

# Rx News Bulletin

Bureau of  
Narcotics & Dangerous Drugs

Missouri Department of Health and Senior Services

[health.mo.gov/safety/bndd/index.php](http://health.mo.gov/safety/bndd/index.php)

## Centers for Disease Control Publishes Opiate Prescribing Guidelines for Chronic Pain

The Centers for Disease Control and Prevention published their CDC guidelines for prescribing opioids for chronic pain—United States, 2016. The document was published on March 15, 2016. The entire 52 page document can be viewed and printed from the BNDD website at <http://health.mo.gov/safety/bndd/pdf/opiate-guidelines.pdf>.

### The Summary on page one states:

This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care. The guideline addresses 1) when to initiate or continue opioids for chronic pain; 2) opioid selection, dosage, duration, follow-up, and discontinuation; and 3) assessing risk and addressing harms of opioid use. CDC developed the guideline using the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) framework, and recommendations are made on the basis of a systematic review of the scientific evidence while considering benefits and harms, values and preferences, and resource allocation. CDC obtained input from experts, stakeholders, the public, peer reviewers, and a federally chartered advisory committee. It is important that patients receive appropriate pain treatment with careful consideration of the benefits and risks of treatment options. This guideline is intended to improve communication between clinicians and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-

term opioid therapy, including opioid use disorder, overdose and death. CDC has provided a checklist for prescribing opioids for chronic pain (<http://stacks.cdc.gov/view/cdc/38025>) as well as a website (<http://www.cdc.gov/drugoverdose/prescribing/resources.html>) with additional tools to guide clinicians in implementing the recommendations.



More than  
**40**  
PEOPLE

die every day from overdoses involving **prescription opioids.**

# Protecting the Medical Community through Medication Contracts

The relationship between practitioner and patient is supposed to be based upon full information and open and honest communication. Unfortunately, practitioners often are besieged with drug-seeking patients who will go to great lengths to obtain additional drugs, prescriptions and refills. However, obtaining or attempting to obtain controlled substances by fraud is a felony covered in Section 195.204.1, RSMo.

## You Must Ask and Document Questions

The violation occurs when a person lies, misrepresents, uses deceit, fraud or fails to disclose material information to his practitioner when receiving a controlled substance. The statute is violated when the patient lies or displays some type of dishonesty. To protect the integrity of drug supplies, it is imperative that medical staff ask questions. If you don't ask questions, then drug-seekers do not have to lie. The word will spread and many drug-seekers will come to your door. Be sure to ask and document information such as:

- o What medications have you received for this?
- o What medications are you on now?
- o When was your last prescription for this?
- o What other doctors have treated you for this?
- o How many other practitioners are you seeing and for what?
- o What medications have they provided to you?

## Medication Contracts

These come under a variety of names and most practitioners draft their own for their patients. Some call them medication contracts, patient contracts, treatment contracts or even pain-management contracts. The basic principles are the same. The practitioners protect themselves and also inform the patient what is expected and what is not acceptable regarding how medications are handled. Regulatory agencies have always been in favor of these documents because it protects the medical community and deters drug seekers. Examples of some terms include, but are not limited, to:

- o Patient shall not receive any medications from any other medical provider without notifying me within 24 hours.
- o Patient shall report to me within 24 hours of visiting any emergency room.
- o Patient agrees that I am their primary practitioner and my treatment shall be reported to any other medical practitioners providing treatment to them.

- o Patients shall not obtain similar prescriptions for similar drug products from other practitioners.
- o Patients shall take medications as directed and not take increased amounts so that refills are required sooner than authorized.
- o Prescriptions will not be automatically replaced when it is reported drugs were stolen, lost or eaten by the family pet.
- o Patients shall not transfer or share their prescribed medicines with other persons.
- o Patients shall not consume the prescriptions of another person.
- o Patients shall use one pharmacy and shall NOT have multiple prescriptions filled from multiple doctors at multiple pharmacies.
- o Patients shall not merely rely on prescriptions but must also cooperate with treatment by attending appointments and other treatment modalities and tests as scheduled.
- o Patient is fully aware that lying, making false statements or representations to the medical staff or withholding material information regarding controlled substances can be a felony violation of Section 195.204.1, RSMo.
- o Patient understands that violation of this contract is grounds for termination of care.
- o Patient understands that making false statements and misrepresentations to this medical staff may result in reports being made to law enforcement. Fraudulent acts are not covered by HIPAA and are not confidential.
- o Both the patient and a member of the medical staff should sign and date the agreement or contract.
- o It should be retained in the patient's file.

## It Has Been Proven to Work:

The bureau has investigated complaints regarding suspicious prescriptions. The investigation revealed the patients had visited multiple practitioners and visited multiple pharmacies to obtain illegal drugs. A review of charts in medical offices revealed medication contracts the patients had signed and it revealed lies the patients told the doctors. In these cases the doctors were protected and the patients were charged with fraud.

This article was previously published in the BNDD newsletter, April 2010.

## Drug Take-Back Day Statistics—April 2016

The United States Drug Enforcement Administration (DEA) sponsored a drug take-back day for the week ending April 30, 2016. There were 238 separate collections sites in Missouri managed by law enforcement agencies. During this take back, the state of Missouri collected 44,285 pounds of unwanted pharmaceuticals. A standard statistic at each collection is that 90% of drugs are non-controlled and 10% are controlled substances.

STATES	POUNDS COLLECTED APRIL 2016	COLLECTED SINCE 2010
Missouri	44,285	258,661
Iowa	9,335	69,270
Kansas	13,894	90,805
Nebraska	5,292	63,004
South Dakota	1,581	14,664
Southern Illinois	7,717	54,843
<b>TOTALS</b>	<b>82,104</b>	<b>551,247</b>

## EMS Controlled Substance Authority Comes from their Medical Director

The state and federal laws do not give EMS agencies their own independent controlled substance authority. Ambulance services receive their controlled substance authority through another registrant. EMS services that are hospital based receive their controlled substance authority through the BNDD and DEA registrations issued to the hospital. EMS agencies that are private or operated by a public district receive their drug authority through their medical director.

State Regulation 19 CSR 30-40.303(2)(C) states that the medical director, in cooperation with the ambulance service administrator, shall develop, implement and annually review medications and medical equipment utilized. The BNDD and the DEA can address any issues that arise pertaining to controlled substances with both the ambulance service and their medical director.



## Questions About Electronic Prescribing

If registrants have questions about the Electronic Prescribing of Controlled Substances (EPCS), they can visit the DEA website at [www.deadiversion.usdoj.gov](http://www.deadiversion.usdoj.gov) and click on the tab titled "Resources." Under that tab, there is a link to "Questions and Answers." There is a category of questions and answers for electronic prescribing for prescribers and pharmacies.

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