



Preventing Rx Forgery & Drug Diversion

Common methods

- **Alter** a legitimate prescription to ↑ the dose or quantity of a controlled substance (e.g. add a zero)
- **Add** to a prescription (e.g. add drug to the bottom of another prescription)
- **Forge**/duplicate a prescription via scanner/printer
- **Double-doctoring**

Prevention

- Identify unfamiliar patients: ask for **picture I.D.**
- Take an independent history and obtain collaborative verification
- Recognize drug seeking signs
 - Allergic to weak opioids or NSAIDs
 - Knows clinical terms and street names for prescription drugs
 - Request specific drugs & have perfect story
 - *It's OK to say "No"*
 - Signs of intoxication or abuse
- Check PIP &/or contact previous or current regular practitioner
 - "Offer & watch them run..."
 - **PIP** = prescription information program (SK)
- Steer away from preferred street drugs (e.g. oxycodone, hydromorphone, morphine, Percocet)
- Prescribe with safeguards in place
 - **Limit quantities** & / or have pharmacist provide "part-fills"
 - Consider a treatment agreement (concept of "universal precautions" in pain medicine)
- Tips for prescription writing to prevent forgery
 - No spaces (e.g. "----10mg"; not " 10 mg")
 - Put quantities in both numerical and written form. (E.g. disp: #fifteen[15only])
 - **Fill unused prescription space** with a pen stroke/scribble
 - **Secure prescription pads** where they can not be stolen & have numbered sequentially
- **Send prescriptions electronically by FAX or E-Prescribed on PIP**

When you go one-on-one with a substance abuser, you are going to lose!

References: available online at www.RxFiles.ca (8th Ed book has 354 pages of references – so saving paper!)

Saskatchewan Drug Information Service: Health Professionals: 1-800-667-3425; 1-306-966-6340 Saskatoon

RxFiles Academic Detailing Service exists to help physicians and other healthcare professionals make the best possible drug therapy choices for their patients. To do this we take a balanced look at effectiveness, safety, cost and patient considerations, weeding through the evidence as well as the marketing hype. More information is available on our website, which is updated regularly as new information emerges. Also available is our RxFiles Drug Comparison Charts book – 8th Ed. (140 pages).

Evidence informed, clinically relevant drug information & education.

Comparison of Analgesic Efficacy in Acute Pain

Adapted from **The 2007 Oxford league table of analgesic efficacy**

Numbers needed to treat (NNT) are calculated for the proportion of patients with at least 50% pain relief over 4-6 hours compared with placebo in randomised, double-blind, single-dose studies in patients with moderate to severe pain.

Analgesic PO route unless specified; doses in mg.	Number of patients in comparison	Percent with at least 50% ↓ pain relief	NNT	Lower confidence interval	Higher confidence interval
Ibuprofen 600 & 800 DI with low dose ASA	165	86	1.7	1.4	2.3
Ketorolac 20 (max 7 days; ↑ GI AEs)	69	57	1.8	1.4	2.5
Diclofenac 100 (↑ CV, hepatic risk)	545	69	1.8	1.6	2.1
Celecoxib 400 (\$\$\$, ↑ CV risk at this dose)	298	52	2.1	1.8	2.5
Acetaminophen 1000 + Codeine 60	197	57	2.2	1.7	2.9
Aspirin 1200	279	61	2.4	1.9	3.2
Ibuprofen 400 (e.g. ADVIL , MOTRIN)	5456	55	2.5	2.4	2.7
Oxycodone IR 10 + Acetamin. 650	315	66	2.6	2.0	3.5
Ketorolac 10	790	50	2.6	2.3	3.1
Acetaminophen 650 + tramadol 75	679	43	2.6	2.3	3.0
Naproxen 500 & 550	784	52	2.7	2.3	3.3
Diclofenac 50	1296	57	2.7	2.4	3.1
Ibuprofen 200 (e.g. ADVIL , MOTRIN)	3248	48	2.7	2.5	2.9
Tramadol 150 (avoid if ↑ seizure risk)	561	48	2.9	2.4	3.6
Morphine 10 (IM)	946	50	2.9	2.6	3.6
Naproxen 200 & 220 (e.g. ALEVE)	202	45	3.4	2.4	5.8
Ketorolac 30 (IM)	359	53	3.4 (1.8 @60mg)	2.5	4.9
Acetaminophen 500 (e.g. TYLENOL)	561	61	3.5	2.2	13.3
Celecoxib 200	805	40	3.5	2.9	4.4
Acetaminophen 1000	2759	46	3.8	3.4	4.4
Acetamin. 600/650 + Codeine 60 (e.g. TYLENOL #3)	1123	42	4.2	3.4	5.3
Aspirin 600/650	5061	38	4.4	4.0	4.9
Tramadol 75	563	32	5.3	3.9	8.2
Oxycodone IR 5 + Acetamin. 325	149	24	5.5	3.4	14.0
Ketorolac 10 (IM)	142	48	5.7	3.0	53.0
Acetaminophen 300 + Codeine 30	379	26	5.7	4.0	9.8
Codeine 60	1305	15	16.7	11.0	48.0
Placebo	>10,000	18	N/A	N/A	N/A

NNT= number needed to treat for one patient to benefit. (Inclusion criteria: minimum 3 trials or 200 patients studied)
<http://www.medicine.ox.ac.uk/bandolier/booth/painpag/acutrev/analgesics/lftab.html>

- Pearls:**
- ⇒ Remember contraindications for NSAIDs/COXIBS: HF, Renal dysfx, GI ulcer
 - ⇒ Consider DI for ibuprofen/ASA in CV patient; give ASA first, or use naproxen
 - ⇒ **Link: NSAIDS chart:** <http://www.rxfiles.ca/rxfiles/uploads/documents/members/CHT-NSAID-Cox2.pdf>
 - Opioids Chart:** <http://www.rxfiles.ca/rxfiles/uploads/documents/members/CHT-Opioid.pdf>



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