

## Controlled Substance Medication Management Policy (UPDATED) for Pandian Medical Corporation (DBA) ADROITA

This Agreement contains important information about Adroitai's professional services and business policies related to the use of Controlled Substance medication for health reasons. Please read this document carefully.

### SCOPE OF PRACTICE WITH CONTROLLED SUBSTANCE USE

#### Benzodiazepine:

Physician will use benzodiazepine for patients with acute stress disorders, severe anxiety disorders, PTSD and panic disorders. Physician focus' to resolve the issues with serotonin-based medications such as SSRI, SNRI, BUSPAR and TCA. All clinical effort would be done to transition from benzodiazepine medication to a safer alternative. **At this time we don't treat benzodiazepine maintenance management.**

Gabapentin and Lyrica: Physician will use gabapentin and Lyrica as an alternative option for patients who have failed all serotonin-based medications such as SSRI, SNRI, BUSPAR and TCA. Gabapentin will also be considered as option in benzodiazepine taper management. Gabapentin will also be used as a mood stabilizer for bipolar illness.

Naltrexone: Physician will use Naltrexone for alcohol dependence and opiate dependence to help them maintain sobriety. (FDA indication)

#### Sleep aids:

Physician will offer sleep aids like Ambien, Lunesta, Sonata and Belsoma to patients who have failed all other safer alternatives. Treatment will be limited to 3 – 6 months. **Any patients who have chronic sleep issues will be referred to a sleep consultant to get second opinion on sleep management options.**

#### Stimulants:

Physician will use stimulants only for patients with ADHD. Adult Attention-Deficit/Hyperactivity Disorder (ADHD) is a mental health disorder that needs stimulants for maintenance care.

- Physician will use ADHD medication only for patients who have psychological testing done to support the diagnosis or documented treatment history of childhood ADHD.
- Physician needs medical records to support previous care on ADHD medication.
- Physician will offer safer medication alternatives such as Wellbutrin, Straterra and Intuniv.
- Physician will not choose more than one medication for treating ADHD. Patients with any other active substance abuse will not be treated with stimulants simultaneously.
- Physician will not prescribe beyond the listed medication and its dosage or will only use FDA approved medication for ADHD within the recommended dosage.

### **Prescribing controlled substance**

Prescription for controlled substances, requirements:

ALL prescriptions will include

- Dated and signed the day it is issued.
- Full name and address of the prescriber.
- Full name and address of the patient.
- DEA number of the prescriber (who is authorized to prescribe the said drug).
- Written signature of the prescriber.
- Written in ink or indelible pencil or typewritten.
- Specify drug name, strength, dosage and form.
- Specify quantity.
- Include direction for use.
- Valid medical reason.
- If electronic, will comply with the e-prescribing guidelines from the federal government.
- No more than 2 refills. All patients will be seen within 90 days.

### **Schedule II Drug (Stimulant medication for ADHD)**

All Schedule II stimulant medication prescriptions are also limited:

- No refills.
- No more than a 30-day supply
- Only one prescription per prescription blank.
- Schedule II prescriptions expire in 90 days.
- Include both a written and numerical notation of quantity.

**In the case of an emergency, Physician may issue a lawful oral prescription, where failure to issue might result in loss of life or intense suffering. The oral prescription shall include a statement concerning the circumstances constituting the emergency for which the oral prescription was used. Within 7 days after issuing an emergency prescription, the Physician shall cause a written prescription for the emergency quantity prescribed to be delivered to the dispensing pharmacist.**

### **Other Safety Measures regarding controlled substance prescription, include:**

- All prescription blanks will be kept in a safe place where they cannot be stolen; minimize the number of prescription pads in use.
- Write out the actual amount prescribed in addition to giving a number to discourage alterations of the prescription order.
- Assist the pharmacist when they telephone to verify information about a prescription order. A corresponding responsibility rests with the pharmacist who dispenses the prescription order to ensure the accuracy of the prescription.
- Contact the nearest DEA field office to obtain or to furnish information regarding suspicious prescription activities.
- Use of tamper-resistant prescription pads. **PHYSICIAN DOESN'T DISPENSE OR STORE MEDICATION IN THE OFFICE.**

## **EVALUATIONS AND TREATMENT**

The first step to treatment is the initial evaluation. Physicians primary focus is clinical mental health care. This evaluation may require multiple sessions to establish what the goals of treatment are (for your treatment plan). One of the goals in the initial sessions is for you and your Physician to decide if this is a good pairing to provide the services you need. Thus, completing an initial evaluation is not a guarantee of continued treatment with this Physician. Initial assessment can last up to 45 minutes. Physician's primary modality of treatment will be pharmacotherapy (medication management for mental health issues). Medication management appointments typically last 15-25 minutes to understand your clinical status and response to treatment.

If you have a therapist, please notify the Physician so that care can be coordinated.

If you are interested to explore therapy options, please talk to the physician to understand the types of therapy that will benefit you.

Other aspects of monitoring care include:

- Routine lab work and other special diagnostic work ups.
- Psychological testing if needed.
- Medical record supporting previous treatment. (Refer Page 4 for more detail)
- First drug screening is ordered upon starting a new prescription. Then twice a year. (Refer Page 4 for more detail)
- All patients requiring controlled substance medications will be screened using **Illinois Prescription Monitoring Program**. (Refer Page 4 for more detail)
- **No out of state patient will be placed on controlled substance use.**
- **Lost prescriptions:** No lost prescriptions will be replaced. Patient is responsible to safeguard their controlled substance prescription/medications from loss or theft by keeping them in a locked cabinet.
- **Early refills:** No early refills on controlled substance will be given.
- **Phone refills:** No phone refills will be given. Patients must come in for a consultation to get refill.

**Termination of Controlled Substance prescriptions:** Patient who cannot comply with the recommendation will be terminated from controlled medication management. The following patient behaviors will result in termination of Controlled Substance prescriptions:

- Failure to comply with drug testing as requested, including second follow-up test in timely manner.
- Moving out of Illinois.
- Failure to comply with medical evaluation of health compliance: diagnostic tests requested and maintaining referrals with psychologist.
- Does not report treatment with controlled substances by other physicians.
- Has drug testing results not consistent with Physician's prescription plan:
  - Prescriptions patient reports taking daily are not detected on screen.
  - Patient tests positive for controlled substances not prescribed by Physician.
  - Patient tests positive for illicit substances will be referred for drug treatment.
- Misses more than two appointments (no show) per year without proper cancellation.

**Disorderly behavior in Physician's Office.** Abusive behavior towards Physician's staff, or disruptive behavior interfering with the care of other patients will not be tolerated. The patient will be dismissed from the practice immediately and permanently.

Other reasons for Termination from practice but are not limited to, below:

- Patient behavior for intoxication by illicit drugs.
- Patient requests refill on Controlled Substance that Physician has never prescribed.
- Person other than patient requesting refill or picking up prescription.
- Patient's inability to state directions as prescribed for taking medication.
- Patient not permitted to speak with physician alone (if people accompanying patient won't leave the examining room).
- Patient's physical exam or history concerning for misuse of controlled substance or illicit drug use.
- Physician receives information from a pharmacy or other health care provider concerning patient
- Patients obtaining controlled substances from multiple Physicians.
- Patients who do not take medications as prescribed such as adjusting the dose or frequency of medication on their own without discussing with the provider.

*Detail Description of Other Aspects used for monitoring care, below:*

**Urine comprehensive drug screen ("DRUG COMP").** DRUG COMP is combined immunoassay screening and gas chromatography/mass spectroscopy that together detect specific drugs along with morphine/codeine, benzodiazepines and drugs of abuse such as amphetamines, THC, and cocaine.

**Illinois Prescription Monitoring Program (ILPMP).** Search the state's online database of prescription fills controlled substances (<https://www.ilpmp.org>) for the patient's filling history. At the visit when the first prescription is provided for a controlled substance, if long term use is anticipated the Physician should initiate with the patient completion of the practice's controlled substance agreement.

**Medical records.** New patients must provide medical records documenting previous medical work-up regarding the complaint necessitating these prescriptions and notes from previous physicians who had prescribed medication.

**Obtain relevant medical records from previous providers.** The patient is responsible for having this information sent. Physician or practice staff will provide the patient with forms for release of information along with the fax number and mailing address of Physician's practice. The previous Physician's office should send the information directly to Physician's practice