

HB 21

A Summary of the Florida Controlled Substances Law of 2018

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Acute Pain

Acute pain is now defined as the “normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness.” This does **not** include:

- Cancer
- Terminal illness
- Palliative care
- Serious traumatic injury with Injury Severity Score of 9 or greater
- Chronic Non-Malignant pain (implied)

Note: the FMA and FCEP tried to add “pain related to major surgery” to this without success. The above are the only exceptions to the definition of acute pain.

Controlled Substance Prescribing (into effect July 2018)

HB21 states that E-FORCSE (Electronic Florida Online Reporting of Controlled Substances Evaluation Program) must be consulted prior to prescribing or dispensing **any controlled substance** for patients that are 16 years or older. The only exception is for non-opioid Schedule V medications (examples being pregabalin or lacosamide).

If the database is not accessible, the practitioner may move forward with prescribing/dispensing the medication, but **must document the reason the database was not consulted and can't prescribe/dispense more than a 3 day supply.**

If a prescription is written for a Schedule II opioid, the quantity is limited to **no more than 3 days** when prescribed to treat **acute pain**. If a practitioner determines that a longer duration is medically necessary, this limit can be increased to **7 days** with proper documentation:

- “**Acute Pain Exception**” is indicated by the practitioner on the prescription
- The prescriber documents in the medical records that the **medical condition and lack of alternative treatment options** explains the deviation from the 3 day supply limit

Controlled Substance Prescribing (Continued)

If a practitioner prescribes a Schedule II opioid for the treatment of pain other than acute pain (**chronic nonmalignant pain or pain that is excluded from the definition of acute pain**), the practitioner must indicate “**Non-Acute Pain**” on the prescription.

Additionally, if a practitioner prescribes a **Schedule II controlled substance** for the **treatment of pain related to a traumatic injury with a severity score of 9 or greater**, the practitioner must **prescribe an emergency opioid antagonist** along with the controlled substance.

- The legislature did not limit this requirement to opioid-only Schedule II controlled substances
- FMA is seeking guidance from the boards for an update as to whether this is just for Schedule II opioids or every Schedule II controlled substance

Lastly, applicable healthcare regulatory boards (Board of Medicine and Board of Osteopathic Medicine) are required to create standards of practice for the treatment of acute pain. These guidelines should include the following components (they are forthcoming):

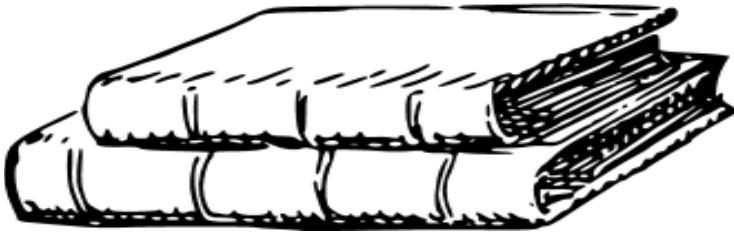
- Evaluation of a patient
- Creation and maintenance of a treatment plan
- Obtain informed consent and treatment agreement
- Review of the treatment plan and consultation
- Medical record review
- Compliance with controlled substance laws and regulations



Pain Management Clinic Registration

In October 2010, Florida Statutes required pain-management clinics to register with the Florida Department of Health. Pain-management clinics included facilities that advertise any type of pain management services or medical practices where a majority of patients are prescribed controlled substances for the management of chronic nonmalignant pain.

There were a few exceptions to facilities that did not have to register as pain-management clinics, such as facilities that provide primarily surgical services, those that do not prescribe controlled substances for the treatment of pain, and many others. HB21 now requires that these exceptions apply to the Florida Department of Health for a **certificate of exemption**.



Controlled Substance Prescribing Continuing Education (Starts for renewals on Jan 2019)

Each practitioner that is registered with the DEA and authorized to prescribe controlled substances must take a **2 hour prescribing controlled substance continuing education** course. This pertains to **allopathic physicians, osteopathic physicians, podiatrists, dentists, and optometrists** that are registered with the DEA.

- Advanced registered nurse practitioners and physician assistants already have to take a 3-hour course on controlled substance prescribing
- The course must be accredited and taken from a statewide professional association of physicians:
 - The Florida Medical Association
 - The Florida Osteopathic Medical Association
 - The Florida Academy of Family Physicians
 - The Florida Psychiatric Society
- The course must be taken by January 31, 2019 and then before each license renewal



Key Takeaway Points for Physicians and Pharmacists

- Schedule II opioid prescriptions are limited to 3 days when prescribed for acute pain
- When a patient needs more than 3 days of a Schedule II opioid prescription, **“Acute Pain Exception”** must be written on the prescription and *documentation must be in the patient’s medical record verifying the patient’s medical condition and lack of alternatives*
- Acute pain exceptions are limited to a 7 day supply
- E-FORCSE must be consulted prior to prescribing/dispensing a controlled substance to a patient that is 16 years of age and older
- Emergency opioid antagonists must be prescribed for Schedule II controlled substances that are prescribed for the treatment of pain related to a traumatic injury with a severity score of 9 or greater (**accompanying Rx must have “Non-Acute Pain” written on prescription...see below**)
- Schedule II controlled substances that are prescribed for the treatment of pain other than acute pain (chronic nonmalignant pain or pain that is excluded from the definition of acute pain) must have **“Non-Acute Pain”** indicated on the prescription

References:

1. Scott S. “Florida’s New Law on Controlled Substance Prescribing.” Florida Medical Association. June 2018.
2. Image 1: <https://www.pbs.org/newshour/health/back-pain-industry-taking-patients-unhealthy-ride>
3. Image 2: <https://openclipart.org/search/?query=book>
4. Image 3: <http://www.clerk.com/clipart-pink-medication.html>