

CONTROLLED SUBSTANCE PRESCRIBING STANDARDS (KRS218A.172 , 201 KAR 9:260)**HOSPITAL and EMERGENCY DEPARTMENT****Revised requirements (effective March 5, 2013)****EXCEPTIONS TO THE REQUIREMENTS OF KRS218A.172 and 201 KAR 9:260****Prescribing any controlled substance**

1. To a registered resident of a licensed long-term care facility
2. To a patient receiving hospice or end-of-life care in any setting
3. To a patient for the treatment of pain associated with cancer or the treatment of cancer
4. To a patient admitted to inpatient, outpatient or observation in a licensed hospital during and as part of a normal and expected part of the patient's care at that hospital. To be exempt for the prescribing of Schedule II or Schedule III with hydrocodone in this situation, KASPER must be queried within 12 hours of admission and a copy placed in the medical record during the duration of the patient's stay.
5. During periods of disaster or mass casualty that have a direct impact on the provider's practice
6. Prescribing a single dose to relieve the anxiety, pain or discomfort experienced by a patient submitting to a diagnostic test or procedure
7. Prescribing a Schedule V controlled substance

Additional exceptions for the prescription of Schedule II or Schedule III with hydrocodone:

1. Prescribing a controlled substance in an emergency situation
2. Prescribing a controlled substance immediately prior to, during or **within 14 days** following an operative or invasive procedure or a delivery if the prescribing or administering is medically related to the operative or invasive procedure or the delivery and the medication usage does not extend beyond the 14 days
3. Prescribing to the same patient within 7 days of an initial prescription if the prescribing is done as a substitute for the initial prescription, the initial prescription refills are cancelled and the patient is required to dispose of any remaining unconsumed medication
4. Prescribing to the same patient for the same condition by a partner in practice with the initial prescriber (or covering by arrangement) within 90 days of the initial prescription
5. Prescribing to a research subject enrolled in an Institutional Review Board-approved single, double or triple blind study or is otherwise covered by a National Institutes of Health certificate of confidentiality

REQUIREMENTS FOR INITIAL PRESCRIBING – NON-CANCER PAIN AND OTHER CONDITIONS**Unless meeting one of the exceptions above, all prescriptions written on discharge must comply with the following requirements:**

- a. Be sure an appropriate medical history and physical exam has been completed and documented in the record. (If a psychiatric condition, an evaluation appropriate to the presenting complaint)
- b. Review KASPER query for previous 12 months (should be obtained within 12 hours of admission and placed in the record).
- c. Review the risks, benefits of the prescribing a controlled substance and make a deliberate decision that it is medically appropriate.
- d. Do not prescribe long-acting or controlled-release opioids (Oxycontin, fentanyl patch, methadone, etc.) for acute

pain that is not directly related to or close in time to a specific surgical procedure.

- e. Avoid prescribing more than necessary to treat the condition.
- f. Provide patient education (Norton Healthcare or Kentucky Board of Medical Licensure [www.kbml.ky.gov] materials.)
 - Time limited use
 - Discontinue the medication when the condition is resolved
 - Safe use and proper disposal
 - Dangers of controlled substance use

In addition, for Schedule II or Schedule III with hydrocodone:

- g. Document a written treatment plan stating the objectives of the treatment and any further diagnostic examinations required.
- h. Discuss risks and benefits, including drug tolerance and dependence, with patient/parent/guardian.
- i. Obtain written informed consent.

Additional requirements for the Emergency Department

In addition to the requirements for initial prescribing above,

The Emergency Department provider shall not routinely:

1. Administer an IV-controlled substance for the relief of acute exacerbations of chronic pain, unless IV administration is the only medically appropriate means of delivery
2. Provide a replacement prescription for a controlled substance that was lost, destroyed or stolen
3. Provide a replacement dose of methadone, Suboxone or Subutex for a patient in a treatment program
4. Prescribe a long-acting or controlled-release controlled substance such as Oxycontin, fentanyl patch or methadone, or a replacement dose of that medication
5. Administer meperidine to the patient
6. Prescribe or dispense more than the minimum amount medically necessary to treat the patient until the patient can be seen by his/her physician, with no refills. If the controlled substance prescription exceeds 7 days in length, the patient record shall justify the amount of controlled substance prescribed.

Additional notes

- Kentucky Board of Medical Licensure regulations state that physicians prescribing controlled substances shall obtain and document all information in a patient's record in a legible manner and in sufficient detail to enable the board to determine if the physician is conforming to professional standards.
- If a physician is unable to conform to professional standards for prescribing controlled substances due to circumstances beyond the physician's control, or the physician makes a professional determination that it is not appropriate to comply with a specific standard based on individual patient situation, that the physician shall document these circumstances in the record.
- There are additional requirements for continued and long-term prescribing (>90 days) (typically in the office setting), as well as requirements for mandatory continuing medical education. Patient Care Guidelines for Prescribing Controlled Substances at Norton Medical Group practices and Immediate Care Centers can be obtained from the practice manager. Also consult the KBML website at www.kbml.ky.gov.
- The revised regulations provide for the establishment of an "institutional access" to query KASPER. Until such time as the processes to implement that are completed, the provider or his/her delegate is responsible for querying the KASPER system.