

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 nor 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
<p>A. Treatment of Pain</p>	<ul style="list-style-type: none"> - H&P - KASPER review - Deliberate decision - Avoid providing more than necessary to treat the condition - Patient education <ul style="list-style-type: none"> - time limited use; - discontinue when problem resolved; - safe use; and - proper disposal - + Written Plan [HB 1 Drugs] - + Written Informed Consent [HB 1 Drugs] - 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...) 	<p>Note: 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"> - Comprehensive History - Appropriate Physical Exam - Baseline Assessments - Prior Medical Records, if needed to justify continued prescribing - Formulate Working Diagnosis <ul style="list-style-type: none"> - refer if necessary in order to formulate a working diagnosis - only prescribe if medically indicated and appropriate if no working diagnosis can be established despite referral - Document a Treatment Plan if improvement is medically expected; - Screening <ul style="list-style-type: none"> - <u>Baseline drug screen</u> → do not prescribe if determine being used/likely to be used for other than medicinal purpose - Screen for <u>other conditions</u> that may impact treatment such as substance abuse, dependence, psychiatric or psychological conditions → if reasonable likelihood, facilitate referral; - Screen for <u>Diversion risk</u> → use a prescribing agreement for continued prescribing; - Written Informed Consent - Attempt a Trial of Other Modalities and lower doses of controlled substances, or document a previous attempt by another practitioner - KASPER review [HB 1 Drugs] 	<p>Note: 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"> - Ensure patient seen Monthly, initially - At appropriate intervals - Update H&P as necessary, - Perform Measurable Exams, & - Evaluate and update Working Diagnosis and Treatment Plan - Annual Preventive Health Screening - KASPER review every three (3) months (routine) - KASPER Immediately if you obtain or receive specific information that <ul style="list-style-type: none"> - the patient is not taking the controlled substances as prescribed; - is diverting; or - is engaged in improper or illegal use <p>NOTE: Notify other practitioners if you suspect “doctor shopping”;</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px 0;"> <p>Law enforcement reporting requirement has been deleted</p> </div> <ul style="list-style-type: none"> - Random Pill Counts if appropriate - Random Drug Screens 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 - Consultative Assistance, as appropriate - Significant Risk of Diversion → DC or justify continued use in record - No Significant Improvement Where Expected → obtain consultative assistance - Mood, Anxiety or Psychotic Disorders → obtain psychiatric consult if appropriate - DC Treatment or Refer to Addiction Management

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

	<p>appropriate means;</p> <ul style="list-style-type: none"> - Provide replacement doses of Methadone, Subutex or Suboxone for a patient in a treatment program; - Provide replacement prescriptions for lost, stolen or destroyed prescriptions; - Prescribe long-acting or controlled-release controlled substances; - Administer Meperidine; - Prescribe more than the amount medically necessary until patient can be seen by their doctor <ul style="list-style-type: none"> - if > 7 days, justify in the record; or - Provide Refills 		
<p>Other</p>	<p>Medical Record Documentation: 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>Can't Comply/Inappropriate to Comply: 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>Patient Education: The physician is responsible for ensuring patients are educated regarding the dangers of controlled substances abuse. See <i>KBML.ky.gov</i> for materials.</p> <p>Violations: 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).