

EXECUTIVE SUMMARY –  
Prescription Drug Abuse, Addiction and Diversion:  
Overview of State Legislative and Policy Initiatives  
A Three Part Series  
Part 3:  
Prescribing of Controlled Substances for Non-Cancer Pain

Part 3 of this series addresses physician prescribing of controlled substance to treat chronic, non-cancer pain. Every U.S. jurisdiction has a myriad of statutes and regulations relative to controlled substances and the prescribing thereof. Additionally, state licensing boards often adopt policies and guidelines for licensees to follow when undertaking prescribing activities. As prescription drug use and abuse continues to increase, stakeholders are likewise increasingly aware that new tools are needed to address a growing epidemic. State and Federal legislators, policy makers and licensing authorities are looking to amend existing law or enact new measures that can aid the fight against prescription drug abuse, addiction and diversion. Prescribing practices is one of several areas being focused on and through a review of existing policies and guidelines, NAMS DL identified commonly recommended prescribing practices.

The selected policies, guidelines, rules, strategies, and guides NAMS DL reviewed are:

1. “Model Policy for the Use of Controlled Substances for the Treatment of Pain” – Federation of State Medical Boards, May 2004
2. “Utah Clinical Guidelines on Prescribing Opioids” – Utah Department of Health, 2008
3. “Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain” – The Journal of Pain, February 2009
4. “Washington State Interagency Guidelines on Opioid Dosing for Chronic Non-cancer Pain” – Agency Medical Directors Group, 2010 Update
5. Washington State Rules for Managing Chronic Non-cancer Pain, Medical Quality Assurance Commission, March 2011
6. “Guidelines for Responsible Opioid Prescribing in Chronic Non-Cancer Pain: Part 2 – Guidance” – American Society of Interventional Pain Physicians (ASIPP), 2012
7. “Extended-Release (ER) and Long-Acting (LA) Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS)” – U.S. Food and Drug Administration, Modified August 2012
8. “Responsible Opioid Prescribing: A Physician’s Guide” – Scott Fishman, M.D., 2012

A comparison of these materials revealed the following seven commonly recommended prescribing practices:

1. Required or recommended education related to the prescribing of controlled substances to treat pain that includes, but is not necessarily limited to, the following topics: pain management, prescribing controlled substances for pain, addiction and addiction treatment, and use of the state’s prescription drug monitoring program (PMP).
2. Conducting a comprehensive patient examination, including a physical examination, and screening for signs of abuse and addiction.
3. Devising and implementing a treatment plan that includes informed consent/agreement to treatment and a process for periodic review of that treatment plan.
4. Required or recommended use of the state’s Prescription Drug Monitoring Program (PMP).

5. Referral of high-risk patients that require additional evaluation and treatment as well as recommended steps to take if a physician or doctor suspects or has reason to believe that a patient is abusing or diverting prescription drugs.
6. Limiting or recommending limits on the number of days' supply and/or number of refills permitted for Schedule II opioid prescriptions.
7. Maintaining complete and accurate medical records, including records related to prescriptions issued and physician-dispensed controlled substances.

Part 3 presents each of the seven practices in a comparative chart format with each chart showing state statutory and regulatory sections addressing the specific practice. As the landscape of prescription drugs continues to change and evolve, so do the tools legislators, policy makers and law enforcement officials must utilize to address drug abuse, addiction and diversion. NAMSDL's legal team continues to monitor legislative and policy developments and has previously and will continue to revise and update Part I (PMP Programs), Part II (Regulation of Pain Clinics) and this document – Part III (Prescribing for Pain).

One noticeable trend that NAMSDL will carefully track throughout 2014 is an increase in legislative and regulatory activity relative to prescribing and prescribing practices. The upcoming state legislative sessions may have a significant impact on future versions of this report and the information contained therein. In anticipation of that possibility, three out of the seven total recommended practices were broadened, as reflected in the titles that now appear above each individual chart.

- The first chart in the series, in addition to pain management education, now includes statutory and regulatory citations pertaining to education that focuses on controlled substances prescribing generally.
- The fourth chart in the series, in addition to PMP access requirements specifically related to prescribing for pain, now includes citations for statutes and regulations that require physicians to access their respective state PMP under certain circumstances – such as upon an initial prescription of a controlled substance.
- The seventh chart in the series, in addition to Schedule II controlled substance prescriptions, now includes statutory and regulatory citations pertaining to refill and quantity limitations for Schedule III controlled substance prescriptions.

As with probable legislative and regulatory changes, medical boards may seek to update prescribing policies and guidelines. Anticipating these changes, likely to come as a result of statutory/regulatory amendments, NAMSDL will monitor developments, updating medical board policy/guideline research as needed, and incorporate that information into the next update of this report.