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The Commonwealth of Massachusetts

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Circular Letter: DHCQ 14-4-612

TO: Massachusetts Controlled Substance Registration Participants

FROM: Deborah Allwes, BS, BSN, MPH, Director of the Bureau of Health Care Safety and Quality

DATE: April 24, 2014

RE: Emergency Order Regarding Prescription Monitoring Program prior to Prescribing of Hydrocodone-only medications

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Introduction

On April 15, 2014 a federal district court judge enjoined Commissioner Bartlett's ban on the prescribing and dispensing of hydrocodone-only medications. However; an emergency continues to exist which is detrimental to the public health with respect to the number of opiate-related overdoses and amount of opiate abuse and addiction in the Commonwealth.

Emergency order regarding Prescription Monitoring Program

The Commissioner has issued an order, effective immediately, pursuant to the Governor's declaration of a public health emergency, requiring registered individual prescribers to utilize the Prescription Monitoring Program (PMP) to evaluate a patient's prescription history prior to each instance of issuing a prescription for hydrocodone-only extended release medication that is not in an abuse deterrent formulation.[1]

In Massachusetts, prescriptions for controlled substances in Schedules II and III can be written for no more a 30-day supply (MGL c. 94C, § 23(d)), so this order will require the prescriber to check the patient's PMP record, at a minimum, every 30 days while he or she is being prescribed this medication. The Commissioner issues this order pursuant to the March 27, 2014 vote by the Public Health Council (PHC), permitting the Commissioner to take other actions as necessary to

[1] The regulation would not impose specific criteria which would require a prescriber to refuse to write a prescription: prescribers are expected to review the information in the PMP for use as a clinical decision-making tool.

respond to the declared public health emergency. The Commissioner will update the PHC at the regular monthly meeting as to the action she took.

Best Practices for Prescribing

On April 22, 2014, the Board of Registration in Medicine (BORIM) promulgated emergency regulations requiring licensees, prior to prescribing hydrocodone-only extended release medication that is not in an abuse deterrent form to 1) conduct a risk assessment for a patient, including an evaluation of the patient's risk factors, substance abuse history, presenting conditions, current medications, and PMP data; 2) discuss the risks and benefits of the medication with the patient; 3) enter into a pain management treatment agreement with the patient; supply a letter of medical necessity for the pharmacy that will fill the prescription; and 4) document this information in the patient's medical records.

The Department recommends that other prescribers' professional licensing boards promulgate regulations that follow BORIM's lead. Regulation by BORIM will directly or indirectly affect the prescribing by approximately 95% of the prescribers of controlled substances in Massachusetts. Physicians represent almost 75% of such prescribers. Prescribers who are physician assistants and advanced practice registered nurses represent another nearly 20% of prescribers. These practitioners, except nurse midwives, can only practice under the supervision of a physician pursuant to mutually agreed-upon guidelines including prescriptive practice.

The Commissioner recommends registered individual prescribers document both a risk assessment and controlled substance treatment agreement for each patient for whom they prescribe hydrocodone-only extended release medication that is not in an abuse deterrent formulation.

Specifically:

1. Prescribers must evaluate and document in the patient's medical record the risks and benefits for the individual patient of the use of extended release hydrocodone-only medication without abuse deterrents prior to writing a prescription for such a medication; and
2. Prescribers must use a validated tool(s) to screen for risky alcohol and drug use, such as the single item alcohol and drug screen questions shown below (AUDIT-C and the Single-item drug screen); and
3. Prescribers must place in the patient's file a Pain Management Treatment Agreement signed by the patient that shall include such requirements as drug screening, pill counts, safe storage and disposal, and other conditions as appropriate in the prescriber's judgment, based on the patient's history, as shown below.

Question: I am a prescriber and have a patient that I want to write three 30-day prescriptions for. Is this okay?
Answer: No. You must go into the PMP and review a patient's prescription history prior to each prescription.

Question: How do I enroll in the PMP?

Answer: Go to the MA Drug Control Program's website and fill out an enrollment application. Follow the instructions on the screen: http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/drug-control/ma-online-prescription-monitoring-program/

Question: I am already enrolled in the PMP, what else do I need to do?
Answer: As long as you have a current MCSR and are enrolled in the PMP, there is nothing more you need to do for enrollment.

Question: I am an advance practice registered nurse (APRN) or a physician assistant (PA). Can I enroll in the PMP?
Answer: The MA Drug Control Program encourages all prescribers to enroll in the PMP.

Question: How do I get more information on validated screening tools?
Answer: The Department has published a Screening Brief Intervention and Referral to Treatment (SBIRT) Guide. The SBIRT Guide includes additional information on validated screening tools. The Guide is available free of charge and can be ordered online at www.mass.gov/maclearinghouse

Question: How can I learn more about integrating SBIRT into my practice?
Answer: MASBIRT Training and Technical Assistance (MASBIRT TTA) provides free training, coaching, and consultations on implementation for healthcare and public health professionals statewide; equips providers to identify and address patients' unhealthy substance use, including prescription drug misuse; and helps organizations build linkages with specialty substance abuse treatment. Trainings can help you: Develop clinical protocols; enhance motivation through effective communication; negotiate goal setting; and build linkages with specialty substance abuse treatment. MASBIRT TTA can be reached during regular business hours by calling 617-414-3749 or through www.masbirt.org

Question: How do I access services for a patient who has a problem with drugs and alcohol?
Answer: The Massachusetts Substance Abuse Information and Education Helpline provides free and confidential information and referrals for alcohol and other drug abuse problems and related concerns. Staff members are available to answer questions and provide referrals by telephone Monday through Friday from 8:00 am to 10:00 pm and on Saturday and Sunday from 9:00 am to 5:00 pm. Language interpreters are available; additionally, information and referrals can be accessed at any time via the website at http://www.helpline-online.com/

If you have any questions about this letter, please contact:

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Validated Single- Item Alcohol and Drug Screen Questions

ALCOHOL:
How many times in the past year have you had X or more drinks in a day?
X is 5 for men and 4 for women

A response of greater than one is considered positive.[2]

DRUGS:
How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

If asked to clarify the meaning of "non-medical reasons" you can say "for instance, because of the experience or feeling it caused"

A response of at least one time was considered positive for drug use. [3]

[2] Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. Primary Care Validation of a Single-Question Alcohol Screening Test. J Gen Intern Med. 2009; 24(7): 783-788.

[3] Smith PC, Schmidt SM, Allensworth-Davies D, Saitz R. A single-question screening test for drug use in primary care. Arch Intern Med. 2010; 170(13): 1155-1160.