



Nebraska Implements Measures to Combat Opioid Abuse

According to Nebraska's Vital Statistics Department, at least 54 Nebraskans died of opioid overdoses in 2015. There are many factors that contribute to appropriate use of opioids. In Nebraska, some of these factors are currently being addressed: recommendations on prescription quantity limits, highlighting best practices for pain management, drug disposal initiatives, and establishing a prescription drug monitoring program.

The DUR Board has recommended a limit of 150 doses of short-acting opioids in a rolling 30 day period. Prescribers with patients who exceeded the recommended limit (1,328 unique prescribers of 1,712 unique patients) were sent a letter in May. Of these, 507 prescribers saw 84% of patients, or 1,445 unique patients, whose dosage of opioids exceeded 150 doses in 30 days – an average of five doses a day. Prescribers were encouraged to taper opioid doses for those patients. Prescribers were notified in advance of the implementation of this limit to allow patients the time needed to taper the number of doses used in 30 days. The October 2015 issue of *DUR Matters* listed other limits that were recommended.

The DUR Board supports the following best practices for non-cancer pain management:

- Non-pharmacologic relief of pain such as physical therapy
- Typing of pain to select appropriate non-opioid adjunct medications
- Informed consent prior to treatment addressing the addiction potential of opioids
- Screening patients for the potential of drug abuse or misuse, including the potential of diversion or abuse by cohabitants or acquaintances
- Pain contracts
- Random drug screening
- Patients treated for chronic pain should receive a single long-acting agent with a short-acting agent for breakthrough pain

Unwanted or leftover medication can be a source of diverted opioids. The Nebraska MEDS Drug Disposal Program supplies pharmacies with containers to dispose of unwanted medication including controlled substance and non-controlled substance medications. There are over 290 participating pharmacies in Nebraska. Providers can refer patients to www.nebraskameds.org to find a participating pharmacy near them to dispose of leftover medications.

Earlier this year, the Legislature passed LB 471 which supports a prescription drug monitoring program (PDMP) in Nebraska. A PDMP will allow prescribers and dispensers of medications to access a central database of prescription drug information at no cost. Patients will not be able to opt out of the PDMP. All controlled substances (Schedule II to V) that have been dispensed by healthcare professionals licensed in the state of Nebraska or prescriptions delivered to a Nebraska address will be reported to the system. The system will be functional on January 1, 2017 for controlled substances only. All dispensed medications (controlled and non-controlled) will be reported beginning on January 1, 2018. Prescribers and dispensers will be contacted later this year by the Nebraska Department of Health and Human Services Division of Public Health and the Nebraska Health Information Initiative (NeHII) for enrollment and training on this new system. Visit www.nehii.org for more information.

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