

Controlled Substance Protocol for:

Internal Medicine consultants
of York (IMC)

Effective date: May 1, 2018

Controlled substance Letter to our patients

Internal Medicine Consultants of York

Effective date: May 1, 2018

To: Patient of Internal Medicine Consultants

As of May 1, 2018 Internal Medicine Consultants has adopted a new controlled substance policy and procedure. This policy has been designed to improve the care of patients receiving controlled substances from our office. With the present opioid crisis and epidemic we are facing in our country we are obligated through our state government and the FDA to limit our use of controlled substances in particular narcotic pain medications and benzodiazepines (Lorazepam, Ativan, Xanax etc.). With that being said, all patients will now be required, to see their physician on a quarterly basis (every 3 months) for a separate controlled substance appointment to continue to receive their chronic controlled substance prescription(s). This appointment cannot be part of a chronic follow up appointment with other medical diagnoses such as diabetes, hypertension etc.

Every patient will be required to have an updated photo and driver's license on file, a newly signed controlled substance agreement and controlled substance protocol agreement. Patients will be required to submit to regular and random urine drug testing. All controlled substance prescription bottles will need to be brought to the office with each quarterly appointment. The patient being prescribed the controlled substance must personally pick up the prescription and sign that they received the prescription. No controlled substances will be prescribed or authorized outside normal business hours.

Patients will be required and prescribed non-narcotic medications and treatment modalities prior to being prescribed a controlled substance for acute pain or other diagnoses requiring a controlled substance. Patients will be required to follow up and be re-evaluated if conservative measures are not effective prior to being started on a controlled substance or narcotic pain medication.

All patients presently being prescribed chronic narcotic pain medications and other chronic controlled substances will be required to discuss with their Physician or Provider a method of weaning off said medications as the FDA and State government is strongly encouraging all physicians to limit controlled substance use and wean patients off all together. It is becoming increasingly more difficult to prescribe these medications and insurance companies have already implemented limitations on the amount of pills we can prescribe for patients with acute and chronic pain. These restrictions and limitations will only continue to become stricter as the FDA and State/Federal governments try to improve the opioid epidemic.

Our controlled substance policy is available in our office to review and can be reviewed in the attachment sent with this email/letter. This policy is subject to change to meet the continued needs of our patients and changes required or recommended by the FDA and State/Federal Government.

Thank you for your understanding and assistance. The health and well-being of our patients is a major concern to us and we want you to be the healthiest you can be.

Sincerely,

Thomas Kurland DO, President IMC of York, April 30, 2018

Internal Medicine Consultants Controlled substance Protocol

Effective date: **May, 1 2018**

Requirements

1. All patients must sign a narcotic/controlled substance contract before a controlled substance prescription will be given to the patient.
2. Any patient declining to sign a controlled substance contract will not be given a prescription for any controlled substances.
3. All patients must follow up in the office for a separate controlled substance appointment, if on a monthly long term controlled substance. Frequency depends on insurance and IMC Provider recommendation requirements. Frequency can be anywhere from every 1 to 3 months.
4. If patient fails to follow through with scheduled controlled substance appointment, they will not receive a prescription for their controlled substance until the patient is seen in the office for their controlled substance appointment.
5. Patient financial account must be paid in full or patient is in good financial standing before the patient will receive their controlled substance prescription. The patient will have 30 days to pay their balance in full or make arrangements to be in good standing financially with our office manager before the next prescription will be given.
6. Patients controlled substance appointment will have a discussion focused on:
 - a. Circumstance/diagnosis being treated, i.e. Pain, anxiety, arthritis, etc.
 - b. Amount of pain on scale 1-10 with treatment
 - c. Effectiveness of controlled substance use
 - d. Alternative modalities attempted and their effectiveness: Examples such as:
 - i. Non-narcotic pain meds(NSAIDS, Tylenol)
 - ii. Trial of Cymbalta or Gabapentin
 - iii. Avoidance behavior(avoiding activities which exacerbate condition)
 - iv. Physical therapy
 - v. Stretching techniques
 - vi. Exercise program for strengthening
 - vii. Yoga
 - viii. Heat or Ice
 - ix. Psychiatric/Psychological evaluation and treatment for anxiety and depression
 - x. Therapeutic massage
 - e. Further and recent workup recommendations i.e. X-ray, MRI, labs
7. Referral options:
 - a. Orthopedics for injection opportunities
 - b. Chiropractic evaluation and treatment
 - c. Psychiatry/Psychologist evaluation and treatment for anxiety and depression
 - d. Osteopathic evaluation, diagnosis and treatment

Patient signature

Date

Internal Medicine Consultants Controlled substance Protocol (continued)

8. Patient must have tried a non-controlled substance/non-narcotic medication for at least 10 days prior to being started on a controlled substance or narcotic pain medication.
9. Patients will only be given a maximum of 7 days of a controlled substance for any acute problem.
10. Patient will need to be re-evaluated if acute problem not effectively treated within 10 days before a narcotic medication or controlled substance will be prescribed again.
11. Patients using daily long acting narcotics and chronic PRN narcotics for break through pain will be referred to chronic pain management.
12. Patients will be made aware that IMC Providers do not prescribe long term chronic pain medications as described in #11.
13. Every controlled substance visit will have documentation of process to wean patient off long term controlled substance or reason why patient needs to continue present program.
14. All IMC Providers will have a plan in place to wean patients off long term narcotics and controlled substances and patients will be required to wean off their meds in an attempt to be off all controlled substances.
15. Patients using narcotic pain meds and benzodiazepines will need to be weaned off one or the other, if able. Patients should not be on both at the same time. Please see article attached. **IMC Providers will not prescribe patients both, Benzodiazepines and Narcotic pain medications together.**
16. The PDMP (Pennsylvania Drug Monitoring Program) data bank will be checked on all new controlled substance prescriptions and routinely on patients already being prescribed controlled substances.
17. Urine toxicology screen at least 2 times per year. More often as Provider feels it is necessary. This may be with appointment or random.
18. Any patient refusing a urine or serum toxicology screen will not be prescribed a control substance from our office.
19. When asked, patient must give urine sample that day or they will not be given their prescription until urine sample given.
20. Patient found not to have prescribed meds in urine will no longer be prescribed controlled substances from our office, starting immediately.
21. Patient found to have other controlled substances or "street drugs" in their urine/blood, besides prescribed meds will no longer be prescribed controlled substances from our office.
22. Patients in violation of other substances or "street drugs" in urine along with prescribed meds will be given a 30 day prescription and then no longer will be prescribed controlled substances from our office.
23. All controlled substances require patient to have a signed prescription. No Controlled substances will be called or faxed to the Pharmacy.
24. Patients need to pick up a prescription for all controlled substances on a monthly basis.
25. No controlled substances will be prescribed after hours
26. Any patient using controlled substance outside the prescriptions prescribed dosage and frequency will no longer be prescribed a controlled substance from our office.
27. Patients will not be given a new prescription or additional pills if prescribed dose and frequency were not followed correctly by patient.

Patient signature

Date

Internal Medicine Consultants Controlled substance Protocol (continued)

28. Pt needs to notify office if given a prescription for a controlled substance outside of our Practice.
29. If patient receives and fills a prescription for a controlled substance from another provider outside our office, patient will no longer be prescribed a controlled substance from our Practice.
30. The patient being prescribed the controlled substance must personally pick up the prescription and sign that they received the prescription. In rare cases other arrangements may be made at the discretion of Provider/Practice, based on patient being physically unable to personally come into office for prescription.
31. It is the responsibility of the patient being prescribed a controlled substance to pick up their prescription during normal business hours.
32. A patient who has another person pick up their prescription for a controlled substance is responsible for that prescription once it has been picked up. Any lost or misplaced prescriptions will not be replaced.
33. **Controlled substance prescriptions are the sole responsibility of the patient being prescribed the medication. Any controlled substance prescription whether it is a paper prescription or the pills themselves, that is misplaced, lost, stolen or otherwise not useable will not be replaced under any circumstances until the next prescription due date.**
34. All efforts are to be made by the Provider and patient to wean off all controlled substance medication or to the lowest dose possible.
35. The ultimate goal is to wean patients off controlled substance medication within a reasonable amount of time.
36. Any person found to be abusing a controlled substance of any kind in any manner will be referred to and/or given information on drug rehab options before further medication will be prescribed.
37. It is the responsibility of the patient to notify their Provider of any history of personal or family substance abuse or addiction.
38. **Any patient with known personal or family history of substance abuse will not be prescribed a controlled substance from anyone in our Practice.**
39. **An updated driver's license and photo needs to be on file prior to patient receiving a controlled substance prescription.**
40. **Patients must bring controlled substance medication bottles to every controlled substance appointment, with pills left in the bottle.**
41. **Patient or designated person must sign for each controlled substance prescription picked up**
42. **Patient must use one Pharmacy for all controlled substance prescriptions.**
43. **Patient is to notify all their healthcare providers that they are taking controlled substances from an IMC Provider.**
44. **Patient is to use caution when driving or operating machinery while taking a controlled substance.**
45. **Patient is to avoid drinking alcohol or taking "street drugs" when taking a controlled substance.**
46. **Do not sell or give your controlled substance medications to other people.**

Patient signature

Date

Internal Medicine Consultants Controlled substance Protocol (continued)

- 47. Any PDMP (Pennsylvania Drug Monitoring Program) data bank search that identifies a patient as having filled a prescription from another provider will be in breach of our controlled substance agreement and will no longer be prescribed any controlled substances from the date upon which the data bank was queried and the infraction was identified.
- 48. Any patient found to be in breach of our controlled substance policy and controlled substance agreement will have it documented in their chart and no future prescriptions for a controlled substance will be prescribed.
- 49. The Providers of Internal Medicine Consultants reserve the right to deny prescribing controlled substances to any patient for any reason including but not exclusive of abuse, dependency, misuse or the concern that continued use will in any way harm or lead to harm of the patient.
- 50. Our goal is to care for our patients to the best of our ability without creating harm in any fashion. We respect that certain conditions require the use of controlled substances and we will work with our patients to use this class of medications to help improve your health and quality of life as your condition requires.
- 51. This policy is subject to change without notice, to meet the continued needs of our patients and changes required or recommended by the FDA and State/Federal Government.

Controlled Substance definition includes but not limited to:

- 1. Opioid medications (Percocet, Vicodin, Oxycodone, Morphine, Fentanyl, etc.)
- 2. Benzodiazepines (Lorazepam, Xanax, Ativan, Valium, Alprazolam, etc.)
- 3. Adderall
- 4. Zolpidem, Ambien

Patient Name _____ Date _____

Patient Signature _____

Provider Name _____ Date _____

Provider Signature _____

Controlled Substance side effects and risks

It is important that you discuss with your IMC Provider any side effects from your medication, so that we can attempt to balance the risks and benefits of a particular medication.

1. Sleepiness and slow thinking. Controlled substances can impair your judgement and cause problems with decision making. Sleepiness may lessen over time.
2. Mental confusion, bad dreams or hallucinations.
3. Constipation is a common side effect of opioids. Discuss with your Provider and constipation concerns
4. Itching
5. Sweating
6. Nausea and vomiting. This may occur early or late in treatment and usually resolves on its own.
7. Decreased hormones that affect sex drive, sexual arousal and other aspects of your health. Opioids may cause erectile dysfunction, decreased muscle mass and osteoporosis in men. Women may experience irregular periods, decreased muscle mass and osteoporosis.
8. Women should use birth control with controlled substance use especially opioids. If patient becomes pregnant she is required to notify our office/their Provider of her pregnancy.
9. Allergic reactions to controlled substances are rare. If you get a rash or hives you are to call our office/Provider or call 911 immediately.
10. **If you become short of breath, have throat swelling or feel like you may pass out, call 911 immediately.**

Additional Risks of Controlled substances (not inclusive)

1. Sleep Apnea
2. Shortness of breath
3. Impaired driving
4. Tolerance of medication
5. Ineffectiveness of controlled substance

Withdrawal Symptoms (Physical Dependence)

1. May occur if you suddenly stop taking your controlled substance, taper them quickly or take a medication that blocks the effects of a controlled substance.
2. Patients who take a controlled substance for a prolonged period of time may become physically dependent on them.
3. Physical dependence is not the same as addiction.

Addiction

1. Some – NOT ALL – patients may become addicted to controlled substances. This happens when the craving for the substance gets out of control. If you demonstrate any signs of addiction you will be referred to a substance abuse program.

Patient Signature _____ Date _____

Controlled Substance side effects and risks (Continued)

Drug interactions

1. Sometimes there are problems when different drugs are taken together. Be sure your IMC Provider knows about all the medications you are taking both prescription and over the counter medications and vitamins.
2. Discuss with your IMC Provider if you are drinking alcohol.
3. Discuss with your IMC Provider if you are using or have used street drugs.

Immune system changes

1. Controlled substance use may weaken your immune system. Long term use of a controlled substance/opioids may result in recurrent infections or immune related illnesses.

Birth defects

1. Opioid/controlled substance use during early pregnancy has been associated with an increased risk of rare birth defects. If you are planning on becoming pregnant or are pregnant you are required to inform your IMC Provider immediately.

Increased risk of death

1. Increased risk of death may be more likely when you take larger doses of opioids and combination of opioids and benzodiazepines. The use of larger doses of opioids and combination of opioids and benzodiazepines can lead to respiratory depression or respiratory failure.

Controlled Substance definition includes but not limited to:

5. Opioid medications (Percocet, Vicodin, Oxycodone, Morphine, Fentanyl, etc.)
6. Benzodiazepines (Lorazepam, Xanax, Ativan, Valium, Alprazolam, etc.)
7. ADD/ADHD (Attention deficit disorder) medication: Adderall, etc.
8. Sleep disorder/Insomnia medication: Zolpidem, Ambien, etc.

Patient signature _____ Date _____

New Patient on Controlled Substance Medication

Initial Counseling Discussion

I was counseled today on options for the treatment of _____, including the treatment with non-narcotic and non-controlled substances, medical and possible surgical interventional techniques, physical modalities (acupuncture), complementary and alternative therapies, as well as psychological techniques such as hypnosis and biofeedback.

A narcotic contract was given to me to fill out, and discussion and questions were encouraged.

I have been encouraged to use other means than a controlled substance to control my _____.

I have been counseled on the risks of narcotic/opioid medications and controlled substances including multiple side effects and risks including addiction, physical dependence, tolerance, brain damage and even death.

I have read and signed the Internal Medicine Controlled Substance Protocol.

I have read and signed the Internal Medicine Controlled Substance side effects and risks sheet

I have read and signed the Internal Medicine Controlled Substance Agreement

I was given an opportunity to discuss the above consent forms and my controlled substance questions were answered.

I agree that I clearly understand the risks and benefits and am giving informed consent for the initiation of a controlled substance or the continued treatment with a controlled substance.

Patient Name _____ Date _____

Patient Signature _____

Provider Name _____ Date _____

Provider Signature _____

Internal Medicine Consultants Controlled substance protocol