PARTNERSHIP HEALTHPLAN RECOMMENDATIONS For Safe Use of Opioid Medications

Community Pharmacy Guidelines

Introduction

Partnership HealthPlan is a County Organized Health System covering Medical and Mental Health Benefits for Medi-Cal beneficiaries in 24 counties in Northern California. Our mission is to help our members, and the communities we serve, be healthy. In this spirit, we have community wide guidelines to promote safer use of opioid medications.

Effective Jan. 1, 2027, Partnership will operate a Centers for Medicare & Medicaid Services (CMS)-approved Dual-Eligible Special Needs Plan (D-SNP) in specific counties as described in the Department of Health Care Services (DHCS) CalAIM Dual Eligible Special Needs Plan Policy Guide. This line of business will be known as Partnership Advantage and will be a Medicare Advantage plan offered to all full-benefit, dual-eligible beneficiaries 21 years of age or older who reside in the applicable counties. Therefore, federal guidelines are cited throughout this policy attachment.

A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. Health & Safety Code Section 11153 (a) provides that the responsibility for the proper prescribing and dispensing of controlled substances is upon both the prescribing practitioner AND a corresponding responsibility rests with the pharmacist who fills the prescription.

Community pharmacies play a key role in helping prevent opioid overdoses, opioid-induced hyperalgesia, opioid diversion, and opioid dependence and addiction. They also have legal responsibility to do so. Partnership recommends that all community pharmacies develop policies and standards to fulfill this responsibility. Here are recommended components of this policy:

Recommendations

A. Every pharmacist working at a community pharmacy should have an account to be able to check Controlled Substance Utilization Review and Evaluation System (CURES) reports.

B. Each pharmacy should define the circumstances for checking the CURES report of a patient. Options include:
   1. All patients with a prescription for a controlled drug
   2. New prescriptions for a controlled drug
   3. Patients with behavior suspicious for substance use disorder or diversion. Examples include:
      a. Patient is paying cash for a medication when they have active insurance coverage.
      b. Patient has no active filling history at this pharmacy, but presents a prescription for a controlled medication.

c. Patient has multiple prescriptions, but only wants to pick up the narcotic.
d. Patient has a prescription with an unusually high quantity of pain medications.
e. Patient's doctor's office is not within reasonable distance of the pharmacy.
f. Subject to professional judgment.
g. Patient's home address is not within a reasonable distance from the pharmacy or the doctor's office.
h. Patient looks nervous and tries to hurry the pharmacy staff.
i. Patient is unable to provide a valid ID.
j. Patient presents a story that sounds too suspicious to be true.
k. A significant number of customers appear with prescriptions from the same prescriber and for the same controlled medication.
l. Patient shows "unusual knowledge of controlled substances."

C. If finding in CURES report indicates potential inappropriate use, contact prescriber for appropriate actions. In situations where the prescriber is not the primary care physician (PCP), contact the PCP as well.

D. Pharmacists may have access to information that prescribers may not, and pharmacists should collaborate with prescribers when concerns arise. Consider notifying the patient's primary care clinician or primary prescriber when filling a controlled medication for a patient:
1. If the patient is picking up a prescription written by an Emergency Department clinician, a dental practice, or an out-of-area prescriber.
2. If the patient calls to request early refills.
3. If there are other concerns or questions.

E. Pharmacists should counsel patients picking up opioid prescriptions of the risk of tolerance, addiction, opioid induced hyperalgesia, and overdose.

F. Pharmacists should request photo ID for patients picking up controlled medications from the pharmacy.

G. Pharmacists should not allow cash payments for controlled medications; submit a Prior Authorization Request when indicated.

H. Pharmacy should establish and provide on-site medication disposal. Access to safe disposal of all medications at convenient locations help reduce the chance of accidental overdose or misuse in the community.

I. California law permits pharmacists to furnish naloxone without a physician's prescription and be reimbursed under AB 1114. If naloxone is furnished by a pharmacist outside of AB 1114 to a Medi-Cal patient, a presecription is required for the pharmacy to be reimbursed. Prescribe naloxone to patients at risk of overdose. California law permits prescribing naloxone to patients taking opioids (legal or illegal) for use in an emergency to prevent accidental death. Intranasal naloxone is available at a pharmacy without a prescription, although a prescription is required for Medi-Cal or Medicare reimbursement.

Other Guidelines for Safe Opioid Prescribing

Dental Guidelines
Emergency Room Guidelines
Primary Care & Specialist Prescribing Guidelines

Key Points from Other Guidelines

1. According to the Centers for Disease Control (CDC) 2022 Guidelines, additional dosage increases beyond 50 MME/day are progressively more likely to yield diminishing returns in benefits relative to risks to patients as dosage increases further. Clinicians should carefully evaluate a decision to further increase dosage based on individualized assessment of benefits and risks and weighing factors such as diagnosis, incremental benefits for pain and function relative to risks with previous dosage increases, other treatments and effectiveness, and patient values and preferences.

2. Request a random toxicology screen performed at least once a year to detect prescribed and non-prescribed opioids and other controlled or illicit drugs.

3. Require a signed medication use agreement with the prescriber or prescribing office.

4. Regularly check the CURES database in all patients being prescribed opioids, preferably each time a prescription is being authorized. At a minimum, the CURES database should be checked annually. If a finding on the CURES report is not consistent with the patient's history, Partnership recommends contacting the relevant pharmacies to confirm the accuracy of the CURES report, as reporting errors do occur.

5. Schedule at least three office visits yearly for chronic pain patients using opioids.

6. Limit each opioid prescription to 28 days, writing this on the prescription (e.g., "must last 28 days".) The 28-day refill, scheduled for a Tuesday, Wednesday, or Thursday every 4 weeks, is a best practice, to avoid weekends, holidays, and Friday refills.

References

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C. California State Board of Pharmacy. A Pharmacist Has a Corresponding Responsibility. Accessibility verified April 23, 2025.

D. CDC. CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022. Accessibility verified April 22, 2025.

E. Kahan M, Mailis-Gagnon A, Wilson L, and Srivastava A. Canadian Guideline for Safe and Effective Use of Opioids for Chronic Noncancer Pain: Clinical Summary for Family Physicians. The Official Journal of the College of Family Physicians of Canada. Vol 57, November 2011. Accessibility verified on April 22,2025

F. Prescribe to Prevent: Prescribe Naloxone, Save a Life. Instructions for Healthcare Professionals: Prescribing Naloxone. Accessibility verified April 22, 2025

G. Silverman S, Opioid Induced Hyperalgesia: Clinical Implications for the Pain Practitioner. Pain Physician 2009: 12:679-684. _Accessibiltiy verified April 23, 2025

H. U.S. Department of Justice. Drug Enforcement Administration. Diversion Control Division. Pharmacist's Manual (PDF) (revised 2022). Accessibility verified April 23, 2025