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Within the Scope of Practice of ___ LPN ___ RN ___X__ APRN

OPINION: PRESCRIBER USE OF THE CSPMP
APPROVED: 11/18/2016
REVISED DATE: XX/XX
ORIGINATING COMMITTEE:
ADVANCED PRACTICE COMMITTEE

ADVISORY OPINION
PRESCRIBER USE OF THE CONTROLLED SUBSTANCE PRESCRIPTION MONITORING PROGRAM (CSPMP)

I. STATEMENT OF SCOPE:

It is within the Scope of Practice of the Registered Nurse Practitioner (RNP) to prescribe controlled substances for the population focus in which the nurse is certified and if the RNP has obtained prescribing and dispensing authority from the Board of Nursing and is granted authority from the U.S. Drug Enforcement Agency. Controlled substances are high-risk medications with misuse and abuse potential. The prescribing RNP can mitigate risk of harm to the patient and the public when prescribing controlled medications by utilizing the Arizona Controlled Substance Prescription Monitoring Program (CSPMP).

II. GENERAL REQUIREMENTS:

In accordance with A.R.S. § 36-2606, every RNP with a current DEA license will register and utilize the CSPMP.

1. Effective October 1, 2017, or sixty days after the statewide health information exchange has integrated the controlled substances prescription monitoring program data into the exchange, a prescriber shall obtain a patient CSPMP utilization report for at minimum the preceding twelve months, before prescribing an opioid analgesic or benzodiazepine controlled substance listed in schedule II, III or IV, at the beginning of each new course of treatment and at least quarterly while that prescription remains a part of the treatment.
2. Medical record documentation shall note that a CSPMP review was conducted and is or is not consistent with prescribed medication therapy and there are no obvious signs of aberrant behavior, or if CSPMP is not consistent and/or there are aberrant behaviors; include documentation about adherence to or deviation from the providers treatment plan based on CSPMP results.

The RNP should be aware that not all pharmacies or health care facilities report to the CSPMP database. Additionally, as the data is entered by pharmacy staff, human error is a possibility and should be considered when adjusting prescribing practice. If the validity of a CSPMP report is in question, the RNP should verify the data with the patient's pharmacy prior to prescribing.

III. RATIONALE:

The Controlled Substances Prescription Monitoring Program (CSPMP) is a program developed to promote the public health and welfare by detecting diversion, abuse, and misuse of prescription medications classified as controlled substances under the Arizona Uniform Controlled Substances Act.

It is the RNP's duty to prevent harm to the patient and public. Prescription medication abuse is problematic on a national and local level. Abuse and misuse negatively affects the patient and the public; utilization of the CSPMP may provide pertinent information to the prescriber when evaluating risk and mitigation strategies prior to prescribing controlled substances. Review of the patient's CSPMP report will reveal the last 12 months of controlled substance prescriptions written for and filled by the patient, including the date the prescription was written, filled, quantity prescribed, prescriber and pharmacy where the prescription was filled.

The CSPMP report contains the daily Morphine Equivalent Dose (MED). The MED is a calculated value that reflects the amount of opioid prescribed, translated into a morphine equivalent (AKA Morphine Milligram Equivalent [MME]). The MED calculation is a tool utilized to view opioid dose and quantity, translated into a standardized value "morphine equivalent" and is used to compare the equivalent value with evidence-based practice concerning efficacy and risk of abuse, overdose, and death. Recent studies indicate that MEDs ≥90 MME are associated with greater risk of patient harm, including fatal overdose, especially when combined with benzodiazepines and other central nervous depressants.

IV. REFERENCES

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