

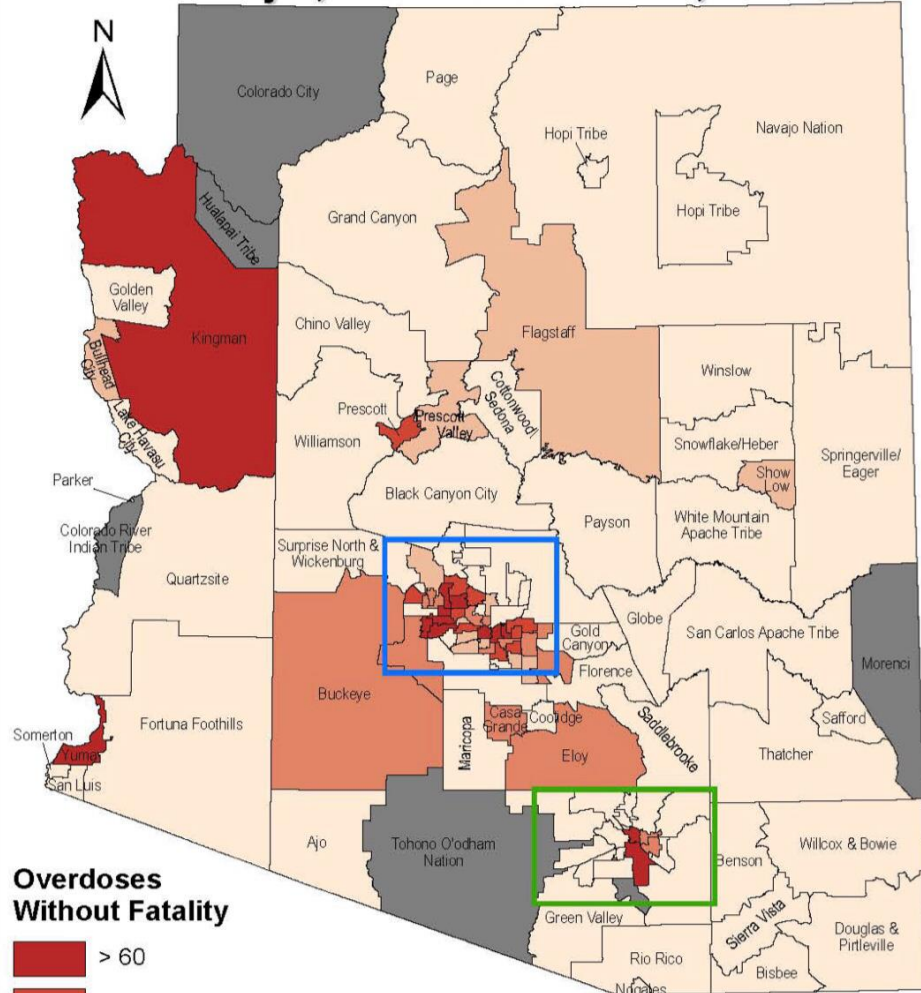


# Update on Opioid Prescribing in Arizona

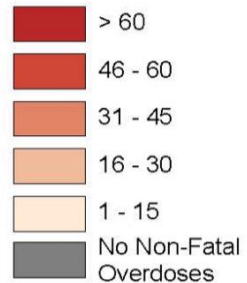
THOMAS A. COURY, DO

D'ARCY DOWNS-VOLLBRACHT, JD

# Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), January 1, 2018 - December 31, 2018\*



## Overdoses Without Fatality

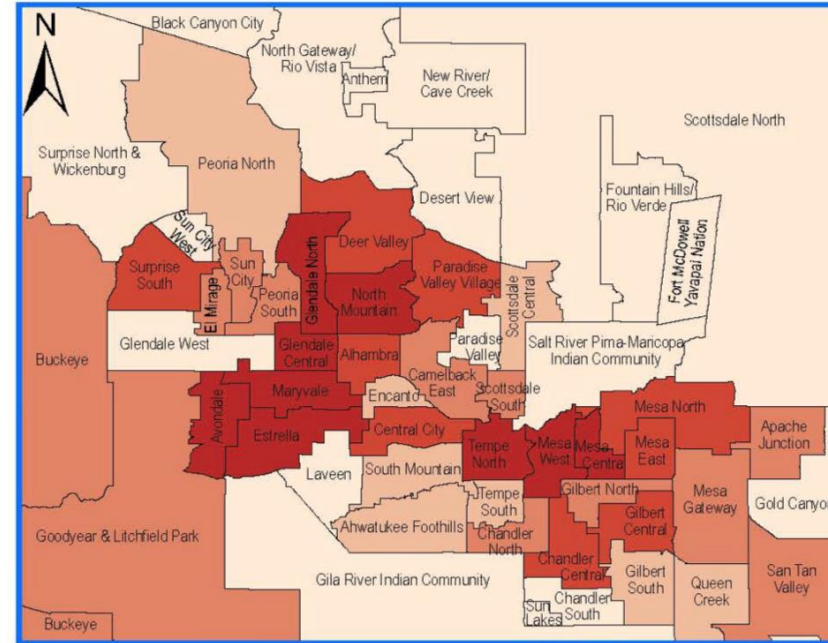


\*145 overdoses (4.3%) were not assigned a PCA

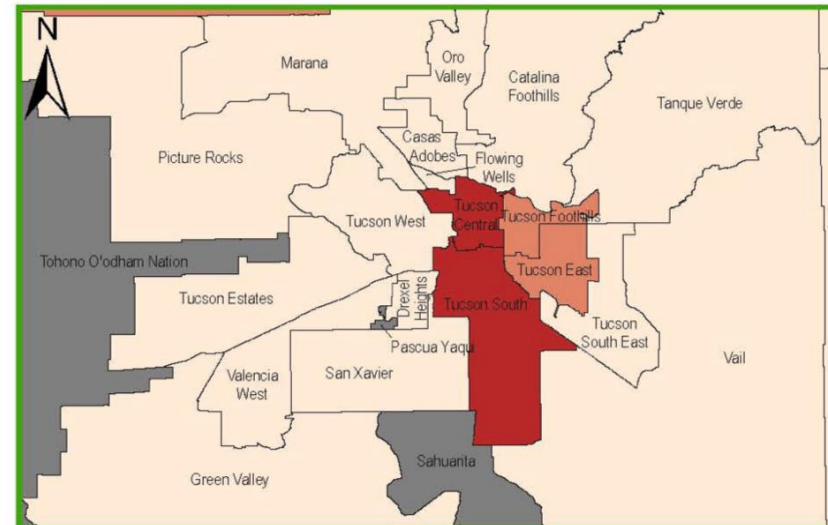


ARIZONA DEPARTMENT OF HEALTH SERVICES  
Data Source: AZ-PIERS and MEDSIS

## Metro Phoenix

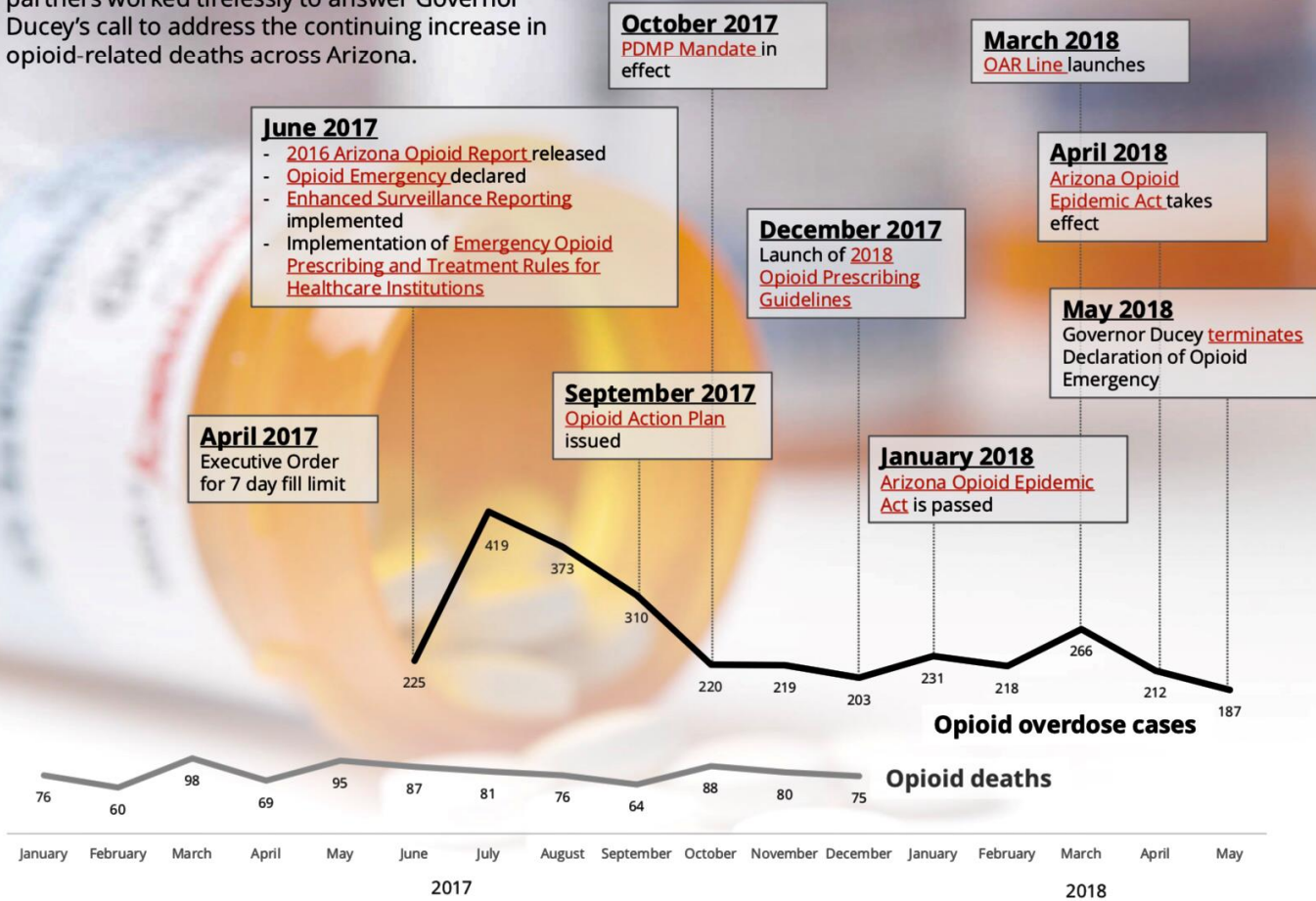


## Metro Tucson



# Arizona Opioid Emergency

From June, 2017 through May 2018, ADHS and partners worked tirelessly to answer Governor Ducey's call to address the continuing increase in opioid-related deaths across Arizona.





# Opioid

Defined as a controlled substance, in A.R.S. § 36-2501, that meets the definition of “opiate” in A.R.S. § 36-2501.



Diagnosis

Dosage - MME 0. 0-50. 50-90. 90+

Duration - DAYS 0-3/5/14 - 30 / 30+

Documentation

Discharge

Disposal



"I don't prescribe opioids anymore, so  
have your bartender fill this prescription."



☐

yes

☐

no

☐

maybe

# RECOGNIZED GUIDELINES

As applicable and except when contrary to medical judgment for a patient, are consistent with the

**Arizona Opioid Prescribing Guidelines**

or national opioid-prescribing guidelines:

**Centers for Disease Control and Prevention,**

**U.S. Department of Veterans Affairs and the U.S. Department of Defense**



# GUIDELINES DO NOT APPLY

## CANCER

Patients with an **active oncology diagnosis**

Characterized by –

Active Malignancy

Chemotherapy

Radiation

No therapy

## TERMINAL

Patient receiving hospice, end of life care, palliative care, skilled nursing facility care OR

Documented life expectancy of six months or less.

## SURGICAL

Post surgical prescriptions are limited to 14 day supply

# GUIDELINES DO NOT APPLY

## NON-SURGICAL TRAUMA

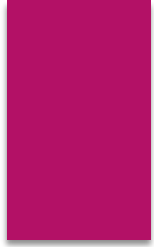
An acute injury or disease process other than back pain (remember - back pain alone does not a diagnosis make)

## MAT Treatment

Medication-assisted treatment (MAT) is the use of long-acting opioid agonists to treat opioid use disorder, commonly in combination with counseling and behavioral therapies. Methadone and buprenorphine (Suboxone® and Subutex®) are the two medications approved for opioid agonist therapy. The opioid antagonist, naltrexone (Vivitrol®) is also used in the treatment of opioid use disorder but may have lower retention rates than MAT.

## INFANTS – NAS

NEONATAL ABSTINENCE SYNDROME – A group of conditions caused when a baby withdraws from certain drugs from intrauterine exposure often caused by opioids.



**RISK FACTORS YOU MUST ADDRESS** when prescribing or ordering an opioid as part of treatment,

Concurrent use of a benzodiazepine or other sedative-hypnotic medication

History of substance use disorder

Co-occurring behavioral health issue

Pregnancy

## INITIAL PRESCRIPTION 5 / 14 Days

A health professional **shall limit the initial prescription for a schedule II opioid to not more than a (5) five-day supply** except

an initial opioid prescription following a surgical procedure is limited to a 14-day supply. (A.R.S. § 32-3248)



**LONGER THAN 5 OR 14  
DAYS...?**

Conducts a **physical examination**

Check patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program **PMP** data-base is reviewed.

An **assessment** is conducted of a patient's **substance use risk**.

The potential **risks, adverse outcomes, and complications**, including death, associated with the use of opioids are **explained** to a patient or the patient's representative

**Alternatives** to a prescribed or ordered opioid are explained to a patient or the patient's representative.

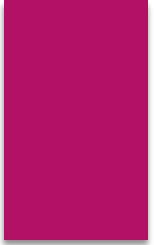
**Informed consent** is obtained from a patient or the patient's representative.

A patient receiving an opioid is **monitored**.

# Prescriptions Longer than 30 Days

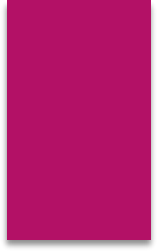
- ▶ If you write a prescription for longer than a 30 day period of time you must evaluate the patient face to face at at minimum every 90 days. Arizona law and prescribing guidelines both address the face to face evaluation time when opioid prescriptions exceed 30 days in duration.





Include the frequency of the following for a patient being prescribed or ordered an opioid for **longer than a 30-calendar-day period:**

- i. Face-to-face interactions with the patient, (*how often you will schedule appointments*)
- ii. Conducting an assessment of a patient's substance use risk,
- iii. Renewal of a prescription or order for an opioid without a face-to-face interaction with the patient, (*30, 60, 90 days?*) and
- iv. Monitoring the effectiveness of the treatment.



# **INFORMED CONSENT**

Ensure that **informed consent** required from a patient or the patient's representative includes:

- a. Name
- b. Date of birth or other patient identifier
- c. Condition for which opioids are being prescribed
- d. That an opioid is being prescribed or ordered
- e. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid
- f. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzo or another sedative-hypnotic medication
- g. Alternatives to a prescribed opioid
- h. The name and signature of the individual explaining the use of an opioid to the patient
- i. The signature of the patient or the patient's representative and the date signed.

## Opioid Therapy for Chronic Pain: Sample Informed Consent\*

*Please review the information listed here and put your initials next to each item when you have reviewed it with your provider and feel you understand and accept what each statement says.*

\_\_\_\_\_My provider is prescribing opioid pain medications for the following condition(s):

---

\_\_\_\_\_When I take these medications, I may experience certain reactions or side effects that could be dangerous, including sleepiness or sedation, constipation, nausea, itching, allergic reactions, problems with thinking clearly, slowing of my reactions, or slowing of my breathing.

\_\_\_\_\_When I take these medications it may not be safe for me to drive a car, operate machinery, or take care of other people. If I feel sedated, confused, or otherwise impaired by these medications, I should not do things that would put other people at risk for being injured.

\_\_\_\_\_When I take these medications regularly, I will become physically dependent on them, meaning that my body will become accustomed to taking the medications every day, and I would experience withdrawal sickness if I stop them or cut back on them too quickly. Withdrawal symptoms feel like having the flu, and may include abdominal pain, nausea, vomiting, diarrhea, sweating, body aches, muscle cramps, runny nose, yawning, anxiety, and sleep problems.

\_\_\_\_\_I may become addicted to these medications and require addiction treatment if I cannot control how I am using them, or if I continue to use them even though I am having bad or dangerous things happen because of the medications.

\_\_\_\_\_Anyone can develop an addiction to opioid pain medications, but people who have had problems with mental illness or with controlling drug or alcohol use in the past are at higher risk. I have told my provider if I or anyone in my family has had any of these types of problems.

\_\_\_\_\_Taking too much of my pain medication, or mixing my pain medications with drugs, psychiatric medicine, or other medications that cause sleepiness, such as benzodiazepines, barbiturates, and other sleep aids, could cause me to be dangerously sedated or to overdose and stop breathing.

\_\_\_\_\_I understand that taking certain medications such as buprenorphine (Suboxone®), Subutex®, naltrexone (ReVia®), nalbuphine (Nubain®), pentazocine (Talwin®), or butorphanol (Stadol®) will reverse the effects of my pain medicines and cause me to go into withdrawal.

\_\_\_\_\_It is my responsibility to tell any provider that is treating me or prescribing me medications that I am taking opioid pain medications so that they can treat me safely and do not give me any medicines that may interact dangerously with my pain medicines.

\*Adapted from the American Academy of Pain Medicine  
<http://www.painmed.org/Workarea/DownloadAsset.aspx?id=321>

\_\_\_\_\_I have discussed the possible risks and benefits of taking opioid medications for my condition with my provider and have discussed the possibility of other treatments that do not use opioid medications, including:

---

\_\_\_\_\_These medications are being prescribed to me because other treatments have not controlled my pain well enough.

\_\_\_\_\_These medications are to be used to decrease my pain but they will not take away my pain completely.

\_\_\_\_\_These medications are to be used to help improve my ability to work, take care of myself and my family, and meet other goals that I have discussed with my provider, but if these medications do not help me meet those goals, they will be stopped.

\_\_\_\_\_ **For Men:** Taking opioid pain medications chronically may cause low testosterone levels and affect sexual function.

\_\_\_\_\_ **For Women:** It is my responsibility to tell my provider immediately if I think I am pregnant or if I am thinking about getting pregnant. If I become pregnant while taking these medications and continue to take the medicines during the pregnancy, the baby will be physically dependent on opioids at the time of birth and may require withdrawal treatment.

I have reviewed this form with my provider and have had the chance to ask any questions. I understand each of the statements written here and by signing give my consent for treatment of my pain condition with opioid medications.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Provider name printed

\_\_\_\_\_  
Date

\*Adapted from the American Academy of Pain Medicine  
<http://www.painmed.org/Workarea/DownloadAsset.aspx?id=321>

## Pain Treatment with Opioid Medications: Patient Agreement\*

I, \_\_\_\_\_, understand and voluntarily agree that  
(initial each statement after reviewing):

\_\_\_\_\_ I will keep (and be on time for) all my scheduled appointments with the doctor and other members of the treatment team.

\_\_\_\_\_ I will participate in all other types of treatment that I am asked to participate in.

\_\_\_\_\_ I will keep the medicine safe, secure and out of the reach of children. If the medicine is lost or stolen, I understand it will not be replaced until my next appointment, and may not be replaced at all.

\_\_\_\_\_ I will take my medication as instructed and not change the way I take it without first talking to the doctor or other member of the treatment team.

\_\_\_\_\_ I will not call between appointments, or at night or on the weekends looking for refills. I understand that prescriptions will be filled only during scheduled office visits with the treatment team.

\_\_\_\_\_ I will make sure I have an appointment for refills. If I am having trouble making an appointment, I will tell a member of the treatment team immediately.

\_\_\_\_\_ I will treat the staff at the office respectfully at all times. I understand that if I am disrespectful to staff or disrupt the care of other patients my treatment will be stopped.

\_\_\_\_\_ I will not sell this medicine or share it with others. I understand that if I do, my treatment will be stopped.

\_\_\_\_\_ I will sign a release form to let the doctor speak to all other doctors or providers that I see.

\_\_\_\_\_ I will tell the doctor all other medicines that I take, and let him/her know right away if I have a prescription for a new medicine.

\_\_\_\_\_ I will use only one pharmacy to get all on my medicines: \_\_\_\_\_  
Pharmacy name/phone#

\_\_\_\_\_ I will not get any opioid pain medicines or other medicines that can be addictive such as benzodiazepines (klonopin, xanax, valium) or stimulants (ritalin, amphetamine) without telling a member of the treatment team **before I fill that prescription**. I understand that the only exception to this is if I need pain medicine for an emergency at night or on the weekends.

\_\_\_\_\_ I will not use illegal drugs such as heroin, cocaine, marijuana, or amphetamines. I understand that if I do, my treatment may be stopped.

\_\_\_\_\_ I will come in for drug testing and counting of my pills within 24 hours of being called. I understand that I must make sure the office has current contact information in order to reach me, and that any missed tests will be considered positive for drugs.

\_\_\_\_\_ I will keep up to date with any bills from the office and tell the doctor or member of the treatment team immediately if I lose my insurance or can't pay for treatment anymore.

\_\_\_\_\_ I understand that I may lose my right to treatment in this office if I break any part of this agreement.

### Pain Treatment Program Statement

We here at \_\_\_\_\_ are making a commitment to work with you in your efforts to get better. To help you in this work, we agree that:

We will help you schedule regular appointments for medicine refills. If we have to cancel or change your appointment for any reason, we will make sure you have enough medication to last until your next appointment.

We will make sure that this treatment is as safe as possible. We will check regularly to make sure you are not having bad side effects.

We will keep track of your prescriptions and test for drug use regularly to help you feel like you are being monitored well.

We will help connect you with other forms of treatment to help you with your condition. We

will help set treatment goals and monitor your progress in achieving those goals.

We will work with any other doctors or providers you are seeing so that they can treat you safely and effectively.

We will work with your medical insurance providers to make sure you do not go without medicine because of paperwork or other things they may ask for.

If you become addicted to these medications, we will help you get treatment and get off of the medications that are causing you problems safely, without getting sick.

\_\_\_\_\_  
Patient signature

\_\_\_\_\_  
Patient name printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider signature

\_\_\_\_\_  
Provider name printed

\_\_\_\_\_  
Date

\*Adapted from the American Academy of Pain Medicine  
<http://www.painmed.org/Workarea/DownloadAsset.aspx?id=3203>

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<http://www.painmed.org/Workarea/DownloadAsset.aspx?id=3203>



## Patient Agreement Form

Patient Name:

Medical Record Number:

Addressograph Stamp:

### AGREEMENT FOR LONG TERM CONTROLLED SUBSTANCE PRESCRIPTIONS

The use of \_\_\_\_\_ (print names of medication(s)) may cause addiction and is only one part of the treatment for: \_\_\_\_\_ (print name of condition—e.g., pain, anxiety, etc.).

The goals of this medicine are:

- to improve my ability to work and function at home.
- to help my \_\_\_\_\_ (print name of condition—e.g., pain, anxiety, etc.) as much as possible without causing dangerous side effects.

I have been told that:

1. If I drink alcohol or use street drugs, I may not be able to think clearly and I could become sleepy and risk personal injury.
2. I may get addicted to this medicine.
3. If I or anyone in my family has a history of drug or alcohol problems, there is a higher chance of addiction.
4. If I need to stop this medicine, I must do it slowly or I may get very sick.

#### I agree to the following:

- I am responsible for my medicines. I will not share, sell, or trade my medicine. I will not take anyone else's medicine.
- I will not increase my medicine until I speak with my doctor or nurse.
- My medicine may not be replaced if it is lost, stolen, or used up sooner than prescribed.
- I will keep all appointments set up by my doctor (e.g., primary care, physical therapy, mental health, substance abuse treatment, pain management)
- I will bring the pill bottles with any remaining pills of this medicine to each clinic visit.
- I agree to give a blood or urine sample, if asked, to test for drug use.

#### Refills

Refills will be made only during regular office hours—Monday through Friday, 8:00AM-4:30 PM. No refills on nights, holidays, or weekends. I must call at least three (3) working days ahead (M-F) to ask for a refill of my medicine. **No exceptions will be made.** I will not come to Primary Care for my refill until I am called by the nurse.

I must keep track of my medications. No early or emergency refills may be made.

#### Pharmacy

I will only use one pharmacy to get my medicine. My doctor may talk with the pharmacist about my medicines.

The name of my pharmacy is \_\_\_\_\_.

#### Prescriptions from Other Doctors

If I see another doctor who gives me a controlled substance medicine (for example, a dentist, a doctor from the Emergency Room or another hospital, etc.) I must bring this medicine to Primary Care in the original bottle, even if there are no pills left.

#### Privacy

While I am taking this medicine, my doctor may need to contact other doctors or family members to get information about my care and/or use of this medicine. I will be asked to sign a release at that time.

#### Termination of Agreement

If I break any of the rules, or if my doctor decides that this medicine is hurting me more than helping me, this medicine may be stopped by my doctor in a safe way.

I have talked about this agreement with my doctor and I understand the above rules.

#### Provider Responsibilities

As your doctor, I agree to perform regular checks to see how well the medicine is working.

I agree to provide primary care for you even if you are no longer getting controlled medicines from me.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Physician's signature

\_\_\_\_\_  
Attending Physician's signature

This document has been discussed with and signed by the physician and patient. (A signed copy stamped with patient's card should be sent to the medical records department and a copy given to the patient.)



# NALOXONE



# Offer and Prescribe Naloxone...

Or use the standing order from ADHS Director, Cara Christ, MD...



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

## STANDING ORDERS FOR NALOXONE

This standing order is issued by Dr. Cara Christ, MD MS (NPI #1639369036), Director of Arizona Department of Health Services. The standing order authorizes any Arizona-licensed pharmacist to dispense naloxone to any individual in accordance with the conditions of this order.

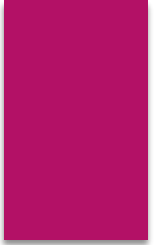
Dispense one of the three following naloxone products based on product availability and preference.

<input type="checkbox"/>	<p><b>For intranasal administration in children <math>\geq 5</math> years or <math>\geq 20</math>kg; adolescents; adults</b></p> <p><u>Dispense:</u> NARCAN™ 4mg/0.1mL nasal spray</p> <p><u>Sig:</u> For suspected opioid overdose, administer a single spray of Narcan in one nostril. Repeat after 3 minutes if no or minimal response.</p> <p><u>Refills:</u> PRN x 1 year</p> <p><b>OR</b></p> <p><u>Dispense:</u> 2mg/2mL single dose Luer-Jet prefilled syringe. Include 1 Luer-lock mucosal atomization device per dose dispensed.</p> <p><u>Sig:</u> For suspected opioid overdose, spray 1 mL in each nostril. Repeat after 3 minutes if no or minimal response.</p> <p><u>Refills:</u> PRN x 1 year</p>
<input type="checkbox"/>	<p><b>For intramuscular injection in children <math>\geq 5</math> years or <math>\geq 20</math>kg; adolescents; adults</b></p> <p><u>Disp:</u> 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed.</p> <p><u>Sig:</u> For suspected opioid overdose, inject 1mL IM in shoulder or thigh, PRN opioid overdose. Repeat after 3 minutes if no or minimal response.</p> <p><u>Refills:</u> PRN x 1 year</p>
<input type="checkbox"/>	<p><b>For intramuscular or subcutaneous injection in children <math>\geq 5</math> years or <math>\geq 20</math>kg; adolescents; adults</b></p> <p><u>Disp:</u> EVZIO™ 2mg/0.4mL auto-injector, #1 Two-pack</p> <p><u>Sig:</u> For suspected opioid overdose, follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after 3 minutes if no or minimal response.</p> <p><u>Refills:</u> PRN x one year</p>

Cara Christ, MD MS, Director of Arizona Department of Health Services

Effective date 11/07/18, Expiration date 11/07/20

Douglas A. Ducey | Governor Cara M. Christ, MD, MS | Director



**Co-prescribe** naloxone to patients at **higher risk for overdose**, including **history of overdose or substance use, opioid dosages  $\geq 50$  MME/day OR if patient has concurrent benzodiazepine use.**

Patients at risk for opioid overdose include those with opioid use disorder or substance use disorder, those with a higher prescribed opioid dosage, those with mental health conditions, those who use opioids in combination with other sedating substances, those who have other conditions such as HIV, liver or lung disease or suffer from depression, or household members of people in possession of opioids.

**Still, consider offering naloxone and overdose education to all patients, regardless of recognized risk factors, on long-term opioid therapy.**

# What this means to me (Provider)

- ▶ If you have a cancer / terminal patient don't be afraid to prescribe...
- ▶ Surgery – your patient...
- ▶ Your patient comes to you in global period bc surgeon won't refill...
- ▶ The snowbird from Minnesota with the tub o' drugs
- ▶ The back pain patient on opioids since 1985...



# AZ Controlled Substance Prescription Monitoring Database **PMP**

# Arizona Controlled Substance Database

Ensure you review the patient PMP report.

Access through your account, or have a delegate do it using a delegate account.

Document your review.

# REVIEW THE PMP DATABASE

**PRIOR** to initiating any controlled substance especially Opioid **OR** Benzodiazepine

**QUARTERLY** review of PMP for patients on long term controlled substances

Best Practices –

Review it annually for **every patient** to screen for multiple prescribers, undisclosed medications received from other providers, or for potential harmful interactions due to medications.

Review it at each visit for patients on controlled substances. If that is a monthly visit or a quarterly visit, having a consistent policy in place in the practice ensures you do not inadvertently neglect a mandated review.

# PMP Best Practices

- ▶ If you do not have an account and you prescribe controlled substances, even if they are not opioids, GET AN ACCOUNT ASAP. If you don't have time to check it yourself, have a delegate account set up for a staff member so they can access the information and have it available for your review.
- ▶ Review your PMP Report Card. Check for accuracy and note your prescribing trends.
- ▶ Ensure your taxonomy is correct so that you are fairly compared to similar prescribers and are not flagged as an outlier.
- ▶ If you notice something that doesn't seem accurate with a patient review, report the inaccuracy to the Arizona Board of Pharmacy.

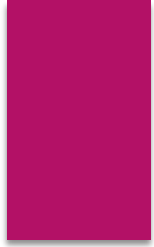


# EXCEPTIONS TO REVIEWING THE PMP

- ▶ The prescription is for  $\leq 5$  days for one of the following –
- ▶ A. An invasive medical procedure that results in acute pain to the patient.
- ▶ B. An acute injury or disease process (other than back pain (*remember “back pain” does not a diagnosis make*))
- ▶ C. The opioid is prescribed for MAT and the patient has  $\leq 6$  months life expectancy **OR**
- ▶ D. You are simply changing the type or dosage of an opioid that was previously prescribed so long as you (A) make the change before the pharmacist dispenses the opioid under the prior prescription; or (B) you make the change due to an adverse reaction experienced by the patient within 72 hours after the prescription was dispensed. (*Make sure you document adverse reaction and counsel patient on safe disposal of medication*)



# RISK ASSESSMENT



**Substance use risk** means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.

This is measured by the RISK ASSESSMENT

# Conduct an assessment of the patient's substance use risk.

- ▶ Examples of substance use risk assessment tools:
- ▶ National Institute on Drug Abuse website (<https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf>)
- ▶ Oregon Pain Guidance website (<https://www.oregopainguidance.org/app/content/uploads/2016/05/Opioid-Risk-Tool-ORT>)
- ▶ Appendix C to the 2018 Arizona Opioid Prescribing Guidelines also provides excellent tips on how to evaluate patients for opioid use disorders.

# Document Risk Assessment

- ▶ Document your review of patient Risk Assessment in the chart.
- ▶ Review the risk assessment regularly as part of any long term opioid treatment plan
- ▶ Consider referrals to mental health



# **MORPHINE MILLIGRAM EQUIVALENTS**

**MME**



LESS than 50

50– 90

90 and Above



## 50 MED -

**If opioids are used to treat chronic pain, prescribe at the lowest possible dose and for the shortest possible time. Reassess the treatment regimen if prescribing doses  $\geq 50$  MEDs.**

Risk of prescription opioid overdose and death exists even at low opioid dosage levels, and increases with prescribed dose.

Opioid dosages between 50-99 MEDs have been found to increase risks for opioid overdose by factors of 1.9 to 4.6 compared with dosages  $<20$  MEDs, and dosages  $\geq 100$  MEDs are associated with increased risks of overdose 2.0 to 8.9 times the risk at  $<20$  MEDs.

# OPIOID NAÏVE PATIENTS

- ▶ Opioid Naïve – patient has not had opioid prescription for 60 days prior to prescription in question.
- ▶ **BEST PRACTICES** – Opioid naïve status is determined by patient records, UDS, and PMP and is a factor to note in the chart.
- ▶ Opioid naïve does not mean the patient is a “virgin” regarding opioids. 60 days prior without opioids, even for a patient who was previously on long term opioids is legally opioid naïve – thus a “born again opioid virgin”.
- ▶ Unless the prescription is for one of the EXCEPTION patients OR is a refill or a new prescription for a patient already prescribed and taking opioids, lean toward considering a patient opioid naïve for the purposes of treatment.

90 MME -

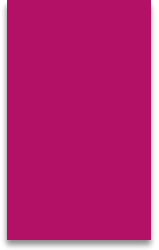
- ▶ **Providers will not prescribe an opioid (that is a schedule II controlled substance) greater than 90 MMEs per day to an opioid naïve patient**
- ▶ **UNLESS one** of the following requirements is present -

# Requirements to RX Greater than 90 MME – Opioid Naïve Patient

- ▶ You can write higher than 90 MME per day provided ONE of these factors exists.
- ▶ The prescription is issued following a surgical procedure and the prescription is limited to  $\leq 14$  days;
- ▶ The patient IS AN EXCEPTION (Cancer, Surgical, Non-Surgical Trauma, Burns, Hospice/End of Life, Nursing Home/Skilled Care, MAT)
- ▶ Refill of existing Rx\*

## GREATER THAN 90 MME...

- ▶ **You can prescribe greater than 90 MME if you are board certified in pain medicine or you are a DO or MD employed at a licensed pain management clinic.**



You can prescribe greater than 90 MME if you consult with a board certified pain specialist who is a DO or MD and the consulting physician agrees with the higher dose. The consultation shall be in person, by phone or through telemedicine.

**OR**

If a consulting physician is not available to consult within 48 hours after the your request, you may prescribe the amount you believe is appropriate for the patient BUT you must subsequently have the consultation with the board certified pain specialist.



OR

You consult with the Arizona OAR Hotline and the OAR expert agrees with the higher dose.

**BEST PRACTICE** – Consult with a pain management specialist or OARS hotline and document the chart. Remember the OARS hotline is the only ADHS approved hotline in the state and it is available 24/7.

# OARS Hotline

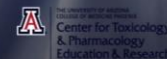
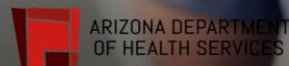
Call OARS for  
consult for any  
Opioid related  
issues.

Staffed with  
physician –  
pharmacist or  
midlevels 24/7.

## Opioid Assistance & Referral

A free 24/7 hotline that assists providers with  
complex patients with pain and opioid use disorders,  
answered by medical experts at the Poison and Drug  
Information Centers in Arizona.

Arizona **OAR** Line  
**1-888-688-4222**



The OAR Line is joint project between the Arizona Department of Health Services, the Arizona Health Care Cost Containment System and Poison and Drug Information Centers in Arizona.



I need to get rid  
of this medication.

# Drug Disposal Options

Do you have medicine you want to get rid of?

Do you have a drug take-back  
option readily available?

Check the [DEA website](#), as well as your local  
drugstore and police station for possible options.

**NO**

**YES**

Is it on the [FDA flush list](#)?

**NO**

Follow the FDA  
[instructions for  
disposing of  
medicine  
in the  
household  
trash.](#)

**YES**

[Immediately  
flush your  
medicine in  
the toilet.](#)  
Scratch out all  
personal info  
on the bottle  
and recycle/  
throw it away.

Take your  
medicine  
to a drug  
take-back  
location.

Do this  
promptly for  
[FDA flush list](#)  
drugs!

# MEDSIS

## Quick Start Guide to Reporting

Healthcare Professionals, Medical Facilities, and Medical Examiners

### Overview

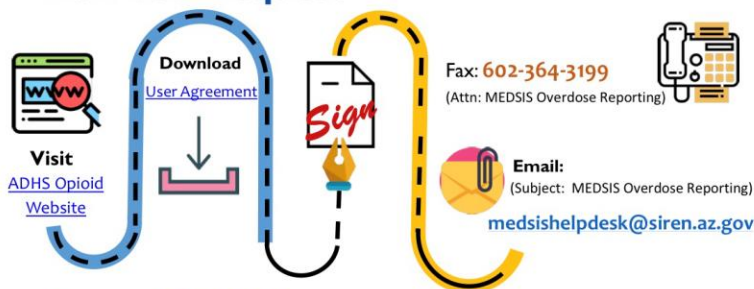
Medical Electronic Disease Surveillance Intelligence System (MEDSIS) is the statewide disease surveillance system hosted by ADHS. It is an online, real-time reporting system for Arizona clinicians for all reportable conditions.

### Opioid Reporting

The Governor's Enhanced Surveillance Advisory makes the following diagnoses reportable within **5 business days**.

- Suspected Opioid Overdose
- Suspected Opioid Overdose Death
- Neonatal abstinence syndrome

## New User Request



## Access MEDSIS

**Step 1.** New Health Service Portal URL:  
<https://connect.azdhs.gov>

**Step 2.** Login to HSP with MEDSIS login username & Password

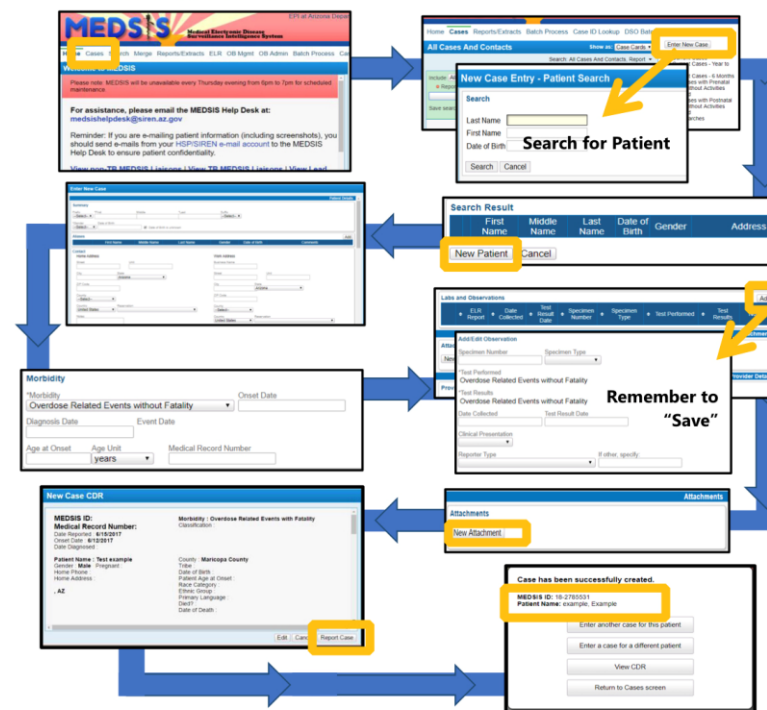
The screenshot shows the login page for the Arizona Department of Health Services. It includes a login form with fields for Username and Password, and a 'Login' button. Below the form, there is a section for 'First time user?' with instructions to start by creating a profile and changing their password. It also mentions that passwords expire after 90 days and provides a link for expired or incorrect passwords.

**Step 3.** Click on MEDSIS – Training icon to practice

**Step 4.** Click on MEDSIS – Production to report cases

First time users need to create a profile and update their password  
Per ADHS security policy, passwords expire every **90 days**.

## Enter New Case



Required Fields	Description
Patient First & Last Name	
Patient Gender	Can be Unknown
Patient Date of Birth	Can be Unknown
Patient Primary County	Used to determine Counting County
Morbidity	Based on lab result (cannot be updated after case creation unless using a non-valid morbidity)
At least one of the following dates: Onset date, Diagnosed date, Date collected or Result Date	Calculates the Event Date (earliest)
At least one lab observation	Test Performed and Test Result fields are required to save an observation
Provider Information*	*Not Required, but RECOMMENDED
Reporter Information	



- ☐ Ensure that clinicians and assigned delegates are registered and able to access the Arizona Controlled Substances Prescription Monitoring Program.

Application website: [pharmacypmp.az.gov/](http://pharmacypmp.az.gov/)

- ☐ Establish a policy in your healthcare facility to not prescribe opioids to a new patient on long-term opioid therapy at the first visit, or before having prior medical records.

Sample policy: [med.umich.edu/1info/FHP/practiceguides/pain/policy.pdf](http://med.umich.edu/1info/FHP/practiceguides/pain/policy.pdf)

- ☐ Create acute and chronic pain order sets that include non-pharmacologic treatment, non-opioid treatment and common referrals (such as physical therapy, psychotherapy, substance use treatment, addiction specialists, pain medicine specialists, etc.)

- ☐ Incorporate an informed consent document for regular clinic use.

Sample consent: [drugabuse.gov/sites/default/files/files/SampleInformedConsentForm.pdf](http://drugabuse.gov/sites/default/files/files/SampleInformedConsentForm.pdf)

- ☐ Change the default duration for electronic opioid prescriptions to 3- or 5- days.

Example sig: *Oxycodone 5mg tablet, Take 1 tablet PO Q6hrs PRN fracture pain x 3 days, Disp #12, Refills 0.*

- ☐ Create a checklist for refill requests for long-term opioids which includes an evaluation for adverse effects, assessment for substance or opioid-use disorder, check of the CSPMP and urine drug screens, and review of the management plan.

Sample checklist: [cdc.gov/drugoverdose/pdf/pdo\\_checklist-a.pdf](http://cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf)

- ☐ Create or use standing orders for naloxone.

Sample standing orders: [nchrc.org/assets/NCHRC-Standing-Orders-Expire-2018.pdf](http://nchrc.org/assets/NCHRC-Standing-Orders-Expire-2018.pdf)

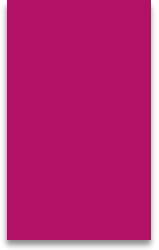
ADHS standing orders: [azdhs.gov/naloxone-standing-order](http://azdhs.gov/naloxone-standing-order)

- ☐ Collect and maintain substance use treatment resources that are relevant to the patient population served by the facility.

SAMHSA treatment locator: [samhsa.gov/find-help](http://samhsa.gov/find-help)

- ☐ Use available case management resources, which may be offered by facilities, insurance companies, accountable care organizations or other local resources.

- ☐ Create a registry for established patients on long-term controlled substances, and apply risk mitigation strategies.



ADHS, Opioid Epidemic Website, <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>

2018 Arizona Opioid Prescribing Guidelines,  
<https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>

Arizona Guidelines for Dispensing Controlled Substances,  
<https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/dispensing-controlled-substances.pdf>

Arizona Rx Drug Toolkit,  
<http://keepthemsafe.az.gov/substance-abuse/rethink-rx>

# References

Chapter 28 of Title 36, A.R.S.

Article 5, Chapter 23 of Title 4, A.A.C.

Dispensing prohibition and exceptions (see Title 32 professions)

Prescription requirements on duration and dosage (A.R.S. §§ 32-3248, -3248.01)

E-prescriptions (A.R.S. § 36-2525)

Continuing education (A.R.S. § 32-3248.02)

Opioid prescribing and treatment regulations (R9-10-120 et seq)

Opioid poisoning and reporting regulations (R9-4-601 et seq)

Pain management clinic statutes (A.R.S. §§ 36-448.01 – 448.02) and implementing regulations (R9-10-2001 et seq.)

Warnings/labeling (A.R.S. § 36-2525)