



# Red Flags for Suspected Opioid Abuse

- Patients traveling long distances to doctor and pharmacy  
**Example:** Patients traveling to Pittsburg, KS, from Kentucky to fill multiple opioid prescriptions from a physician in Miami, FL.
- Excessive amounts  
**Example:** Patient living in Kansas City, MO, receiving opioid prescriptions from physician in Wichita, KS, for over 1,200 tablets per month, then filling those prescriptions in Overland Park, KS.
- Multiple opioid patients from the same doctor
- Groups of opioid patients filling at the same time
- Multiple family members receiving opioid prescriptions from the same physician, especially at the same time
- Early refills  
**Example:** Patient saying that his/her pills were “stolen,” or patients who constantly fill at the earliest opportunity and are waiting for the pharmacy to open on fill day
- Multiple opioid prescriptions for same patient  
**Example:** patient with prescriptions for Oxycodone, Hydrocodone and Methadone
- Law enforcement inquiries about particular physician
- High volume of opioid prescriptions from same physician
- Clear lack of individualized dosing by same physician
- Other area pharmacies refusing to fill prescriptions from particular doctor
- Physician’s specialization is not consistent with pain management  
**Example:** Physician at Erectile Dysfunction clinic writing multiple opioid prescriptions
- Patients asking for specific brands of generics or the brand-name of an opioid, often these are more difficult to counterfeit
- Patients attempt to distract pharmacy staff or are overly friendly or talkative.
- Hardcopies with a different prescriber phone number listed than what is in the pharmacy records.  
**Example:** Some patients are using tamper-evident paper and known prescriber information to forge prescriptions. The patients change the prescriber’s phone number to their cell number so that they can “verify” the prescription when the pharmacist calls.
- Doctor Shopping – opioids from multiple prescribers filled at multiple pharmacies
- Using street names or identifying medications based on color
- Patients appearing sedated, confused, intoxicated, showing signs of physical withdrawal – profuse sweating, tremors, etc or patients with physical signs of drug use – needle tracks on arms indicating injected drug use or scarring on hands, neck, ankles or feet
- Patients refusing other non-opioid prescriptions written at the same time as the opioid



While each of these by themselves do not constitute illegitimate opioid therapy, pharmacists often see several red flags on one prescription. According to DEA regulations 21 C.F.R. 1306.04, pharmacists have a “corresponding responsibility” with the prescriber in determining appropriate therapy for every prescription dispensed in addition to the strict adherence to State and Federal Controlled Substance Acts.

If red flags are seen, or if a pharmacist questions the appropriateness of the prescription, **THE PRESCRIPTION DOES NOT HAVE TO BE FILLED!**

If a pharmacist suspects patients are abusing or selling controlled substances, the pharmacist should consider contacting local authorities.

If a prescriber, pharmacy or institution is suspected of inappropriate prescribing or dispensing, tips can be submitted online to the DEA at [https://www.deadiversion.usdoj.gov/tips\\_online.htm](https://www.deadiversion.usdoj.gov/tips_online.htm)

## References:

American Academy of Family Physicians, et al. “Stakeholders Challenges and Red Flag Warning Signs Related to Prescribing and Dispensing Controlled Substances.” <https://nabp.pharmacy/wp-content/uploads/2016/07/Red-Flags-Controlled-Substances-03-2015.pdf> Accessed 5 August 2017.

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