

OXYCONTIN - Prescribing Guidelines

In an effort to deal with some of the many issues surrounding OxyContin use, prescribing and dispensing, all health care professionals are urged to take special precautions to minimize the possibility of misuse and abuse of this powerful drug. The Board would like to remind physicians of the need to follow sound prescribing practices, as outlined below, and urges physicians who may have a problem with chemical dependency to seek assistance from the Board's Physician Health and Compliance Unit or one of the programs described below. Also, physicians should cooperate with pharmacists and other health care professionals who may need to discuss or confirm their use of OxyContin in treating patients.

Prescribing Guidelines

The Drug Enforcement Administration has issued these general guidelines for prescribers of controlled substances such as OxyContin. Both the American Medical Association and the Massachusetts Board of Registration in Medicine (the "Board") have endorsed these guidelines. The highlighted guidelines are of particular importance with regard to Schedule II narcotics such as OxyContin.

- 1) Controlled substances have legitimate clinical usefulness and the prescriber should not hesitate to consider prescribing them when they are indicated for the comfort and well-being of patients.
- 2) Prescribing controlled substances for legitimate medical uses requires special caution because of their potential for abuse and dependence.
- 3) Good judgment should be exercised in administering and prescribing controlled substances so that diversion for illicit uses is avoided and the development of drug dependence is minimized or prevented.
- 4) Physicians should guard against contributing to drug abuse through injudicious prescription writing practices, or by acquiescing to unwarranted demands of some patients.**
- 5) Each prescriber should examine his or her individual prescribing practices to ensure that all prescriptions for controlled substances are written with caution.
- 6) Physicians should make a specific effort to ensure that patients are not obtaining multiple prescription orders from different prescribers.**

Prescriptions Must be Issued in the Usual Course of Professional Practice and for a Legitimate Medical Purpose

Massachusetts law requires that prescriptions may be issued only in the usual course of a practitioner's practice and for a legitimate medical purpose. This means that there must be a physician-patient relationship and that the physician must establish a proper diagnosis and regimen of treatment. The Board has indicated that, at a minimum, on first encounter with a patient, a physician must

take and record an appropriate medical history, carry out an appropriate physical exam, and record the results. In addition to performing the appropriate examinations, physicians must maintain accurate and complete records of patient visits.

Prescribing for Immediate Family Members and Self-Prescribing by Physicians

The same examination requirements apply when the physician is prescribing controlled substances to immediate family members. Physicians should document examination results carefully and accurately. Schedule II controlled substances like OxyContin, because of their extremely high potential for abuse, **may not** be prescribed to a member of the licensee's immediate family, except in an emergency. The Board suggests that physicians consider refraining from prescribing all controlled substances for family members and significant others in non-emergency situations. **Also, the Board has adopted a regulation prohibiting physicians from prescribing any controlled substances in Schedules II through IV for their own use.**

If You Need Help With OxyContin or Other Chemical Dependency Issues

The Board takes seriously the legislative directive to protect the public from chemically dependent physicians, and reminds physicians that chemical dependency, unless treated appropriately, can lead to disciplinary action. However, the Board also recognizes that chemical dependency is an illness that can be treated successfully.

Toward that end, the Board urges physicians who suspect that they might have a problem with OxyContin misuse to seek assistance for their problem voluntarily, through established programs such as the Board's Physician Health and Compliance Unit, the Massachusetts Medical Society's Physician Health Services program or the University of Massachusetts Memorial Health Care Center's Physician Health and Well-Being program. Information on these programs is provided below.

Physician Health and Compliance Unit of the Board of Registration in Medicine - the Unit of the Board that reviews and evaluates reported conditions that may limit or impair a physician's ability to practice medicine. These conditions include medical and psychiatric diagnoses as well as problems with substance abuse. PHC also receives physician self-reports, make referrals to appropriate services, and monitors physician compliance with Board-approved agreements.

Physician Health Services (PHS) - a program established by the Massachusetts Medical Society to provide outreach, support and monitoring to physicians with behavioral problems as well as mental health and chemical dependency issues throughout Massachusetts. PHS staff members are

available to assist in assessments and, where appropriate, interventions. Communications with PHS are confidential under state law, and chemical dependency cases have additional protection under federal law. Luis T. Sanchez, M.D., Director of PHS, may be reached at 1-800-322-2302 or www.massmed.org

Physician Health & Well-Being Committee – a physician wellness program administered by the University of Massachusetts Memorial Health Care Center to provide physicians affiliated with the University of Massachusetts with confidential treatment and monitoring of their behavioral, physical and mental illnesses, and chemical dependency. Jane Sargent, M.D., Program Director, may be reached at 1-508-856-4147 or www.umassmed.edu.