

<b>CHAPTER</b> Health/Medical	<b>CHAPTER</b> 03	<b>SECTION</b> 001	<b>SUBJECT</b> 25
<b>SECTION</b> Drugs and Medication		<b>DESCRIPTION</b> Controlled Substances: Schedule II-IV Drugs and Safeguards for Drugs of Risk	
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**APPLICATION:**

<input checked="" type="checkbox"/> CMH Staff	<input type="checkbox"/> Board Members	<input type="checkbox"/> Provider Network	<input checked="" type="checkbox"/> Employment Services Providers
<input type="checkbox"/> Employment Services Provider Agencies	<input checked="" type="checkbox"/> Independent Contractors	<input type="checkbox"/> Students	<input checked="" type="checkbox"/> Interns
<input type="checkbox"/> Volunteers	<input checked="" type="checkbox"/> Persons Served		

**POLICY:**

Lapeer County Community Mental Health (LCCMH) uses guidelines for the prescribing and administering of Schedule II-IV drugs and other drugs with known risk for misuse, addiction, or undesirable side effects.

**STANDARDS:**

- A. A psychiatric assessment is conducted by LCCMH prescribers and includes a screen for substance use history prior to the prescription of any controlled substance.
- B. Most Schedule II Controlled Substances are not prescribed by psychiatrists at LCCMH. Psychoactive stimulants that do fall under psychiatry's rubric are prescribed in accordance with the regulations by the State of Michigan's Bureau of Health Services. See Policy 03.001.65 for Prescribing Schedule II Medications for Attention Deficit Hyperactivity Disorder (ADHD).
- C. Non-medication interventions to address the presenting symptoms must be attempted and documented prior to a prescription of a controlled substance.

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- D. All prescribers are informed of the agency prescribing policies under Section 03 of the agency policy manual.
- E. Controlled substances are written on a regular prescription for a one-month supply. The prescription is not refillable and is good for 90 days from the date written.
- F. Prescribers educate persons served on the agency policy for prescribing practices as well as risks and safeguards for the medication prescribed.
- G. LCCMH prescribers must use the Michigan Automated Prescription System (MAPS) to detect unusual or irregular prescription patterns prior to issuing a controlled substance.

#### **PROCEDURES:**

- A. A psychiatric assessment of the person served is conducted prior to prescribing a controlled substance and subsequent administration. The following information is required in the record of the person served:
  - 1. The results of the MAPS Screen including a list of all controlled substances the person served is taking.
  - 2. The reasons for prescribing the drug.
  - 3. Documentation of non-medication interventions.
  - 4. An informed consent (involving a review of benefits and hazards of the particular drug) from the person served and parent/guardian (if applicable).
- B. If the results of the Michigan Automated Prescription System (MAPS) screen results indicate possible misuse of controlled substances, the psychiatrist can intervene directly either with the person served or file a report with Children's or Adult Protective Services. LCCMH staff including contractual staff and independent contractors are required to adhere to LCCMH Policy 04.001.30 Reporting Abuse and Neglect in cases where a parent/guardian/caretaker is suspected of abusing medication prescribed under the guise of treatment of a child

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or dependent, or vulnerable adult.

#### C. Drugs with Risk or Undesirable Side Effects

1. When prescribing psychotropic medications at LCCMH, the psychiatrist documents in the record of the person served the reasons for prescribing the psychotropic medication and obtains an informed consent (involving a review of risk versus benefits of the drug) from the person served or parent/guardian.
2. The Medical Department assesses the risk to the health of the person served and presence of undesirable side effects on an ongoing basis and as needed:
  - a. Annual laboratory studies including drug levels. More frequent laboratory studies may be ordered if clinically indicated.
  - b. Quarterly Abnormal Involuntary Movement Scale (AIMS) assessments to assess the presence of involuntary movements for those medications having a risk of causing tardive dyskinesia. For conventional antipsychotics, AIMS assessments are completed at least every six months according to the National Institutes of Health.
  - c. Electrocardiogram and other tests if clinically indicated.
3. In cases where risk to the general health of the person served outweighs the benefit of the prescribed psychotropic medication, the medication is withdrawn.

#### DEFINITIONS:

**Abnormal Involuntary Movement Scale (AIMS):** a rating scale to measure involuntary movements known as tardive dyskinesia (TD). TD is sometimes a side effect that develops after long-term treatment with neuroleptic (antipsychotic) medications.

**Michigan Automated Prescription System (MAPS):** used to track controlled substances, schedules 2–5. MAPS is used by prescribers and dispensers to assess patient risk and prevent drug misuse and diversion at the prescriber, pharmacy, and patient levels.

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**Controlled Substance:** a drug or substance considered to have a high potential for misuse, either psychological or physical dependence. Those classified as a “sleeping pill”, sedatives, mild tranquilizers, and potent pain killers mainly of the barbiturate, benzodiazepine, and opium derivative families and those listed under Schedule I-V, April, 2001 Chapters 1-2, Drug Control Act, State of Michigan 1070. Amphetamines and some stimulants are classified as controlled substances and are included in CFR-Code of Federal Regulations Title 21.

**Schedule II Controlled Substances:** substances with a high potential for abuse which may lead to psychological or physical dependence. Examples of Schedule II Controlled include Narcotics and Stimulants.

SS:lr

**Supersedes:** #07/06043 dated 07/13/2006