PRESCRIBING ISSUES IN COMMUNITY PHARMACY

Kirsty Carlson, B.A., B.S.P.

Mayfair Drugs, Saskatoon

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INTRODUCTION

- community pharmacists have frequent, often daily contact with patients
- well positioned to make objective judgments of patient progress, positive and negative changes in behaviour and possible relapse
- monitor attendance and adherence to treatment

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THE METHADONE/SUBOXONE PRESCRIPTION

- faxed and legible with no room for interpretation
- explicit directions as to daily dose, start and end date
- Includes the patient's name, address, DOB, health number
- witnessed dose schedule clearly specified
- "daily witness unless pharmacy closed" rather than daily witness
- dispensing interval for other meds to be given with methadone: ARVs, narcotics, controlled drugs

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REPLACEMENT DOSES

- patient is responsible for their dosages
- desirable to have a general policy of NOT replacing doses
- a NEW RX is required when doses are vomited, spilled, damaged, lost or stolen
- lost or stolen doses reported to police and a file number obtained
- discuss replacement with physician/counselor

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VOMITED DOSES

- pharmacy guidelines allow replacement if emesis is observed and if the pharmacist "knows beyond a reasonable doubt that it's legitimate"
- determine time of emesis if not observed, important when considering replacement
- if > 30 mins, NO replacement, dosing is considered complete 30 mins after ingestion

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MISSED DOSES

- report 3 or more consecutive days missed
- a new RX/dosing schedule required due to unpredictable loss of tolerance with opioids
- determine reason for missed doses and assess patient for withdrawal symptoms
- determine how patient has maintained
- relay concerns of poor attendance, especially in stabilization phase as dose is being adjusted

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INTOXICATED PATIENTS

- assessment of all patients prior to medicating
- signs: slurred speech, drowsiness, smell of alcohol, ataxia, increased anxiety/agitation
- if dose withheld, explain it would be dangerous to medicate at this time, concerned for the patient’s safety and well being
- ask patient to return later to be reassessed if pharmacy hours allow
- inform physician/counselor

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PHARMACY TRANSFERS

- ALWAYS confirm the amount and time of patient’s last dose when patient is transferring from one pharmacy to another, upon hospital admission and discharge, upon release from incarceration and when courtesy/guest dosing
- prevents double-dosing (an overlap) or missed dosing (a gap)
- patient safety may be compromised if last dose is not confirmed

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COURTESY/GUEST DOSING

- situations in which the patient cannot be given enough carry doses when travelling
- not stable enough, away for a period of time that prevents giving enough carry doses
- prior to sending RX, contact "guest"pharmacy
- copy RX to both guest and home pharmacy
- include prescriber, clinic, home and guest pharmacy contact information for problem resolution

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SUSPECTED DIVERSION

- signs of diversion may include:
- deterioration in self-care (hygiene, grooming, dress)
- repeated reports of vomited, lost, stolen carries
- changes in behaviour, verbal abuse
- repeated requests for carry extensions
- inconsistent stories about missing empty carry bottles or need for replacement doses
- does not consistently return empty carry bottles or with the label intact
- reports that the patient is selling carries/approaching other patients asking to buy or share their carries

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IF DIVERSION IS SUSPECTED

- document and report concerns to the prescriber/addictions counselor
- SK guidelines: “a pharmacist may refuse to fill an RX for a carry if there is concern for the safety of the patient or the safety of others is at risk”
- refusal to dispense carry doses should be made in collaboration with the prescriber
- IDEALLY, random call backs for take-home doses
- diluted methadone carries or missing bottles may indicate diversion

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REFUSAL TO FILL

- SCP Guidelines:
- THREATS – patient has threatened the safety or well being of a staff member, another patient or a pharmacy customer by oral or written action
- DISRUPTIVE BEHAVIOUR – consistently demands service ahead of others, disrespectful to staff members, other patients or customers, “bullies” staff or other patients
- VIOLENT BEHAVIOUR – patient has engaged in violent behaviour towards a staff member, a patient or another patient
- ILLEGAL ACTIVITY – shoplifting, theft on pharmacy property, vandalism, dealing drugs
- METHADONE DIVERSION

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ENDING THE PHARMACY-PATIENT RELATIONSHIP

- communicate the decision to terminate the relationship and the reasons for discontinuing service to the patient, prescriber/addictions counselor
- work with the patient's treatment team to arrange alternative services for the patient

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CONCLUSION

- a mutually agreed upon management strategy between all members of the patient's treatment team is important for handling prescribing issues BEFORE they occur
- open, clear and timely communication amongst prescribers, pharmacists and counselors is key to patient safety and to their success in treatment

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2. Guidelines for Participation in the Methadone Program for Saskatchewan Pharmacists, Saskatchewan College of Pharmacists, October 2001, Updated September 2010

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