NARCOTIC PRESCRIBING POLICY

1. The prescribing of narcotics for chronic pain is a Challenge under the best of circumstances due to issues of substance abuse, addiction, legal requirements, the historical high percentage of drug abusers intermingled with the chronic pain population, and other factors. The goal of our medical practice is to provide narcotics when deemed appropriate utilizing the guidelines of the Federation of State Medical Boards in order to continue prescribing narcotics to patients. It is necessary to have tight controls and rigid rules established to eliminate those who procure narcotics for illegal purposes or for substance abuse to 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 are shared with others. Narcotics may produce dependence, tolerance, and addiction. Side effects of narcotics include sedation, respiratory depression, swelling in the feet, dental decay acceleration, hives, itching, slurred speech, impaired thinking and function to the point a person may be dangerous when driving or operating machinery when takin narcotics, ICU admission, coma, and death. For these reasons, we 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. EXPECTATIONS OF APPROPRIATE PATIENT BEHAVIOR AND RESPONSIBILITY

a. 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, and 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.

b. In certain states, there may be laws prohibiting patients from obtaining narcotics under false pretenses (e.g., 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.

c. One pharmacy must be used for scripts. If that pharmacy does not have the prescription, then we expect patients to go to another pharmacy rather than receive a partial refill on the narcotic. We will not write additional Scripts to cover the balance of a shortfall from a pharmacy with insufficient supplies. Therefore, in advance, ask the pharmacist not to fill the Script with a partial refill if the pharmacy lacks sufficient stocks to carry out the prescription filling. If a second pharmacy must be used to fill a script of narcotics, then notify our practice at that time regarding the situation.

d. Refills of scripts for narcotics are only performed during scheduled office visits. We will not call in narcotic prescriptions nor write prescriptions at the time of patient procedures or during non-office hours.

e. There are no early refills, period. The patient is expected to make the prescription quantity last until the next office visit. We do not refill prescriptions that were lost, stolen, spilled, eaten by the cat, etc. The responsibility for safe keeping 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.

f. 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. The patient has 24 hours in which to give the specimen. On request, a pill count may be necessary and the patient has 24 hours 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.

g. There will be no alcohol or illicit drug use while taking narcotic medications. Discovery of such via internal or external sources may result in discontinuation of narcotics immediately.

h. 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.

i. Sudden cessation of narcotics causes 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 narcotic prescribing policies, which will result in sudden cessation of narcotic prescribing.

4. **REASONS NARCOTICS MAY BE IMMEDIATELY DISCONTINUED:**

   Reasons for which narcotics will be stopped immediately and without any withdrawal medications include but are not limited to: evidence of prescription alteration or fraud, 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, 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 our practice. Committing a narcotics related crime is not protected by doctor-patient privilege and will not be tolerated by our practice. Additionally, refusal to take a urine drug screen within 24 hours of the request, 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. External source confirmation of “doctor Shopping” or obtaining narcotics chronically from multiple physicians simultaneously will require sudden narcotic discontinuation. 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.

5. **REASONS NARCOTIC THERAPY MAY BE MODIFIED OR REDUCED:**
   Reasons for which narcotic therapy will be modified or discontinued with the possibility of a drug taper or non-narcotic withdrawal medication administration loss or stolen scripts, overuse of medications, failure of escalating doses of narcotics to 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, excessively frequent calls to our clinic regarding chronic pain issues, 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.

6. 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 for 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. However, in the case of potentially life-threatening emergencies such as severe respiratory depression and over-sedation, our physicians may be contacted 24 hours a day by calling the designated number and asking for the Pain Physician on call. Calls made for non-emergent issues or issues which should be handled during office hours may jeopardize continued treatment in our practice.

7. For questions regarding our narcotic policy call our office. The modified Federation of State Medical Board Narcotic Prescribing Guidelines (2004) used by our practice can be received on request from us or on the FSMB Website.