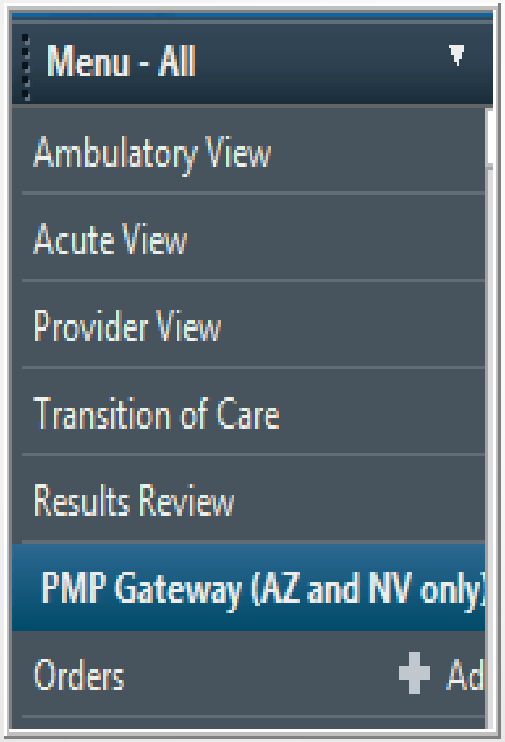
# Our patient

- 30 yo previously healthy man presents to the ED with an obviously fractured R radius. He is admitted for surgery, scheduled the following morning.
- Your H&P is appropriately thorough and you are ready to input orders for pain control
- What do you do next:
  a. Oxycodone 5 mg PO x 1 and check on him the following morning to see response
  b. Dilaudid 1.5mg IV q 1hr scheduled
  c. Morphine 4 mg IV q 4hr, close monitoring and adjust as needed
  d. Further review of patient's medication history
  e. B&D
  f. C&D

# A System that Supports Patient Safety

- Making it easier
  - External Medication History
  - AZPMP access through Cerner
  - Equivalent dosing tool
- Reducing variability
  - Clinical practice guidelines through CCGs
  - Contracts for chronic opioid use
- Compliance with AZ State Law
  - Electronic prescribing
  - Default prescriptions

# **'PMP Gateway'** tab in Cerner



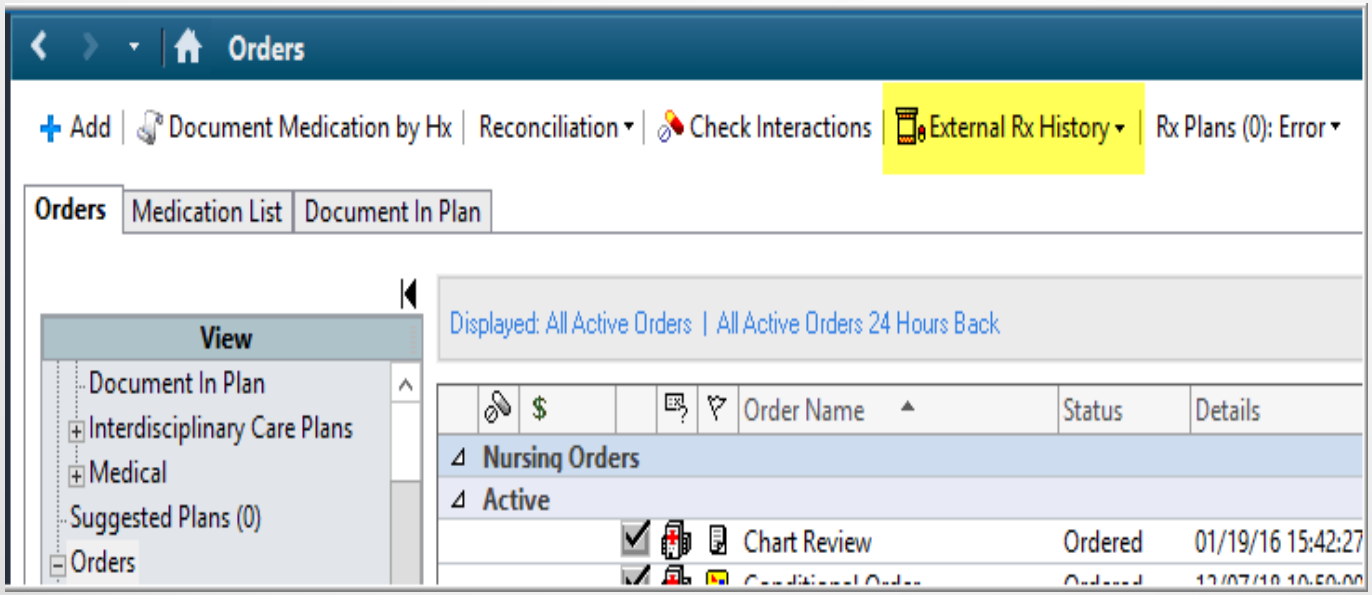

If you don't see the PMP tab, please call it in to the IT Service Desk 'Provider STAT Line' at **602-747-7828 (STAT).**

# PMP Access – Troubleshooting

- Make sure you're registered with the PMP PharmacyPMP.AZ.gov

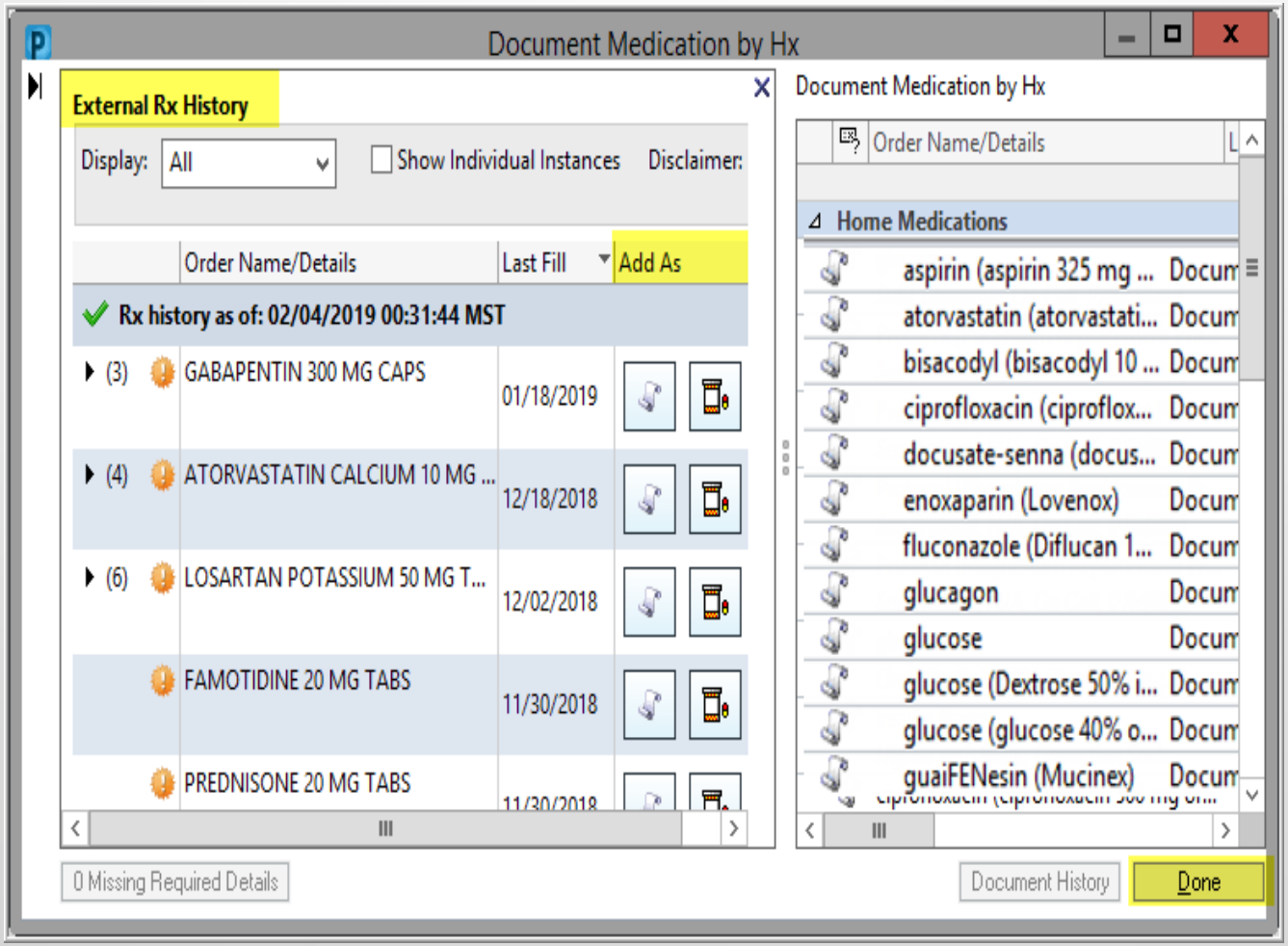
- If still unable to access PMP data in Cerner
  - Call the IT Service Desk - **602-747-7828** to verify DEA and NPI numbers are correct in your Cerner profile.
  - If your credentials are correct in Cerner, PharmacyPMP.AZ.gov for further assistance

# **External Rx History** function in Cerner




To see *all* Rx types filled at SureScripts pharmacies (includes almost all large pharmacy chains)

You may choose to import a patient's medications from the External Rx history into their Cerner chart. The imported data will display as *Documented Medications by Hx*.



# System Support

- Cell phone
  - Register new phones in Medical Staff Services office *in person* in the Imprivata system
  - Use Imprivata app for verification
- Fingerprint reader (if broken/lost phones)
  - Available in resident lounge near cafeteria
  - ED
  - DHM office

# Our Patient

- Social history:
  - works intermittently in construction, lives in apartment with wife and son,
  - no illicit drugs, no tobacco, occasionally smokes marijuana, 10-15 alcoholic drinks per week
- You inform the patient that you plan to perform a urine drug screen:

# UDS

- + THC, methamphetamine

# The results lead you to believe:

a. The results need further confirmation
b. The patient is withholding information and cannot be trusted
c. The patient used methamphetamine in the last 28 days
d. The patient used hydrocodone in the last 24 hours

# Urine Drug Screens

- Designed for workplace
- High false positives
- Many cross reactants
- Confirm only exposure
- Time lag: exposure days to weeks


MUST BE CONFIRMED WITH MASS SPEC

ONLY A SCREENING TEST

# 2 Common Questions

1. whether the patient is taking the pain medication as prescribed versus diverting it

2. whether the patient is abusing other substances.

TABLE 3. **Summary of Agents Contributing to Positive Results by Immunoassay**[a]

| Substance tested via immunoassay | Potential agents causing false-positive result | Substance tested via immunoassay | Potential agents causing false-positive result |
|---|---|---|---|
| Alcohol[20] | Short-chain alcohols (eg, isopropyl alcohol) | Cannabinoids[1,8,43-48] | Dronabinol |
| | | | Efavirenz |
| Amphetamines[21-40] | Amantadine | | Hemp-containing foods |
| | Benzphetamine | | NSAIDs |
| | Bupropion | | Proton pump inhibitors |
| | Chlorpromazine | | Tolmetin |
| | Clobenzorex[b] | Cocaine[49-51] | Coca leaf tea |
| | *l*-Deprenyl[c] | | Topical anesthetics containing cocaine |
| | Desipramine | Opioids, opiates, and heroin[8,16,52-63] | Dextromethorphan |
| | Dextroamphetamine | | Diphenhydramine[e] |
| | Ephedrine | | Heroin |
| | Fenproporex[b] | | Opiates (codeine, hydromorphone, hydrocodone, morphine) |
| | Isometheptene | | Poppy seeds |
| | Isoxsuprine | | Quinine |
| | Labetalol | | Quinolones |
| | MDMA | | Rifampin |
| | Methamphetamine | | Verapamil and metabolites[e] |
| | *l*-Methamphetamine (Vick's inhaler)[d] | Phencyclidine[8,52,64-70] | Dextromethorphan |
| | Methylphenidate | | Diphenhydramine[e] |
| | Phentermine | | Doxylamine |
| | Phenylephrine | | Ibuprofen |
| | Phenylpropanolamine | | Imipramine |
| | Promethazine | | Ketamine |
| | Pseudoephedrine | | Meperidine |
| | Ranitidine | | Mesoridazine |
| | Ritodrine | | Thioridazine |
| | Selegiline | | Tramadol |
| | Thioridazine | | Venlafaxine, O-desmethylvenlafaxine |
| | Trazodone | Tricyclic antidepressants [71-81] | Carbamazepine[f] |
| | Trimethobenzamide | | Cyclobenzaprine |
| | Trimipramine | | Cyproheptadine[f] |
| Benzodiazepines[16,41,42] | Oxaprozin | | Diphenhydramine[f] |
| | Sertraline | | Hydroxyzine[f] |
| | | | Quetiapine |

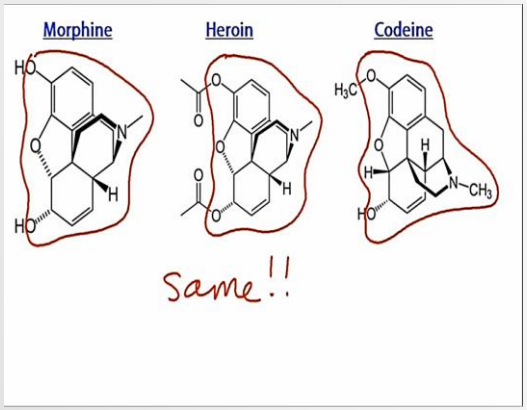
[a] MDMA = methylenedioxymethylamphetamine, NSAID = nonsteroidal anti-inflammatory drug.
[b] Approved in Mexico. Not approved in the United States.
[c] Converts to *l*-methamphetamine and *l*-amphetamine.
[d] Newer immunoassays have corrected the false-positive result for Vick's inhaler.
[e] Diphenhydramine and verapamil (including metabolites) have been shown to cause positive results in methadone assays only.

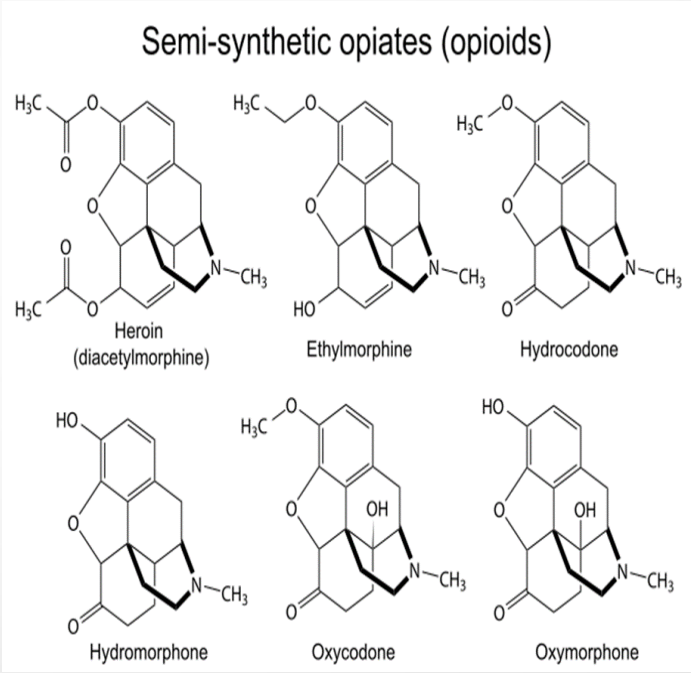
Moeller, Karen E., Kelly C. Lee, and Julie C. Kissack. "Urine drug screening: practical guide for clinicians." *Mayo Clinic Proceedings*. Vol. 83. No. 1. Elsevier, 2008.

| Medication | False-Positive Result | | | | | | |
|---|---|---|---|---|---|---|---|
| | Amphetamine or Methamphetamine | Phencyclidine | Methadone | Opiates | Benzodiazepines | Cannabinoids | Barbiturates |
| Antihistamines/decongestants | | | | | | | |
| Brompheniramine | X | | | | | | |
| Diphenhydramine | | | X | | | | |
| Doxylamine | | | X | | | | |
| Phenylpropanolamine | X | | | | | | |
| Nonprescription nasal inhaler | X | | | | | | |
| Antidepressants | | | | | | | |
| Bupropion | X | | | | | | |
| Clomipramine | | | X | | | | |
| Sertraline | | | | | X | | |
| Trazodone | X | | | | | | |
| Venlafaxine | | X | | | | | |
| Antibiotics | | | | | | | |
| Quinolones (selected agents) | | | | X | | | |
| Analgesics | | | | | | | |
| Ibuprofen | | | X | | | X | X |
| Naproxen | | | | | | X | X |
| Antipsychotics | | | | | | | |
| Chlorpromazine | X | | X | | | | |
| Promethazine | X | | | | | | |
| Quetiapine | | | X | | | | |
| Thioridazine | | | X | | | | |
| Other agents | | | | | | | |
| Dextromethorphan | | X | | | | | |
| Ranitidine | X | | | | | | |
| Verapamil | | | X | | | | |

Brahm, Nancy C., et al. "Commonly prescribed medications and potential false-positive urine drug screens." *American Journal of Health-System Pharmacy* 67.16 (2010): 1344.

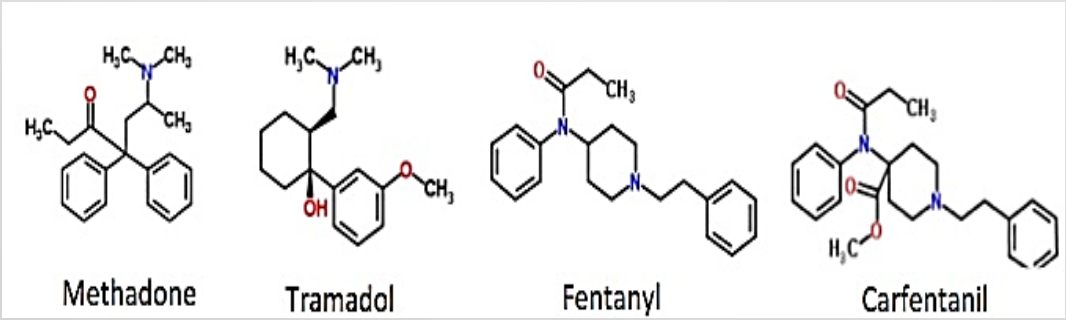
# Which Opioids are detected on UDS?




**Which Opioids routinely are not?**

**Fentanyl, Methadone, Tramadol, Propoxyphene, Meperidine**



## Typical Urine Drug Screens[1,3-6]

| Drug Class Tested | Time Test Remains Positive After Exposure for Typical and (Heavy) Use | Potential False Positives |
|---|---|---|
| **Amphetamines** | 1-2 (2-4) days | Bupropion, Fluoxetine, Phenylephrine, Pseudoephedrine, Ephedrine, Ranitidine, Trazodone, Selegiline, Methamphetamine, Ofloxacin, Chlorpromazine, Promethazine, Trazodone, Labetalol, Metformin, Thioridazine, Vick's inhaler. |
| **Barbiturates** | 2-4 days (up to 4 weeks for phenobarb) | Ibuprofen and naproxen. |
| **Benzodiazepines** | 1-30 days | Reactivity can vary for the different benzodiazepines, Sertraline and oxaprozin may cause a false positive. |
| **Cannabinoids** | 1-3 days (>1month) | Case reports of false positive reactions with ibuprofen, naproxen, and efavirenz. |
| **Cocaine** | 2 (7) days | |
| **Opiates** | 1-4 (7) days | Fluoroquinolones (levofloxacin, ofloxacin, moxifloxacin, ciprofloxacin), naloxone, creatine, verapamil |
| **Methadone** | 1-4 days | Doxylamine, Chlorpromazine, Diphenhydramine, Quetiapine, Verapamil, Thioridazine, Clomipramine |
| **Phencyclidine** | 4-7 (>30) days | Ketamine, Venlafaxine, Dextromethorphan, Diphenhydramine, Tramadol |

- **Amphetamines, barbiturates, cannabinoids, cocaine, and opiates can all remain positive for up to four days**
- **Phencyclidine and cannabinoids up to one month in cases of heavy or prolonged use**
- **Benzodiazepines and phenobarbital even with routine use can remain positive for one month**

# UDS comes back positive for methadone, amphetamines and PCP

- Or does it?
- Maybe a combination of over-the-counter and prescription medications such as doxylamine, bupropion, and diphenhydramine

# What to Know?

- Familiarize yourselves with the limitations
  - Timing of exposures
  - False positives
  - False negatives
  - Confirm, Confirm, Confirm
- Often providers need assistance in interpreting toxicology tests

# Our Patient

- POD 2, pain is well-controlled on percocet 5/325mg q6-8 hrs
- You and your team determine that he is stable for discharge (all coordinated before 1pm!) At the time of discharge, you make sure patient has a follow up visit scheduled and you are ready to write a prescription for pain control.

# Discharge Prescription

Along with instructions on bowel care and not to drive or operate heavy machinery, under the new AZ law, for post-op pain, you should prescribe:

a. Fentanyl patch 25 mcg transdermal q3 days
b. Oxycodone/acetaminophen 1 tab q 6-8 hrs prn severe pain #20
c. Oxycodone/acetaminophen 1-2 tabs q 4-6 hrs prn pain #60
d. Acetaminophen 1g q 8 hrs prn pain, max dose 4g/24hrs

# Brief (but Specific) Overview of New AZ State Laws

- Post-op pain
- MED
- Exceptions to the laws
- Others

# Prescribing Opioids in AZ – 2019

| AZ Opioid Epidemic Act (SB 1001) | Date |
|---|---|
| **Check AZ CSPMP** | Oct 2017 |
| **Limit Rx to ≤5 days in naïve patients**<br>**Exceptions:**<br>• **Post-surgical (14 days), Active cancer, Trauma/Burns, Hospice/Palliative, MAT for SUD, NAS** | Apr 2018 |
| **Limit MED ≤90 in naïve patients** | Apr 2018 |
| **e-Prescribe controlled substances** | Jan 2019 |
| **Hospital systems**<br>• **Controlled substance agreement**<br>• **Informed consent**<br>• **Substance use risk assessment** | Role out 2019 |

# Prescribing Opioids in AZ – 2019

- >90 MED Exclusions
  - Continuation of prior Rx in the last 60 days
  - Active oncology patient
  - Trauma, not including a surgical procedure
  - Hospice, end of life, palliative care
  - Receiving SNF care
  - Burn patient
  - Is hospitalized

| 90 MED Equivalents | Conversion |
|---|---|
| Oxycodone 10 q4h (60mg) | 1.5 |
| Hydrocodone 15 mg q4h (90 mg) | 1 |
| Hydromorphone 3.75 mg PO q4h (22.5 mg) | 3 |

- At discharge, if doesn't meet above criteria:
  - Board Certified Pain Physician (telephone or telehealth)
  - Opioid Assistance and Referral (OAR line) 1-888-688-4222

# Discharge Instructions

Important additional interventions for this patient regarding combining opioids and other substances should include:

a. CAGE questions for alcohol use
b. Recommendation to reduce alcohol consumption in general and especially while on opioids
c. Recommendation to avoid combining benzos and opioids
d. All of the above

# Post-Discharge

- Patient is discharged on Tuesday with follow up appointment scheduled in 7 days
- On Friday at 4pm, your patient calls requesting a refill, reporting **severe pain and out of meds**.
- He is told that per clinic policy, we are unable to refill opioids without a visit and is encouraged to try OTC and consider going to ED if pain remains uncontrolled. He is given a reminder about his appointment on the following Tuesday.

# Follow Up Appointment

- On Tuesday, your patient arrives to your appointment in obvious frustration, expressing anger that refill was not given last week and demanding new prescription.
- You listen calmly and the patient is able to compose himself
- Focused history and physical reveal reports of severe pain and appropriately healing arm

# Follow Up Appointment

- After further discussion, you inform the patient that his fracture and wound are healing well, that pain management options could now include Tylenol and NSAIDS, as opioids are no longer indicated.  He again becomes visibly angry, and personally verbally attacks you.

# Follow Up Appointment

At this point, what would you do next?

a. Allow the behavior to continue for 30 min, then call security
b. Stay calm, politely, but firmly inform the patient, about the next steps. If the patient continues to escalate, inform the patient that "it would be best to excuse myself and I will be back with my attending shortly to conclude our visit."
c. Show that you have control of the situation by raising your voice and standing over the patient
d. Say, "I guess you really are still having significant pain. I will give you a refill this one time, but I cannot give you any more than that."

# Managing Conflict with Patients

- ***Always*** make sure that you are safe
- Listen
- Be empathic
- Do not challenge/argue
- Use simple terms
- Remain confident
- Do not be afraid to pause and continue later

# Follow Up Appointment

- The situation diffuses and the patient leaves without a prescription for opioids

# Three-Month Follow Up

- The patient returns to clinic 3 months later to "get healthy"
- Patient reports occasionally using pills he gets from friends and family
- Reports no change in his alcohol consumption
  - 1-2 drinks nightly
  - 5-7 drinks binges 1-2 times weekly
- Unable to quit on own
- Not interfering with work
- You check the AZ PMP:

PMP Gateway Data Report - Internet Explorer

## Summary

**Summary**
Total Prescriptions: 15
Total Prescribers: 6
Total Pharmacies: 4

**Narcotics*** (excluding buprenorphine)
Current Qty: 12
Current MME/day: 90.00
30 Day Avg MME/day: 81.00

**Buprenorphine***
Current Qty: 0
Current mg/day: 0.00
30 Day Avg mg/day: 0.00

## Prescriptions

**PRESCRIPTIONS**
Total Prescriptions: 15
Total Private Pay: 0

| Fill Date | ID | Written | Drug | Qty | Days | Prescriber | Rx # | Pharmacy | Refill | Daily Dose * | Pymt Type | PMP |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01/02/2019 | 1 | 01/02/2019 | Oxycodone Hcl 15 MG Tablet | 120 | 30 | Ca Bin | 1011360 | Wal (5506) | 0 | 90.00 MME | Comm Ins | AZ |
| 11/29/2018 | 1 | 11/07/2018 | Oxycodone Hcl 15 MG Tablet | 21 | 7 | Ca Bin | 1005527 | Wal (5506) | 0 | 67.50 MME | Comm Ins | AZ |
| 11/21/2018 | 1 | 11/07/2018 | Oxycodone Hcl 15 MG Tablet | 21 | 7 | Ca Bin | 1004056 | Wal (5506) | 0 | 67.50 MME | Comm Ins | AZ |
| 11/15/2018 | 3 | 11/07/2018 | Oxycodone Hcl 15 MG Tablet | 14 | 7 | Ca Bin | 1003080 | Wal (5506) | 0 | 45.00 MME | Comm Ins | AZ |
| 11/07/2018 | 3 | 11/07/2018 | Oxycodone Hcl 15 MG Tablet | 14 | 7 | Ca Bin | 1001557 | Wal (5506) | 0 | 45.00 MME | Comm Ins | AZ |
| 10/08/2018 | 3 | 10/08/2018 | Fentanyl 12 Mcg/Hr Patch | 10 | 30 | Ca Bin | 2679184 | Wal (8637) | 0 | 28.80 MME | Comm Ins | AZ |
| 10/08/2018 | 3 | 10/08/2018 | Oxycodone Hcl 10 MG Tablet | 30 | 30 | Ca Bin | 2679185 | Wal (8637) | 0 | 15.00 MME | Comm Ins | AZ |
| 09/21/2018 | 3 | 09/21/2018 | Oxycodone Hcl 10 MG Tablet | 28 | 14 | Ch Nel | 992070 | Wal (5506) | 0 | 30.00 MME | Comm Ins | AZ |
| 09/21/2018 | 3 | 09/21/2018 | Fentanyl 12 Mcg/Hr Patch | 5 | 15 | Ch Nel | 992071 | Wal (5506) | 0 | 28.80 MME | Comm Ins | AZ |
| 08/24/2018 | 1 | 08/24/2018 | Fentanyl 12 Mcg/Hr Patch | 10 | 30 | Ma Sto | 2657598 | Wal (8637) | 0 | 28.80 MME | Comm Ins | AZ |
| 08/24/2018 | 1 | 08/23/2018 | Oxycodone Hcl 5 MG Tablet | 30 | 3 | Ma Sto | 2657599 | Wal (8637) | 0 | 75.00 MME | Comm Ins | AZ |
| 07/27/2018 | 2 | 07/25/2018 | Fentanyl 12 Mcg/Hr Patch | 2 | 6 | Do Cut | 2183111 | Saf (9557) | 0 | 28.80 MME | Medicaid | AZ |
| 07/11/2018 | 1 | 07/10/2018 | Oxycodone Hcl 10 MG Tablet | 20 | 5 | Sh Jar | 977644 | Wal (5506) | 0 | 60.00 MME | Comm Ins | AZ |
| 06/05/2018 | 1 | 06/05/2018 | Oxycodone Hcl 5 MG Tablet | 20 | 4 | Ga Cli | 970625 | Wal (5506) | 0 | 37.50 MME | Comm Ins | AZ |
| 03/23/2018 | 1 | 03/23/2018 | Morphine Sulfate Ir 15 MG Tab | 12 | 3 | Ma Sto | 954833 | Wal (5506) | 0 | 60.00 MME | Comm Ins | AZ |

*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. MG = dose in milligrams.

**PROVIDERS**
Total Providers: 6

# Depression Screen

- PHQ-2
  - Over the past 2 weeks, how often have you been bothered by:

| | Not at all | Several days | More than ½ the days | Nearly every day |
|---|---|---|---|---|
| Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

  - Score of 3+ should be followed with full PHQ-9

# Based on the information you currently have, you diagnose the patient with:

a. Alcohol use disorder
b. Opioid use disorder
c. Major depressive disorder
d. Antisocial personality disorder
e. Malingering

# Depression & Substance Use Disorder

- 80-90% of patients with substance use disorder have another psychiatric illness
  - MDD is the most common
- Substance use is risk factor for suicide!
- Refer for treatment
  - Both addiction and psychiatry may be needed

# Substance Use Disorder DSM-5

- Problematic pattern of substance use -> clinically significant distress
- Categories of symptoms
  - Impaired control of use
  - Social impairment
  - Risky use
  - Pharmacological criteria

# Substance Use Disorder DSM-5

- Problematic pattern of use -> clinically significant distress (2+ symptoms = diagnosis)
  - Use larger amounts/longer period than intended
  - Persistent desire/unsuccessful efforts to cut down
  - Significant time spent obtaining/using/recovering
  - Cravings
  - Recurrent use -> failure to fulfill major role obligations
  - Continued use despite social problems
  - Important social/work activity reduced 2' use
  - Recurrent use in hazardous situations
  - Continued use despite physical/psychological problem caused/exacerbated by substance
  - Tolerance
  - Withdrawal

# Substance Use Disorder

- Mild = 2-3 symptoms
- Moderate = 4-5
- Severe = 6+

# On your way home…

- You are glad that patient encounter ended well. You begin to reflect on some of the more challenging situations you've experienced over the last several weeks and months. You recognize some signs of fatigue, depersonalization, and maybe even burnout. You decide to:

a. Hit the gym even though it's late
b. Call a trusted family member
c. Make a plan for coffee with a friend on your next day off
d. All of the above

# Opioid Resources

- www.azdhs.gov/opioid
- SBIRT Toolkit
  - https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf
- Arizona Opioid Assistance and Referral (OAR) Line
  - 888-688-4222
  - http://azpoison.com/news/arizona-oar-line
- Addiction Medicine or Medical Toxicology Consult
  - Order Addiction Medicine or Toxicology consult in Cerner
  - Call 602-253-3334
- BUMCP Addiction Recovery Center (in Depart)
  - 602-839-4567

# Wellness Resources

- **Banner Security**: 602-747-4400
- **VA Police**: 602-277-5551 x6420
- **Aetna Behavioral Health (E.A.P. Benefits)**: 866-568-7554
- **Banner Spiritual Care**: 602-201-7855
- **GME Director of Wellness**: 509-592-8289

- **Police**: 9-1-1 (emergent); 602-262-6151 (non-emergent)
- **24-Hour Crisis Hotline(s)**

  Maricopa County: 602-222-9444

  National: 1-800-273-8255

  Text: 741741
- **Sexual Assault Hotline**: 480-736-4949
- **Substance Use/Treatment**: 800-662-4357