Management of Psychotropic Medications and/or Medications with Addictive Potential (MAPs)

Policy: The HPSP supports all licensees in obtaining appropriate medical/dental and/or mental healthcare including the use of psychotropic medications and medications with addictive potential (MAPs) when necessary.

This policy applies to all HPSP licensees, regardless of whether they are enrolled under mental health, substance abuse, or both conditions.

Psychotropic Medications:
HPSP must remain aware of all medications that may affect the mood or cognition of licensees. Therefore, the program must be apprised of licensee's use of all prescribed psychotropic medications. The program must also receive documented medical approval of the use of potentially sedating or stimulating over the counter medications.

MAPS:
MAPs include all controlled substances in the stimulant, sedative/hypnotic, and opiate class; and other miscellaneous scheduled and unscheduled medications and illicit drugs that are commonly known to be addictive.

The use of medications with addictive potential is acceptable **only** when these three conditions are met:

1) There is no reasonable medical alternative;
2) The medication is taken for a specific condition and prescribed only for that condition;
3) The prescriber is aware of the licensee's history of a substance use and/or mental health disorder.

Self-prescribing is not permitted under the HPSP voluntary agreement. A licensee's use of medication from a prescription issued to another individual or from a prescription issued to the licensee for another purpose is considered self-prescribing.

All new prescriptions for MAPs are reviewed by the HPSP medical director or designee. Licensees must discuss the use of medications with addictive potential with the HPSP prior to their use, except in emergent situations.

Exposure to MAPs can provoke relapse behavior even for licensees in good recovery. MAPs can interact with other psychotropic medication and exacerbate psychiatric symptoms. The underlying medical condition may also lead to deterioration of mental illness or stimulate drug craving. Licensees are encouraged to plan in advance to attend additional support meetings or therapy sessions during the period such medications may be required, and let their treatment team and support system know about their medication exposure. In general, the longer the period of exposure the greater the likelihood of problems and greater vigilance is warranted.

The prescription of a MAP may pose a significant threat to the licensee's mental state and level of recovery. Therefore, the HPSP may impose temporary changes in the licensee's monitoring plan upon learning that the licensee has been taking or intends to take a MAP. These changes may include work restrictions, or re-referral to an evaluator for a new assessment and treatment plan. The HPSP may also require the licensee to obtain clinical consultations to ensure that the proposed treatment with a MAP adheres to standard of care. If a licensee cannot come to an understanding with the HPSP regarding the use of MAPs, this may be considered substantial noncompliance with their monitoring agreement.

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Procedure:

I) All licensees receive a copy of the Psychotropic Medication/MAP policy on admission to the program.

II) All licensees must discuss their HPSP participation with their primary provider and insure that their primary care provider faxes back the letter of information (Attachment A).

III) Anticipated, non-urgent exposures to medications with addictive potential. Licensees must notify the HPSP in advance of anticipated exposures (e.g., non-urgent outpatient prescriptions and scheduled medical, dental, and surgical procedures).

A) Non-urgent outpatient prescriptions. In advance of taking the medication, the licensee must:
   a) Ensure that the HPSP has received a signed letter of information (Attachment A) from the prescriber of the MAP or psychotropic medication;
   b) Ensure that the licensee has signed the appropriate releases of information;
   c) Ensure that the HPSP has received the copy of the proposed prescription; and
   d) Await HPSP decisions regarding changes in monitoring plan, if any, if participating board allows the program to approve prescriptions.

B) Scheduled medical, dental, and surgical procedures. The licensee must:
   a) Notify the HPSP of the planned procedure;
   b) Provide the HPSP with a signed letter of information from the provider;
   c) Provide the HPSP with a copy of the procedure note documenting anesthesia used within 3 days of the procedure; and
   d) Provide the HPSP with copies of prescriptions for post-procedure care within 24 hours of the prescription.

IV) Urgent and unanticipated exposure to MAPs. In the case of exposure to MAPs that cannot be anticipated, the licensee must:
   a) Call HPSP during the next HPSP workday to report the prescription and discuss ongoing medication management issues;
   b) Provide the HPSP with a copy of the procedure note documenting anesthesia used within 3 days of the procedure; and
   c) Provide the HPSP with copies of prescriptions for post-procedure care within 24 hours of the prescription.

When a licensee requires treatment with medications known to have addictive potential, it is anticipated that they will require medication in the same quantity and for the same duration as patients without addictive disease. In the case of licensees with a past history of opiate dependence, tolerance may develop quickly and necessitate higher and more frequent dosage, but opiates should not be required for longer than for a non-opioid dependent individual.

Attached is a letter (Attachment A) to take to your prescribing practitioner. Please give it to your prescriber and ask them to sign it and return to us. Thank you.

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Dear Health Practitioner:

Please read and sign this letter of information regarding the prescription of Psychotropic Medications, Medications with Addictive Potential (MAPs), and over the counter medications which may have sedating or stimulating effects.

The bearer of this letter is a health professional with a history of mental illness and/or substance abuse. In order to retain his or her license, the bearer has agreed to enroll in a monitoring program to ensure recovery and safe practice. Some or all MAPs may carry a relative contraindication for use in this individual because of his or her particular history.

By a Psychotropic Medication or Medication with addictive potential we mean:

- All medications on the U.S. DEA schedule. A complete list of these medications can be found through the website http://www.deadiversion.usdoj.gov/schedules/index.html.

- Some medications that are not on the U.S. DEA schedule. The most prominent of these is Ultram®, or Tramadol. Tramadol is not a controlled substance, but it is a MAP.

- Medications known to have a mood altering effect or effect on cognition.

HPSP must remain aware of all medications that may affect the mood or cognition of licensees. Therefore, the program must be apprised of licensee's use of all prescribed psychotropic medications, even those with no addictive potential. The program must also receive documented medical approval of the use of potentially sedating or stimulating over the counter medications.

If your patient has a substance use disorder, he or she bears a higher risk of complications from medications with addictive potential. These medications can trigger relapse to drug use or destabilization of mental health status. Also, the prescription of MAPs may have administrative consequences for this individual. These may include temporary work restriction, demands for additional consultations, and in extreme cases, reports to the professional board overseeing the licensee.

In addition, several over the counter medications may have sedating or stimulating effects. This includes, centrally acting antihistamines and decongestants such as diphenhydramine (Benadryl), and hydroxyzine (vistaril or atarax). Licensees who have a non-negative test result due to the presence of one of these over the counter medications will be required to provide a letter from their treating physician indicating that the physician is aware that the licensee is participating the in Health Professionals' Services Program, and is also aware that the licensee is taking an over the counter medication that has potentially sedating or stimulating effects, and agrees with the Licensee's use of the medication.

Please contact us at any time if you would like to discuss this letter and the individual's treatment options. We cannot advise you on a correct treatment choice because we only monitor treatment and we do not provide treatment. However, we may be able to outline administrative consequences that may result from a prescription for MAPs. We can also help provide referral options if additional consultations are desired.

The treatment decisions are entirely yours, and do not have to conform to our recommendations. However, you may wish to note that in the case of acute symptom management we recommend that no more than 3 days of medication with addictive potential be dispensed. In general, we recommend against refills without

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reexamination when managing acute pain/self-limiting conditions. Longer-term prescriptions represent a particular threat to the individuals in recovery, and the licensee will have to obtain additional consultations in most cases.

We appreciate your attention to this matter and request that you contact us at 888-802-2843 if you have any questions or concerns.

I have read the above and discussed the risks and benefits of the use of Psychotropic Medications and/or Medications with Addictive Potential with my patient. My patient's record has a copy of this form and consent for exchange of information between my office and the HPSP.

Please FAX this form to HPSP at upon completion at 503-961-7142.

_____ _____

Health Practitioner Name (PRINT) Date

_____ _____

Health Practitioner Signature Telephone

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