Opiate (Narcotic) Prescribing Policy/Agreement
<u>PLEASE READ</u> <u>VERY IMPORTANT</u>

1. The prescribing of narcotics for chronic pain is challenging under the best of circumstances; due to issues of substance abuse, addiction, legal requirements, and the historically high percentage of drug abusers intermingled with the chronic pain population, etc. In order to continue prescribing narcotics to patients, it is necessary to have tight controls and rigid rules established. Such controls help to eliminate those who procure narcotics for illegal purposes/substance abuse, protect the privileges of our practice to prescribe, maintain the health and welfare of the patients, and to obey the laws under which we operate, both federal and state.

2. Narcotics are but one avenue of pain therapy and **never** represent the sole method of pain control. Narcotics have potential for addiction and substance abuse, are diverted by some for sale or for improper routes of administration or shared with others. Narcotics may produce dependence, tolerance, and addiction. Side effects of narcotics include:sedation, respiratory depression, constipation, swelling in the feet, dental decay ulceleration, hives, itching, slurred speech, impaired thinking and function to the point a person may be dangerous when driving or operating machinery when taking narcotics, ICU admission, coma and death. For reasons, we reserve the right to change to a non-narcotic therapy at any time it is medically indicated. We also reserve the right to insist on an in or out patient treatment for narcotic dependence. ******There is no implied or expressed patient right to narcotic therapy in a physician's office or in a hospital. ******

3. <u>EXPECTATIONS OF APPROPRIATE PATIENT BEHAVIOR AND RESPONSIBILITY:</u>
Our medical practice will be the only entity prescribing narcotics for chronic pain. If there is acute pain for a new condition for which the patient seeks care elsewhere, **our practice must be called to let us know of the other physician's prescribing, at that time we may adjust your chronic pain medications**. If it is discovered patients are chronically receiving narcotics from multiple physicians, we will immediately discontinue medication prescribing and notify pharmacies and other treating physicians of the patient's substance abuse**, please be aware you will be subject to immediate discharge as well.** In certain states, there may be laws prohibiting patients from obtaining narcotics under false pretenses (Eg. Seeing multiple physicians for narcotics without notifying the other physicians), In all states, there are laws which prohibit sharing of prescription narcotics with others, changing or altering a narcotic prescription in order to obtain early refills or an increased quantity of narcotics, or the selling or trading of narcotics. These events are felonies under federal law and are not protected by the patient - doctor professional relationship. Therefore any information we receive regarding the commission of a felony will be reported to the police or US Drug Enforcement Agency.

A.) **One pharmacy must be used for scripts**. If that pharmacy does not have the medication, we expect patients to go to another pharmacy, rather than receive a partial fill/refill on the narcotic. If this is necessary, the patient must notify the office of the situation for documentation.

B.) **<u>Refills of scripts for narcotics are only performed during scheduled office hours</u>**. We will not call in narcotic prescriptions nor write prescriptions during non-office hours.

C.) **<u>There are no early refills</u>**. The patient is expected to make the prescription quantity last for a 30 day supply. We do not refill prescriptions that were lost, stolen, spilled, eaten by the cat etc…*****The responsibility for safekeeping of these medications lies solely with the patient. Therefore, each patient is expected to keep a lock box or location for safekeeping for the main supply of the narcotic medication instead of carrying around the entire month's supply. *****

D.) On request of our medical practice, the patient will submit a urine sample to a designated laboratory for testing to assure the medications being prescribed are actually in the urine. On request, a pill count may be necessary and the patient has to bring in the narcotics to be counted by our staff. For patients out of town, it is acceptable to have a local pharmacist perform a pill count and we will call the pharmacist to verify.

E.) There will be no alcohol or illicit drug use while taking narcotic medications. Discovery of such, via internal or external sources, may result in immediate discontinuation of narcotics and leave you subject to immediate discharge.

F.) It is the policy of our practice that driving or operating machinery while taking narcotics may have untoward consequences, and if the patient elects to operate machinery or equipment, they do so at their own risk of injury or death.

G.) Sudden cessation of narcotics may cause injury to the patient only in very rare circumstances however, sudden cessation of high dose narcotics will result in severe abdominal cramping, severe anxiety, rapid heart rate, elevated blood pressure, nausea, etc. Therefore it is prudent **to use the narcotics as prescribed** rather than running out early or violation of our policies which will result in sudden cessation of narcotic prescribing.

H.) **Please be aware you may be asked to submit a urine sample before any narcotics will be prescribed**. It is also possible you may have a brief waiting period before medications can be prescribed pending results of screen.

I.) The patient will be told that under no circumstances is the patient to operate heavy machinery while under the influence of opiate medications that may impair their judgment. Such activities may result in severe civil and/or criminal penalties. The patient will be carefully instructed regarding the risk of the use of opiates in combination with other medications or substances that may depress the CNS including anxiety, muscle relaxants, narcotics, ETOH, illicit drugs, etc. The patient will also be advised that the combination of these medications may have serious adverse consequences including respiratory depression, coma, and death (accidental poisoning). **The patient agrees to inform Dr. Grewal regarding any medications prescribed by other physicians that fall into the classes mentioned above, and if they are not sure what type of medication it is, notify Dr. Grewal's office immediately before taking new medications**. The patient expresses understanding that, if prescribed these types of medications whether by a physician in this office or another physician, they must be extremely cautious the first time they use these medications in conjunction with each other. The patient also expresses understanding that they must be extremely careful at all times utilizing these medications together because of their additive and possible synergistic effects.

J.) We do fill 90 day supply mail order prescriptions if it is for non-narcotic medication.

K.) Every patient receiving narcotics must be seen **EVERY *60 days***. Refills will **NOT** be given until patient is seen, if past 60 days.

4. **REASONS NARCOTICS MAY BE IMMEDIATELY DISCONTINUED AND POSSIBLE DISCHARGE:**

A.) Evidence of prescription alteration or fraud or solid evidence presented to our clinic that the patient has been selling the narcotics, sharing narcotics with others, injection of oral or trans dermal narcotics.

B.) Threats of legal action or violence made against any of our staff in order to obtain narcotics, etc. In such cases the police will be called immediately to report a felony drug diversion or attempted extortion, and the patient will be immediately discharged from out practice.

Committing a narcotics related crime is not protected by doctor-patient privilege and will not be tolerated. Period!

C.) Refusal to take a urine drug screen, refusal to bring in medications for a pill count when requested, a positive drug test for illicit drug use or narcotics not prescribed by our clinic, or a negative urine drug screen for narcotics we are prescribing will be met with discontinuation of narcotics.

D.) External source confirmation of "**doctor shopping**" or obtaining narcotics chronically from multiple physicians simultaneously will require sudden narcotic discontinuation.

E.) Impairment of the patient to such a degree that in the opinion of our medical practice that the patient poses a risk to themselves or to others may require narcotic discontinuation.

F.) Using suicide as a threat or suicidal attempts will result in immediate and complete discontinuation of all medications with the potential of self-harm.

5. **REASONS NARCOTIC THERAPY MAY BE MODIFIED OR REDUCED OR POSSIBLE DISCHARGE FROM CLINIC:**

L**oss of scripts, overuse of medications, failure of escalating doses of narcotics provide relief in the absence of any demonstrable worsening findings on clinical examination including x-rays/MRI, arrest for driving while impaired, arrest for any alcohol related offense,** excessive frequent calls to our clinic regarding chronic pain issues or medication refills, prevarication regarding prior treatment and substance abuse, canceling appointments for procedures but showing up for office visits, failure to participate in the integrated therapies of our practice, etc.**

Chronic pain is just that- it is a long standing problem which has been present for months or years. It is important that patients keep a long term perspective on the treatment of this condition. **Frequent calls to our clinic for non-urgent issues**, **frequent requests of narcotics changes outside appointment times, or histrionic behavior in the absence of new conditions may make patients non-candidates for continued therapy in our center**.

Evaluation of the Patient---A medical history and physical examination must be obtained, evaluated, and documented in the medical record. The medical record should document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, and history of substance abuse. The medical record also should document the presence of one or more recognized medical indications for the use of a controlled substance.

Treatment Plan---The written treatment plan should state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and should indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the physician should adjust drug therapy to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

Informed Consent and Agreement for Treatment---The physician should discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient or with the patient's surrogate or guardian if the patient is without medical decisions-making capacity. The patient should receive prescriptions from one physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse or has a history of substance abuse, the physician should consider the use of a written agreement between physician and patient outlining patient responsibilities, including urine/serum medication levels screening when requested; number and frequency of all prescription refills; and reasons for which drug therapy may be discontinued (e.g. violation of agreement). *Consent for narcotic treatment by our practice is given on the initial visit as part of the paperwork packet.*

Periodic Review---The physician should periodically review the course of pain treatment and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of controlled substances for pain management therapy depends on the physician's evaluation of progress toward treatment objectives. Satisfactory response to treat may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Objective evidence of improved or diminished function should be monitored and information from family members or other caregivers should be considered in determining the patient's response to treatment. **Our medical practice's periodic patient review is usually 1 month for initial patients or during changes in therapy, 2 months for chronic stable patients.**