



Narcotics and Compounds What's the big deal?

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What are narcotics?

- Webster's definition is a drug that in moderate doses dulls the senses, relieves pain, and induces profound sleep but in excessive doses causes stupor, coma or convulsions.



Narcotic Classes

Narcotics are divided into 5 classes or schedules.

Schedule V: Have a low potential for abuse and consist primarily of preparations containing limited quantities of certain narcotics. (Phenergan with codeine, Robitussin AC)

Schedule IV: Have a lower potential for abuse relative to Schedule III (Xanax, Klonopin, Valium, Soma)

Schedule III: Have a lower potential for abuse relative to Schedule II drugs but may lead to moderate or low physical dependence or high psychological dependence. (Suboxone, Testosterone, Ketamine & Tylenol with Codeine)

Schedule II: These have a high potential for abuse which may lead to severe psychological or physical dependence. (Percocet, Oxycontin, Duragesic, Morphine, Vicodin & Adderall)

Schedule I: These have no accepted medical use in the US, a lack of accepted safety and a HIGH potential for abuse. (Heroin, Cocaine, Ecstasy, LSD, Marijuana)





DEA Guidelines

(Controlled Substance Act)

DEA Guidelines concerning narcotics are dependent upon the Schedule of the drug.

Schedules III-V medications can be written with 5 refills. The refills must be obtained within a 6 month period. Any remaining refills are void. These medications may be phoned in, faxed in or e-prescribed (if the software is approved). It can only be transferred to another pharmacy one time.

Schedule II drugs require that the pharmacy have the original prescription in hand before it can be filled. By law there can be no refills on these medications. They cannot be phoned or faxed. However, due to technology, some states are now allowing e-prescribing of these drugs if your system has been audited and certified by an approved company.

Kansas and Missouri pharmacies are able to accept e-prescribed schedule II drugs as long as their systems have been certified to follow federal law and the physicians system has been certified as well.





What is drug abuse?

Prescription drug abuse is the intentional use of a medication without a prescription; used in a way other than as prescribed; or for the experience or feeling it causes. (National Institute on Drug Abuse)

Most commonly abused drugs are pain relievers, tranquilizers, stimulants and sedatives.

Between 1991 and 2015 drug overdose deaths have more than tripled. In 2016 prescribers wrote 66.5 opioids and 25.2 sedative prescriptions for every 100 Americans.*

Between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million and for opioid analgesic (pain relievers) from 75.5 million to 209.5 million.** Why? What happened between 1991 and 2010?

*Based upon information from the CDC Annual Surveillance Report of Drug-Related Risks and Outcomes

** From CDC website





How did we get to this epidemic?

I believe we got here by mistake!
Here's how I believe it happened:

- Oxycontin
- Misconception about drug safety
- Increased availability
- Differing motivations for abuse





Here's what Physicians believe

NCCI recently published a series of articles on opioids. The first article was from the physicians' perspective. This is how they believe we reached epidemic status. They said four key factors lead to the rise in the prescribing and consuming of opioids:

- The intent to cure pain
- Wide acceptance that opioid painkillers were low-risk and non-addictive
- A lack of experience in opioid addiction science
- The scientific lag in determining a dosage ceiling for opioids

Above information is part of the article "On Opioids – The Doctors' Perspective" by NCCI.





Problems Associated with Abuse

Personal issues: Can't work; lack of ability to function in the family atmosphere; fatigue; depression; withdrawal symptoms; mood alterations; marital problems; family becomes an enabler.

Community issues: Can't work; endangering themselves and others; violence; crimes of the addict; loss work time and inefficiency.

Beyond: Drugs get on the streets and to our children; school violence; more deaths related to prescription drug abuse than heroin and cocaine combined since 2003. This was true in 2016.





How do we fix it?

- Physician education
- Patient education
- Family education
- Pharmacotherapy reviews
- Drug Testing
- Narcotics programs with your PBM's
- Peer to Peer physician reviews
- Prescription Monitoring Programs



Compounds

Compounded medications are “made from scratch”- individual ingredients are mixed together in the exact strength and dosage form required by the patient. This allows the pharmacist to work with the patient and the prescriber to customize a medication to meet the **patient’s specific needs.** (PCCA)





Myths concerning Compounds

1. Compounds aren't FDA approved so they have no medicinal value.
2. Compounds don't work. They're just another way for the pharmacy and physician to make money.
3. Physicians write compounds when they don't know how to treat the patient.
4. There really aren't any ingredients in the compound. It's just a placebo.
5. There are too many ingredients in the compound that don't do anything but increase my price.





Truths about Compounds

1. The compounded medication is not FDA approved but each ingredient in the compound is FDA approved.
2. There are no studies of efficacy for compounds. But when the patient is contacted and asked if it works, 90% of the time they say yes. The other 10% need an adjustment of one or two of the ingredients.
3. Physicians write compounds to get the patient off of all oral medications they've been on that could be damaging their liver. There are no serious side effects and there is zero potential for abuse.
4. There are usually several active ingredients in the compound. However, you have to have some type of base to put it in (cream or gel) for it to be absorbed into the skin.
5. The ingredients in the compound can and usually are synergistic. This means that one drug helps another drug work.
6. The effects of compound medications are local and not systemic. There are minimal amounts of active ingredient in the blood stream.





Why the push to Compounds?

Advantages

1. Can't be abused.
2. Fewer side effects because they're not metabolized in the liver.
3. Patient can get back to work and to life!



Why the push to Compounds?

Disadvantage

1. Price



Summation

- Narcotics are a problem in this country. We need to have a better working relationship between patient, physician, pharmacist and family.
- Stop writing Schedule II drugs at the beginning of a claim. Instead start with other medications that have less abuse potential.
- Take advantage of compound preparations. They're not for everyone but for those that can benefit from them – use them!
- Find a pharmacy that won't price gouge you on compounds.





Questions?

