

Instructions for Pill Count Procedure

Pill counts are part of the controlled substance management process and are intended to assist in evaluating the patient's medication compliance. Pill count frequency is based on the treatment guidelines listed below. All patients should be verbally made aware of the pill count process through review of the Controlled Substance Agreement. Patients are to be instructed to bring their controlled substance medication to every coordinated care visit. Pill counts may be routine (at every visit) random (patient selected for a random pill count), or targeted (suspicion of overuse or selling of the medications).

Treatment Guidelines for the Management of Patients on Controlled Medications with Identified Addiction Risk

Addiction Risk Level	I – low risk	II- moderate risk	III – high risk **
Addiction Assessment & Review of CS Medication Agreement	Initially, annually & PRN	Initially, annually & PRN	Initially, annually & PRN
PMP Review	Initially, annually & PRN	Initially, annually & PRN	Initially, annually, with each visit & PRN
Follow-up visits/re-evaluation	Q 6 months & PRN	Q 4 months & PRN	Q 2 months & PRN
Drug Urine Screen (toxicity screen & temperature validation)	Initial, 1 random/year & PRN	Initial, 1 random/year & PRN	Q visit & 2 random/year
Pill Count	PRN	PRN	2 random/year & PRN
Consider Adjunct Therapies with Medication Management ¹	As Appropriate	As Appropriate	As Appropriate

Pill counts are best used from 1-2 weeks after the prescription is filled since if they are selling all or part of the medication; it is usually evident very soon after prescription filling.

Pill counts should be considered when:

- There is indication of substance abuse by suspected overuse
- There is suspicion of selling the medications or giving them away
- The clinic receiving reports by friends or family of patient overuse or selling
- A patient appears confused about the prescribing instructions or requests early refills
- There is a negative result for a prescribed controlled substance on a drug screening test and the patient claims they take less than prescribed (if true, prescribing should be adjusted downwards)

Pill counts should always include two employees and the patient and can be performed in the office using gloves and hand count on a piece of plain paper. The pills should not be physically touched by the staff and only placed on these materials to avoid cross contamination with other controlled substances.

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Process: Pill counts should include two employees (may be Provider, Clinical Support or PSR)

Prior to patient arrival:

1. Open patient's medical record and review current prescription and dose.
2. Calculate number of pills remaining based on prescription date and dosing frequency.

Upon patient arrival:

3. Empty medication from prescription container onto clean tray.
4. One staff member reviews the pill/ capsule shapes to assure they are all the same medication and are the correct dose based on the last prescription. Medications can be cross reference with a standard pill identifier database.
5. If multiple imprinted numbers are included in the prescription, the second staff member should call the dispensing pharmacy to confirm they actually dispensed these medications and assure that patient's did not buy or borrow pills from others to get by the pill count.
6. A significant deviation from expected vs. actual pill count of >25% suggests the patient has lost control over their use or security of the pills or that they are selling the medications.
7. **Clinical support will document date and the results of the pill count in the medical record under Controlled Substance Care plan and inform provider of findings Provider should discuss variation with patient and document result of discussion under controlled substance management note.**
8. If substance abuse is suspected, tighter controls (more frequent follow up visits, fewer pills prescribed with each prescription, changing to a less abusable medication, etc) may be employed however if selling or giving away the medication is suspected, then discontinuing medication prescribing would be appropriate.