Buprenorphine prescribing by mid-level practitioners

Effective August 28, 2018, advance practice nurses, physician assistants and assistant physicians with authorizing collaborative or supervision agreements had their controlled substance authority increased to authorize a 30 day supply of buprenorphine, when providing treatment for substance abuse. The key elements are:

- The mid-level practitioner must have a state BNDD registration and a federal DEA registration.
- The mid-level practitioner must have completed the required federal training in order to receive authorization to prescribe buprenorphine for substance abuse treatment and received an “X” to be placed on their DEA number.
- Missouri statutes still restrict mid-level practitioners to a five day supply of all other opiates. This new law creates an exception and allows a 30 day supply of buprenorphine for the treatment of substance abuse only.
- The language states that the practitioners may authorize a 30 day prescription without refill, therefore, no refills will be allowed on these prescriptions. There is nothing that prohibits the practitioner from seeing the patient every 30 days and issuing a new 30 day prescription each time.

You can find educational documents on the BNDD website at [http://health.mo.gov/safety/bndd/publications.php](http://health.mo.gov/safety/bndd/publications.php). Documents such as the “CDC Opiate Prescribing Guidelines” and also “Preventing Prescription Fraud” can be viewed.
Senate Bill 826: Initial prescriptions for acute pain limited seven day supply

Effective August 28, 2018, an initial prescription for an opiate, for the treatment of acute pain, is limited to a seven day supply. Upon reviewing the new statute and its provisions, the BNDD wishes to provide more detail in certain areas.

How do you know if the patient has used this drug in the last five months?
Prescribers may not always have access to the patient’s medical records to verify if the patient has received the drug. Prescribers and pharmacists have corresponding liabilities to ensure the validity of these prescriptions. Registrants are expected to make good faith efforts to verify their activities are legal. This may include:

- Checking the patient’s medical records;
- Consulting a PDMP
- Talking with the patient and/or their caregiver about medications received from prescriptions or administrations in a doctor’s office, hospital or emergency room.
- Contacting pharmacies to ask about prescription history;
- Contacting other prescribers who have treated the patient;
- Checking a prescription monitoring database that is available in your area or reviewing data from MO HealthNet’s cyber access Medicaid information; or
- Other actions you deem appropriate in your professional judgement. Your efforts in verifying this information should be documented in the patient’s chart.

The Definition of Acute Pain
Section 195.010(1), RSMo defines acute pain as pain, whether resulting from disease, accidental or intentional trauma, or other causes, that the practitioner reasonably expects to last only a short period of time. “Acute pain” shall not include chronic pain, pain associated with cancer care, hospice, or other end-of-life care, or medication-assisted treatment for substance abuse disorders.

The seven day supply only applies to opioid prescriptions for treatment of acute pain.

This Law Applies to Missouri Prescribers
The statutory language places this seven day restriction on Missouri prescribers only.

What do prescribers have to do in each of these initial cases?
The law limits the initial prescription for acute pain to a seven day supply. Prior to issuing this initial prescription, the practitioner shall consult with the patient regarding the quantity of the opioid and the patient’s option to fill the prescription in a lesser quantity and shall inform the patient of the risks associated with the opioid prescribed. This initial consultation and information should be documented in the patient’s chart. Upon any subsequent consultation for the same pain, the practitioner may issue any appropriate renewal, refill or new prescription in compliance with the provisions of Chapter 195, RSMo. It is important to note that other prescriptions after the initial prescription require a subsequent consultation.

Are there exemptions and exceptions to the seven day limit?
1. Patients currently undergoing treatment for cancer;
2. Patients enrolled in hospice or receiving palliative care;
3. Patients who are residents in a licensed long-term care facility;
4. Patients receiving buprenorphine for the treatment of substance abuse;
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5. The seven day limit law does not apply to out-of-state prescribers;
6. The seven day limit law does not apply to Missouri veterinarians;
7. If in the professional medical judgment of the practitioner, they determine that more than a seven day supply is required to treat the patient’s acute pain, the practitioner may issue a prescription for the quantity needed to treat the patient’s acute pain; provided that the practitioner shall document in the patient’s medical record the condition triggering necessity for more than a seven day supply and that a non-opioid alternative was not appropriate to address the patient’s condition. **In these cases, it is extremely important that the prescriber documents similar information on the prescription so that a pharmacy would know and understand the reason for the greater supply.**

**What if the prescriber issues a prescription that exceeds seven days?**
A prescriber may only exceed the initial seven day prescribing limit if there is a qualifying exception as listed in the paragraph above. The pharmacy may dispense a seven day supply and the remainder of the prescription shall be void.

For additional information and review of the new statutes impacting prescribers and pharmacies, please visit the website of the Missouri Board of Pharmacy at [www.pr.mo.gov](http://www.pr.mo.gov) and review the publication of the August 2018 newsletter.

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**BNDD Promulgating Rules**

**Drug Disposal Boxes:**
Senate Bills 718, 951, and 826 were enacted into law that authorizes certain registrants to have collection boxes for the public to dispose of unwanted controlled substances. The Department is currently drafting an emergency rule. The general provisions of this rule are:

- Collection boxes may be possessed and managed by local law enforcement agencies, retail pharmacies, hospitals, long-term care facilities and narcotic treatment programs.
- All collectors must secure the boxes and manage the drugs and records in accordance with the existing federal DEA regulations.
- Pharmacies, hospitals, long-term care facilities, and narcotic treatment programs who want to have a disposal box shall notify the BNDD in writing and request to have a drop box. The BNDD will send a letter authorizing that registrant to have a collection box at the given location. There shall be no fee to modify a registration to have a drop box.
- Registrants may send letters requesting a drop box to the BNDD now while the rule is being promulgated.
- This rule also applies to distributors in Missouri who want to have a mail-back program.
- The law requires BNDD to develop an educational and awareness program regarding the disposal program that includes a list of drop box locations on the BNDD website, disposal options, and scheduled take-back events.

**Partial Filling of Schedule II Controlled Substances**
Current regulations do not authorize the partial dispensing of Schedule II prescriptions except for hospice and long-term care patients. In compliance with the Federal Comprehensive Addiction and Recovery Act (CARA), the BNDD is amending this rule to match the existing federal DEA regulation to authorize the partial dispensing of Schedule drugs for all patients.

Once these two rules are filed publicly in the Missouri Register, all citizens will have an opportunity to submit comments on the proposed rules.
Questions for the BNDD?

Questions regarding controlled substance laws and regulations regarding security and record keeping and authority, may be submitted to the bureau. Questions regarding proper clinical and therapeutic information should be addressed to the appropriate licensing board.

Application & Registration Questions—Central Office Staff:

Email: BNDD@health.mo.gov
Phone: (573) 751-6321
Mail: BNDD, P.O. Box 570, Jefferson City, Missouri 65102-0570
BNDD Website: http://health.mo.gov/safety/bndd (New)

Compliance Questions for Investigators:

Chief Investigator EJ Jackson—Central Office—Email: BNDD@health.mo.gov

West/Northwest District—Investigator Shane Gooden—Shane.Gooden@health.mo.gov

East/Northeast District—Investigator Jeff Prosser—Jeff.Prosser@health.mo.gov

Southeast District—Investigator Ryan Dooley—Ryan.Dooley@health.mo.gov

Southwest District—Investigator Aaron Parks—Aaron.Parks@health.mo.gov