

## HB 1 Update for Physicians

### SUMMARY OF REVISED PRESCRIBING AND DISPENSING STANDARDS FOR PHYSICIANS

*Effective 3/5/2013*

- The prescribing standards have been taken out of the statute and incorporated into the licensing boards' regulations;
- Hospitals and LTC Facilities are no longer required to report dispensed and subsequently administered Schedule II controlled substances and Schedule III controlled substances containing hydrocodone into KASPER;
- KASPER queries now only require a 12 month "look-back" period instead of "all available data on the patient;"
- Unless otherwise meeting an exception below, all prescriptions in any setting will require compliance with the requirements, per below; and
- Hospitals may, through their CMO or other physician designee, institute "institutional" KASPER accounts in compliance with 902 KAR 55:110 (the KASPER regulation).

### KBML Revised Prescribing Standards 907 KAR 9:260 Schedule II – IV Controlled Substances

#### GENERAL EXCEPTIONS FOR ALL PRESCRIPTIONS

- To a patient as part of hospice or end of life treatment;
- To a patient for the treatment of pain associated with cancer or the treatment of cancer;
- During times of disaster or mass casualty directly impacting the physician's practice;
- In a single dose prescribed/dispensed to relieve anxiety/pain/discomfort by a patient subjecting to a diagnostic test or procedure; and
- Schedule V controlled substances.

#### ADDITIONAL EXCEPTIONS FOR SCHEDULE II CONTROLLED SUBSTANCES AND SCHEDULE III CONTROLLED SUBSTANCES CONTAINING HYDROCODONE

- Prescribing or dispensing not more than a 14-day supply to a patient following an operative or invasive procedure or delivery;
- Prescribing or dispensing a substitute prescription within 7 days of the initial prescription so long as any refills to the initial prescription are cancelled and the patient is required to dispose of any unused medication;
- Prescribing or dispensing to the same patient for the same condition by a partner in practice with the initial prescriber (or other coverage arrangement) within 90 days of the initial prescription; or
- Prescribing or dispensing to research subject enrolled in an IRB-approved single, double or triple blind study, or is otherwise covered by an NIH certificate of confidentiality.

#### HOSPITAL OR LTC FACILITY ADMISSIONS EXCEPTIONS

##### **Schedule II Controlled Substances and Schedule III Controlled Substances containing hydrocodone:**

- Prescribing or dispensing for administration to a patient admitted to a hospital or long-term care facility *if the facility or practitioner places a KASPER report on the chart within 12 hours of admission.*

##### **Schedule III Controlled Substances without hydrocodone and Schedule IV Controlled Substances:**

- A patient admitted to inpatient, outpatient or observation status of a hospital; and a registered resident in a long-term care facility.

	Initial Prescription to Treat Non-Cancer Pain	Commencement of LT Prescribing to Treat Non-Cancer Pain in Patients > 16 years	Continued Prescribing to Treat Non-Cancer Pain in Patients > 16 years
A. Treatment of Pain	<ul style="list-style-type: none"> <li>- H&amp;P</li> <li>- KASPER review</li> <li>- Deliberate decision</li> <li>- Avoid providing more than necessary to treat the condition</li> <li>- Patient education               <ul style="list-style-type: none"> <li>- time limited use;</li> <li>- discontinue when problem resolved;</li> <li>- safe use; and</li> <li>- proper disposal</li> </ul> </li> <li>- + <b>Written Plan [HB 1 Drugs]</b></li> <li>- + <b>Written Informed Consent [HB 1 Drugs]</b></li> <li>- Not prescribe long-acting or controlled release controlled substances for acute pain not directly related to or close in time to surgery (Oxycontin; Fentanyl patches, Methadone, etc...)</li> </ul>	<p><b>Note:</b> Different licensed practitioners working in the same practice may perform the required standards so long as in their scope</p> <ul style="list-style-type: none"> <li>- Comprehensive <b>History</b></li> <li>- Appropriate <b>Physical Exam</b></li> <li>- <b>Baseline Assessments</b></li> <li>- <b>Prior Medical Records</b>, if needed to justify continued prescribing</li> <li>- Formulate <b>Working Diagnosis</b> <ul style="list-style-type: none"> <li>- refer if necessary in order to formulate a working diagnosis</li> <li>- only prescribe if medically indicated and appropriate if no working diagnosis can be established despite referral</li> </ul> </li> <li>- Document a <b>Treatment Plan</b> if improvement is medically expected;</li> <li>- <b>Screening</b> <ul style="list-style-type: none"> <li>- <u>Baseline drug screen</u> → do not prescribe if determine being used/likely to be used for other than medicinal purpose</li> <li>- Screen for <u>other conditions</u> that may impact treatment such as substance abuse, dependence, psychiatric or psychological conditions → if reasonable likelihood, facilitate referral;</li> <li>- Screen for <u>Diversion risk</u> → use a prescribing agreement for continued prescribing;</li> </ul> </li> <li>- <b>Written Informed Consent</b></li> <li>- Attempt a <b>Trial of Other Modalities</b> and lower doses of controlled substances, or document a previous attempt by another practitioner</li> <li>- <b>KASPER review [HB 1 Drugs]</b></li> </ul>	<p><b>Note:</b> Different licensed practitioners working in the same practice may perform the required standards so long as in their scope</p> <ul style="list-style-type: none"> <li>- Ensure patient seen <b>Monthly</b>, initially</li> <li>- At appropriate intervals               <ul style="list-style-type: none"> <li>- Update <b>H&amp;P</b> as necessary,</li> <li>- Perform <b>Measurable Exams</b>, &amp;</li> <li>- Evaluate and update <b>Working Diagnosis</b> and <b>Treatment Plan</b></li> </ul> </li> <li>- <b>Annual Preventive Health Screening</b></li> <li>- <b>KASPER review every three (3) months (routine)</b></li> <li>- <b>KASPER Immediately</b> if you obtain or receive specific information that               <ul style="list-style-type: none"> <li>- the patient is not taking the controlled substances as prescribed;</li> <li>- is diverting; or</li> <li>- is engaged in improper or illegal use</li> </ul> </li> </ul> <p><b>NOTE:</b> Notify other practitioners if you suspect “doctor shopping”;</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>Law enforcement reporting requirement has been deleted</b></p> </div> <ul style="list-style-type: none"> <li>- <b>Random Pill Counts</b> if appropriate</li> <li>- <b>Random Drug Screens</b> appropriate to the drug prescribed and the patient’s condition and if the patient is noncompliant, discontinue prescribing, do a controlled taper or refer to a specialist or program</li> <li>- <b>Consultative Assistance</b>, as appropriate</li> <li>- <b>Significant Risk of Diversion</b> → DC or justify continued use in record</li> <li>- <b>No Significant Improvement Where Expected</b> → obtain consultative assistance</li> <li>- <b>Mood, Anxiety or Psychotic Disorders</b> → obtain psychiatric consult if appropriate</li> <li>- <b>DC Treatment or Refer to Addiction Management</b></li> </ul>

			<p>→ no improvement where medically expected; significant adverse effects; or patient exhibits inappropriate or drug-seeking behavior or diversion</p> <p>- <b>Breakthrough Pain</b> → attempt to identify triggers, attempt non-controlled substances or if adding controlled substances, take steps to minimize likelihood of improper/illegal use</p>
<p><b>B. Treatment of "Other" Conditions</b></p>	<ul style="list-style-type: none"> <li>- H&amp;P</li> <li>- KASPER review</li> <li>- Deliberate decision</li> <li>- Avoid providing more than necessary to treat the condition</li> <li>- Patient education               <ul style="list-style-type: none"> <li>- time limited use;</li> <li>- discontinue when problem resolved;</li> <li>- safe use; and</li> <li>- proper disposal</li> </ul> </li> <li>- + <b>Written Plan [HB 1 Drugs]</b></li> <li>- + <b>Written Informed Consent [HB 1 Drugs]</b></li> </ul> <p><u><b>Anxiety/Depressive Event</b></u></p> <p>Refers to a request by an established patient for a prescription to deal with a non-recurring single episode or event:</p> <ul style="list-style-type: none"> <li>- <b>KASPER</b> review</li> <li>- <b>Deliberate Decision</b> whether to prescribe with/without a personal encounter/ H&amp;P</li> <li>- Prescribe <b>Minimum Amount Necessary</b></li> </ul>	<p>Fully conform to the standards of acceptable and prevailing medical practice</p> <p>+ <b>KASPER review every three (3) months [HB 1 drugs]</b></p>	
<p><b>C. Emergency Department</b></p>	<ul style="list-style-type: none"> <li>- Block A &amp; B Initial Prescribing Requirements</li> </ul> <p><b>PLUS</b></p> <p>The ER Doctor Shall Not Routinely:</p> <ul style="list-style-type: none"> <li>- Administer IV controlled substances for acute exacerbations of chronic pain unless it is the only medically</li> </ul>		

	<p>appropriate means;</p> <ul style="list-style-type: none"> <li>- Provide replacement doses of Methadone, Subutex or Suboxone for a patient in a treatment program;</li> <li>- Provide replacement prescriptions for lost, stolen or destroyed prescriptions;</li> <li>- Prescribe long-acting or controlled-release controlled substances;</li> <li>- Administer Meperidine;</li> <li>- Prescribe more than the amount medically necessary until patient can be seen by their doctor <ul style="list-style-type: none"> <li>- if &gt; 7 days, justify in the record; or</li> </ul> </li> <li>- Provide Refills</li> </ul>		
Other	<p><b>Medical Record Documentation:</b> Document all relevant information in the record to permit the Board to determine whether the physician is prescribing/dispensing controlled substances in conformity with professional standards.</p> <p><b>Can't Comply/Inappropriate to Comply:</b> If cannot comply due to circumstances beyond the physician's control or it is inappropriate based upon the patient's individual circumstance, document in the circumstances in the record.</p> <p><b>Patient Education:</b> The physician is responsible for ensuring patients are educated regarding the dangers of controlled substances abuse. See KBML.ky.gov for materials.</p> <p><b>Violations:</b> Violations must be established by Board-appointed expert(s); violations may result in disciplinary action on the license.</p>		

This document provides a summary of the law.

This summary is not legal advice. Each facility and physician should consult its own legal counsel for advice and guidance. (4/9/13).