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Narcotic and Opiate/Opioid Medications Policy

REQUIREMENTS AND BACKGROUND

Narcotic and Opiate/Opioid medications are highly addictive pain medications and if not used properly can be dangerous and even cause death. They can also create side effects such as constipation and lethargy. Many narcotics, such as Percocet and Vicodin, also contain acetaminophen (Tylenol), which if taken in increasing doses can cause liver failure and even death. Narcotic and Opiate/Opioid pain medications are highly addictive and must be prescribed and used with caution because they cause tolerance whereby the body adapts to them and in order to achieve pain relief, the body requires increasing doses.

For these reasons, we prescribe all pain medications with caution. In the appropriate situations - such as after injury or after surgery - we will provide prescriptions for pain medicines for patients with acute pain.

In addition, the prescription of any opiate/opioid that is considered a Schedule II-VI drug by the Food and Drug Administration is now highly regulated under Massachusetts law and we as health practitioners are bound to follow the law.

We do not specialize in pain management. If pain becomes a chronic problem or if the requests for pain medication become excessive or disproportionate to a patient's clinical problem, or prolonged need is required after a surgery or injury as we assess it as your treating doctors, we will refer you to a Pain Management Specialist so that you may receive specialty care in this area of medicine.

POLICY

Under Massachusetts law treating clinicians can only prescribe a maximum seven (7) day supply on for Opiate/Opioid pain medications when issued to an adult for the first time for post-surgical pain and a maximum seven (7) day supply on all Opiate/Opioid pain medications prescriptions for minors. While the law allows for some exceptions to these supply limits for certain conditions such as an acute medical condition, chronic pain management, pain associated with a cancer diagnoses, or palliative care, there are not likely applicable to our patients and you would need to have your primary care physician perform a complete medical evaluation to support the clinical need for such a larger supply of Opiate/Opioid pain medications.

Narcotics and any other pain medications will **NOT** be refilled, or alternatives prescribed, on weekends, holidays or after office hours by any covering physicians. Therefore, it is the patient's responsibility to make every effort to anticipate his or her medication needs after any surgery or injury before any weekend, holiday or evening and to contact the office during office hours to arrange for refills, if necessary.

For any Schedule II opioid prescriptions, we are required to document in your medical record that there was a discussion with the patient about:

1. any known risks associated with the specific opioid prescription; *and*
2. the amount to be prescribed and the option to fill the prescription in a lesser amount

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We must also note on the actual prescription that that “the patient may fill in an amount not to exceed the recommended full quantity indicated.”

For any prescription of an extended-release long-acting opioids we are required to note that the prescribing physician performed an evaluation of the patient’s current condition, known risk factors, history of substance abuse, and current medication usage; and must have a discussion with the patient about the specific medication being an appropriate course of treatment based on the patient’s current medical condition or treatment and insert a note of that discussion on into the patient’s medical record.

If we provide any prescription for long term pain management with extended-release long-acting opioids in non-abuse deterrent form, your treating physician and you as the patient, are required to enter into a pain management treatment agreement and this information must also be contained in your medical record.

Massachusetts law also enables patients to direct pharmacies to dispense less than the fully prescribed quantity of any Opiate/Opioid pain medication. If less than the prescribed quantity is dispensed by the pharmacy at the patient’s direction, the prescription is void as to any quantity not dispensed, and you would need to secure a new prescription once your supply of the medications runs out.

Under Massachusetts law all physicians and other prescribers are required under the Massachusetts Prescription Monitoring Program to check the patient’s Prescription Monitoring Profile, maintained in the Massachusetts Online Prescription Monitoring Program data base maintained operated by the Massachusetts Department of Public Health (“DPH”). before writing a prescription for the first time for narcotic drugs. Starting on October 15, 2016 this requirement will be expanded to cover every prescription written for narcotic drugs.

Starting on December. 1, 2016, DPH will establish a voluntary non-opiate directive form, under which a patient or legal surrogate may indicate to all practitioners that the patient shall not be administered or offered a prescription or medication order for an opioid. Directive to be recorded in patient’s medical records Such a directive may be revoked at any time, in writing or verbally. Practitioners will still be able to administer opioids in emergencies.