

## Health Professionals' Services Program

### Program Guidelines

**Title:** Medication Management

**Pages:** 2

**Revision Date:** 7/21/2015; 5/15/2013; 2/20/2013; 3/27/2012; 11/29/2010

#### **Guideline:**

- 1 1. All Licensees must have a medication management form from each of their prescribing  
2 provider of mind-altering or intoxicating substances or potentially addictive drugs on file prior  
3 to enrollment in HPSP.
- 4 2. If the licensee was transferred to HPSP from another monitoring program (i.e. if the licensee  
5 did not enroll in HPSP as a new client), agreement monitors will request that the licensee  
6 obtain the medication management form from each of their providers. Licensees have one  
7 month from the date the request is made to comply. If a licensee does not obtain the form,  
8 he/she will be considered non-compliant with monitoring and this will be reported to the  
9 appropriate licensing board.
- 10 3. Each time a licensee enters a relationship with a new prescribing provider for mind-altering  
11 or intoxicating substances or potentially addictive drugs, he/she must have the provider  
12 complete the medication management form and send it to the agreement monitor. This  
13 includes over the counter medications with sedating or stimulating effects as outlined on the  
14 Medication Management Form. If a licensee does not obtain the form, he/she will be  
15 considered non-compliant with monitoring and this will be reported to the appropriate  
16 licensing board.
- 17 4. Licensees in the HPSP who are receiving outpatient prescriptions for mind-altering or  
18 intoxicating substances or potentially addictive drugs may only receive those prescriptions  
19 from one prescriber and one pharmacy. Receipt of controlled substances from more than  
20 one provider may result in a report of non-compliance to the appropriate board. In situations  
21 where care requires multiple medical specialties and prescribers for mind-altering or  
22 intoxicating substances or potentially addictive drugs, it is encouraged that these  
23 medications are reviewed by the licensee's primary care physician.  
24 Please note that the guideline does not apply to medications that are not mind-altering or  
25 intoxicating substances or potentially addictive drugs (e.g. anti-hypertensives, lipid lowering  
26 agents, antidepressants, etc.)
- 27 5. In cases of emergency (e.g. urgent hospitalization, acute injury and/or acute condition), the  
28 licensee may obtain medication without a medication management form but must contact  
29 the agreement monitor as soon as possible to provide details of the medical emergency and  
30 a copy of the prescription or discharge summary.
- 31 6. If a licensee obtains a new prescription for a mind-altering or intoxicating substance or  
32 potentially addictive drug, he/she will immediately inform HPSP. He/she will fax a copy of the

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- 33 prescription to HPSP within 24 hours of receipt of the prescription. OMB, BOP, and BOD  
34 licensees will request approval prior to prescription use. OMB, BOP, and BOD licensee who  
35 use the medication without obtaining approval will be considered non-compliant with  
36 monitoring and will be reported to the appropriate licensing board. Except in cases where  
37 immediate treatment is medically appropriate as outlined number 7. In these cases, licensee  
38 is to report treatment to HPSP as soon as possible.
- 39 7. If there is disagreement between the licensee's provider and the HPSP medical director  
40 regarding whether or not a medication should be used, a third party evaluation may be  
41 requested.
- 42 8. The general guideline that the Medical Review Officer follows when reviewing a non-  
43 negative test which requires a prescription is as follows:
- 44 a. If the licensee cannot provide a prescription as requested by the MRO, the test result  
45 is reported as a positive test.
- 46 b. The MRO does review past prescriptions on file. A prescription is considered valid if  
47 it was written within three (3) months from the date of the toxicology test.
- 48 c. If there is an old prescription (more than 3 months old), particularly for opiates, the  
49 MRO will contact the licensee and request a current prescription.
- 50 d. If the licensee provides an updated prescription, the result is reported as a negative  
51 with a warning.
- 52 e. If the licensee cannot provide an updated prescription, the result is reported as a  
53 negative with a warning and the date of last prescription on file is given with the  
54 report.
- 55 9. The general guideline that the HPSP Medical Director follows:
- 56 a. The HPSP Medical Director reviews all negative with warning toxicology reports and  
57 the administrative case coordinator checks that a Medication Management Form is  
58 on file. The Medical Director also reviews to determine the end date for the use of  
59 the medication and if the medication is appropriate for the condition being treated.  
60 Typically Opiates should not be used for acute conditions for more than three  
61 months. The HPSP Medical Director may confer with prescribing physician on  
62 prescription and/or condition and may require an independent third evaluation. The  
63 HPSP Medical Director will address Board of Nursing licensee prescription concerns  
64 by letter to the OSBN.

The requirement for HPSP is that licensees must have a medication management form on file with HPSP which is completed by their prescribing physician for all mind-altering or intoxicating substance or potentially addictive drugs. This form also requires the physician to give an end date for the prescription. All prescriptions are reviewed for appropriateness to the medical condition for which it is prescribed.