

Controlled Dangerous Substances: Legislative Update and Avoiding Diversion



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Objectives

- Review new opioid prescribing laws (Acts 76 & 82)
- Understand common methods of diversion and recognize red flags
- Patient Charts – Best Practice

LA Act No. 76

PMP Requirement

- All CDS license holders automatically enrolled in PMP
- Prescriber or delegate must review the **patient's record in the PMP** prior to initial prescription of any opioid
- Must query PMP at least every 90 days if treatment continues

LA Act No. 76

Exemptions to PMP Queries

- Prescription is for no more than 7 day supply
- Drug prescribed/administered to hospice or terminally ill patient
- Drug prescribed/administered for cancer-related chronic or intractable pain
- Drug ordered or administered to a patient being treated in the hospital
- PMP inaccessible/not functioning: follow-up required with charting

LA Act No. 76

CDS CME Requirement

- All CDS license holders in LA shall obtain three credit hours of CME as a prerequisite to license renewal in 2019
- Topics must include:
 - Best Practices for Prescribing CDS
 - Treatment of Chronic Pain
 - Diversion Training
 - Appropriate Addiction Treatment

LA Act No. 76

CDS CME Requirement

- Courses completed after 1/1/2018
- Results transmitted to LSBME via email to cdscme@lsmbel.a.gov
- Any combination of at least 3 hours total as long as all 4 topics are included in course curricula.

LA Act No. 76

Exceptions to CME requirement

- CME not required if able to certify no CDS prescribing/administration/dispensing in (reporting period) year prior to 2019 renewal
- Form available on website
- Prescribing history verified by LSBME staff on PMP

LA Act No. 82

7 day limit on Opioid Rx

- When issuing for first time, no more than 7 day opioid Rx for **outpatient use** by **adult** for **acute** condition
- For **minor**, no more than 7 day opioid Rx ever, and
 - Must discuss risks of and rationale for opioid use with parent, guardian or tutor

LA Act 82

In addition, prior to issuing a prescription for an opioid, a practitioner must:

- Consult with patient regarding the quantity prescribed and the option to partially fill the Rx
- Inform the patient of the risks associated with the opioid prescribed.

LA Act No. 82

Exceptions to 7 day limit

- If in medical judgement >7 day supply is warranted for treatment of:
 - Chronic pain
 - Pain associated with Cancer Dx
 - Palliative care
- Condition triggering need for longer Rx to be documented in chart indicating that non-opioid alternative not appropriate

Exceptions to LA Act 82 Prescribing for SUDs

7 day limits on the prescription of opioids do not apply to medications designed for the treatment of substance abuse or opioid dependence.

Drug Diversion

Opioid Epidemic



4 out of 5 new heroin users were abusing prescription pain killers

Big Pharma



https://ufxmarketofficial.files.wordpress.com/2014/12/pigdrugs_1200x1200.jpg?w=300&h=300

Most Commonly Abused Pharmaceuticals

- Opioids
- Central nervous system depressants
- Stimulants
- **Trinity or “Addicts Cocktail”**
 - Hydrocodone
 - Xanax
 - Soma

#1 Source of Abused Pharmaceuticals....

- The medicine cabinet...
 - Friends & relatives
 - Teenagers
 - Party guests
 - Caregivers
 - Maintenance workers with access

- 57% of all diverted drugs



Common Diversion Methods (Physician offices)

- Fraudulent prescriptions
 - Prescriptions with no medical purpose
 - Stolen Prescription Pads, new callback #
 - Amounts/dosage altered
- Doctor Shopping
- Pill Mills
- Office staff

Common Methods of Diversion (Pharmacies/Hospitals)

- From pharmacies
 - Burglaries from retail pharmacies
 - Theft/alterations from hospital pharmacies
- Healthcare personnel in Hospitals
 - Physicians, nurses, auxiliary personnel
 - Stealing pills, sharps, under-dosing
 - Replacing liquids with saline, CDS pills with non-CDS

Patient red flags

- Requests specific meds
- No interest in diagnosis
 - Reluctant to seek further tests, next steps
- Comes with a group
- “Just moved to town” or traveling through
- No references/previous practitioner

Possible Non-compliance Scenarios

- Patient taking drugs as prescribed?
- Patient sharing meds with others?
- Patient hoarding, taking smaller dose than prescribed?
- Patient being taken advantage of by caregivers, family members?

Other Evidence of CDS Abuse

- Information from UDTs
- Information received from sources other than patient:
 - Pharmacies
 - Other practices
 - Friends or family
 - Anonymous tips

Red Flags, Office Practice

- Cash only business
- Majority of patients not local
- Extremely high patient volume
- Lack of diagnostic testing
- Excessive fees for office visits and/or prescriptions

Red Flags, Office Practice, cont.

- Patients trading goods or services for CDS prescriptions
- Tox screens indicate aberrant behaviors, physician ignores & continues to prescribe
- Patient directs what meds are prescribed
- Patient deaths

Red Flags, Office Practice, cont.

- Physician only writes for CDS (pill mill)
- Non-medical staff determine prescriptions
- Coaching patients what to say about purported condition
- Ignoring warnings by others that patient is a drug abuser
- Writing prescriptions to patients who are selling their meds

LSBME Concerns

- Pain rules
 - Documentation of thorough examination, Dx, treatment plan, results, modification
 - Following standard of care
 - Physician-patient relationship
 - Monitoring and follow-up
 - Ignoring signs of abuse, misuse, diversion, aberrant behaviors
- Use of PMP

Patient charts

- Complete, accurate and legible
- Fully articulates each medical exam, history and diagnosis
- Legitimate medical reason for issuing CDS as well as authorizations for refills
- Document aberrant behaviors and history of SUD

Patient charts

Provide sufficient information to:

- Support the diagnosis
- Justify the plan for treatment
- Document results
- Indicate advice or cautionary warnings provided to patient

Patient charts

- Chart should include results of random UDT for patients regularly receiving CDS to prevent diversion



Practitioner Responsibility

- Assure patients using medication properly
- If aberrant behavior observed or suspected from UDT, complaints, or other sources, do not ignore it

HCAHPS

**Hospital Consumer Assessment of
Healthcare Providers and Systems**



PATIENT
SATISFACTION

<https://patientcare.stryker.com>

Best practice

- Conduct careful and thorough H&P
- Consider risks and benefits of chronic opioid therapy
- Consider using non-opioid options (especially for patients with Hx of SUD)
- Educate and counsel patients on all CDS
- Reassess frequently and modify treatment plan as indicated

Best practice

- Patient Agreements
- Use random UDT
- Use PMP
- Use Pill counts
- Document, document, document

DEA Oversight - Prescribing CDS

Ensure controlled substances are prescribed, administered, and dispensed by DEA registered practitioners only:

- For a legitimate medical purpose *while*
- Acting in the usual course of professional practice



Louisiana

State Board of Medical Examiners

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