Guidelines for Prescribing Controlled Psychotropic Medications to Patients with Substance Use

Purpose:

The following guideline was developed to provide physicians a framework for prescribing controlled psychotropic medications to patients with active or previous substance use. The recommendations are based on:

- American Psychiatric Association Practice Guidelines for Treatment of Substance Use Disorder, the California Medical Board and an extensive literature review including Drug Abuse Warning Network Data (DAWN report).

- Consideration of factors unique to child and adolescent psychiatric patient population.

The guideline was discussed and approved by the county psychiatrists and the contract agency medical directors.

General Considerations:*

* The Child and Adolescent Psychiatry is excluded from this guideline pending further data collection and literature review.

I. In patients who meet the DSM4 TR minimum criteria for abuse/dependence or have history of abuse or dependence, certain restrictions are applied to prescribing controlled medications; a higher level of restriction is applied for patients who meet the criteria verses those who have a history of abuse or dependence.

II. Although caffeine and nicotine are addictive substances; for the purposes of this guideline they are excluded. However, smoking cessation should be aggressively pursued and the discussion routinely documented.

III. Different strategies are applied to patients currently on controlled medications compared to new starts.

IV. Substance-induced symptoms should initially be treated with non-controlled medications.

V. For patients with substance use history, substance relapse should always be considered when symptom onset or exacerbation is noted; order routine or random toxicology screen as index of suspicion rises.

VI. An "adequate trial" of an approved medication consists of 4-8 weeks duration of adequate dose, with treatment response fully documented.

VII. Refused or missed urine toxicology screens should be deemed as positive results; therefore, patient considered to be actively using. (Patient should be informed of this agreement prior to requesting screens and the discussion documented).
VIII. Document psychoeducation regarding potential drug-drug, drug-disease interactions.

IX. Document referral to a substance abuse program (i.e. Gateway, Outpatient Groups).

X. Schedule II medications are not refillable, and cannot be dispensed in partial amounts. Separate RXs may be written with the fill date specified.

XI. When limiting RX supply, indicate "no early refills" on the PRESCRIPTION.

XII. CURES report should be run when suspecting controlled medication misuse.

Attachments:
Attachment 1: Flow Diagram
Attachment 2: References
Guidelines For Prescribing Controlled Psychotropic Medications to Patients With Substance Use
(Attachment 1: Flow Diagram)

I. Active substance use (<30Days)
   - A. New start on controlled medication
   - B. Patient already on a controlled medication/transferred

II. No active substance use
   - Positive history of abuse/dependence
     - A. No use between 1-12 months
     - B. No use >1 year
I. Active substance use: (<30 days)

A. New start on controlled medication

Up to 2 weeks supply with up to 2 refills may be provided if each of the following is documented:

1. An "adequate trial" with at least one FDA-approved non-controlled agent.
2. Risk vs. benefit analysis of utilizing controlled medication in the context of substance use.
3. Status of substance use at each follow up appointment.
4. Consideration of role of substances when symptom exacerbation occur.
5. Monthly toxicology screens x2 is ordered. Continue 2 weeks supplies as long as there is positive screen.

* No additional refills on controlled medication until patient is seen by the Psychiatrist.

B. Patient already on controlled medication/transferred

No Response For The Primary Diagnosis:

1. Cross titrate to an FDA-approved non-controlled medication

At least Partial Response For The Primary Diagnosis:

Up to 2 weeks supply with up to 2 refills may be provided if each of the following is documented:

1. Risk vs. benefit analysis of utilizing controlled medication in the context of substance use.
2. Status of substance use at each follow up appointment.
3. Consideration of role of substances when symptom exacerbation occur.
4. Monthly toxicology screens x2 is ordered. Continue 2 weeks supplies as long as there is positive screen.

* No additional refills on controlled medication until patient is seen by the Psychiatrist.
Guidelines for Prescribing Controlled Psychotropic Medications to Patients with Substance Use (Attachment 1: Flow Diagram Cont’d)

II. No active substance use

A. + h/o abuse/dependence (no use between 1-12 months)

- New Starts on Controlled Medication
  - Up to 3 weeks supply with up to 2 refills may be provided if each of the following is documented:
    1. An "adequate trial" with at least one FDA-Approved non-controlled agent.
    2. Risk vs. benefit analysis of utilizing controlled medication in the context of substance use.
    3. Full clinical response at each follow up appointment.
    4. Consideration of role of substances when symptom exacerbation occur.
    5. #2 random toxicology screens are ordered until sustained remission is reached. (If positive results, return to Active use section).

- Pt. already on controlled medication/transfered
  - No Response For The Primary DX:
    - 1. Cross titrate to an FDA-approved non-controlled medication.
  - At Least Partial Response For a Primary DX:
    - Up to 3 weeks supply with 2 refills may be provided if each of the following is documented:
      1. Risk vs. benefit analysis of utilizing controlled medication in the context of substance use.
      2. Full clinical response at each follow up appointment.
      3. Consideration of role of substances when symptom exacerbation occur.
      4. #2 random toxicology screens are ordered until sustained remission is reached. (If positive results, return to Active use section).

B. – h/o abuse and/or dependence

- No restrictions
New start on controlled medication

Pt. already on controlled medication/transferred

II. No active substance use

C: + h/o abuse/dependence (no use >1 Year)

Up to one month supply with 2 refills may be provided if each of the following is documented:
1. An "adequate trial" with at least one FDA-approved non-controlled agent.
2. Risk vs. benefit analysis of utilizing controlled medication in the context of substance use

No Response For the Primary DX:
1. Cross titrate to an FDA-approved non-controlled medication.

At Least Partial Response For a Primary DX:
Up to one month supply with 2 refills may be provided if each of the following is documented:
1. Consideration of random toxicology screen q6month.
2. Consideration of role of substances when symptom exacerbation occur.

No Response For The Primary DX:
1. Cross titrate to an FDA-approved non-controlled medication.

C: + h/o abuse/dependence (no use >1 Year)

New start on controlled medication

Pt. already on controlled medication/transferred

II. No active substance use
References: (Attachment 2)

- Medical Marijuana. The Medical Board of California (Department of Consumer Affairs), http://www.mbc.ca.gov/medical_marijuana.html
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- Vistaril Package Insert
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- Adolescent Drug Use- NIDA overview2011.pdf
- APA Substance Use guidelines 2006-quick reference.pdf
- APA Tx Substance Abuse guidelines 2006.pdf
- Benzos and stimulants for substance disorders- Current Psych Online 5-11.pdf
- Beyond Abuse and Exposure-Framing Impact of Prescription Medication Sharing Abstract and Introduction.mht
- Biederman ADHD and Substance Use.pdf
References: (Cont’d)

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- RCT of osmotic release methylphenidate with CBT in adolescents with ADHD and SUD.pdf
- Richard Lawrence MerKle Jr. and Ajay Kuchibhatla, Expert Opinion: Safety of stimulant treatment in attention deficit hyperactivity disorder part I.pdf
- www.samhsa.gov, Quick Guide For Clinicians: Treatment For Stimulant Use Disorders, DHHS Publication No. (SMA)01-3598