

Reducing Patient Access to Lethal Quantities of Medication

Issue

Over the past decade a trend has been growing for pharmacists to automatically provide patients with a 90-day supply of medication, even if a prescription was written for a shorter amount of time. While the cost savings from a 90-day supply may benefit some patients on stable doses of medications and improve medication adherence, there are also concerns about automatically increasing the duration of limited prescriptions. For some patients and/or members of their households, the provision of large quantities of medications at once – which would occur with a 90-day supply – is a practice that has the potential to threaten the safety of those individuals. This is of concern given the prevalence of suicide in this country, and particularly the prevalence of overdoses of prescription medications. Suicide is the second leading cause of death among adolescents, and rates have been increasing since 2007. While substance misuse has generally declined, deaths from overdose of prescription and illicit opioids increased 252.6 percent from 1999 to 2016, resulting in 7,921 deaths among 15- to 19-year-olds. More than 70,200 Americans died from drug overdoses in 2017.

In some cases, prescribers have specified the need for a pharmacist to dispense a specific quantity due to safety concerns, but pharmacists have still dispensed a 90-day supply without the prescriber's consent.

Why Do Prescribers Sometimes Prescribe Limited Amounts of Medication?

A number of medications are lethal if taken in



large quantities. While there is always a risk that a patient could use these medications to harm oneself, the risk is elevated when large quantities of medication are dispensed. Prescribers consider this risk when assessing patients and writing their prescriptions. When a pharmacist changes the quantity and/or duration of a prescription it is done without the doctor's knowledge and approval. This threatens patients' safety.

For some maintenance medications, doctors will prescribe a trial medication, then evaluate the patient to determine whether the patient is responding as expected and without unpleasant side effects. Sometimes a prescriber needs to monitor a patient's blood work or vital signs to ensure medication is working correctly and not adversely affecting the patient.

Typically, this trial period is shorter than 90 days. If a 90-day prescription is provided and found to not be effective or causes unwanted side effects, the wasted medication is costly to the patient and has the potential to be stockpiled, misused by a patient, household member, or disposed of incorrectly.

Prescribers will sometimes use shorter prescription refills to encourage patients to return for appointments and adhere to medications. When a pharmacist changes the duration of a prescription from 30 days to 90 days, the treating physician loses an effective tool for encouraging patient adherence to treatment and ensuring patient safety.

How Can We Address This Problem and Protect Patients?

Prescribers know their patients best and need the flexibility to determine when dispensing a 90-day supply of medication is clinically dangerous. Prescription benefit company policies should neither override the prescriber to dictate quantity nor the duration of prescriptions. Pharmacists should be prohibited from changing the quantity or duration of medications unless the prescriber has provided approval. This will allow prescribers and pharmacists to continue working together to provide the best, safest care for patients.



According to data from the U.S. Poison Center, from 2000-2018 there were 1.68 million suspected cases of suicide by self-poisoning among people ages 10 to 25.¹

- Overall, one in four cases resulted in serious or potentially life-threatening medical issues.
- Rates of serious medical issues after self-poisoning rose with age, from 20% of attempted suicides among 10 to 12-year-olds to 28% among 22- to 25-year-olds.
- More than 90% of cases involved pharmaceuticals.
- Analgesics were among the substances used in poisoning attempts that most often resulted in serious health issues, along with antidepressants, antihistamines, and antipsychotics.
- Prescription medicines for attention deficit hyperactivity disorder (ADHD) were common in suicide attempts by younger children and teens and had the highest risk of serious medical outcomes.

References

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