

Best Practices for Controlled Substances Dispensing

Dispensing Practices:

1. Ensure that prescription is written for a legitimate medical purpose and is within the prescriber's professional scope of practice.
2. Check the PMP for those patients you do not have a relationship with, those prescribers you do not have a relationship with, or if any of the red/yellow flags mentioned below come into play.
3. Next, identify and address any DEA Red Flags and potential "yellow" flags including:
 - Distance anomalies
 - Cash payments
 - Multiple prescribers or multiple pharmacies
 - Drugs with conflicting mechanisms ("uppers and downers")
 - Patient presents with "cocktail" of highly abused medications
 1. #1 Drug Cocktail: opioid + benzodiazepine + muscle relaxant
 - Hydrocodone + alprazolam + carisoprodol = Trinity
 - Oxycodone + alprazolam + carisoprodol = Holy Trinity
 2. #2 Drug Cocktail: opioid + benzodiazepine + nerve pain agent
 - Oxycodone + any benzodiazepine + gabapentin = Iron Triad or the Triad
 - Prescription appears to be altered or is written with different inks or handwriting
 - Prescription contains misspellings, non-standard abbreviations or is written for indications or dosages that do not fall within usual usage
 - Prescription written for high doses of opioids or high quantities
 - Prescription is written for long acting opioid with no previous history of short acting opioid
 - Multiple patients presenting with same or similar prescriptions and diagnosis from same physician irrespective of patient factors such as age, gender, or comorbidities
 - Shared addresses by patients presenting on the same day with similar prescriptions
 - Person presenting with prescriptions for other patients for whom they do not appear to be the caregiver
 - Patient or representative presenting with a prescription that appears another pharmacy refused to fill
 - Patient or representative presenting with prescription shows physical signs of withdrawal or intoxication (pinpoint pupils, agitation, sweating, shaky, appears nervous)
 - Patient or representative has history of dishonesty
 - Patient or representative refers to medication by using its street name/slang (ie Xannies or Bars for Xanax, Johnnies for Gabapentin, Blues for Valium)
 - Patient or representative indicates that medications will be sold and or shared with others
 - Patient or representative is requesting early refills on medications used to augment the effects of controlled substances (ie clonidine, gabapentin, bupropion, quetiapine)
 - Patient or representative is presenting a few minutes before closing or on a weekend making verification more difficult
 - Patient or representative presents to fill prescription at midnight on "Do not fill until" date of prescription
 - Patient or representative is overly talkative during the drop off process in order to be distracting

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- Patient or prescriber refuses to give a diagnosis
 - Patient chronically requests early refills
 - Patient begins to present with prescriptions for other family members
 - Patient requests specific manufacturers
 - Patient has multiple prescription profiles within a community pharmacy chain
 - Patient is filling maintenance or chronic opioid prescription but is not found in the PMP
 - Patient requesting only controlled substance despite having non-controlled prescriptions as well
 - Prescriber's DEA has been previously suspended or revoked
 - Prescriber consistently uses hospital DEA instead of his/her own DEA registration
 - Prescriber is writing for significantly more prescriptions compared to other colleagues in the area
4. Pay close attention to what the patient is saying or doing while waiting for their prescriptions to be filled. Report any concerns to prescriber or law enforcement when appropriate (ie if diversion is identified).
 5. Double count all controlled substances by hand prior to dispensing. Create a policy for performing a back count for all CII medications.
 6. Dispense DPH opioid information sheet with every opioid filled (keep copies with your inventory)
 7. Attempt to counsel on every opioid (see counseling checklist)
 8. Generate policies and procedures related to the dispensing and storage of controlled substances, see examples below:
 - Contact the prescriber if any concerns with the prescription or patient
 - Ensure the patient does not have prescription drug coverage if willing to pay cash
 - Offer to co-dispense naloxone rescue kit for those patients getting >100 morphine mg equivalents (see conversion chart)
 - Do not discuss controlled substances inventory over the phone or with unauthorized staff
 - Limit access to controlled substance inventory
 - Do not allow only one person to conduct the reconciliation inventories
 - Background check all employees that will handle controlled substances
 - Store CII's in a safe (consider using one with a time delay) and bolt it to the structure
 - Ensure that your drug delivery area is safe and secure (delivery vans are considered a "soft target" and could be a security risk point).

Please note: If you ever believe that your safety is in jeopardy by refusing to fill a controlled substance then please fill the prescription and contact appropriate authorities after the fact (see police contact list). Be sure to document your concerns and actions within your dispensing system or on the prescription. **NEVER** put yourself in harm's way.