Keep Kansas Under Par:
Detect – Communicate – Document

Suspected Concerns
- Remember false positive concerns can occur - Further clarification and communication with patient and care team necessary - Use chart, KTRACS, care team, and patient interview - Be aware of and minimize stigma and judgmental bias - Proceed with a calm, collected, evidence-based, and well-researched approach - Document resolution
Confirmed Concerns
- Perform SBIRT - Reference patient/provider contract - Refer to substance use disorder treatment specialist/program - Contact law enforcement if there is concern for anyone's safety - Continue treatment with alternatives therapies to avoid patient abandonment

Controlled Substance Concerns
Prescribers & dispensers
- Patient with insurance paying with cash - Large distance between patient, provider, and/or pharmacy - Multiple patients with same surname/address receiving same CS - Repetitive combinations of CS from same prescriber - High percentage of controlled to non-controlled medications - High risk dosages of controlled substances - Patient receiving CS from multiple prescribers/practices and pharmacies - Use of 2 ER or 2 IR prescription opioids (1 ER + 1 IR is appropriate) - Prescriptions for "cocktails" that include ≥1 sedative and ≥1 stimulant - Prescriptions for "cocktails" that include ≥2 sedative CS - Patient seeking early refills, especially in crescendo pattern - Patient exhibiting s/s of intoxication (sedation, agitation, confusion, pupil extremes) - Patient requesting specific medication, formulation, dose, and/or manufacturer
Prescribers
- Patient symptoms contradict clinical observations - Patient exhibiting dramatic, compelling, yet vague chief complaint - Patient is requesting a specific type of medication and unconcerned with diagnosis - Patient has allergies to commonly utilized pain medications (NSAIDs, APAP, etc) - Urine drug monitoring is negative for prescribed medications and/or metabolites - Failing to attain a medical history/physical exam - Failing to keep an accurate medical record - Consistently initiating higher-risk CS exclusively or before other options
Dispensers
- Presents several prescriptions for CS and non-CS but only wants CS filled - Presents CS prescription for someone else without justification - Prescription outside of prescriber's scope of practice - Prescriber has license or DEA suspended/revoked but is still writing prescriptions - Prescription that appears to be altered/forged - Prescription that team knows/reasonably believes that another pharmacy refused to fill

Adapted from: Garofoli M. Prescribing and Dispensing Controlled Substances: When to "Pump the Brakes". Pract Pain Manag. 2022 Nov/Dec;22(6).