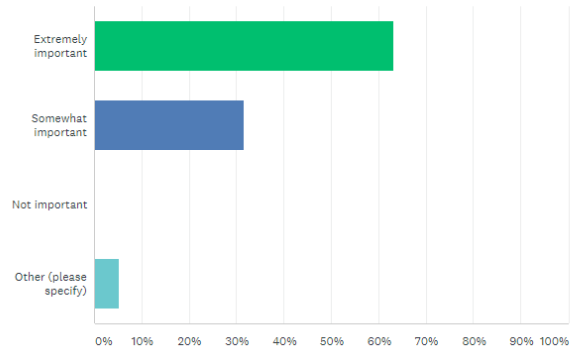


An important issue that has arisen from the opioid task force relates to quantity limits for opioids prescribed for acute pain. How important is it to you to have clear quantity limits for opioids prescribed for acute pain (i.e., opioid-naïve individuals)?

Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES
Extremely important	63.16% 12
Somewhat important	31.58% 6
Not important	0.00% 0
Other (please specify)	5.26% 1

RESPONSES (1) TEXT ANALYSIS MY CATEGORIES

**PAID FEATURE**  
Use text analysis to search and categorize responses; see frequently-used words and phrases. To use Text Analysis, upgrade to a paid plan.

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Categorize as... Filter by Category

Search responses

Showing 1 response

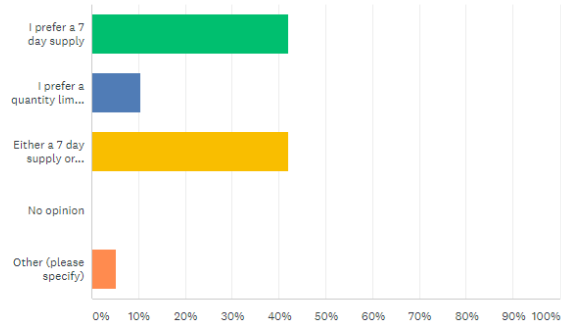
If limits ARE going to be placed, then they need to be explicitly stated and easily available.

11/9/2017 6:35 PM

[View respondent's answers](#)

# In regard to quantity limits, do you prefer a 7-day supply or a quantity limit of 30 dosage units?

Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES
I prefer a 7 day supply	42.11% 8
I prefer a quantity limit of 30	10.53% 2
Either a 7 day supply or quantity limit of 30 is fine as long as there are limits	42.11% 8
No opinion	0.00% 0
Other (please specify) <a href="#">Responses</a>	5.26% 1

RESPONSES (1) TEXT ANALYSIS MY CATEGORIES

**PAID FEATURE** Ⓢ  
Use text analysis to search and categorize responses; see frequently-used words and phrases. To use Text Analysis, upgrade to a paid plan.

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Categorize as... Filter by Category

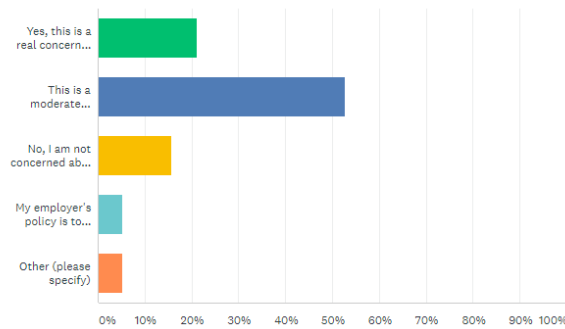
Search responses  🔍 👤

Showing 1 response

Use of a 7 day supply would allow for potentially significant variation in total quantity. Because of this, a total number of units may be preferred but could also be challenging if liquids are prescribed.

One criticism of a 7-day supply is the fact there may be ambiguity about what constitutes a 7-day supply. For example, a Percocet prescription may be written as 1-2 tablets every 4 to 6 hours as needed. In theory, a 7-day supply could be interpreted as a quantity of 84 tablets if a patient took two tablets every 4 hours. As pharmacists have a "corresponding responsibility" to ensure controlled substances prescriptions are provided for a legitimate medical purpose, there may be concerns in regard to this prescription and whether the the prescriber/patient was trying to maximize the quantity and work around the quantity limits. What are your opinions about this concern?

Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes, this is a real concern. However, pharmacists should always call to get additional information regarding diagnosis and reason for this quantity.	21.05% 4
This is a moderate concern. Because this meets the 7-day limit, a phone call would not be necessary.	52.63% 10
No, I am not concerned about this.	15.79% 3
My employer's policy is to call for a diagnosis for all oxycodone-containing prescriptions, so clarification around a 7-day supply is not necessary.	5.26% 1
Other (please specify)	<a href="#">Responses</a> 5.26% 1

Showing 1 response

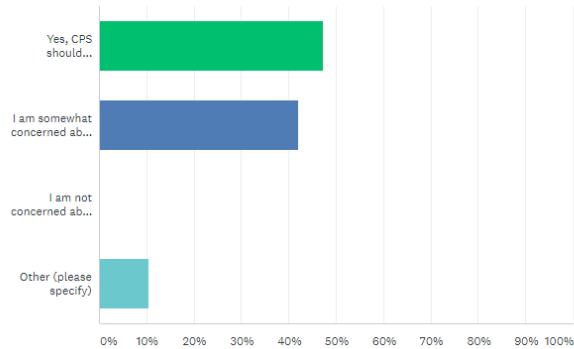
This is a real concern, and I would like us to avoid requiring additional steps (ie calling the prescriber) to get a clarification. Law should require any exceptions to the qty limit to be clearly explained on the Rx (possibly meeting a specific category of exception)

11/9/2017 3:38 PM

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In the current bill language, an exception to the 7-day supply is listed as "experiencing post-surgical pain that is expected to last more than fourteen days". Do you view this as a loophole that CPS should advocate to close? In other words, is this exception too ambiguous?

Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES
<ul style="list-style-type: none"> <li>Yes, CPS should vigorously oppose this. This is subjective and as a pharmacist, I would call to clarify the need for this prescription to be prescribed in excess of 14 days.</li> </ul>	47.37% 9
<ul style="list-style-type: none"> <li>I am somewhat concerned about this, but I think physicians should have the ability to prescribe in quantities they feel are appropriate for the patient.</li> </ul>	42.11% 8
<ul style="list-style-type: none"> <li>I am not concerned about this.</li> </ul>	0.00% 0
<ul style="list-style-type: none"> <li>Other (please specify)</li> </ul>	<a href="#">Responses</a> 10.53% 2

Showing 2 responses

I am concerned but I don't know if I would call on every script that was written more than the 7-day supply.

11/9/2017 4:08 PM

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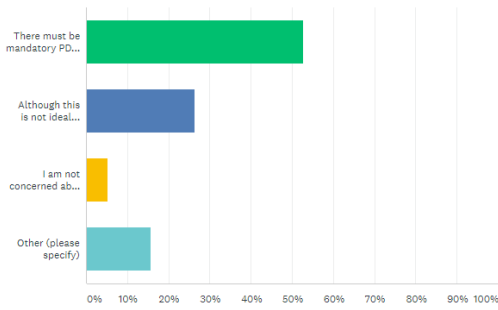
Yes oppose, the provider should be required to reassess the patient (even if just by a phone call) before they can give additional pain medication. This seems like a very subjective loophole

11/9/2017 9:55 AM

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Another issue that may be of concern is use of the PDMP. The current bill language states prescribers must check the PDMP before the second fill of an opioid prescription. The Colorado Medical Society is advocating that patients that have a substance use disorder will be detected if they are requesting a second prescription and it is not necessary to check every prescription at the first time of prescribing. They also have stated pharmacists will catch a patient that is "doctor shopping" and will let them know if there is a problem. Although this may not be ideal language, how strongly do you feel about requiring prescribers to check the PDMP before the first prescription is necessary?

Answered: 19 Skipped: 0



ANSWER CHOICES	RESPONSES
There must be mandatory PDMP use by both prescribers and pharmacist with every opioid Rx.	52.63% 10
Although this is not ideal, as a pharmacist I check the PDMP with oxycodone prescriptions and notify prescribers if there is an issue.	26.32% 5
I am not concerned about this.	5.26% 1
Other (please specify)	Responses 15.79% 3

Showing 3 responses

I would agree with what the majority of CPS board feels is best

11/9/2017 4:54 PM

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The current language sounds ideal: prescribers must check before second dispensing, but not before the 1st. I oppose requiring pharmacists to be solely responsible for checking the PDMP.

11/9/2017 3:38 PM

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Mandatory - prescribers can utilize staff to check PDMP

11/9/2017 11:52 AM

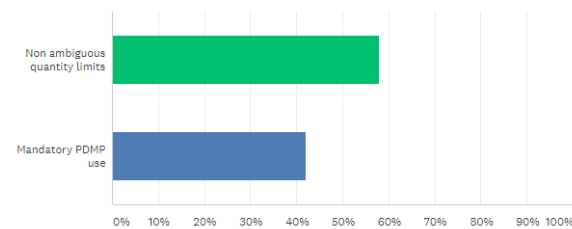
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Q6

[Customize](#) [Export](#)

If you had to choose between advocating for strict prescribing limits with non-ambiguous exceptions (e.g., chronic or cancer pain) versus mandatory PDMP checks for ALL opioid prescriptions by both prescribers and dispensers, which would you choose?

Answered: 19 Skipped: 0



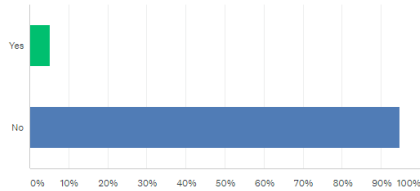
ANSWER CHOICES	RESPONSES
Non ambiguous quantity limits	57.89% 11
Mandatory PDMP use	42.11% 8
<b>TOTAL</b>	<b>19</b>

Q7

Customize Export

Another issue that has come up is a bill amendment for Vivitrol injections by pharmacists, moves Vivitrol payment from a medical benefit to pharmacy benefit, and provides an additional dispensing fee to pharmacists providing Vivitrol injections. This amendment was not introduced by the pharmacy community, but by Alkermes, the manufacturer of Vivitrol. This has been a highly political issue across the US as well with sales tactics of Vivitrol being based primarily on legislative efforts. While we don't necessarily want to fight pharmacist payment, CPS is interested in broader payment mechanisms for pharmacist reimbursement. At hearings, various individuals have spoken out against pharmacist providing IM gluteal injections for various reasons. The following questions relate to Vivitrol injections by pharmacists. Do you currently provide Vivitrol injections?

Answered: 19 Skipped: 0



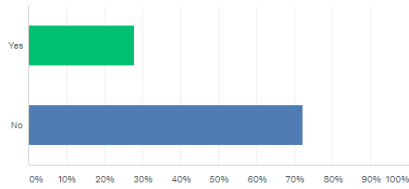
ANSWER CHOICES	RESPONSES	
Yes	5.26%	1
No	94.74%	18
<b>TOTAL</b>		<b>19</b>

Q8

Customize Export

Do you want to provide Vivitrol injections?

Answered: 18 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	27.78%	5
No	72.22%	13
<b>TOTAL</b>		<b>18</b>

Q9

Export

Should CPS advocate for broader reimbursement from health plans for immunizations, statewide protocols, patient care services (e.g., CDTM related) and distance ourselves from the Vivitrol amendment that health plans and other agencies don't like? It is likely CPS will have to choose to either support the Vivitrol amendment OR broader reimbursement in order to get the plans on board.

Answered: 16 Skipped: 3

Showing 16 responses

Broader reimbursement

11/9/2017 6:35 PM

[View respondent's answers](#)

yes

11/9/2017 5:56 PM

[View respondent's answers](#)

I think it is Important to advocate for reimbursement, yet just as critical to fix SB 16-135. Will defer to the majority on this one.

11/9/2017 4:54 PM

[View respondent's answers](#)

Broader reimbursement. However, while we might distance ourselves from the Vivitrol amendment, I would not like to see us oppose it either.

11/9/2017 4:38 PM

[View respondent's answers](#)

Broader reimbursement

11/9/2017 4:08 PM

[View respondent's answers](#)

Advocating for pharmacy payment for administration of drugs when appropriate (regardless of the drug) is something CPS should be doing.

Advocating for pharmacy payment for administration of drugs when appropriate (regardless of the drug) is something CPS should be doing. Unless there is a reason that we are not qualified or capable of giving Vivitrol injections, we should support this. Finally, in rural areas the pharmacist is often the most accessible health care professional. Our rural areas have been hit particularly hard by the opioid epidemic. We should not assume that the entire state has equal access to addiction care.

11/9/2017 3:38 PM

[View respondent's answers](#)

I don't know enough about this issue to comment.

11/9/2017 2:59 PM

[View respondent's answers](#)

Broader reimbursement for all pharmacist services.

11/9/2017 1:44 PM

[View respondent's answers](#)

Yes, distance selves from the Vivitrol amendment.

11/9/2017 12:56 PM

[View respondent's answers](#)

Yes

11/9/2017 12:56 PM

[View respondent's answers](#)

Broader reimbursement

11/9/2017 11:52 AM

[View respondent's answers](#)

Broader

11/9/2017 10:26 AM

[View respondent's answers](#)

Advocate for broader reimbursement

11/9/2017 9:55 AM

[View respondent's answers](#)

broader reimbursement

11/8/2017 2:11 PM

[View respondent's answers](#)

yes

11/8/2017 12:47 PM

[View respondent's answers](#)

yes