

La Familia Medical Center
CONTROLLED SUBSTANCES Policy
Final Version Updated 4/11/2014

I. **Scope of Policy:** This policy covers all chronically prescribed controlled substances, inclusive of anxiety and pain medications [including AMBIEN]. The responsibilities of the providers and the ancillary staff will be outlined in THIS POLICY document. The responsibilities of the patient are outlined in the controlled substances CONTRACT.

II. **Reason for Policy:** To establish general guidelines to maximize the safety and to ensure standardization of medication management for all LFMC patients who are using chronic controlled medications. This policy will include patients who have end stage cancer diagnoses. In these cases however, a provider may need to make alterations to individual points in the controlled substances contract. Specifically, the contract can be used to educate this group of patients on the risks and safety issues of these medications as well as on the risk of diversion of controlled medications by those who are helping to care for them.

III. **Policy Overview:**

- A. These Policies will apply to all patients who are on daily, regular doses of any scheduled medications for over 30 days.
- B. Patients on chronic (as defined above) daily scheduled medications will be required to sign a Controlled Substance Contract and comply with all the items listed therein. Patient responsibilities are outlined in that document.
- C. No controlled substances/scheduled medications may be prescribed on the first visit to the clinic. Continuations of previous prescriptions from other providers will not be refilled until medical records are obtained from the previous provider and reviewed.

III. **Responsibilities of the PROVIDER**

- A. Controlled substances/scheduled medications will not be prescribed on the patient's first visit to the clinic.
- B. In order to prescribe continuation of chronic controlled substances (from a previous provider) or a new prescription, the following must be accomplished or obtained:
 - i. Previous medical records documenting the history of all previous controlled substance prescription and the history of the underlying diagnosis and treatments.
 - ii. A medical history and physical examination must be documented.

- iii. Clear and supported documentation of the presence of a recognized medical indication for the use of a controlled substance.
- iv. Assessment by behavioral health if indicated.
- v. Documentation of a clear treatment plan with objectives of the treatment (ie pain relief, improved physical or psycho-social function) and plans for further diagnostic evaluations and treatment modalities.
- vi. Documentation of an initial PMP report for the patient.
- vii. A current, signed Controlled Substance Contract with indication of the single pharmacy the patient will use. Document the Contract or other conditions on the Yellow Sticky Note on the top of the eCW screen.
- viii. Prescription and training for Naloxone administration for those patients meeting criteria.
- ix. Documentation of initial urine drug testing.

C. For ongoing refills, the following is required:

- i. Random urine drug testing at least twice per year. It is important to be aware of cross reactivity of substances. Please refer to the pamphlet in the lab with specifics on the in house drug test (which may be different from the one that is used at CSVPMC). Depending on the results – a provider may either give the patient a warning, dismiss a patient from the practice, or agree only to treat the patient for problems not requiring controlled substances.
- ii. Check the PMP at every 2 months or at least 4 times per year.
- iii. Prescription and training for Naloxone if criteria are met anytime during treatment with a narcotic.

D. For Controlled Substance Refills, providers must inform patients that only their PCP can write for refills, patients are advised that refills should be called in at least one week in advance. If provider is not available, a covering provider has the option of declining to refill the medication and require that the patient wait until the PCP returns if all documentation and a Medication Contract are not present in the chart.

E. All refills must be clearly recorded in eCW with start and stop dates. Patients without a terminal diagnosis are limited to 2 months of prescriptions. Written prescriptions can be left in the pharmacy for pick-up and documented in the log.

F. Note: There is no obligation on our part to prescribe Controlled Substance (CS) to our patients. However, when appropriate, the provider must:

- Obtain medical records first.
- Never prescribe CS on the first appointment.

- Always run and review a PMP prior to prescribing any CS.
- Require every patient to sign a CS contract and select a single pharmacy from which they will obtain all of their CS prescriptions.
- Establish a confirmed diagnosis (supported by chart documents, labs, and/or imaging studies, where applicable).

G. Addition responsibilities of the provider include:

- i. Referral for alternative treatment (pain clinic, acupuncture, BH, PT, etc.)
- ii. Consideration of adjunct pharmaceutical treatment such as gabapentin, NSAIDs, depression medications, etc.
- iii. Referral for behavioral health or substance abuse treatment as indicated.

H. If provider is unwilling to prescribe due to abuse or addiction, the patient should be offered referral for substance abuse and /or narcotics abuse treatment if indicated.

I. When a patient is transferred from one provider to another (due to physician leaving the practice), the provider may choose to change therapy, expectations, and/or goals.

J. Contract violations by the patient may result in consequences that can include dismissal from the practice (LFMC) and reporting to law enforcement. These consequences can be decided either by the provider alone and/or in discussion with the Medical Director.

IV. Responsibilities of the MA/ or staff assisting the provider:

- A. To run a PMP every 2 months on patients who have upcoming appointments.
- B. To collect urine for drug screen at the time vital signs are taken for patients on chronic controlled medications. After urine is collected, the MA should ask provider if they would like a drug screen to be ordered.