Prescribing Dilemmas: Case Studies from the Alabama Board of Medical Examiners
Part 1

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MISSION

The Alabama Board of Medical Examiners is charged with protecting the health and safety of the citizens of the state of Alabama.

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Prescribing Dilemma #1

"The patients just came to me this way!"

Prescribing Dilemma # 1

Presentation: Patient comes to a prescriber with a reported lengthy history of chronic conditions and multiple controlled substance prescriptions with high doses

- The patient wants the prescriber to continue the medications "just like the other doctor did it"
- The prescriber knows the dosages are too high, that the combinations are risky, but the patient is very averse to change

Should you continue the patients on the medications, or make changes?

A) CONTINUE

B) MAKE CHANGES

Prescribing Dilemma # 1

Dilemma: continue the patients on the medications, or make changes?

- Is the prescriber aware of titration methodologies?
- Is the prescriber willing to say "No?" and mean it?

Risks to the prescriber: Patient harm, transformation of the practice into a pill mill, and Board intervention.

Prescribing Dilemma #2

"He prescribes the opioids. I just prescribe the benzodiazepine."

The prescriber should remain in his or her silo.

A) TRUE

B) FALSE

Prescribing Dilemma # 2

Presentation: A patient is being prescribed a controlled substance by one prescriber, and another prescriber is managing another condition with a controlled substance. The combination poses a risk of harm to the patient.

Dilemma: Can the prescriber remain in his or her silo? What are his/her responsibilities? What can he/she do about the risks?

Prescribing Dilemma # 2

Review: Dr. Parran's Presentation

- Benzodiazepines are very "STICKY" drugs because short-term prescribing commonly becomes long term
- Problems with chronic (daily) benzo exposure:
  - TACHYPHYLAXIS (INSOMNIA)
  - PHYSICAL DEPENDENCE AND WITHDRAWAL (withdrawal symptoms are identical to indications for the drug)
  - LIKELY IMPAIR HELP SEEKING BEHAVIOR
  - FDA INDICATION ARE ALL FOR SHORT TERM USE
  - EFFICACY STUDIES ARE ALMOST ALL SHORT DURATION

Prescribing Dilemma # 2

Review: Dr. Parran's Presentation

- To Taper Off the benzodiazepine
  - **Short** – switch to intermediate onset, long T1/2 agent administered **nightly** and taper.
  - **Long** – switch to intermediate onset, long T1/2 **nightly** and taper.
- Start NON-benzo TX Plan for mental health issues
- The Taper (Outpatient setting)
  - 10% / month = NON - urgent taper
  - 10% / week = Urgent taper
- Avoid PRN benzos entirely

Prescribing Dilemma #3

"My patient has severe pain, but she is also probably abusing/misusing the prescriptions."

Prescribing Dilemma # 3

Presentation: There is a legitimate diagnosis supporting the prescribing of a controlled substance, such as an opioid for chronic pain, but the prescriber has reason to believe that the patient may misuse, abuse, or divert the medication.

Dilemma: Prescribe the controlled substance or withhold it? Are there any risk mitigation measures the prescriber can take? Is there a third option?

Prescribing Dilemma # 3

Review: Dr. Parran's Presentation

- January 2016 Annals of Intl Med: 90% of patients continued to receive prescription opioids after an accidental overdose was recorded in the chart
- March 2016 JGIM – Benzos are prescribed more frequently to patients with risk factors for benzo-related adverse events

Prescribing Dilemma # 3

Review: Dr. Engeriser's Presentation on Buprenorphine Management

- How should I react to a positive UDS?
  - Buprenorphine is a risk reduction strategy
  - A positive drug screen in itself should not be a reason to deny/stop treatment
  - Drug screens positive for fentanyl or methadone require caution
  - Benzodiazepines, barbiturates, and alcohol can increase risk of overdose
  - Continued positive UDS on follow-up appointments may require a change in treatment strategy

Prescribing Dilemma #4

"What risk and abuse mitigation strategies do you want me to use?"

Prescribing Dilemma # 4

Presentation: The Board requires the use of risk and abuse mitigation strategies tailored to the individual patient.

Dilemma: There are many strategies to choose from. Which one does the Board want me to use?

Prescribing Dilemma # 4

Review: PDMP Presentation

- Overdose risks scores provided for all patients.
- Prescribers can search for prescriptions dispensed under his/her DEA number (MyRx).
- Quarterly Prescriber Reports.
- EHR Integration: Allows prescribers to access PDMP directly from the EHR.
- Application: How to use these reports?

Who should utilize risk and abuse mitigation strategies?

A) COLLABORATING/SUPERVISING PHYSICIAN ONLY

B) THE PHARMACIST

C) EVERY PRACTITIONER

D) THE PRACTITIONER THAT SAW THE PATIENT FIRST

Prescribing Dilemma #5

"An investigator just came to my office. Am I going to lose my license?"

Prescribing Dilemma # 5

Presentation: A Board investigator comes to your office with a subpoena or communication from the Board about your controlled substance prescribing.

Dilemma: What is going to happen next? Should I change anything I'm doing?

Prescribing Dilemma # 5

- Self-audit questions:
  - Are my licenses in order?
  - Am I following the rules? Did the investigator just educate me on a rule?
  - Are my medical records and documentation up to date?
- Possible outcomes:
  - Nothing happens
  - Educational letter
  - Interview with the Board
  - Mandated CME
  - Discipline

Prescribing Dilemma #6

"What's the deal with testosterone?"

Prescribing Dilemma # 6

Review: Dr. Koulianos on Testosterone

- Most men who need testosterone don't receive treatment, while those who don't need it, do. Low testosterone becomes increasingly common as men age.
- According to the American Urology Association, a diagnosis should rely on both blood tests and clear, persistent symptoms
- A.U.A. guideline: healthy testosterone levels in men fall between 300 and 800 nanograms per deciliter. However, testosterone can fluctuate widely. Levels are highest in the morning
- There is also a "plateau effect" with testosterone. Once a patient reaches his personal threshold, taking more of the hormone isn't going to do very much.

Is an Advanced Practice Provider required to have a controlled substance certificate to prescribe testosterone?

A)YES

B)NO

Resources

Board Website: www.albme.gov

- Rules page: Rules and Laws | Alabama Board of Medical Examiners & Medical Licensure Commission
- Practice Issues & Opinions | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Investigations & Misconduct | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)
- Reporting | Alabama Board of Medical Examiners & Medical Licensure Commission (albme.gov)

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- We are also on Facebook and LinkedIn

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