Understanding the CPSM Standards of Practice to Provide Safer Care, and OAT Provision in the Context of Other Psychoactive Drugs

Part 2: Analyzing Medical Examiner Files

Conflicts of Interest / Disclosures

- Presenter's Name: Mike Sloan
- I have the following relationships with commercial entities: None
- Speaking Fees for current program
  - I have received a speaker's fee from CPhM for this learning activity
- This program has received no financial or in-kind support from any commercial or other organization.

Objectives

- Review and analyze two medical examiner case files linked to suspected opioid overdoses in OAT patients
- Discuss the current practice standards related to the dispensing of OAT concurrently with psychoactive medications
- Apply learnings from case files to modify current practices and provide safer pharmaceutical care
- Discuss ways to overcome barriers to collaboration with prescribers

Poll

- POLL QUESTION #1

Responsibilities of a Pharmacist - Pharmaceutical Regulation

Ensuring patient safety*

83 Subject to any practice directions, a member must review each prescription and the patient's record and take appropriate action, if necessary, with respect to

(a) appropriateness of drug therapy;
(b) drug interactions;
(c) allergies, adverse drug reactions and intolerances;
(d) therapeutic duplication;
(e) correct dosage, route, frequency and duration of administration and dosage form;
(f) contraindicated drugs;
(g) any other error in the prescription or potential drug therapy problem not mentioned in clauses (a) to (f);
(h) a drug prescribed by a practitioner outside his or her authorized scope of practice; or
(i) **a drug that has not been prescribed consistent with standards of care and patient safety.**

** Manitoba Pharmaceutical Regulation, Section 83*

Current Standards of Care

Benzodiazepines/Z-Drugs in general

- Standard of Practice: Prescribing Benzodiazepines & Z-drugs (CPSM)
- CPhM Companion Document to the CPSM Standards of Practice for Prescribing Opioids and Benzodiazepines and Z-Drugs (CPhM)

Psychoactive medications with OAT

- Manitoba Opioid Agonist Therapy Recommended Practice Manual (CPSM)
  - Managing Polypharmacy, Benzodiazepines, Alcohol, & Polysubstance Use in the Context of Opioid Agonist Therapy
- Opioid Agonist Therapy Guidelines for Manitoba Pharmacists (CPhM)
  - Sections: MY, MZ, and Interaction Codes Caution, Pharmacist-Practitioner Communication

Medical Examiner (ME) File Analysis

Goals

- Identify areas of potential concern that:
  - Allow for self-reflection
  - Reinforce your knowledge of the current standards of practice
  - Open the discussion for ways of improving care within your practice site

Limitations

- Deidentification means that some assumptions need to be made
- Have no knowledge of interventions taken by the pharmacy
- Guidelines may have changed since the event took place

Case # 1 - Introduction

- AB, 50-year-old female
  - Recently admitted to the hospital for the treatment of psychosis
  - AB was looking for a sleeping pill before bed
  - Her mother found her unresponsive on her bed the next morning on August 27th, 2020
  - Medical history: schizoaffective disorder, anxiety, fibromyalgia, chronic pain
  - Immediate cause of death from autopsy: **accidental methadone toxicity**

- *Note: all information (initials, age, names, dates, gender/sex, etc.) have been changed and de-identified*

Case #1 - Toxicology Report

Drugs that were above the therapeutic range are indicated by an asterisk (*):

Drug	Level in blood	Therapeutic Range (if applicable)
Lorazepam	17 ng/mL	20 – 70 ng/mL
Clonazepam **7-aminoclonazepam**	0 ng/mL 8.4 ng/mL	20 – 70 ng/mL 20 – 140 ng/mL
Gabapentin	1.8 ug/mL	2 – 20 ug/mL
Haloperidol	27 ng/mL	5 – 50 ng/mL
Methadone* **EDDP (inactive metabolite)**	1900 ng/mL 290 ng/mL	100 – 400 ng/mL
Mirtazapine	51 ng/mL	28 – 64
Tramadol **0-desmethyl-tramadol (active metabolite)**	24 ng/mL	230 – 770
Zopiclone*	91 ng/mL	25 – 65
Ethanol	10 mg/dL	0
Metoprolol, amitriptyline, nortriptyline	Not quantified	Various

DPIN

Generic Name	Date Dispensed	Strength	Quantity (mL)	Days' Supply	Prescriber	Pharmacy
Methadone	Aug 25, 2020	10 mg/mL	105	7	Dr. A	ABC
	Aug 18, 2020	10 mg/mL	105	7	Dr. A	ABC
	Aug 11, 2020	10 mg/mL	105	7	Dr. A	ABC
	Aug 4, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jul 28, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jul 21, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jul 14, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jul 7, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jun 31, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jun 24, 2020	10 mg/mL	105	7	Dr. A	ABC
	Jun 17, 2020	10 mg/mL	105	7	Dr. A	DEF
Benztropine	Aug 27, 2020	1 mg	28	7	Dr. B	ABC
	Aug 20, 2020	1 mg	28	7	Dr. B	ABC
	Aug 13, 2020	1 mg	28	7	Dr. B	ABC
	Aug 6, 2020	1 mg	28	7	Dr. B	ABC
	Jul 30, 2020	1 mg	28	7	Dr. B	ABC
	Jul 23, 2020	1 mg	28	7	Dr. B	ABC
	Jul 16, 2020	1 mg	28	7	Dr. B	ABC
	Jul 9, 2020	1 mg	28	7	Dr. B	ABC
	Jul 2, 2020	1 mg	28	7	Dr. B	ABC
	Jun 26, 2020	1 mg	28	7	Dr. B	ABC

DPIN

Generic Name	Date Dispensed	Strength	Quantity	Days' Supply	Prescriber	Pharmacy
Haloperidol	Aug 27, 2020	10 mg	7	7	Dr. B	ABC
	Aug 27, 2020	5 mg	7	7	Dr. B	ABC
	Aug 20, 2020	10 mg	7	7	Dr. B	ABC
	Aug 20, 2020	5 mg	7	7	Dr. B	ABC
	Aug 13, 2020	10 mg	7	7	Dr. B	ABC
	Aug 13, 2020	5 mg	7	7	Dr. B	ABC
	Aug 6, 2020	10 mg	7	7	Dr. B	ABC
	Aug 6, 2020	5 mg	7	7	Dr. B	ABC
	Jul 30, 2020	10 mg	7	7	Dr. B	ABC
	Jul 30, 2020	5 mg	7	7	Dr. B	ABC
	Jul 23, 2020	10 mg	7	7	Dr. B	ABC
	Jul 23, 2020	5 mg	7	7	Dr. B	ABC
	Jul 16, 2020	10 mg	7	7	Dr. B	ABC
	Jul 16, 2020	5 mg	7	7	Dr. B	ABC
	Jul 9, 2020	10 mg	7	7	Dr. B	ABC
	Jul 9, 2020	5 mg	7	7	Dr. B	ABC
	Jul 2, 2020	10 mg	7	7	Dr. B	ABC
	Jul 2, 2020	5 mg	7	7	Dr. B	ABC
	Jun 29, 2020	10 mg	7	7	Dr. B	ABC
	Jun 29, 2020	5 mg	7	7	Dr. B	ABC
	Jun 22, 2020	10 mg	7	7	Dr. B	ABC
	Jun 22, 2020	5 mg	7	7	Dr. B	ABC
	Jun 15, 2020	10 mg	7	7	Dr. B	ABC
	Jun 15, 2020	5 mg	7	7	Dr. B	ABC

DPIN

Generic Name	Date Dispensed	Strength	Quantity	Days' Supply	Prescriber	Pharmacy
Lorazepam	Aug 27, 2020	1 mg	21	7	Dr. B	ABC
	Aug 20, 2020	1 mg	21	7	Dr. B	ABC
	Aug 13, 2020	1 mg	21	7	Dr. B	ABC
	Aug 6, 2020	1 mg	21	7	Dr. B	ABC
	Jul 30, 2020	1 mg	21	7	Dr. B	ABC
	Jul 23, 2020	1 mg	21	7	Dr. B	ABC
	Jul 16, 2020	1 mg	21	7	Dr. B	ABC
	Jul 9, 2020	1 mg	21	7	Dr. B	ABC
	Jul 2, 2020	1 mg	21	7	Dr. B	ABC
	Jun 29, 2020	1 mg	21	7	Dr. B	ABC
	Jun 22, 2020	1 mg	21	7	Dr. B	ABC
	Jun 15, 2020	1 mg	21	7	Dr. B	ABC
Gabapentin	Aug 27, 2020	100 mg	21	7	Dr. B	ABC
	Aug 20, 2020	100 mg	21	7	Dr. B	ABC
	Aug 13, 2020	100 mg	21	7	Dr. B	ABC
	Aug 6, 2020	100 mg	21	7	Dr. B	ABC
	Jul 30, 2020	100 mg	21	7	Dr. B	ABC
	Jul 23, 2020	100 mg	21	7	Dr. B	ABC
	Jul 16, 2020	100 mg	21	7	Dr. B	ABC
	Jul 9, 2020	100 mg	21	7	Dr. B	ABC
	Jul 2, 2020	100 mg	21	7	Dr. B	ABC
	Jun 29, 2020	100 mg	21	7	Dr. B	ABC
	Jun 22, 2020	100 mg	21	7	Dr. B	ABC
	Jun 15, 2020	100 mg	21	7	Dr. B	ABC

DPIN

Generic Name	Date Dispensed	Strength	Quantity	Days' Supply	Prescriber	Pharmacy
Tramadol/ Acetaminophen	Aug 25, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Aug 16, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Aug 13, 2020	37.5/325 mg	8	4	Dr. B	ABC
	Aug 4, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Jul 28, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Jul 19, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Jul 8, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Jul 6, 2020	37.5/325 mg	8	4	Dr. B	ABC
	Jun 29, 2020	37.5/325 mg	28	14	Dr. B	ABC
	Jun 22, 2020	37.5/325 mg	28	14	Dr. B	ABC
Zopiclone	Aug 27, 2020	7.5 mg	14	7	Dr. B	ABC
	Aug 20, 2020	7.5 mg	14	7	Dr. B	ABC
	Aug 13, 2020	7.5 mg	14	7	Dr. B	ABC
	Aug 6, 2020	7.5 mg	14	7	Dr. B	ABC
	Jul 30, 2020	7.5 mg	14	7	Dr. B	ABC
	Jul 23, 2020	7.5 mg	14	7	Dr. B	ABC
	Jul 16, 2020	7.5 mg	14	7	Dr. B	ABC
	Jul 9, 2020	7.5 mg	14	7	Dr. B	ABC
	Jul 2, 2020	7.5 mg	14	7	Dr. B	ABC
	Jun 29, 2020	7.5 mg	14	7	Dr. B	ABC
	Jun 22, 2020	7.5 mg	14	7	Dr. B	ABC
	Jun 15, 2020	7.5 mg	14	7	Dr. B	ABC

Case #1 - Discussion

1) Methadone Carry-homes

Methadone	**Aug 25, 2020**	**10 mg/mL**	**105**	**7**	**Dr. A**	**ABC**
	Aug 18, 2020	**10 mg/mL**	**105**	**7**	**Dr. A**	**ABC**
	Aug 11, 2020	**10 mg/mL**	**105**	**7**	**Dr. A**	**ABC**
	Aug 4, 2020	**10 mg/mL**	**105**	**7**	**Dr. A**	**ABC**
	Jul 28, 2020	**10 mg/mL**	**105**	**7**	**Dr. A**	**ABC**

- Methadone daily dose of 150mg
- Pt received weekly carries despite being on multiple benzodiazepines/z-drugs
- Note: Indication for methadone is unknown in this case

Case #1 - Discussion

"In patients prescribed benzodiazepines/z-drugs in the context of methadone agonist therapy, **the maximum number of carries permitted per week is five.**" *

*Managing Polypharmacy, Benzodiazepines, Alcohol, & Polysubstance Use in the Context of Opioid Agonist Therapy (CPSM, p. 14)

Case #1 – Discussion

2) Sedative doses are high

Lorazepam	**Aug 27, 2020** **Aug 20, 2020**	**1 mg** **1 mg**	**21** **21**	**7** **7**	**Dr. B** **Dr. B**	**ABC** **ABC**
Zopiclone	Aug 27, 2020 Aug 20, 2020	7.5 mg 7.5 mg	14 14	7 7	Dr. B Dr. B	ABC ABC

Lorazepam 3mg/day = 15 to 30mg diazepam equivalents per day
Zopiclone 15mg/day = 10 to 20mg diazepam equivalents per day
*Total = 25 to 50mg diazepam equivalents per day**

*Standard of Practice: Prescribing Benzodiazepines and Z-drugs (CPSM, p. 9)

Case #1 – Discussion

2) Sedative doses are high (Con't)

- **Diazepam Equivalents**
  - See comparative chart on Page 9 (or Page 5 of Contextual Information) of the Standard of Practice: Prescribing Benzodiazepines and Z-drugs (CPSM)

- Maximum daily dose of diazepam is generally 40mg/day* (in divided doses) but should be lower in patients on other sedative medications.

*Diazepam Product Monograph, AA Pharma Inc., Date of Revision Jan 7, 2019, p. 14. https://www.aapharma.ca/downloads/en/PIL/2019/Diazepam-Pr_Mono-ENG-Jan_7_2019.pdf

Case #1 – Discussion

"{in the context of OAT}…the maximum diazepam dose required for stability should be in the **range of 10-15 mg po BID**. Very rarely, a patient may require slightly more."*

*Managing Polypharmacy, Benzodiazepines, Alcohol, & Polysubstance Use in the Context of Opioid Agonist Therapy (CPSM, p. 14)

Case #1 - Discussion

3) Benzodiazepines/Z-drugs prescribed with opioids
4) Multiple benzodiazepines/Z-drugs

Methadone + Tramadol + Lorazepam + Zopiclone

- Increased risk of death

Case #1 – Discussion

"Only in **exceptional circumstances** can multiple benzodiazepines and/or Z-drugs, or opioids and benzodiazepines/Z-drugs be prescribed together...If prescribers have not noted the exceptional circumstances on the prescription, the pharmacist must contact the prescriber to prevent delays in the patient receiving their medication.

Pharmacists should document, in the minimum required detail necessary, the individualized nature of the exceptional circumstance in the patient's confidential record/profile and be confident in justifying the ongoing combination of benzodiazepines/Z-Drugs and/or opioids for their patient" *

*CPhM Companion Document to the CPSM Standards of Practice for Prescribing Opioids and Benzodiazepines and Z-Drugs (CPhM, p.3)

Case #1 - Discussion

5) Multiple prescribers

- Dr. A prescribed methadone
- Dr. B prescribed the other psychoactive medications (i.e., zopiclone, lorazepam, haloperidol, gabapentin, and tramadol/acetaminophen)

Case #1 – Discussion

"**STRONG RECOMMENDATION: ONE PRESCRIBER-ONE PHARMACY**
{In the context of OAT} it is best practice for ALL medications prescribed for the above-mentioned conditions to be prescribed by a single prescriber (or group of prescribers) and dispensed from a single community pharmacy. This is particularly important for all psychoactive/sedating medications. This prescriber (or group of prescribers) should generally be the OAT prescriber(s)."*

If there is no single prescriber, pharmacists should document that they've had a conversation with OAT prescriber and ensure that they're aware the patient is on other psychoactive medications.

*Managing Polypharmacy, Benzodiazepines, Alcohol, & Polysubstance Use in the Context of Opioid Agonist Therapy (CPSM, p. 6)

Case #1 - Discussion

6) Medications found in toxicology, but not prescribed

Drug	Level in blood	Therapeutic Range (if applicable)
Clonazepam **7-aminoclonazepam**	0 ng/mL 8.4 ng/mL	20 – 70 ng/mL 20 – 140 ng/mL
Mirtazapine	51 ng/mL	28 – 64

- Mirtazapine and clonazepam metabolite
- Could have been purchased illicitly, and/or taken from someone else's prescription

- **Reinforce locking up medications at home**
- **Include warnings about using other psychoactive medications (including OTC medications) during counseling**
- **Report any concerns of sharing or taking non-prescribed medication to prescriber**

Case #2 - Introduction

- JE, 26-year-old female
  - Found unresponsive in the basement bedroom of her house on Jun 9th, 2019
  - She was kneeling with drug paraphernalia beside her
  - House known to Police for drug use and dealing
  - Pronounced dead on the scene
  - Immediate cause of death from autopsy: **fentanyl toxicity**
  - Manner of death: accidental

- *Note: all information (initials, age, names, dates, gender/sex, etc.) have been changed and de-identified*

Case #2 - Toxicology Report

Drugs that were above the therapeutic range are indicated by an asterisk (*):

Drug	Level in blood	Therapeutic Range (if applicable)
Fentanyl*	21 ng/mL	Within 24 hours of application of a 100 ug/hr transdermal patch, the expected serum concentration is 1.9 – 3.8 ng/mL
Methamphetamine **Amphetamine**	690 ng/mL 118 ng/mL	After a 30 mg oral dose of methamphetamine, the expected peak plasma concentration is 62 – 291 ng/mL. The expected concentration of the metabolite, amphetamine, is expected to be approximately one tenth that of methamphetamine
Diazepam, cocaine, buprenorphine, clonazepam	Detected but not quantified	Various

DPIN

Generic Name	Date Dispensed	Strength	Quantity	Days' Supply	*Daily Bup Dose (Total mg)*	Prescriber	Pharmacy
Buprenorphine/ naloxone	Jun 1, 2019	8 mg/2 mg	2	1	***20***	Dr. CS	123
	Jun 1, 2019	2 mg/0.5 mg	2	1		Dr. CS	123
	May 31, 2019	8 mg/2 mg	2	1	***20***	Dr. FG	123
	May 31, 2019	2 mg/0.5 mg	2	1		Dr. CS	XYZ
	May 30, 2019	8 mg/2 mg	1	1	***16***	Dr. JX	123
	May 30, 2019	2 mg/0.5 mg	2	1		Dr. JX	123
	May 30, 2019	2 mg/0.5 mg	2	1		Dr. FG	XYZ
	May 29, 2019	8 mg/2 mg	1	1	***12***	Dr. JX	123
	May 29, 2019	2 mg/0.5 mg	2	1		Dr. JX	123
	May 28, 2019	2 mg/0.5 mg	4	1	***8***	Dr. RP	XYZ
	Apr 14, 2019	8 mg/2 mg	4	1	***32(?)***	Dr. KZ	TMX
	Apr 12, 2019	8 mg/2 mg	1	1	***12***	Dr. TB	TMX
	Apr 12, 2019	2 mg/0.5 mg	2	1		Dr. TB	TMX
	Apr 10, 2019	8 mg/2 mg	1	1	***12***	Dr. TB	TMX
	Apr 10, 2019	2 mg/0.5 mg	2	1		Dr. TB	TMX
	Apr 9, 2019	8 mg/2 mg	2	2	***12***	Dr. TB	TMX
	Apr 9, 2019	2 mg/0.5 mg	4	2		Dr. TB	TMX
	Apr 7, 2019	8 mg/2 mg	2	2	***12***	Dr. TB	TMX
	Apr 7, 2019	2 mg/0.5 mg	4	2		Dr. TB	TMX
	Apr 6, 2019	8 mg/2 mg	1	1	***12***	Dr. TB	TMX
	Apr 6, 2019	2 mg/0.5 mg	2	1		Dr. TB	TMX
	Apr 4, 2019	8 mg/2 mg	1	1	***12***	Dr. TB	TMX
	Apr 4, 2019	2 mg/0.5 mg	2	1		Dr. TB	TMX
	Apr 3, 2019	8 mg/2 mg	1	1	***12***	Dr. TB	TMX
	Apr 3, 2019	2 mg/0.5 mg	2	1		Dr. TB	TMX
	Apr 2, 2019	8 mg/2 mg	1	1	***12***	Dr. TB	TMX
	Apr 2, 2019	2 mg/0.5 mg	2	1		Dr. TB	TMX
	Mar 31, 2019	8 mg/2 mg	2	2	***12***	Dr. TB	TMX
	Mar 31, 2019	2 mg/0.5 mg	4	2		Dr. TB	TMX
	Mar 30, 2019	2 mg/0.5 mg	2	1	***8***	Dr. TB	XYZ
	Mar 30, 2019	2 mg/0.5 mg	2	1		Dr. TB	XYZ
	Mar 30, 2019	2 mg/0.5 mg	2	1		Dr. TB	XYZ

DPIN

Generic Name	Date Dispensed	Strength	Quantity	Days' Supply	Prescriber	Pharmacy
Diazepam	Jun 1, 2019	5 mg	3	1	Dr. RP	123
	May 31, 2019	5 mg	3	1	Dr. RP	123
	May 30, 2019	5 mg	3	1	Dr. RP	123
	May 29, 2019	5 mg	3	1	Dr. RP	123
	May 28, 2019	5 mg	3	1	Dr. RP	XYZ
	May 15, 2019	5 mg	90	30	Dr. LW	ABC
	Apr 12, 2019	5 mg	60	30	Dr. TB	TMX
	Mar 12, 2019	5 mg	90	30	Dr. LW	TMX
Escitalopram	Jun 1, 2019	20 mg	1	1	Dr. RP	123
	May 31, 2019	20 mg	1	1	Dr. RP	123
	May 30, 2019	20 mg	1	1	Dr. RP	123
	May 29, 2019	20 mg	1	1	Dr. RP	123
	May 28, 2019	20 mg	1	1	Dr. RP	XYZ
	May 15, 2019	20 mg	30	30	Dr. LW	ABC
	Mar 30, 2019	20 mg	30	30	Dr. TB	TMX
Lisdexamfetamine	Jun 1, 2019	60 mg	1	1	Dr. FG	123
	Jun 2, 2019	60 mg	1	1	Dr. FG	123
	May 28, 2019	30 mg	2	1	Dr. RP	XYZ
	Mar 30, 2019	60 mg	30	30	Dr. TB	TMX
Ethinyl estradiol/ norgestimate	May 29, 2019	0.035 mg/0.25 mg-0.18 mg-0.215 mg	28	28	Dr. FG	XYZ
Quetiapine	Mar 30, 2019	100 mg	30	30	Dr. TB	TMX
	Mar 30, 2019	25 mg	30	30	Dr. TB	TMX
Sennosides	Mar 30, 2019	8.6 mg	60	30	Dr. TB	TMX
Docusate Sodium	Mar 30, 2019	100 mg	60	30	Dr. TB	TMX

Case #2 - Discussion

1) Dispensing intervals on psychoactive medications

Diazepam	May 15, 2019	5 mg	90	30	Dr. LW	ABC
	Apr 12, 2019	5 mg	60	30	Dr. TB	TMX
	Mar 12, 2019	5 mg	90	30	Dr. LW	TMX
Escitalopram	May 15, 2019	20 mg	30	30	Dr. LW	ABC
	Mar 30, 2019	20 mg	30	30	Dr. TB	TMX
Lisdexamfetamine	Mar 30, 2019	60 mg	30	30	Dr. TB	TMX
Quetiapine	Mar 30, 2019	100 mg	30	30	Dr. TB	TMX
	Mar 30, 2019	25 mg	30	30	Dr. TB	TMX

- Buprenorphine induction on Mar 30th, 2019 and continued at TMX pharmacy until Apr 14th , 2019 by Dr. TB.
- Diazepam had monthly interval in Apr 2019
  - Rx written by OAT prescriber
- Large on-hands of sedatives increase risk of misuse

Case #2 - Discussion

"Typically, all psychoactive/sedating medications should be dispensed with OAT, i.e., on the **same schedule as OAT**." (p.7) *

"The dispensing interval of any prescribed benzodiazepines/Z-drugs should **mirror the OAT dispensing schedule**." (p.14) *

*Managing Polypharmacy, Benzodiazepines, Alcohol, & Polysubstance Use in the Context of Opioid Agonist Therapy

Case #2 - Discussion

2) Prescribed medication(s) missing in toxicology report

Drug	Level in blood
Fentanyl*	21 ng/mL
Methamphetamine **Amphetamine**	690 ng/mL 118 ng/mL
Diazepam, cocaine, buprenorphine, clonazepam	Detected but not quantified

- Diazepam detected but not quantified
  - Note: gap between last dispensed and date of death (Jun 9th, 2019)
- Escitalopram missing
- Patient might be:
  - Stockpiling (e.g., SSRIs)
  - Using faster than prescribed
  - Diverting for other illicit drugs (e.g., methamphetamine)

Case #1 - Discussion

3) Multiple prescribers

Buprenorphine/ naloxone	Jun 1, 2019	8 mg/2 mg	2	1	Dr. CS	123
	Jun 1, 2019	2 mg/0.5 mg	2	1	Dr. CS	123
	May 31, 2019	8 mg/2 mg	2	1	Dr. FG	123
	May 31, 2019	2 mg/0.5 mg	2	1	Dr. CS	XYZ
	May 30, 2019	8 mg/2 mg	1	1	Dr. JX	123
	May 30, 2019	2 mg/0.5 mg	2	1	Dr. JX	123
	May 30, 2019	2 mg/0.5 mg	2	1	Dr. FG	XYZ
	May 29, 2019	8 mg/2 mg	1	1	Dr. JX	123
	May 29, 2019	2 mg/0.5 mg	2	1	Dr. JX	123
	May 28, 2019	2 mg/0.5 mg	4	1	Dr. RP	XYZ

- Dr. RP prescribed the psychoactive medications starting May 28th
- Likely to be prescribers from the same practice site

Case #2 - Discussion

4) Discontinued Buprenorphine Treatment

Buprenorphine/ naloxone	Jun 1, 2019	8 mg/2 mg	2	1	***20***	Dr. CS	123
	Jun 1, 2019	2 mg/0.5 mg	2	1		Dr. CS	123
	May 31, 2019	8 mg/2 mg	2	1	***20***	Dr. FG	123
	May 31, 2019	2 mg/0.5 mg	2	1		Dr. CS	XYZ
	May 30, 2019	8 mg/2 mg	1	1	***16***	Dr. JX	123
	May 30, 2019	2 mg/0.5 mg	2	1		Dr. JX	123
	May 30, 2019	2 mg/0.5 mg	2	1		Dr. FG	XYZ
	May 29, 2019	8 mg/2 mg	1	1	***12***	Dr. JX	123
	May 29, 2019	2 mg/0.5 mg	2	1		Dr. JX	123
	May 28, 2019	2 mg/0.5 mg	4	1	***8***	Dr. RP	XYZ

- Low tolerance to opioids after discontinuation
- Ongoing dialogue with the patient about their progress and any barriers to their treatment (e.g., travel, cost, etc).
  - Discuss with patient how well their current dose is working
  - Collaboration with prescriber to facilitate continuity of care when patient cannot make it to the pharmacy regularly
  - Assist patient in obtaining medication coverage or finding a lower cost alternative

Case #2 - Discussion

"2.14 For repeat and refill prescriptions ... licenced pharmacists, academic registrants, or interns are **encouraged to ask specific questions** regarding changes to dosage regiments, **compliance, efficacy** and the presence of adverse effects."

*Practice Direction: Patient Counselling (CPhM)

Overcoming Barriers to Collaboration with Prescribers

Canadian survey (2013)* identified the following barriers to collaborative practice between pharmacists and physicians:

- Lack of time
- Lack of remuneration

Ways to overcome barriers:

- Develop communication templates
- Use checklists to easily identify concerns during Rx reviews
- Review standards of care regularly
- Phone conversations with prescribers

*Kelly DV, Bishop L, Young S, Hawboldt J, Phillips L, Keough TM. Pharmacist and physician views on collaborative practice: Findings from the community pharmaceutical care project. Can Pharm J (Ott). 2013 Jul;146(4):218-26. doi: 10.1177/1715163513492642. PMID: 23940479; PMCID: PMC3734911.

Collaboration with Prescribers

- Remember!
  - **Document** all conversations and progress with managing psychoactive medications (+/- OAT) in your patients
    - Important for auditing purposes and enhancing continuity of care with any new staff members

  - **Any small changes that improve patient safety are worth celebrating!**