

**MARTIN LUTHER KING, JR. OUTPATIENT CENTER
POLICY AND PROCEDURE**

DIVISION: CLINICAL	NUMBER: 2.115
SUBJECT: TREATMENT CONSENT FOR CHRONIC MAINTENANCE ON CONTROLLED MEDICATION	
SECTION: MEDICATION MANAGEMENT	PAGE: 1 OF: 2
REVIEWED BY: P&T, Policy and Procedure Committee, Medical Executive Committee	EFFECTIVE DATE: 4/1/15
TO BE PERFORMED BY: ALL APPLICABLE STAFF	REVIEWED DATE: 2/26/15 REVISED DATE: 5/25/16

PURPOSE

1. To ensure safety of patients chronically taking Controlled Substance Medications for pain or other conditions.
2. To standardize management and use of Controlled Substance Medications for chronic conditions.

POLICY

All patients taking a Controlled Substance Medication for non-cancer related chronic condition for greater than 90 days will be required to sign a Treatment Consent for Controlled Substance Medication. Patients will also be required to adhere to the below procedure in order to continue receiving Controlled Substance Medications.

DEFINITIONS

Controlled Substance Medication: Any drug or other substances indicated as such under the Controlled Substances Act and regulated by the Drug Enforcement Administration (DEA). Examples include, tramadol, Vicodin, Norco, morphine, Lorazepam, etc.

PROCEDURE

Prior to initiating a Controlled Substance Medication, patient should have tried and failed other pharmacologic and non-pharmacologic therapeutic options. If a provider reasonably suspects that a Controlled Substance will become a maintenance medication, the patient should review and sign the Treatment Consent for Controlled Substance Medication. If a patient has been prescribed a Controlled Substance Medication for more than three months, the prescribing provider must initiate a Treatment Consent for Controlled Substance Medication. The document will then be labeled and scanned into their medical record under the "Consents" folder in ORCHID.

Prior to prescribing any Controlled Substance Medication, the prescribing provider should check that there are no other prescribers of similar medications that would increase risk of overdose and death. Providers should utilize the California State Prescription Drug Monitoring Program (PDMP) and may additionally consult the External Medication Import function on ORCHID.

Any patient taking a Controlled Substance Medication for greater than 90 days should have this document on file in the medical record. The pharmacy will ensure compliance by checking for the document prior to dispensing the medication for any patient taking a Controlled Substance Medication greater than 90 days. If the document is not on file, the following should occur:

1. The first time the patient comes to fill medication, the pharmacy will dispense medication and send a message in ORCHID to prescribing provider regarding lapse.
2. The second time the patient comes to fill medication, the pharmacy will dispense medication and ensure appointment is scheduled with prescribing provider.
3. The third time patient comes to fill medication, the pharmacy will not dispense medication and will hold prescription until document is signed and filed in medical record.

Patients cannot request refills for Controlled Substances over the phone nor should they walk into clinic requesting refills without an appointment. An in-person appointment must be made for all refills unless otherwise specified by the provider

in their note. The Urgent Care and Continuing Care Clinics will not refill Controlled Substance Medications for chronic conditions, but will help facilitate a face to face appointment with the patient's primary prescriber within a reasonable time frame.

For refills on Schedule II or III drugs, patients must have a scheduled monthly appointment with their provider or if patient has demonstrated consistent, safe use for at least three months, the provider can provide the patient with up to a 90 day supply using multiple separate prescriptions with the phrase, "Not to be filled until this date ____" included on the script.

As part of safely managing use of a Controlled Substance Medication, patients may be asked to submit to a drug toxicology screen at any point in time, but may be required to submit to random testing at a minimum of twice per year.

Providers can suspend or cancel a Treatment Consent at any time for a patient who violates the agreement. Violations include unexpected drug screen, identifying other unapproved prescribing providers or controlled substances prescription, engaging in verbally or physically threatening or abusive behavior towards clinic staff, or failing to participate in other recommend treatment modalities.

NOTED AND APPROVED:

Cynthia M. Oliver, Chief Executive Officer

Date

Ellen Rothman, M.D., Chief Medical Director

Date

Lessie Barber, RN, Nursing Director

Date

Signature(s) on File.