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844 Ind. Admin. Code 5-6-8

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Current through December 11, 2019

Section 844 IAC 5-6-8 - Drug monitoring testing

Authority: IC 25-22.5-2-7; IC 25-22.5-13-2

Affected: IC 25-1-9; IC 25-22.5

Sec. 8.

(a) At any time the physician determines that it is medically necessary, whether at the outset of an opioid treatment plan, or any time thereafter, a physician prescribing opioids for a patient shall perform or order a drug monitoring test, which must include a confirmatory test using a method selective enough to differentiate individual drugs within a drug class, on the patient.

(b) In determining whether a drug monitoring test under subsection (a) is medically necessary, the physician shall consider, subject to the provisions of subsection (c), each of the following factors where applicable and reasonably feasible:

- (1) Whether there is reason to believe a patient is not taking the prescribed opioids or is diverting the opioids.
- (2) Whether there has been no appreciable impact on the patient's chronic pain despite being prescribed opioids for a period of time that would generally have an impact.
- (3) Whether there is reason to believe the patient is taking or using controlled substances other than opioids or other drugs or medications including illicit street drugs that might produce significant polypharmacological effects or have other detrimental interaction effects.
- (4) Whether there is reason to believe the patient is taking or using opioids in addition to the opioids being prescribed by the physician and any other treating physicians.
- (5) Attempts by the patient to obtain early refills of opioid containing prescriptions.
- (6) The number of instances in which the patient alleges that the patient's opioid containing prescription has been lost or stolen.
- (7) When the patient's INSPECT report provides irregular or inconsistent information.
- (8) When a previous drug monitoring test conducted on the patient raised concerns about the patient's usage of opioids.
- (9) Necessity of verifying that the patient no longer has substances in the patient's system that are not appropriate under the patient's treatment plan.
- (10) When the patient engages in apparent aberrant behaviors or shows apparent intoxication.
- (11) When the patient's opioid usage shows an unauthorized dose escalation.

- (12) When the patient is reluctant to change medications or is demanding certain medications.
 - (13) When the patient refuses to participate in or cooperate with a full diagnostic workup or examination.
 - (14) Whether a patient has a history of substance abuse.
 - (15) When the patient has a health status change (for example, pregnancy).
 - (16) Co-morbid psychiatric diagnoses.
 - (17) Other evidence of chronic opioid use, controlled substance abuse or misuse, illegal drug use or addiction, or medication noncompliance.
 - (18) Any other factor the physician believes is relevant to making an informed professional judgment about the medical necessity of a prescription.
- (c) It shall not be considered a violation of this section for a physician to fail to conduct a review of all eighteen (18) factors listed in subsection (b) if the physician reasonably determines following a review of less than all of the factors listed in subsection (b) that a drug monitoring test is medically necessary.
- (d) Nothing about subsection (b) shall be construed to prohibit the physician from performing or ordering a drug monitoring test at any other time the physician considers appropriate.
- (e) If a test performed under subsection (a), or conducted under subsection (d), reveals inconsistent medication use patterns or the presence of illicit substances, a review of the current treatment plan shall be required. Documentation of the revised treatment plan and discussion with the patient must be recorded in the patient's chart.

844 IAC 5-6-8

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