

# Alaska State Medical Board

## Policies and Procedures

Board Issued Guidelines	Section 6
Subject:	<b><i>Prescribing Controlled Substances</i></b>
Implemented:	August 1993
Updated:	June 28, 1997, November 7, 2015, August 4, 2016
<p>November 7, 2015: The Board adopted the following Guidelines for Prescribing Controlled Substances:</p> <p>The Board recognizes that controlled substances are useful and can be essential in the treatment of acute pain that results from trauma or surgery, as well as in the management of certain types of chronic pain. Physicians are expected to be knowledgeable about best clinical practices, aware of associated risks, and to practice in compliance with applicable state and federal laws and relevant practice standards.</p> <p>The Board will consider inappropriate management of pain, particularly chronic pain, to be a departure from accepted best clinical practices, including, but not limited to the following:</p> <ul style="list-style-type: none"><li>• Practicing pain management without sufficient knowledge, skills, and training, or failure to refer patients to an appropriate pain management physician.</li><li>• Inadequate attention to initial assessment to determine what, if any, controlled substances are clinically indicated and to determine risks associated with their use in a particular patient.</li><li>• Inadequate monitoring during the use of potentially abusable medications.</li><li>• Inadequate attention to patient education and informed consent.</li><li>• Unjustified dose escalation without adequate attention to risks or alternative treatments.</li><li>• Continued use of ineffective treatments, or failure to reduce or discontinue medications when indicated.</li><li>• Excessive reliance on opioids, particularly high dose opioids for chronic pain management.</li><li>• Not making use of available tools for risk mitigations, including: participation in the state prescription drug monitoring program (in advance of prescribing and for ongoing monitoring); practice in accordance with Specialty Board practice standards; and practice in accordance with the Guidelines issued by the Federation of State Medical Boards (FSMB) in their Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, and practice in accordance with the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain.</li></ul> <p>(Note: updated 8/4/16 to include CDC guidelines.)</p>	

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### Previous Guidelines for Prescribing Controlled Substances

#### Updated:

In June 1997, the board adopted the following regulations that place certain prescribing requirements into law:

12 AAC 40.975. PRESCRIBING CONTROLLED SUBSTANCES. When prescribing a drug that is a controlled substance, as defined in AS 11.71.900, an individual licensed under this chapter shall create and maintain a complete, clear, and legible written record of care that includes, at a minimum,

- (1) a patient history and evaluation sufficient to support a diagnosis;
- (2) a diagnosis and treatment plan for the diagnosis;
- (3) monitoring the patient for the primary condition that necessitates the drug, side effects of the drug, and results of the drug, as appropriate;
- (4) a record of drugs prescribed, administered, or dispensed, including the type of drug, dose, and any authorized refills.

In August 1993, the Board implemented the following Guidelines for Prescribing Controlled Substances:

1. Perform a work-up sufficient to support a diagnosis, including all necessary tests.
2. Document a treatment plan that includes the use of non-addictive modalities, and make referrals to specialists within the profession when indicated.
3. Document by history or clinical trial that non-addictive modalities are not appropriate or are ineffective.
4. Identify drug seeking patients. Review records. If the patient is new, discuss drug and chemical use and family chemical history with the patient. If drug abuse is suspected, consider obtaining a chemical dependency evaluation or contacting local pharmacies.
5. Obtain informed consent of the patient before using a drug with the potential to cause dependency. Drug companies, the AMA, and other outlets provide printed material in layman's terms that can be used for patient education.
6. Monitor the patient. It is important to follow the patient for the primary condition that necessitates the drug, and for side effects of the drug, as well as the results of the drug. Drug holidays to evaluate for symptom recurrence or withdrawal are important.
7. Control the supply of the drug. Keep detailed records of the type, dose, and amount of the drug prescribed. Monitor, record, and control refills. Require the patient to return to obtain refill authorization at least part of the time. Records of cumulative dosage and average daily dosage are valuable.
8. Maintain contact with the patient's family as an objective source of information on the patient's response and compliance to the therapy.
9. Create an adequate record of care.