MONITORING PRACTICES
TO PROMOTE SAFE OPIOID USE
IN THE TREATMENT OF
CHRONIC NON-CANCER PAIN
AND TO REDUCE RISK OF MISUSE AND ABUSE IN SC
SHARE A PATIENT PROVIDER AGREEMENT (PPA) WITH CLEARLY ESTABLISHED BOUNDARIES AND PATIENT EXPECTATIONS PRIOR TO INITIATING A TRIAL OF OPIOIDS FOR CHRONIC NON-CANCER PAIN

- A PPA signed by both patient and prescriber and given to the patient is an important, convenient communication tool that can also document patient counseling and education.

- Offering a PPA to all patients regardless of a patient’s identified risk of opioid misuse and abuse reduces stigma and provides a minimal level of precaution/protection to prescriber and patient.

- There is no standard, validated or legally binding form of a PPA; consider inclusion of informed consent (e.g., potential risks and benefits of an opioid trial, continuation and discontinuation) and plan of care (e.g., goals of care and expectations, rights and responsibilities of prescriber and patient).

OPTIMIZE PATIENT TREATMENT (DRUG/NON-DRUG) USING A MULTI-DIMENSIONAL RATING SCALE TO ASSESS CHRONIC PAIN, QUALITY OF LIFE AND PROGRESS TOWARD FUNCTIONAL GOALS

- The PEG is a brief multi-dimensional measure of Pain, Enjoyment of life and General activity useful at baseline and at regular intervals to assess and document patient response to treatment.

- Set realistic expectations that full pain relief is unlikely and set individualized goals that are Achievable, Recovery-related, and Measurable (A.R.M.); e.g., 15 minute daily walk.

- Continue or modify opioid treatment with demonstrated benefit and discontinue when the risks of side effects, misuse, addiction, and/or overdose outweigh the benefit.

- Engage family and other key individuals when possible to support patient-obtained information.

SCREEN FOR APPROPRIATE OPIOID USE AND THE CONTINUED NEED FOR OPIOID THERAPY, INCLUDING PRESCRIPTION DRUG MONITORING REPORTS (I.E., SCRIPTS REPORTS)

- Assess and document risk of opioid misuse with subjective and objective measures PRIOR to prescribing, and individualize level of monitoring and possible co-management to match the identified risk.

- Review SCRIPTS reports at baseline and periodically to help identify potential opioid misuse/abuse and support safe prescribing and dispensing.

- Continue to assess, monitor and document risk of opioid misuse/abuse (including input from family members and key contacts) since risk level can change for any patient at any point.

- Adjust ongoing monitoring plan (e.g., SCRIPTS report review, frequency of visits, urine drug tests, pill counts) to match risk level, and co-manage or refer for addiction treatment as needed.

Guideline recommendations are largely based on expert consensus, observational or epidemiologic studies, and/or from guidelines. Few studies directly address questions of whether changing practice decreases risk. Given the pressing need to address opioid-related adverse outcomes, guideline developers generally agree on forging recommendations based on relatively weak or indirect evidence now rather than waiting for more rigorous studies.
USE OF SOUTH CAROLINA PRESCRIPTION MONITORING PROGRAM

A SCRIPTS Report (also called a DHEC or PMP report) is one tool to help confirm a patient’s identity. To generate a Patient Request Report:

1. Go to https://southcarolina.pmpaware.net/login
   - Enter email and password, click <LOG IN>

2. Select <Rx SEARCH> then <PATIENT REQUEST>
   - Input required fields: FIRST NAME, LAST NAME, DOB (mm/dd/yyyy)
   - Check ‘I agree to the terms of the acknowledgement’ then click <SEARCH>

   **WHAT IF...**

   **NO MATCHING PATIENT IDENTIFIED**
   - Check required fields for errors. If there are no errors, try modifying the search criteria:
     - To broaden search, enter the zip code OR city and state OR use partial name option
     - Consider using the partial name option when a name is hyphenated or contains a suffix (e.g., Jr., Sr.)
     - If more than one last name, request multiple reports (e.g., one for Smith-Doe and one for Doe-Smith)

   **PATIENTS FOUND BUT NO PRESCRIPTIONS FOUND**
   - The default prescription fill dates search one year prior to the current date; consider expanding the prescription fill dates and/or modifying your search criteria

   **MULTIPLE PATIENTS FOUND**
   - Multiple patient records found that match the search criteria
     - Be sure to move/scroll sidebar, if present, to view all patient groups
     - To complete patient request, check the boxes next to the patient group(s) that may represent your patient, then click <Run Report>
     - To modify search criteria before completing patient request, click <Refine Search Criteria>

3. View the Patient Request Report

**VIEWING TIPS**

**Linked Records Section**
- View the details of each patient record included in the patient request report

**Summary Section**
- View summary of prescription data
- Use the Active Daily Morphine Milligram Equivalent (MME) to assess the cumulative sum MME/day of all the active opioid prescriptions in the prescription table

**Prescription Table**
- Sort the table by clicking any of the column headers; by default, the table is sorted by fill date
- Use the ID column to identify the linked patient record that corresponds to each prescription. If you are not confident that all the linked records belong to your patient, consider sorting the table by ID
- Use the MME/D column to assess the calculated MME per day for each individual prescription
- Hover over the individual prescriber, pharmacy, or payment type within each row to display more detailed information

**Delegates**
You can have up to 3 approved delegates. Click on a delegate name to quickly approve, reject, or remove.

**PMP Announcements**
- View important system updates here (e.g., system outages, Georgia becomes multi-state search option). Click <PMP Announcements> for full text.

**MULTI-STATE SEARCH**
- Check the box(es) next to the desired state(s) under ‘PMP Interconnect Search’ in the patient request to add additional states.
- To search in additional states by default, click <My Profile> then <Default PMPi States>, and select desired state(s). Exclude any default state(s) by unchecking under ‘PMP Interconnect Search’ in a patient request.
- Multi-state search is not available when using the partial name option.

**IMPORTANT DISCLAIMER**
DHEC does not warrant any patient request report to be accurate or complete; patient request reports are based on search criteria and data submissions with potential for human error.

**PRIVACY CONSIDERATIONS**
It is your responsibility to maintain patient privacy and confidentiality with any patient report. Refer requests for copies of patient request reports from patients and others directly to DHEC SCRIPTS team at 803-896-0688.

**KEY**
- DHEC: Department of Health and Environmental Control
- DOB: Date of Birth
- PMP: Prescription (Drug) Monitoring Program
- MME: Morphine Milligram Equivalents
- PMPi: PMP Interconnect Search
## Use of South Carolina Prescription Monitoring Program (SCRIPTS) Patient Request Reports

### Requests for Increases in Opioid Dose
- Overwhelming focus on opioids during visits instead of underlying concurrent alcohol or substance abuse
- Opposition to monitoring (e.g., pill counts, UDT)
- Running out early due to unsanctioned dose escalation
- Requests for specific opioid by name, “brand name only” or allergic
- Resistance to change therapy despite harm or negative consequences
- Deterioration in function at home and work
- Overdose
- Illegal activities – forging prescriptions, selling opioid prescription
- Multiple “lost”, “spilled” or “stolen” opioid prescriptions
- Multiple sources for opioids
- Illegal activities – forging prescriptions, selling opioid prescription

### Prescriptions for Controlled Substances (CII - CIV) Drug History, Adherence or Potential Drug Abuse/Misuse/Diversion

1. Not all dispensed opioids require reporting to SCRIPTS, such as methadone dispensed from methadone clinics or < 48-hour supply from emergency department. 2. Increased risk of opioid overdose-related death has been associated with: 4+ opioid prescriptions, 4+ pharmacies, or total MME/day > 100. 3. Benzodiazepines and opioids are high risk combinations, especially in the elderly; many recommend against combination unless clearly indicated.
4. Opioid overdose risk increases in a dose-response manner; dosages ≥ 50 total MME/day increase risks for overdose by at least 2 times the risk at < 20 total MME/day.

### Differential Diagnostic Considerations for Aberrant Behaviors

#### Addiction
- Often characterized by behaviors that may include: loss of control over drug use, craving, compulsive use, and continued use despite harm to health or relationships
- Physical dependence and tolerance are normal physiologic adaptations to extended opioid therapy and are not the same as addiction.

#### Physical Dependence
- Biologic adaptation to drug that results in abstinence syndrome (signs and symptoms of withdrawal) upon cessation, rapid dose reduction and/or administration of antagonist

#### Tolerance
- A physiologic state of reduced effect over time from regular drug exposure in which increased dosage is needed to produce specific effect (increase in dose and no increase in effect may mean opioid is ineffective)

#### Hyperalgesia
- Increase in pain sensitivity that can be seen with rapid opioid dose escalation or high opioid dose (consider if increase in pain with increase in dose)

#### Pseudo-Addiction
- Aberrant drug-related behaviors driven by uncontrolled pain (relief seeking vs drug seeking) that are reduced by improved pain control

#### Other Psychiatric Illnesses
- Such as anxiety, depression, PTSD, “chemical coping” (knowingly or unknowingly taking medications to decrease or numb negative emotions)

#### Diversions
- Moving medications from legal/medically indicated users to illegal/unauthorized users

### Concerning Behaviors for Addiction

- Requests for increases in opioid dose
- Requests for specific opioid by name, “brand name only” or allergic to all but the desired opioid
- Overwhelming focus on opioids during visits instead of underlying disease process
- Multiple office contacts regarding opioids
- Unwilling to follow through with recommended therapy/referrals (e.g., physical therapy)
- Running out early due to unsanctioned dose escalation
- Resistance to change therapy despite harm or negative consequences (e.g., over-sedation); unwilling to consider non-opioid therapy
- Concurrent alcohol or substance abuse
- Deterioration in function at home and work
- Opposition to monitoring (e.g., pill counts, UDT)
- Three or more requests for early refills
- Multiple “lost”, “spilled” or “stolen” opioid prescriptions
- Multiple sources for opioids
- Illegal activities – forging prescriptions, selling opioid prescription
- Overdose

Adapted with permission: Boston University SCOPE of Pain Program [www.scopeofpain.com](http://www.scopeofpain.com)
<table>
<thead>
<tr>
<th><strong>SELECT REFERENCES</strong></th>
<th><strong>WEB LINK/KEY CONTACT INFORMATION</strong></th>
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<tbody>
<tr>
<td><strong>SC Specific Resources (various)</strong></td>
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<tr>
<td>SCRIPTS Prescription Monitoring Program at SC DHEC</td>
<td><a href="https://www.scdhec.gov/Health/FHPF/DrugControlRegisterVerify/PrescriptionMonitoring/">https://www.scdhec.gov/Health/FHPF/DrugControlRegisterVerify/PrescriptionMonitoring/</a> Phone: 803-896-0688 Email: <a href="mailto:scripts@dhec.sc.gov">scripts@dhec.sc.gov</a></td>
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<td>SC Department of Alcohol and Other Drug Abuse Services (DAODAS)</td>
<td><a href="http://www.daodas.state.sc.us/">http://www.daodas.state.sc.us/</a> Phone: 803-896-5555</td>
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<tr>
<td>SC DHEC Bureau of Drug Control</td>
<td>Phone: 803-896-0636</td>
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<tr>
<td><strong>Guidelines</strong></td>
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<tr>
<td>CDC Guideline for Prescribing Opioids for Chronic Pain – United States, 2016</td>
<td><a href="https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf">https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf</a></td>
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<td><strong>Patient Provider Agreements</strong></td>
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<td>Opioid Treatment Agreement</td>
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<td><a href="http://musc.edu/cop/SCORxE">http://musc.edu/cop/SCORxE</a> updated January 2018</td>
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<td><strong>Calculations for Total MME/Day</strong></td>
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<td><strong>Screening and Assessment Tools</strong></td>
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<tr>
<td>PEG (pain assessment)</td>
<td><a href="http://mytopcare.org/prescribers/">http://mytopcare.org/prescribers/</a></td>
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<tr>
<td>ORT (addiction risk pre-treatment)</td>
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<td>COMM (addiction risk during treatment)</td>
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<tr>
<td>PHQ-2 and PHQ-9 (depression screening)</td>
<td><a href="http://www.cqaimh.org/tool_depscreen.html">http://www.cqaimh.org/tool_depscreen.html</a></td>
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<td>DSM-V (diagnostic checklist for Opioid Use Disorder)</td>
<td><a href="http://www.buppractice.com/node/19556">http://www.buppractice.com/node/19556</a></td>
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<td>Epworth Sleepiness Scale</td>
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<td><strong>Substance Abuse Treatment Locators</strong></td>
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<td>Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
<td><a href="https://www.findtreatment.samhsa.gov/">https://www.findtreatment.samhsa.gov/</a></td>
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<td><strong>Drug Information</strong></td>
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<td>List Price for US Street Drugs</td>
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<td>NIDA Commonly Abused Drug Charts</td>
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<td><strong>Opioid Tapering</strong></td>
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<td><strong>Chronic Pain Tele-Education</strong></td>
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<tr>
<td>Project ECHO from University of NM (conference call available to present challenging cases)</td>
<td><a href="http://echo.unm.edu/nm-teleecho-clinics/chronic-pain-and-opioid-management/">http://echo.unm.edu/nm-teleecho-clinics/chronic-pain-and-opioid-management/</a></td>
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<td><strong>Overdose Prevention (Naloxone)</strong></td>
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<td>Prescribe to Prevent</td>
<td><a href="http://prescribetoprevent.org/">http://prescribetoprevent.org/</a></td>
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REFERENCES


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