

LET'S TALK ABOUT CONTROLS



MTPS wants you to wish you a Happy 2015 !!!

Elements of a valid script

- Patient's full name
- Patient's full address
- Drug name, strength, and dosage form
- Direction for use
- Quantity prescribed
- Name, address and DEA number of the practitioner

MYTH BUSTER

In long term care homes, a physician order alone does not take the place of a valid prescription. In the hospital setting, an order is valid because the hospital has registered with the D.E.A. This is not the case in long term care homes. LTC facilities are not required to register with the D.E.A. so a valid prescription is required for any scheduled II – V medications ordered. *Office of Diversion Control June*

It is recommended that a systematic approach is taken by LTC facilities to ensure their medical directors, referring facilities, and licensed practitioners follow the D.E.A. guidelines by providing a valid prescription for scheduled II – V medications.

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COMMONLY USED CONTROLS AND CLASSES IN LONG TERM CARE

Scheduled II: Methadone, dilaudid, oxycodone, fentanyl, Vicodin, Lortab, Norco

Scheduled III: Tylenol with codeine,

Scheduled IV: Xanax, Soma, Ativan, Ambien, Tramadol

Scheduled V: Antidiarrheal, antitussive (Iomotil, Robitussive AC) Lyrica

F – 309, F - 329

Pain management has come under severe scrutiny with the Quality of Care guidance and investigative protocols released in the F309 section. With this type of focus, medication management is being highlighted with an emphasis on assessment, the medication regimen prescribed, medication administration, and documentation. A valid prescription should be kept on file for review for any scheduled II – V medication. CMS's effort is also aimed at the reduction of unnecessary drugs as stated in F329. Specifically with psychotropic medication. Again, this focus highlights the prescribed medication and documentation. It is recommended that a systematic approach is taken by LTC facilities to ensure their medical directors, referring facilities, and licensed practitioners follow the D.E.A. guidelines by providing valid prescriptions for any scheduled II – V medications ordered for the resident.

PHARMACY FORMS

There are two forms you may receive from the pharmacy 1) "Request for new prescription" this form is sent to you if a new controlled order was received without a valid prescription and 2) "Continuance of Schedule Medication" this form is sent to you if a refill is needed for a current controlled substance and a valid script has not been signed.

PHARMACY POLICY

According to the D.E.A. regulations when a controlled medication is ordered for a resident, a valid prescription must be obtained by the pharmacy prior to the medication being **dispensed or sent to the facility.**

HIGHWAY TO COMPLIANCE

Although this can be a challenging topic, it is not one that will go away. The fastest track to being in compliance with the D.E.A.'s regulations is an open dialog with your medical director and referring case managers. Rocking the boat with referral sources is never comfortable and at times intimidating. However, more often than not they are familiar with these regulations and just need to be aware that your facility enforces them.

HOW CAN WE HELP

We obviously cannot change the regulations or guidelines in regards to obtaining prescriptions prior to dispensing. However, we can provide educational material to your staff, attend a monthly P.I. meeting and assist in a dialog with the medical director etc. Please contact us if we can be of any assistance to your facility



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