

NWIM Controlled Substances Policy Update 2019

Northwest Integrative Medicine follows state and local prescribing guidelines for safely prescribing controlled substance medications.

Examples of controlled medications include:

- Opiates (Oxycodone, Hydrocodone, Methadone, Morphine)
- Benzodiazepines (Valium, Ativan, Xanax)
- Stimulants (Adderall)
- Alternative pain medication (Lyrica)
- Hormones (Testosterone)

With any controlled substance there is a risk of side-effects, tolerance, dependence, and addiction. It is for these reasons, NWIM follows a strict policy in regard to prescribing these medications.

Our Commitment to You

With your health and safety in mind, NWIM strives to provide you with the best health care possible:

1. NWIM personnel will treat you with courtesy and respect. This includes making sure we discuss all medication concerns in private.
2. NWIM has a Patient Treatment & Medication Safety Committee (PTMSC) made up of clinic administration and staff. This committee reviews treatment plans, use of these medications, and any documented controlled medication agreement violation.
3. We take time to make sure you understand how to safely take your medication, rules to follow with these medications, and what will happen if you do not follow the rules.
4. We provide only computer-generated, hard-copy prescriptions in office, during the appointment.
5. NWIM provides you with online access to your health care provider to discuss side effects, dosage changes, or to report other prescriptions.

POLICY

For All Controlled Substances

- Prescribing of a controlled substance is not guaranteed
- **Controlled substance medications will not be prescribed at the first clinic visit.**
- If you currently take a daily opiate, benzodiazepine or stimulant medication you can request a "bridge" prescription from your previous prescribing clinician until the doctor's assessment is complete.
- **Previous medical records must be reviewed** prior to the prescription of controlled substances.
- **Medical records must be sent directly from the previous clinic to NWIM** via fax or electronically (hand carried copies are not acceptable).
- **A Controlled Substance Agreement and medication risk notice**, which allows for random urine drug screening, must be signed before the prescription of controlled substances by NWIM clinicians.
- In most cases, a secondary evaluation by a mental health professional will be required prior to prescribing. Refusal or failure to follow through with an evaluation may result in discontinuation of your medication.
- **NWIM does not store controlled medication in the clinic.** NWIM does not store patient prescriptions.
- **Prescriptions reported lost or stolen will not be refilled** before the scheduled refill date
- **Early requests for refills will not be permitted**
- If a you attempt to steal, pick up someone else's medication without permission, lie about your identity to obtain, buy, or sell medicine on NWIM property, then we will call the police
- If a you threaten, assault, or verbally abuse NWIM personnel, then controlled medication prescribing will be stopped and access to the clinic may be restricted
- NWIM's **Patient Treatment & Medication Safety Committee (PTMSC) will be routinely reviewing** past and current minor, major, and severe violations of medication contracts to evaluate patient compliance with existing and updated policies. You may receive an additional notice in regard to future treatment.

Prescribing with other medications or conditions

- Controlled medications will not be prescribed to a person with a known history of drug or alcohol abuse.
- **NWIM clinicians will not prescribe controlled medications to you if you are currently taking methadone or suboxone.**
- **Concurrent use of legal intoxicants is not permitted** (alcohol, THC marijuana, Kratom, etc.)
- NWIM clinicians will not prescribe the following medications in conjunction with one another as their simultaneous use is contraindicated, determined to be a combination of abuse, is against NWIM Patient Treatment & Medication Safety Committee Policy, or is restricted by the Federal Government:
 - **Opiate medications and benzodiazepines**
 - **Benzodiazepines and stimulants**
 - **Any controlled medication with methadone or suboxone**
 - **Any controlled medication with any of the following: Carisoprodol (Soma), Barbiturates, Promethazine (Phenergan), Quetiapine (Seroquel), THC-marijuana, acetaminophen with acetaminophen containing narcotics**

Specific to Opiate Medications

- **NWIM clinicians will not prescribe chronic opioid medications above 90 MED** for non-cancer related pain. If patients are on a chronic opiate dose higher than this, they will need to taper down before establishing care with NWIM (their previous prescriber can help with this taper).
- **To determine if chronic opiate use for non-cancer pain is appropriate**, the assessment at NWIM will include a review of previous records and may include the administration of questionnaires regarding functional level, depression, anxiety, addiction risk and sleep quality. **This information will be used to**

determine if continuation of chronic opiates is medically indicated. We may determine that chronic opioid therapy is not indicated.

Examples of Controlled Substance Agreement Violations

Minor:

Filling prescriptions at more than one pharmacy
No follow up appointment made
Misses appointment
Does not adhere to treatment plan recommendations (attending physical therapy, counseling)
Requests an early refill
Drops in for medication and requests an immediate refill (72-hour notice is required)
Presents to the clinic intoxicated

Major:

Urine or serum drug screen is refused or altered
Abnormalities in urine drug screen*
Request for pill count is refused
Pill count discrepancy
Patient is verbally or physically abusive to staff
PDMP is inconsistent**
Patient is receiving controlled medications from another provider

Severe:

Known diversion
Suicide attempt or overdose
Diagnosed addiction or dependence to any substance
DUI or DUUI citation
Incarceration due to DUI, DUUI, diversion, or other related charges
Forgery of a controlled substance prescription

***Abnormalities in a urine drug screen include:**

Presence of legal intoxicants (alcohol, THC marijuana, Kratom, etc.)
Presence of any illegal or illicit substance
Presence of non-prescribed medications or their metabolites
Presence of methadone or suboxone
Absence of prescribed medications
Absence of prescribed medication metabolites (indicates drug is not taken regularly as prescribed)

****PDMP Inconsistencies:**

More than one prescriber
Multiple clinics present
Multiple pharmacy fills
Use of a different name (ex: maiden vs. married)

The PDMP

A prescription drug monitoring program (PDMP) is an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to abuse and diversion and facilitate a targeted response.

NWIM clinicians are trained to check the Oregon PDMP before every visit with their patients. This allows for consistency in tracking appropriate prescribing and dispensing of controlled medications as well as assessing for potential abuse and/or diversion. At NWIM we take PDMP violations very seriously. Inconsistencies are considered a violation of the Controlled Substance Agreement.



Is taking medication becoming a problem? With any controlled substance there is a risk of:

1. **Diversion**- When a legally prescribed medication is illegally bought or sold. Diversion is dangerous and illegal. You may be prosecuted or incarcerated.
2. **Tolerance**- Needing more and more medicine to get the same result or coverage
3. **Dependent**- When your body has a reaction ("withdrawal") if the substance is not in your system, suddenly stop, or extremely reduce the medicine.
4. **Addiction**- When you lose control over how you take the medicine; always trying to get more of the medicine even when it has a bad effect on important parts of your life.
5. **Overdose**- When taking more medication than your provider prescribed, resulting in harm or death.

Concomitant Use of Legal Medications & Intoxicants

Alcohol & Marijuana

- Alcohol intake while taking controlled medications is a violation of the controlled medication agreement
- Concomitant use of THC containing Marijuana is not allowed in patients on chronic opiate therapy
- NWIM does not restrict the use of CBD treatment in those who are prescribed controlled medications. A provider may refer select cases to PTMSC for review of this issue

Benzodiazepines

- In general, the use of benzodiazepines for patients at is discouraged
- Any patient at NWIM that is receiving benzodiazepines must be seen by a MH provider for documentation of the appropriateness of the use of benzodiazepines for the patient within the first three months of initiation
- Concomitant use of benzodiazepines in patients receiving chronic opiates is not permitted.
- Any patient on benzodiazepines who wishes to be on opiate therapy should be tapered off the benzodiazepine
- Positive drug screens for benzodiazepines that are not prescribed should prompt documentation of a major violation of the controlled medication agreement and reconsideration of opiate prescribing because of the risk inherent in combining opiates and uncontrolled and unmonitored benzodiazepine use
- Benzodiazepine use is strongly discouraged in patients on long-acting opioids. Benzodiazepine use, among methadone users, has the potential to cause significant morbidity and mortality. Concomitant use of a benzodiazepine in a patient on methadone will not be permitted by NWIM providers.

Carisoprodol (Soma)

Carisoprodol is a Schedule IV drug that has, in the past, been used as a muscle relaxant. It has a high abuse potential and should not be prescribed.

Barbiturates

Avoid use due to additive sedating effects

Promethazine (Phenergan)

- Concomitant use of Phenergan is not recommended (a patient request for Phenergan by name should raise suspicion of opiate abuse/diversion)
- New patients should not be prescribed Phenergan
- Existing patients should be taken off Phenergan and given an alternative agent.

Quetiapine (Seroquel)

- Seroquel has potential for abuse secondary to its "high street value" due to its known sedative and anxiolytic qualities. There are also reports of intranasal pulverized pills use/abuse in the opiate addicted/abusing population. This is a very expensive drug and it is recommended that caution be used when prescribing.
- In patients on chronic opiates, it is recommended that MH evaluation be pursued to justify ongoing use of this medication.

Acetaminophen

Exercise caution when prescribing combination narcotic-acetaminophen drugs to ensure that the total daily dose does not exceed 3 grams/day (or 2 grams/day in patients with liver disease/impairment)