OPIOID DISPENSING IN ONTARIO: 2018 SNAPSHOT

Considerations for Pharmacy Professionals

The College recently released a snapshot containing data analysis, as conducted by the Ministry of Health with NMS data, on opioid dispensing from 2013 to 2018 in Ontario. Pharmacy professionals are strongly encouraged to assess their own dispensing practices, including reviewing the data analysis, to look for opportunities to enhance the patient care they are providing through patient education, collaboration with prescribers and other appropriate actions. The following are selected considerations for pharmacy professionals who are dispensing opioids as they assess and evaluate their practice.

CONDUCT A FULL PATIENT ASSESSMENT AND DOCUMENT YOUR RATIONALE.

Pharmacists assess, within their scope, whether the prescribed opioid therapy is appropriate for the patient. This patient assessment should, as appropriate, address medical history and conditions, the type of pain and possible alternatives to opioids, appropriateness of the medication as prescribed (e.g. frequency, quantity, route), possible risks to the patient, monitoring parameters (e.g. adverse effects) and any other relevant and available information. It may be appropriate to review whether the patient should be provided with a naloxone kit.

As with any decision requiring professional or clinical judgment, pharmacists should document the rationale for dispensing or not dispensing the prescription, as well as other relevant details such as plans for monitoring and follow up. This documentation should be readily retrievable for continuity of care.

Related Resources: Opioid Policy, Opioid Practice Tool, Checklist for Starting or Continuing a Trial of Opioid Therapy (Opioid Manager)

PROVIDE COMPREHENSIVE INFORMATION FOR PATIENTS USING OPIOIDS FOR ACUTE PAIN.

If the opioid prescribed is indicated for acute pain, patients should also be provided information on the characteristics of acute pain, including its self-limiting nature, and expected duration. Pharmacists play a critical role in providing this information to patients, and assessing prescriptions for appropriateness prior to dispensing.

Related Resources: HQO Quality Standard: Opioid Prescribing for Acute Pain, Pharmacist's Virtual Communication Toolkit: Engaging in Effective Conversations About Opioids (NAPRA), Opioid Pain Medicines Information for Patient and Families (ISMP)

START NEW OPIOID PRESCRIPTIONS AT THE LOWEST EFFECTIVE DOSE.

Pharmacists assess each opioid prescription to ensure that an opioid is the most appropriate option for the patient, and that it is started at the lowest dosage necessary for that patient. Pharmacists should collaborate with prescribers and suggest alternative medications or dosages when appropriate due to the risks associated with the use of high dose opioids.

According to the HQO Quality Standard for Chronic Pain, if an opioid is initiated, the trial should commence at the lowest effective dose (preferably less than 50 mg morphine equivalents (MME) per day). If, after collaboration with the prescriber and the patient, the pharmacist determines that the high dosage is appropriate, a follow-up plan should be established with the patient with tapering opportunities presented when appropriate.

Related Resources: HQO Quality Standard: Prescribing for Chronic Pain, HQO Quality Standard: Opioid Use Disorder, Morphine Equivalence Table (Opioid Manager), Morphine Equivalence Table (Switching Opioids)

USE CAUTION WHEN CO-DISPENSING OPIOIDS AND BENZODIAZEPINES

Despite numerous guidelines contraindicating concurrent use of opioids and benzodiazepines, these classes of medications are often co-prescribed. Pharmacists are expected to assess situations within which opioids and benzodiazepines are co-prescribed, and investigate the rationale for their concurrent use. Collaboration with patients and prescribers is critical to ensure potential adverse events such as respiratory depression are identified and prevented where possible.

Related Resources:
Opioid Manager (Centre for Effective Practice)