Pain Management at Ground Zero

Mark Garofoli, PharmD, MBA, BCGP, CPE

Faculty

- Mark Garofoli, PharmD, MBA, BCGP, CPE
  - Experiential Learning Director & Clinical Assistant Professor, WVU School of Pharmacy
  - Clinical Pain Management Pharmacist, WVU Medicine Integrative Pain Center
  - Coordinator, WV Pain Management Expert Panel (SEMP Guidelines)
  - WV PDMP Advisory Panel Member
  - CDC Grant Reviewer

Disclosures

- Consultant/Independent Contractor: Daiichi Sankyo, Clinical Pharmacists Advisory Panel, Member

This presentation was not a part of the presenter's official duties at the WVU and does not represent the opinion of WVU

Learning Objectives

- Discuss the 2016 CDC Chronic Pain Opioid Guidelines directly into clinical practice.
- Describe the best practices within pain management with particular attention to risk reduction strategies.
- Recall multi-modal pain management treatment plan options.

PAINWEEK.

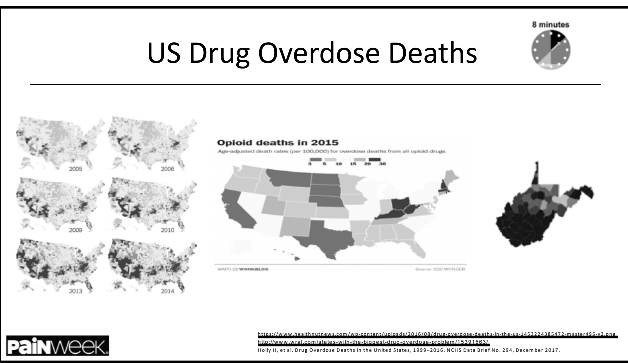
US Opioid Prescribing & Heroin Distribution

https://www.cdc.gov/drugoverdose/maps/rxcounty2016.html
https://dabrownstein.com/2015/04/27/alternative-metrics-of-americas-divided-economy-3/

PAINWEEK.

US Drug Overdose Deaths

8 minutes



https://www.healthnutnews.com/wp-content/uploads/2016/08/drug-overdose-deaths-in-the-us-1453224385472-master495-v2.png
http://www.wral.com/states-with-the-biggest-drug-overdose-problem/15391563/
Holly H, et al. Drug Overdose Deaths in the United States, 1999–2016. NCHS Data Brief No. 294, December 2017.

PAINWEEK.

Ground Zero Transcending to the Entire Nation…

HEALTH INC.

Drug Distributors Penalized For Turning Blind Eye In Opioid Epidemic

January 27, 2017 · 5:00 AM ET

CHARLES ORNSTEIN

FROM ProPublica

Charleston Gazette-Mail

A Pulitzer Prize-Winning Newspaper

A Few Clouds 88.0 °F

HOME NEWS BUSINESS OPINION SPORTS LIFE A&E OUTDOORS BLOGS OBITUARIES MULTIMEDIA WEATHER

WV Supreme Court says addicts can sue doctors and pharmacists

Kate White, Staff Writer

May 15, 2015

PainWeek

2016 Murder Conviction

Dr. Hsiu-Ying "Lisa" Tseng guilty of second-degree murder (30 years to life)

First time a doctor had been convicted of murder in the United States for overprescribing drugs

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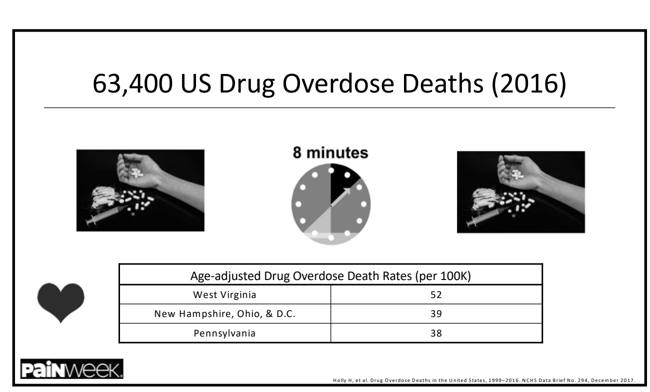
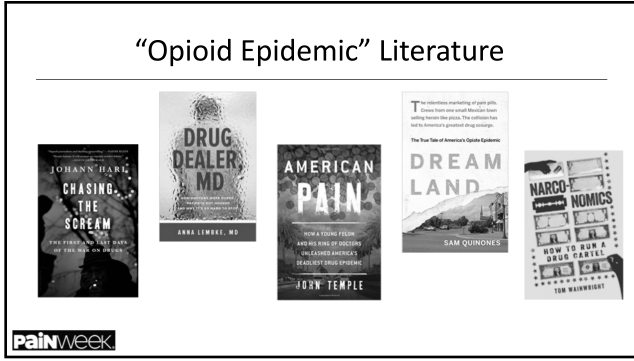
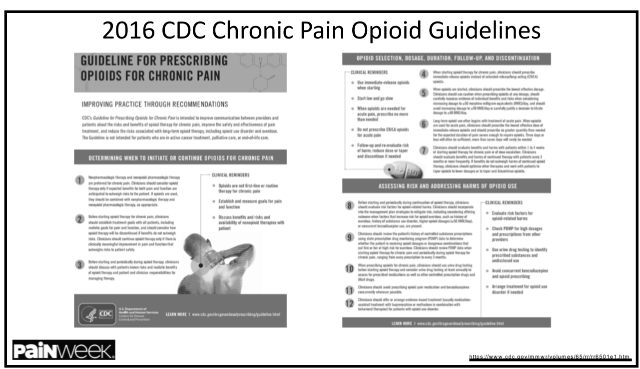
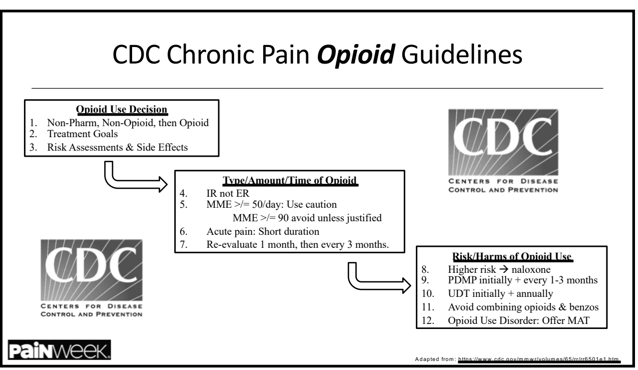
http://www.latimes.com/local/lanow/la-me-ln-doctor-murder-overdose-drugs-sentencing-20160205-story.html



Age-adjusted Drug Overdose Death Rates (per 100K)	
West Virginia	52
New Hampshire, Ohio, & D.C.	39
Pennsylvania	38


"Opioid Epidemic" Literature
JOHANN HARI
CHASING THE SCREAM
THE FIRST AND LAST DAYS OF THE WAR ON DRUGS
DRUG DEALER, MD
ANNA LEMBKE, MD
AMERICAN PAIN
HOW A YOUNG FELON AND HIS RING OF DOCTORS UNLEASHED AMERICA'S DEADLIEST DRUG EPIDEMIC
JOHN TEMPLE
The True Tale of America's Opiate Epidemic
DREAM LAND
SAM QUINONES
NARCO-NOMICS
HOW TO RUN A DRUG CARTEL
TOM WAINWRIGHT
PainWeek


2016 CDC Chronic Pain Opioid Guidelines
GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN
IMPROVING PRACTICE THROUGH RECOMMENDATIONS
DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN
OPIOID SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION
ASSESSING RISK AND ADDRESSING HARMS OF OPIOID USE
PainWeek


CDC Chronic Pain Opioid Guidelines
Opioid Use Decision
1. Non-Pharm, Non-Opioid, then Opioid
2. Treatment Goals
3. Risk Assessments & Side Effects
Type/Amount/Time of Opioid
4. IR not ER
5. MME >/= 50/day: Use caution
MME >/= 90 avoid unless justified
6. Acute pain: Short duration
7. Re-evaluate 1 month, then every 3 months.
Risk/Harms of Opioid Use
8. Higher risk → naloxone
9. PDMP initially + every 1-3 months
10. UDT initially + annually
11. Avoid combining opioids & benzos
12. Opioid Use Disorder: Offer MAT
CDC
Centers for Disease Control and Prevention
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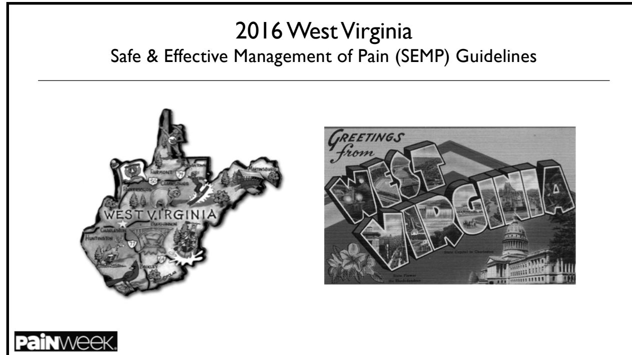
Adapted from: https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm



West Virginia Expert Pain Management Panel

Panel Member	Organization/Title
Mark Garofoli, PharmD, MBA, BCGP, CPE (Coordinator)	Pharmacist
Timothy Deer, MD (Chairperson)	Medical Doctor
Richard Vaglienti, MD (Vice Chairperson)	Medical Doctor
Ahmet Ozturk, MD	Medical Doctor
Denzil Hawkinberry, MD	Medical Doctor
Bradley Hall, MD	Medical Doctor
Matt Cupp, MD	Medical Doctor
Rahul Gupta, MD	Medical Doctor (Public Health)
Michael Mills, DO	Osteopathic Doctor
Jimmy Adams, DO	Osteopathic Doctor
Richard Gross, PhD	Psychologist
Jason Roush, DDS	Dentist
Stacey Wyatt, RN	Registered Nurse
Vicki Cunningham, RPh	Pharmacist (Insurance)
Felice Joseph, RPh	Pharmacist (Insurance)
Stephen Small, RPh, MS	Pharmacist
Patty Johnston, RPh	Pharmacist
Charles Ponte, PharmD, CPE	Pharmacist
James Jeffries, MS	Health & Human Resources
Michael Goff	Retired State Policeman & PDMP Administrator

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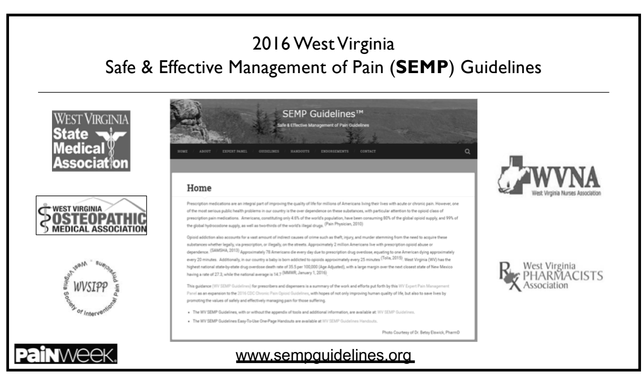

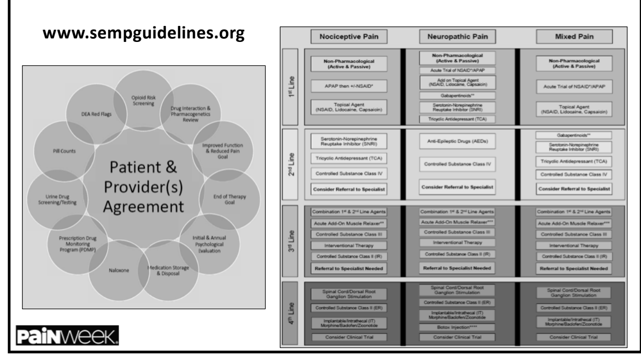
www.sempguidelines.org
Opioid Risk Screening
Drug Interaction & Pharmacogenetics Review
Improved Function & Reduced Pain Goal
End of Therapy Goal
Initial & Annual Psychological Evaluation
Medication Storage & Disposal
Naloxone
Prescription Drug Monitoring Program (PDMP)
Urine Drug Screening/Testing
Pill Counts
DEA Red Flags
Patient & Provider(s) Agreement
Nociceptive Pain
Neuropathic Pain
Mixed Pain
1st Line
Non-Pharmacological (Active & Passive)
APAP then +/-NSAID*
Topical Agent (NSAID, Lidocaine, Capsaicin)
Non-Pharmacological (Active & Passive)
Acute Trial of NSAID*/APAP
Add on Topical Agent (NSAID, Lidocaine, Capsaicin)
Gabapentinoids**
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)
Tricyclic Antidepressant (TCA)
Non-Pharmacological (Active & Passive)
Acute Trial of NSAID*/APAP
Topical Agent (NSAID, Lidocaine, Capsaicin)
2nd Line
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)
Tricyclic Antidepressant (TCA)
Controlled Substance Class IV
Consider Referral to Specialist
Anti-Epileptic Drugs (AEDs)
Controlled Substance Class IV
Consider Referral to Specialist
Gabapentinoids**
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)
Tricyclic Antidepressant (TCA)
Controlled Substance Class IV
Consider Referral to Specialist
3rd Line
Combination 1st & 2nd Line Agents
Acute Add-On Muscle Relaxer**
Controlled Substance Class III
Interventional Therapy
Controlled Substance Class II (IR)
Referral to Specialist Needed
Combination 1st & 2nd Line Agents
Acute Add-On Muscle Relaxer***
Controlled Substance Class III
Interventional Therapy
Controlled Substance Class II (IR)
Referral to Specialist Needed
Combination 1st & 2nd Line Agents
Acute Add-On Muscle Relaxer***
Controlled Substance Class III
Interventional Therapy
Controlled Substance Class II (IR)
Referral to Specialist Needed
4th Line
Spinal Cord/Dorsal Root Ganglion Stimulation
Controlled Substance Class II (ER)
Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide
Consider Clinical Trial
Spinal Cord/Dorsal Root Ganglion Stimulation
Controlled Substance Class II (ER)
Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide
Botox Injection****
Consider Clinical Trial
Spinal Cord/Dorsal Root Ganglion Stimulation
Controlled Substance Class II (ER)
Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide
Consider Clinical Trial
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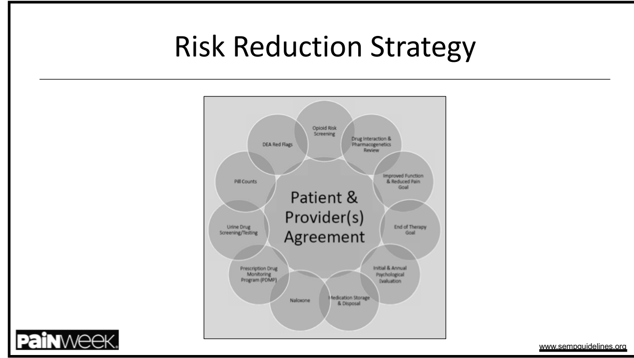
Risk Reduction Strategy
Opioid Risk Screening
Drug Interaction & Pharmacogenetics Review
Improved Function & Reduced Pain Goal
End of Therapy Goal
Initial & Annual Psychological Evaluation
Medication Storage & Disposal
Naloxone
Prescription Drug Monitoring Program (PDMP)
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Patient & Provider(s) Agreement
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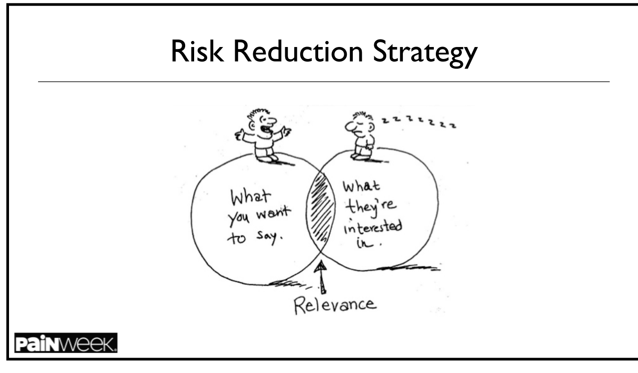
Risk Reduction Strategy
What you want to say.
What they're interested in.
Relevance
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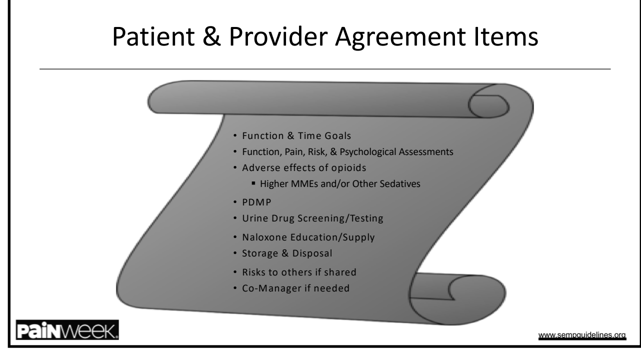
Patient & Provider Agreement Items



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Pain Reduction & Function Improvement Goal

Pain = 5th Vital Sign ???

Analgesic ???

The goal is NOT necessarily to eliminate pain

- The goal is to Improve Function & Reduce Pain

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PEG Scale

PEG Pain Screening Tool

1. What number best describes your pain on average in the past week:

0 1 2 3 4 5 6 7 8 9 10

No pain — Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0 1 2 3 4 5 6 7 8 9 10

Does not interfere — Completely interferes

To compute the PEG score, add the three responses to the questions above, then divide by three to get a final score out of 10.

The final PEG score can mean very different things to different patients. The PEG score, like most other screening instruments, is most useful in tracking changes over time. The PEG score should decrease over time after therapy has begun.

PEG Scale
Pain intensity (P)
Interference with Enjoyment of life (E)
Interference with General activity (G)

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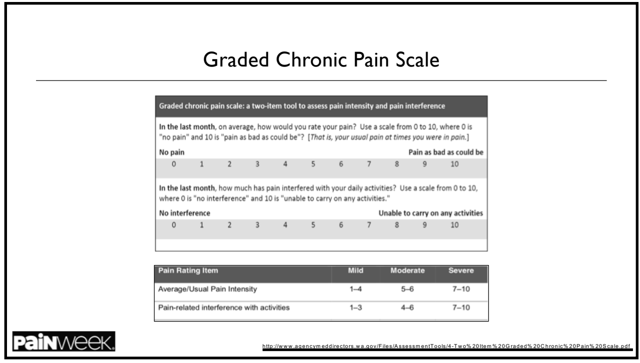
Krebs E, et al. Development and Initial Validation of the PEG, a Three-item Scale Assessing Pain Intensity and Interference. J Gen Intern Med 24(6):733–8.


Graded Chronic Pain Scale
Graded chronic pain scale: a two-item tool to assess pain intensity and pain interference
In the last month, on average, how would you rate your pain? Use a scale from 0 to 10, where 0 is "no pain" and 10 is "pain as bad as could be"? [That is, your usual pain at times you were in pain.]
No pain
Pain as bad as could be
0 1 2 3 4 5 6 7 8 9 10
In the last month, how much has pain interfered with your daily activities? Use a scale from 0 to 10, where 0 is "no interference" and 10 is "unable to carry on any activities."
No interference
Unable to carry on any activities
0 1 2 3 4 5 6 7 8 9 10
Pain Rating Item | Mild | Moderate | Severe
Average/Usual Pain Intensity | 1–4 | 5–6 | 7–10
Pain-related interference with activities | 1–3 | 4–6 | 7–10
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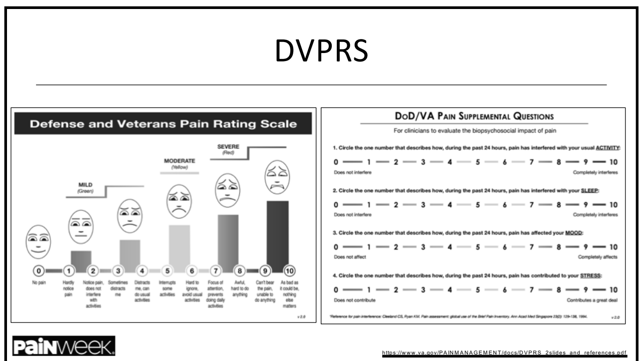
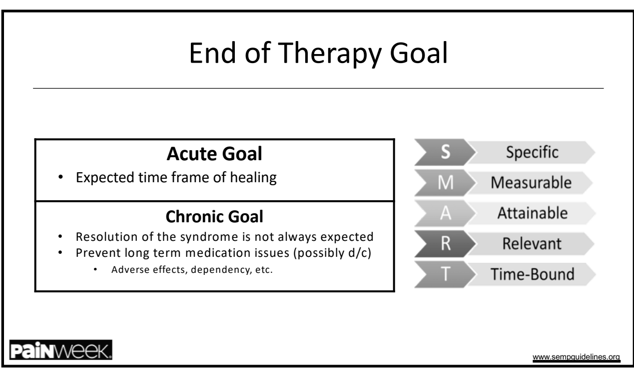
http://www.agencymeddirectors.wa.gov/Files/AssessmentTools/4-Two%20Item%20Graded%20Chronic%20Pain%20Scale.pdf


DVPRS
Defense and Veterans Pain Rating Scale
MILD (Green)
MODERATE (Yellow)
SEVERE (Red)
0 No pain
1 Hardly notice pain
2 Notice pain, does not interfere with activities
3 Sometimes distracts me
4 Distracts me, can do usual activities
5 Interrupts some activities
6 Hard to ignore, avoid usual activities
7 Focus of attention, prevents doing daily activities
8 Awful, hard to do anything
9 Can't bear the pain, unable to do anything
10 As bad as it could be, nothing else matters
v 2.0
DoD/VA Pain Supplemental Questions
For clinicians to evaluate the biopsychosocial impact of pain
1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your usual ACTIVITY:
0 1 2 3 4 5 6 7 8 9 10
Does not interfere
Completely interferes
2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your SLEEP:
0 1 2 3 4 5 6 7 8 9 10
Does not interfere
Completely interferes
3. Circle the one number that describes how, during the past 24 hours, pain has affected your MOOD:
0 1 2 3 4 5 6 7 8 9 10
Does not affect
Completely affects
4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your STRESS:
0 1 2 3 4 5 6 7 8 9 10
Does not contribute
Contributes a great deal
*Reference for pain interference: Cleeland CS, Ryan KM. Pain assessment: global use of the Brief Pain Inventory. Ann Acad Med Singapore 23(2): 129-138, 1994.
v 2.0
PainWeek
https://www.va.gov/PAINMANAGEMENT/docs/DVPRS_2slides_and_references.pdf


End of Therapy Goal
Acute Goal
• Expected time frame of healing
Chronic Goal
• Resolution of the syndrome is not always expected
• Prevent long term medication issues (possibly d/c)
• Adverse effects, dependency, etc.
S Specific
M Measurable
A Attainable
R Relevant
T Time-Bound
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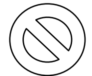
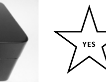
Proper Medication Storage

Bathroom Medicine Cabinets → NO
- Humidity
- Unsecure
- Typically accessed at "groggy" times of day (AM/PM)



Lockable Safe Boxes → YES
- Away from children and pets
- Secure
- Still must incorporate into daily routine



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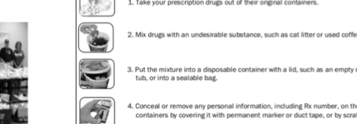
Proper Medication Disposal
EPA

1st Choice

Drug Take-Back Event



2ND CHOICE: HOUSEHOLD DISPOSAL STEPS*

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with permanent marker or duct tape, or by scratching it off.
5. The sealed container with the drug mixture, and the empty drug containers, can now be placed in the trash.

* Drug Disposal Guidelines, Office of National Drug Control Policy, October 2009

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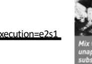
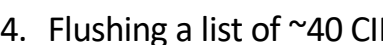
https://www.epa.gov/sites/production/files/2015-06/documents/how-to-dispose-medicines.pdf

Proper Medication Disposal
FDA

1. DEA Sponsored Take-Back Programs (*Same as EPA*)
2. Household Trash (*Same as EPA*)
3. DEA Authorized Collector
   - Pharmacies can Register
   - https://apps.deadiversion.usdoj.gov/webforms2/spring/disposalLogin?execution=e2s1
4. Flushing a list of ~40 CIIs
   - Drugs enter water systems through human excretion
   - No sign of environmental damage from flushing drugs yet





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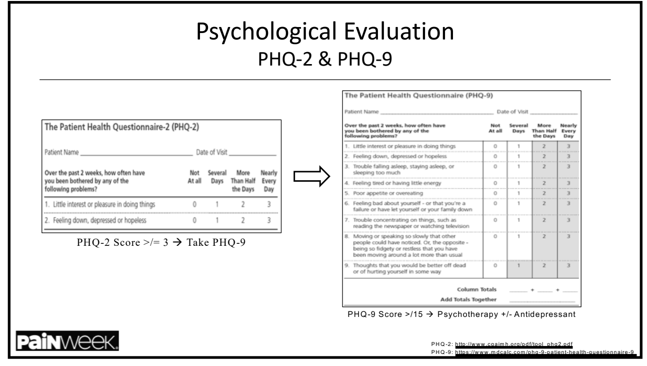
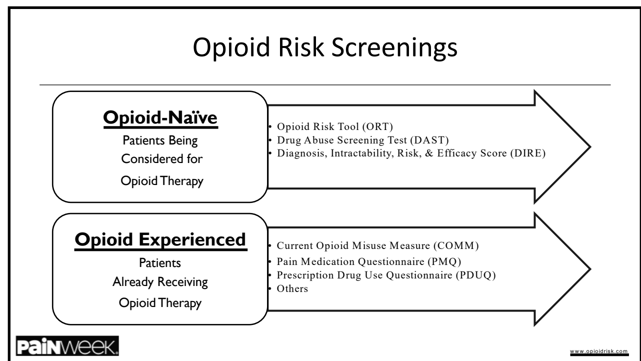
https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm#steps
https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm576167.htm


Psychological Evaluation
PHQ-2 & PHQ-9
The Patient Health Questionnaire-2 (PHQ-2)
Patient Name
Date of Visit
Over the past 2 weeks, how often have you been bothered by any of the following problems?
Not At all
Several Days
More Than Half the Days
Nearly Every Day
1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
PHQ-2 Score >/= 3 → Take PHQ-9
The Patient Health Questionnaire (PHQ-9)
PHQ-9 Score >/15 → Psychotherapy +/- Antidepressant
PAINWEEK


Opioid Risk Screenings
Opioid-Naïve
Patients Being Considered for Opioid Therapy
Opioid Risk Tool (ORT)
Drug Abuse Screening Test (DAST)
Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)
Opioid Experienced
Patients Already Receiving Opioid Therapy
Current Opioid Misuse Measure (COMM)
Pain Medication Questionnaire (PMQ)
Prescription Drug Use Questionnaire (PDUQ)
Others
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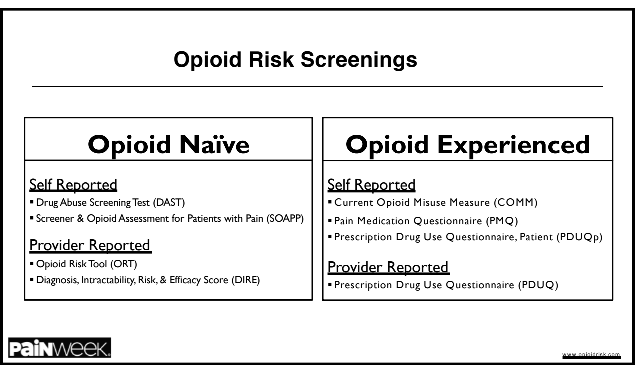
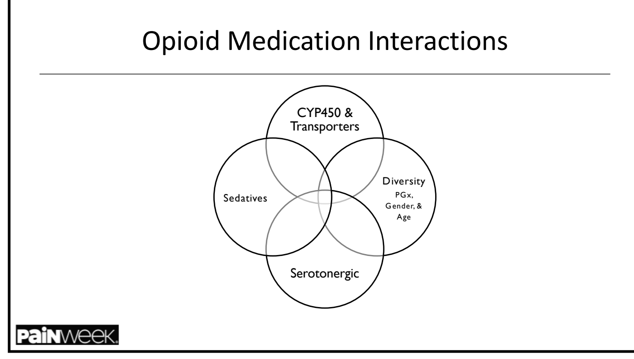
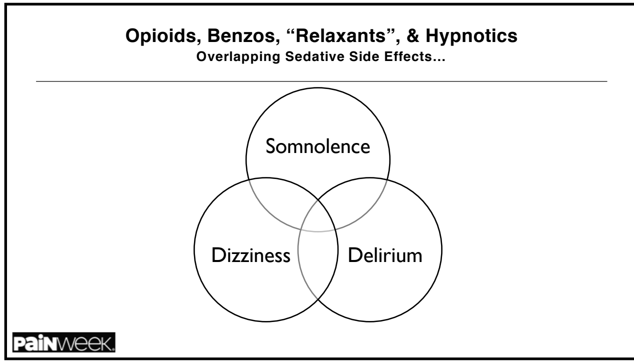
www.opioidrisk.com


Opioid Risk Screenings
Opioid Naïve
Self Reported
Drug Abuse Screening Test (DAST)
Screener & Opioid Assessment for Patients with Pain (SOAPP)
Provider Reported
Opioid Risk Tool (ORT)
Diagnosis, Intractability, Risk, & Efficacy Score (DIRE)
Opioid Experienced
Self Reported
Current Opioid Misuse Measure (COMM)
Pain Medication Questionnaire (PMQ)
Prescription Drug Use Questionnaire, Patient (PDUQp)
Provider Reported
Prescription Drug Use Questionnaire (PDUQ)
PAINWEEK
www.opioidrisk.com





Opioid-Sedative Interactions
"Name Game"

Drug-Drug Interaction	Proposed Name
Opioid + Benzodiazepine Sedative	"Bozo"
Opioid + "Muscle Relaxant" Sedative	"Relaxoid"
Opioid + Sedative Hypnotic	"Hypoid"
Opioid + One Other Sedative	"Deadly Duo"
Opioid + Two Other Sedatives	"Unholy Trinity"
Opioid + Three Other Sedatives	"Quattro Killer"
Benzodiazepine & Sedative Hypnotic	"Hypzo"
Benzodiazepine & "Muscle Relaxant" Sedative	"Relaxzo"

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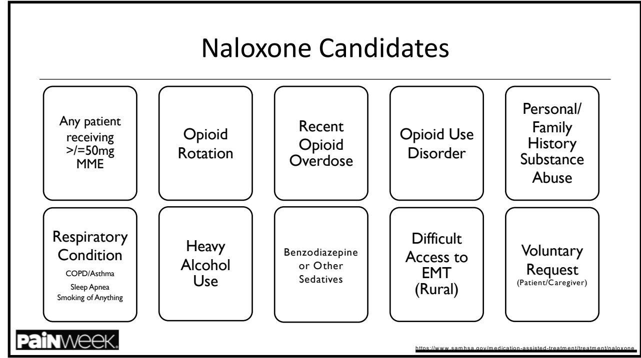
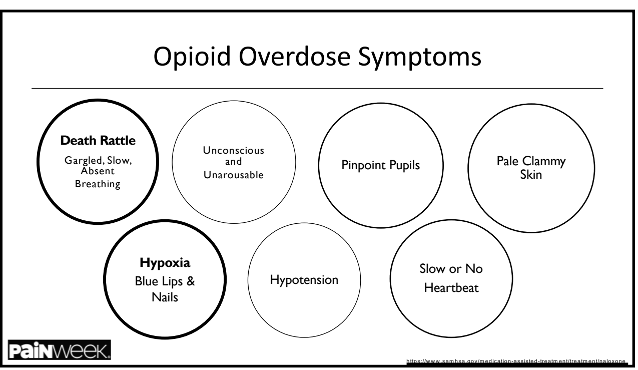
Naloxone Products

Product	Generic Injectable	Generic Intranasal	Narcan® Nasal Spray	Evzio® Auto-Injector
Dose	0.4mg IM	1mg in each nostril	4mg in one nostril	0.4mg/2mg IM/SQ
Dosing	Inject 1mL in shoulder/thigh, may repeat in 2-3min Use 3mL 23G syringe &1" needle	Spray 1mL (half of syringe) in each nostril with atomizer, may repeat in 2-3 min	Spray 0.1mL into one nostril; may repeat in 2-3 min with 2nd device in alternate nostril	Press black side firmly onto outer thigh through clothing, hold 5 seconds, may repeat in 2-3 min
Availability	0.4mg/mL 4mg/10mL	2mL prefilled Luer-Jet syringe + Atomizer (Item # MAD-301)	0.4mg/0.1mL	0.4mg/0.4mL 2mg/0.4mL
Manufacturer	Pfizer, West-Ward, & Mylan	IMS/Amphastar	Adapt	Kaleo
Cost	$	$$	$$	$$$$$
NDC	00409-1215-01 00409-1219-01 67457-0292-01 00641-6132-25	76329-3369-01	69547-0353-02	60842-0030-01 60842-0051-01
Picture				

PAINWeek

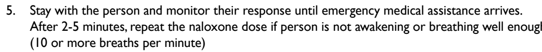
Adapted from: Toderika Y, Williams S. Naloxone for Opioid Overdose and the Role of the Pharmacist. Consult Pharm. 2018 Feb 1;33(2):98-104.





Naloxone Administration

SAMHSA Guidelines



1. Check for signs of opioid overdose
2. Call EMS to access immediate medical attention*
3. Administer naloxone (rescue position)*
4. Rescue breathe if patient not breathing*
5. Stay with the person and monitor their response until emergency medical assistance arrives. After 2-5 minutes, repeat the naloxone dose if person is not awakening or breathing well enough (10 or more breaths per minute)

*Order depending on the source of guidance

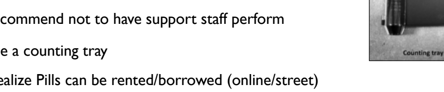
Hand supports head
Knee stops body from rolling onto stomach

PainWeek

https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone

Pill Counts

- Randomized or Scheduled
- Goals
  - Improve proper medication adherence
  - Prevent and/or detect medication diversion
- Recommend not to have support staff perform
- Use a counting tray
- ➢ Realize Pills can be rented/borrowed (online/street)



Counting tray and spatula

PainWeek

Viscomi CM, et al. Pill counts and pill rental: unintended entrepreneurial opportunities. The Clinical Journal of Pain. 29(7):623–624, JUL 2013

Urine Drug Screening/Testing

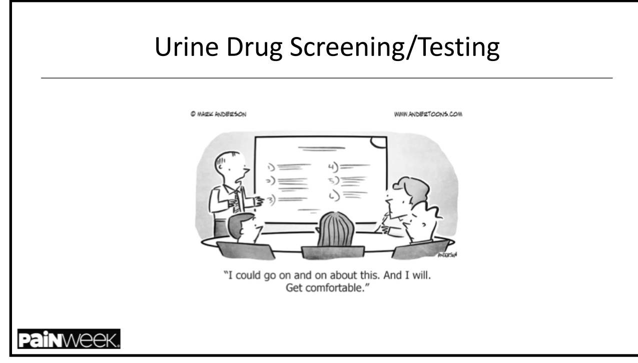
- Randomized or Scheduled
- Goals
  - Improve proper medication adherence
  - Prevent and/or detect medication diversion
- Witnessed or private
- ➢ Realize Urine can be purchased online or shared
  - www.thewhizzinator.com

Fluorescence Detector
Column Chamber
Chromatogram
Sample Manager
Solvent Manager

PainWeek

www.sempguidelines.org

Urine Drug Screening/Testing



"I could go on and on about this. And I will. Get comfortable."

PAINWeek.

Urine Drug Screening versus Testing

Urine Drug Screening (UDS)	Urine Drug Testing (UDT)
Immunoassay screen (i.e. Cup)	GC-MS or LC-MS/MS
In-office, point-of-care, or lab-based	Laboratory, highly specific & sensitive
Results within minutes	Results in hours or days
Detects a few legal & illicit medications by structural class	Measures concentrations of all drugs & metabolites
Guidance for preliminary treatment decisions	Definitive identification & analysis
Cross-reactivity common: more false positives	False-positive results are rare
Higher cutoff levels: more false negatives	False-negative results are rare
$	$$$

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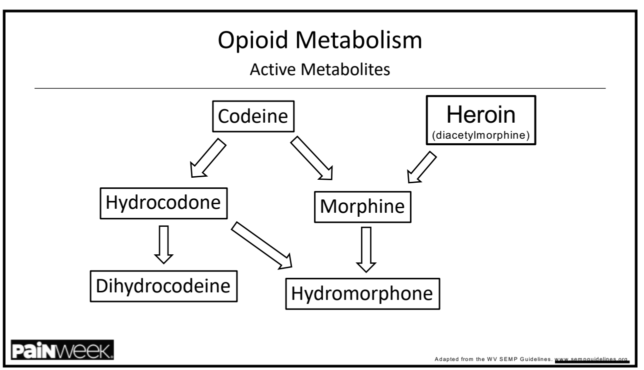
Adapted from the WV SEMP Guidelines www.sempguidelines.org

Opioid Metabolism

Active Metabolites



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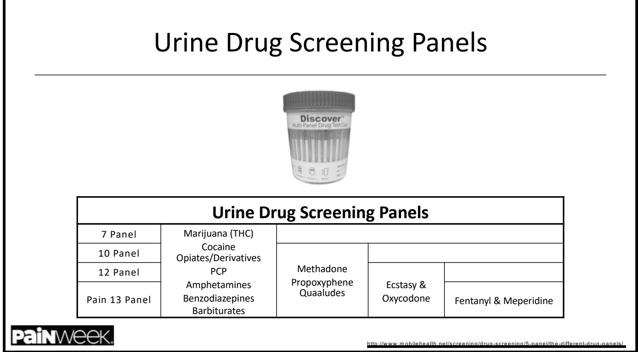
Adapted from the WV SEMP Guidelines www.sempguidelines.org



Urine Drug Screening Panels

<table>
<tr><th colspan="5">Urine Drug Screening Panels</th></tr>
<tr><td>7 Panel</td><td rowspan="4">Marijuana (THC)
Cocaine
Opiates/Derivatives
PCP
Amphetamines
Benzodiazepines
Barbiturates</td><td colspan="3"></td></tr>
<tr><td>10 Panel</td><td rowspan="3">Methadone
Propoxyphene
Quaaludes</td><td colspan="2"></td></tr>
<tr><td>12 Panel</td><td rowspan="2">Ecstasy & Oxycodone</td><td></td></tr>
<tr><td>Pain 13 Panel</td><td>Fentanyl & Meperidine</td></tr>
</table>

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http://www.mobilehealth.net/screening/drug-screening/5-panel/the-different-drug-panels/

Opioid Structural Classes

Phenanthrenes		Benzomorphans	Phenylpiperidines	Dipheylheptanes	Phenylpropylamines
5 Rings	4 Rings	3 Rings	2 Rings	2 Rings	2 Rings
HO, O, H, HO, N–CH3	HO, N	R2, N, R4, R3, R1 Benzomorphans (4)	N H	CH3	NH2
Buprenorphine Codeine Diacetylmorphine Hydrocodone Morphine Naloxone Oxycodone Oxymorphone	Butorphanol Levorphanol	Diphenoxylate Loperamide Pentazocine	Fentanyl Meperidine	Methadone Propoxyphene	Tapentadol Tramadol

PainWeek

Adapted from Volkow ND, McLellan AT. NEJM 2016; 374:1253-1263.

Urine Drug Screening

Cross-Reactants

Chemical	Cross-Reactant
Cannabinoids	NSAIDs, dronabinol, promethazine, & pantoprazole
Opioids	poppy seeds, chlorpromazine, rifampin, dextromethorphan, quinolones, diphenhydramine, & quinine
Amphetamines	methylphenidate, trazodone, bupropion, amantadine, propranolol, labetalol, ranitidine, & menthol
PCP	ibuprofen, tramadol, chlorpromazine, venlafaxine, thioridazine, meperidine, dextromethorphan, diphenhydramine, & doxylamine
Benzodiazepines	oxaprozin, sertraline, & some herbals
Alcohol	asthma inhalers
Methadone	quetiapine

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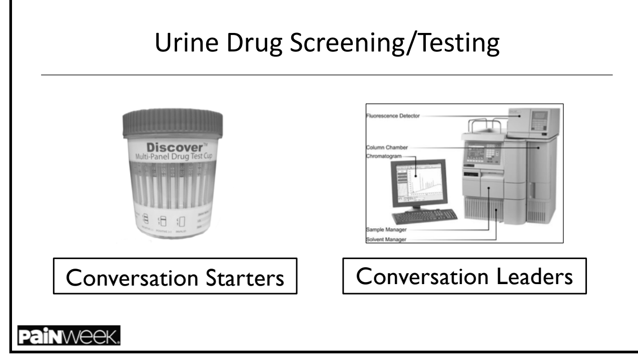
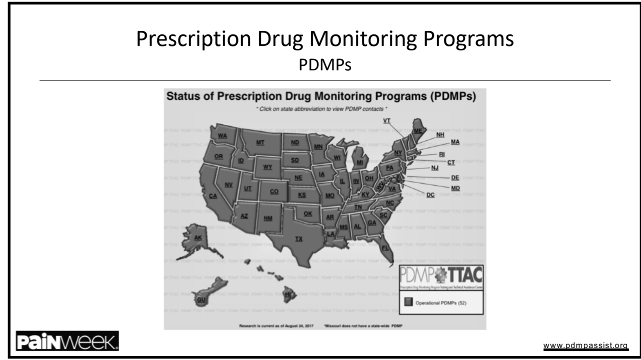
Adapted from WV SEMPP Guidelines. www.sempguidelines.org





State	PDMP Legislation	PDMP Operational
California	1939	1939
Hawaii	1943	1943
Idaho	1967	1967
Illinois	1961	1968
New York	1972	1973
Pennsylvania	1972	1973
Rhode Island	1978	1979
Texas	1981	1982
Michigan	1988	1989
Oklahoma	1990	1991
Massachusetts	1992	1994
West Virginia	1995	1995
Utah	1995	1996
Nevada	1995	1997
Indiana	1997	1998
Kentucky	1998	1999
Virginia	2002	2003
Maine	2003	2004
Wyoming	2004	2004
New Mexico	2004	2005
Mississippi	2005	2005
Ohio	2005	2006
Alabama	2004	2006
Tennessee	2003	2006
Colorado	2005	2007
North Dakota	2005	2007

State	PDMP Legislation	PDMP Operational
North Carolina	2005	2007
Connecticut	2006	2008
Arizona	2007	2008
Louisiana	2006	2008
South Carolina	2006	2008
Vermont	2006	2009
Iowa	2006	2009
Minnesota	2007	2010
New Jersey	2008	2011
Alaska	2008	2011
Oregon	2009	2011
Washington	2007	2011
Kansas	2008	2011
South Dakota	2010	2011
Florida	2009	2011
Nebraska	2011	2011
Delaware	2010	2012
Montana	2011	2012
Guam	1998	2013
Wisconsin	2010	2013
Arkansas	2011	2013
Georgia	2011	2013
Maryland	2011	2013
New Hampshire	2012	2014
District of Columbia	2014	2016
Missouri	2016	2017

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www.pdmpassist.org

Verifying Identification Cards
Magnetic Strip Swipe

- States with Magnetic Stripes

  AL, AZ, AR, CA, CO, FL, KS, LA, MI, MN, MS, NH, NM, OH, PA, SC, TX, & VT

- Fast Scanning: 1 second for response
- ~$500 Device Cost

2D Bar Code (PDF 417)

Magnetic Stripe

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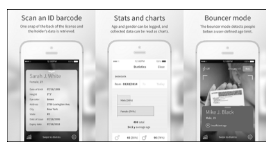
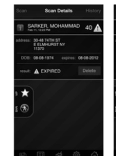
http://www.idscanner.com/products/magnetic-stripe-id-swiper/

Verifying Identification Cards
Barcode Reader

- Process via smartphones/pads
- Link directly to state ID databases





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https://www.barandclubstats.com/collections/id-scanner
http://www.netocratic.com/scannr-app-infinum-photopay-3140

DEA Red Flags
Prescribers

- Cash only patients and/or no acceptance of worker's compensation or insurance
- Prescribing of the same combination of highly-abused drugs
- Prescribing the same (high) quantities of pain drugs to most/every patient
- High number of prescriptions issued per day
- Out-of-area patient population

➢ NABP "Red Flags" Video (https://nabp.pharmacy/initiatives/awarxe/pharmacist-resources/)

PainWeek

https://nabp.pharmacy/initiatives/awarxe/pharmacist-resources/

DEA Red Flags

Dispensers

- Dispensing a high percentage controlled to non-controlled drugs
- Dispensing high volumes of controlled substances generally
- Dispensing the same drugs & quantities prescribed by the same prescriber
- Dispensing to out-of area or out-of-state patients
- Dispensing to multiple patients with the same last name or address
- Sequential prescription #s for highly diverted drugs from the same prescriber
- Dispensing for patients of controlled substances from multiple practitioners
- Dispensing for patients seeking early prescription fills

➢ NABP "Red Flags" Video (https://nabp.pharmacy/initiatives/awarxe/pharmacist-resources/)

When Drug Seeking or Diversion is Suspected

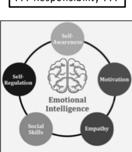
➢ Eliminate personal or judgmental biases

➢ Calm, collected, knowledgeable, and well researched approach
  - "Never pick up a phone until you've completed research"

▪ Conversation with other respective healthcare professionals
  - May not even be aware of the use of his/her name

▪ Conversation with respective patient
  - "There's two sides to every coin"
  - "False positives"

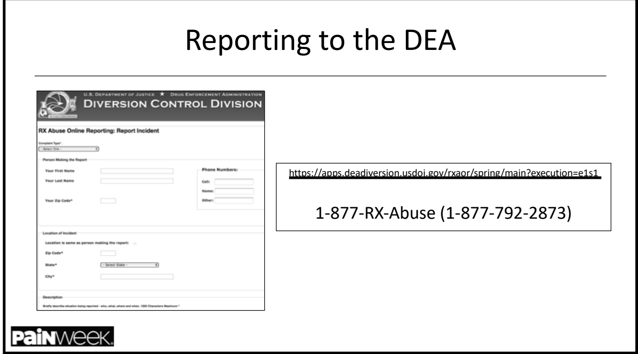
??? Responsibility ???



??? Comfort Level ???

Once Drug Seeking or Diversion is Confirmed

- Refer to a substance-use disorder (addiction) specialist/program
- Contact law enforcement if concern for the safety of the patient or others exists
- Treatment can continue with alternative therapies (e.g. non-controlled substances)
- Reference the patient and provider agreement/contract
  - Avoid patient abandonment concerns (e.g. provide 30 days of additional treatment)
- Respect all involved while complying with federal and state laws


Reporting to the DEA
U.S. Department of Justice ★ Drug Enforcement Administration
Diversion Control Division
RX Abuse Online Reporting: Report Incident
Person Making the Report
Your First Name
Your Last Name
Your Zip Code*
Phone Numbers:
Location of Incident
Description
https://apps.deadiversion.usdoj.gov/rxaor/spring/main?execution=e1s1
1-877-RX-Abuse (1-877-792-2873)
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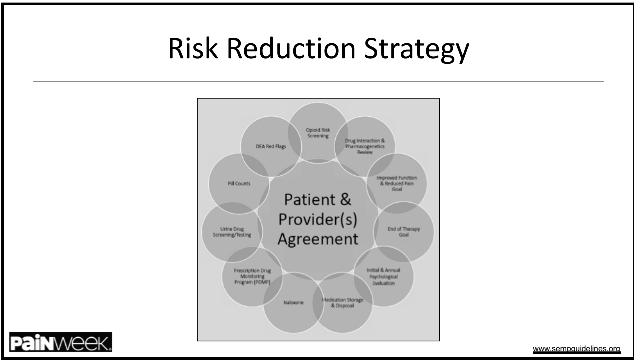
Risk Reduction Strategy
Patient & Provider(s) Agreement
Opioid Risk Screening
Drug Interaction & Pharmacogenetics Review
Improved Function & Reduced Pain Goal
End of Therapy Goal
Initial & Annual Psychological Evaluation
Medication Storage & Disposal
Naloxone
Prescription Drug Monitoring Program (PDMP)
Urine Drug Screening/Testing
Pill Counts
DEA Red Flags
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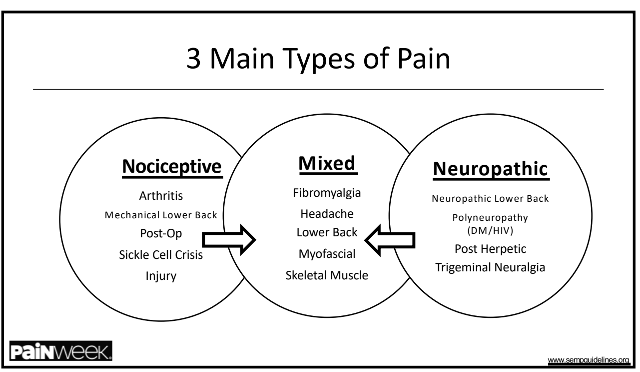
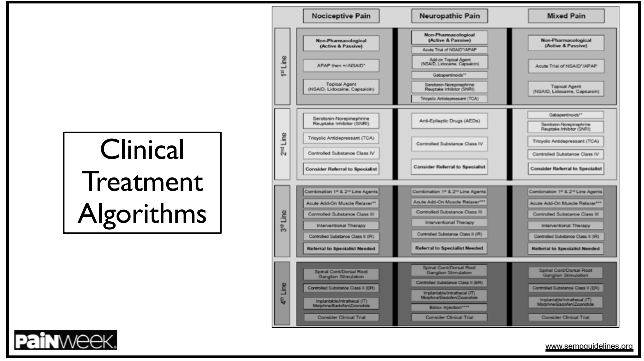
www.sempguidelines.org


3 Main Types of Pain
Nociceptive
Arthritis
Mechanical Lower Back
Post-Op
Sickle Cell Crisis
Injury
Mixed
Fibromyalgia
Headache
Lower Back
Myofascial
Skeletal Muscle
Neuropathic
Neuropathic Lower Back
Polyneuropathy (DM/HIV)
Post Herpetic
Trigeminal Neuralgia
PainWeek
www.sempguidelines.org


Clinical Treatment Algorithms
Nociceptive Pain
Neuropathic Pain
Mixed Pain
1st Line
Non-Pharmacological (Active & Passive)
APAP then +/-NSAID*
Topical Agent (NSAID, Lidocaine, Capsaicin)
Non-Pharmacological (Active & Passive)
Acute Trial of NSAID*/APAP
Add on Topical Agent (NSAID, Lidocaine, Capsaicin)
Gabapentinoids**
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)
Tricyclic Antidepressant (TCA)
Non-Pharmacological (Active & Passive)
Acute Trial of NSAID*/APAP
Topical Agent (NSAID, Lidocaine, Capsaicin)
2nd Line
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)
Tricyclic Antidepressant (TCA)
Controlled Substance Class IV
Consider Referral to Specialist
Anti-Epileptic Drugs (AEDs)
Controlled Substance Class IV
Consider Referral to Specialist
Gabapentinoids**
Serotonin-Norepinephrine Reuptake Inhibitor (SNRI)
Tricyclic Antidepressant (TCA)
Controlled Substance Class IV
Consider Referral to Specialist
3rd Line
Combination 1st & 2nd Line Agents
Acute Add-On Muscle Relaxer**
Controlled Substance Class III
Interventional Therapy
Controlled Substance Class II (IR)
Referral to Specialist Needed
Combination 1st & 2nd Line Agents
Acute Add-On Muscle Relaxer***
Controlled Substance Class III
Interventional Therapy
Controlled Substance Class II (IR)
Referral to Specialist Needed
Combination 1st & 2nd Line Agents
Acute Add-On Muscle Relaxer***
Controlled Substance Class III
Interventional Therapy
Controlled Substance Class II (IR)
Referral to Specialist Needed
4th Line
Spinal Cord/Dorsal Root Ganglion Stimulation
Controlled Substance Class II (ER)
Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide
Consider Clinical Trial
Spinal Cord/Dorsal Root Ganglion Stimulation
Controlled Substance Class II (ER)
Implantable/Intrathecal (IT) Morphine/Baclofen/Ziconotide
Botox Injection****
Consider Clinical Trial
Spinal Cord/Dorsal Root Ganglion Stimulation
Controlled Substance Class II (ER)
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Consider Clinical Trial
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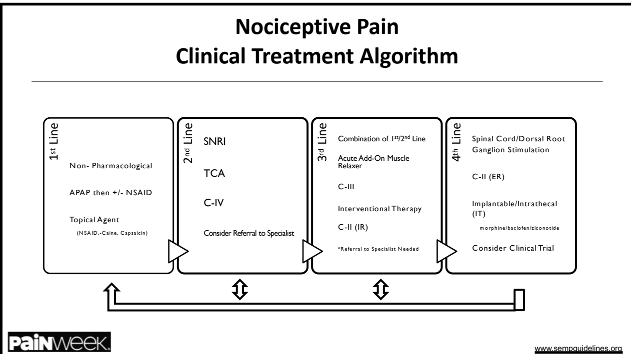
www.sempguidelines.org


Nociceptive Pain
Clinical Treatment Algorithm
1st Line
Non- Pharmacological
APAP then +/- NSAID
Topical Agent
(NSAID,-Caine, Capsaicin)
2nd Line
SNRI
TCA
C-IV
Consider Referral to Specialist
3rd Line
Combination of 1st/2nd Line
Acute Add-On Muscle Relaxer
C-III
Interventional Therapy
C-II (IR)
*Referral to Specialist Needed
4th Line
Spinal Cord/Dorsal Root Ganglion Stimulation
C-II (ER)
Implantable/Intrathecal (IT)
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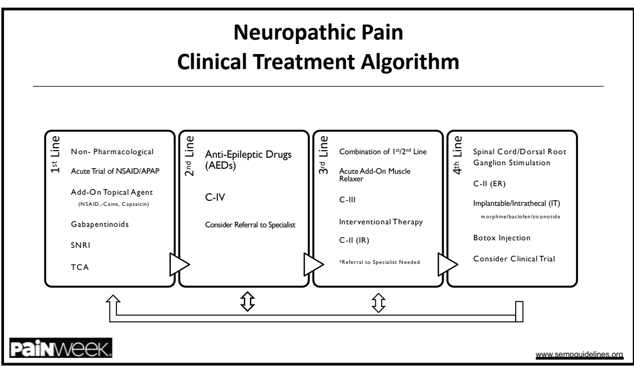
Neuropathic Pain
Clinical Treatment Algorithm
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Acute Trial of NSAID/APAP
Add-On Topical Agent
(NSAID,-Caine, Capsaicin)
Gabapentinoids
SNRI
TCA
2nd Line
Anti-Epileptic Drugs (AEDs)
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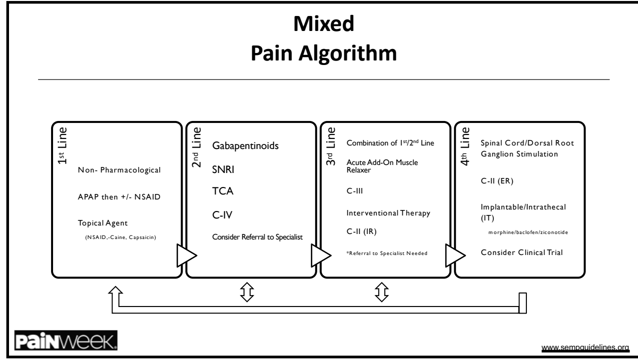
www.sempguidelines.org


Mixed
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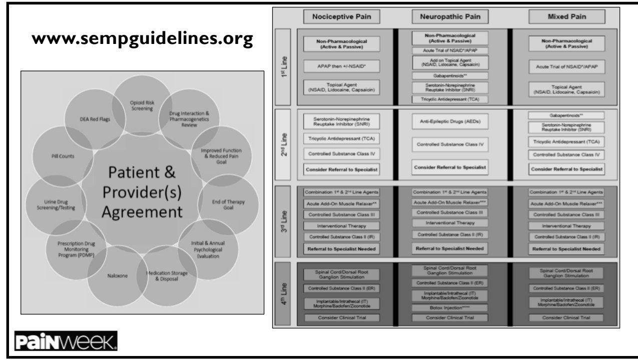
www.sempguidelines.org
Patient & Provider(s) Agreement
Opioid Risk Screening
Drug Interaction & Pharmacogenetics Review
Improved Function & Reduced Pain Goal
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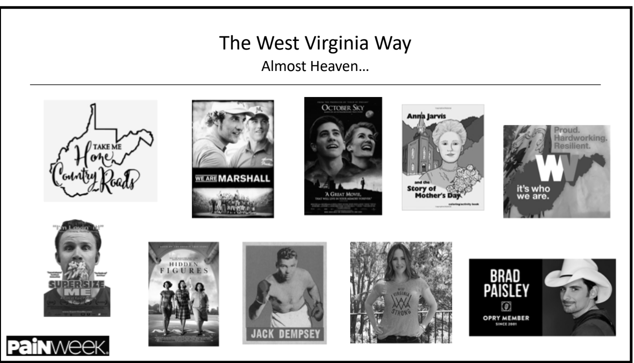
Consider Clinical Trial
PainWeek


The West Virginia Way
Almost Heaven…
Take Me Home Country Roads
WE ARE MARSHALL
OCTOBER SKY
Anna Jarvis
and the Story of Mother's Day
Proud. Hardworking. Resilient.
it's who we are.
SUPER SIZE ME
HIDDEN FIGURES
JACK DEMPSEY
BRAD PAISLEY
OPRY MEMBER
PainWeek

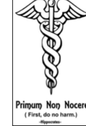
Pain Management Best Practices

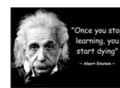
People Respect What You Inspect, Not What You Expect

An Ounce of Prevention, is Worth a Pound of Treatment

Never Stop Learning

Hippocratic Oath: Do No Harm





PAINWEEK

Audience Question #1

After reading headline after headline regarding our nation's opioid crisis, Dr. Payne has decided to begin to mandate patient and provider agreements for all of his patients being prescribed opioid medications. Which of the following would NOT be recommended to include in the patient and provider agreement for his office?

a) Review of the Prescription Drug Monitoring Program (PDMP)
b) Random Urine Drug Screening and/or Testing
c) Mandatory cash payments for office visits
d) Review of the negative effects of utilized medications

PAINWEEK

Audience Question #1 (ANSWER)

After reading headline after headline regarding our nation's opioid crisis, Dr. Payne has decided to begin to mandate patient and provider agreements for all of his patients being prescribed opioid medications. Which of the following would NOT be recommended to include in the patient and provider agreement for his office?

a) Review of the Prescription Drug Monitoring Program (PDMP)
b) Random Urine Drug Screening and/or Testing
c) MANDATORY CASH PAYMENTS FOR OFFICE VISITS
d) Review of the negative effects of utilized medications

PAINWEEK

Audience Question #2

Ms. Fay Kinet was recently diagnosed with diabetic peripheral neuropathy, a very common form of neuropathic pain. According to the West Virginia Safe & Effective Management of Pain (SEMP) Guidelines, which of the following medications would be an appropriate first line treatment?

a) Muscle Relaxant
b) TCA or SNRI Antidepressant
c) Mixed Action Opioid
d) Botox Injection

PainWeek.

Audience Question #2 (ANSWER)

Ms. Fay Kinet was recently diagnosed with diabetic peripheral neuropathy, a very common form of neuropathic pain. According to the West Virginia Safe & Effective Management of Pain (SEMP) Guidelines, which of the following medications would be an appropriate first line treatment?

a) Muscle Relaxant Medication
b) TCA OR SNRI ANTIDEPRESSANT
c) Mixed Action Opioid Medication
d) Botox Injection

PainWeek.

Audience Question #3

While at a loud club on Las Vegas Boulevard (i.e. The Strip), your friend is sitting in a VIP area 20 yards away and looks like he may have had too much to drink since he is practically asleep. What you do not know is that he inadvertently added laced Heroin to his beverage when he thought he added a sweetener. What symptom could you notice form afar that would indicate an opioid (Heroin) overdose?

a) Slow Heart Rate
b) Pin Point Pupils
c) The Death Rattle
d) Hypoxia

PainWeek.

Audience Question #3 (ANSWER)

While at a loud club on Las Vegas Boulevard (i.e. The Strip), your friend is sitting in a VIP area 20 yards away and looks like he may have had too much to drink since he is practically asleep. What you do not know is that he inadvertently added laced Heroin to his beverage when he thought he added a sweetener. What symptom could you notice form afar that would indicate an opioid (Heroin) overdose?

a) Slow Heart Rate
b) Pin Point Pupils
c) The Death Rattle
d) HYPOXIA

PAINWeek

63,400 US Drug Overdose Deaths (2016)

8 minutes

PAINWeek

Holly H, et al. Drug Overdose Deaths in the United States, 1999–2016. NCHS Data Brief No. 294, December 2017.

Discussion

]

Mark Garofoli, PharmD, MBA, BCGP, CPE
LinkedIn: Mark Garofoli

PAINWeek