

	BLACK HAWK HEALTH CENTER POLICY: CONTROLLED SUBSTANCES DEPARTMENT: CLINIC-WIDE	Resolution:	SF-18-85
		Effective Date:	03/14/2018
		Origination Date:	02/13/2018

PURPOSE:

To assist Black Hawk Health Center (BHHC) providers and their patients in determining the most appropriate treatment for chronic disease.

DEFINITIONS:

Controlled Substance: A drug which has been declared by federal or state law to have a potential for abuse with use leading to psychological or physical dependence and are considered dangerous. These drugs are assigned to schedules I – V, which were created by the Controlled Substance Act (title 21).

OPIOIDS: Hydrocodone (Vicodin, Lortab), Oxycodone (OxyContin, Percocet), Morphine, Tramadol, Codeine, and other related drugs

BENZODIAZEPINES: Diazepam (Valium), Alprazolam (Xanax), Lorazepam (Ativan), Midazolam (Versed), Clonazepam, and other related drugs

STIMULANTS: Amphetamine, Dextroamphetamine (Adderall), Dexamethylphenidate (Focalin), Lisdexamfetamine, Methylphenidate (Concerta, Ritalin) and other related drugs

POLICY:

It is the policy of BHHC to provide the best care possible for our patients. This goal, however, must be tempered with the credo *Primum non nocere* – “First, do no harm”. Due to common adverse effects, strict regulations/oversight, and the alarming rate of narcotic medication abuse/dependence. Because controlled substances require a higher level of responsibility on both the part of the patient and the provider, prescribing physicians shall strictly comply with Federal and State laws and will review the patient’s controlled substance history via the Prescription Monitoring Program (PMP). Our policies are as follows:

1. No narcotics will be prescribed on the first new patient visit/initial consultation *in the absence of a clear, acute injury*. There must be a clear diagnosis in the chart to justify chronic pain management and a contract must be signed by the patient before treatment.
2. The PMP and a Urine Drug Screen (UDS) will be checked before treatment is started OR as often as the Provider deem necessary.
3. Patients will be evaluated and recommended the best course of treatment that may or may not include the use of controlled substances.
 - a. All available options will be evaluated, including:
 - i. Physical Therapy
 - ii. Non-narcotic medication
 - iii. Behavioral Healthcare
 - b. If a patient is referred to the above-mentioned options, he/she must be compliant to the referral.
 - c. The Provider may institute anti-inflammatory muscle relaxers, etc. as the first line of treatment.
 - d. If narcotic medications are prescribed, a maximum of four (4) tablets per day will be issued.
 - e. Only the medications carried on the BHHC Pharmacy formulary will be prescribed.
 - f. The provider may request the patient to be seen every thirty (30) days.
4. Prescriptions will not be (re)filled:
 - a. During the evening, weekend or holidays
 - b. In an “emergency”

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- c. Earlier than the actual date due
 - d. If the patient has “no-showed” their most recent appointment
 - e. If the patient has not completed an appointment in the past 3 months (6 months for Behavioral Health)
 - f. Due to lost or stolen *unless accompanied by a copy of a police report.*
 - g. Written scripts by outside physicians will not be filled if the patient was not referred to that physician by a BHHC provider.
5. Controlled Substance prescriptions will not be (re)filled and patients may be discharged from care if:
- a. Abuse is suspected or documented.
 - b. BHHC receives notice that the patient is receiving a duplicate prescription from another provider.
 - c. It is discovered that the patient is selling or sharing the prescribed medication.
 - d. The patient has documented contraindications to chronic pain management treatment medicines.
 - e. An unacceptable PMP report or UDS.

NOTE: The BHHC has a ZERO TOLERANCE policy to the above-mentioned items.

- 6. Patients requiring chronic pain management or long-term controlled substance therapy will be referred to a specialist if:
 - a. The requests for narcotics becomes excessive.
 - b. The requests are disproportionate to the clinical problem.
 - c. The pain is prolonged (greater than 2-3 months post injury/surgery).
- 7. Outside written scripts for patients referred by BHHC to pain management will be filled by BHHC Pharmacy, if available.