FLOW CHART FOR THE INITIAL PRESCRIBING CONTROLLED SUBSTANCES UNDER AB474

Are you prescribing a controlled substance?

Yes → Check PMP:
Does your patient have a prescription for the same diagnosis over the same period of time?

No → Evaluate risk factors.

Yes → Evaluate HERR:
1. Medical History
2. Physical Examination
3. Obtain Medical Records
4. Risks of Abuse
   Document in Medical Record

Is the prescription for pain?

Yes → Establish preliminary diagnosis and treatment plan

No → Identify patient-specific limitations.

1. For acute pain: 14-day maximum
2. For opiate naive: No more than 90 MME
3. For 30-Days or more: Complete a Prescription Medication Agreement

Ready to prescribe?

Yes → Complete a legally valid prescription.

Include:
1. Patient’s date of birth
2. ICD-10 diagnosis
3. Minimum number of days for patient consumption
4. Prescriber’s legible name and DEA number.

Obtain Informed Consent in writing.

Evaluate risk factors:
- Does your patient have a prescription for the same diagnosis over the same period of time?
- Establish BONA FIDE provider-patient relationship
- Consider alternatives to controlled substances and document in Medical Record

Do NOT prescribe

No → Ready to prescribe?

Yes → Complete a legally valid prescription.

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No, AB474 does not apply, prescribe according to standard of care.

Risk Factors include:
- PT using RX inappropriately
- PT suspected of diverting RX
- PMP indicates irregular behavior
- Irregular blood or urine screen
- Test negative for drugs that should be there.
- Current RX ineffective
- PT using drugs/alcohol
- # of PT requests refills
- # of PT claims RX lost/stolen
- PT aberrant behavior/intoxication

Prescription Medication Agreement must include:
- Goals of treatment
- Consent to testing to monitor use
- Requirement that CS is only taken as prescribed
- Prohibition on sharing
- Requirement that PT informs Dr. of:
  - Other CS prescribed/taken
  - Use of alcohol &/or cannabinoids
  - Previous treatment for side effects/complications related to use of CS
  - Each state previously resided in or had CS Rx filled
  - Authorization for Dr. to conduct random inventory of CS
  - Reasons Dr. may change/discontinue CS treatment
  - Any other requirements determined by Dr.

Informed Consent must contain:
- Potential risks & benefits of CS treatment (including risks & benefits of a form of the CS that is designed to deter abuse, if available)
- Proper use of CS
- Alternative treatments & cause of symptoms
- Provisions of the treatment plan
- Risks of dependence, addiction, overdose during treatment
- Methods to safely store & legally dispose of CS
- How refill requests will be addressed
- Risks to fetus (women 15-45) & availability of antagonist
- If a minor, the risks of abuse/misuse & ways to detect

CS: Controlled Substance
PT: Patient
RX: Prescription
Dr.: Practitioner

KEY

Done

Incomplete