

HIGH RISK MEDICATION POLICY

Primary Care Partners of South Bend, LLC (PCPSB) will prudently prescribe medications that place patients at increased risk of complications due to side-effects, potential drug-drug interactions, and possible dependence or abuse. These medications include opioids, benzodiazepines, “Z-drug” medications for insomnia, gabapentinoids, and muscle relaxants.

1. We will follow Indiana state prescribing guidelines for controlled substances (<https://www.in.gov/pla/3017.htm>).
2. Patients will request refills 1-2 business days before the medication is going to run out in order to give their provider a sufficient amount of time to respond to the request.
3. Patient will follow up in the office on agreed upon schedule as discussed during office visits. Failure to keep scheduled appointments may lead to discontinuation of medication.
4. Refills will not be provided for lost or damaged medications. Stolen medications will only be refilled after patient provides a police report with the name of the medication within the body of the report. If there are recurrent issues with lost or stolen medications, we reserve the right to terminate provider-patient relationship and/or decline further prescription refill requests.
5. A Prescription Drug Monitoring Program (PDMP) report will be run at the time each prescription is issued.
6. Patients on a controlled substance are required to sign a Controlled Substance Agreement at the time of initial prescription and annually thereafter. The conditions of this agreement include, but are not limited to:
 1. Patient will only take medication as prescribed and will not change the amount or frequency of medication without authorization from prescriber
 2. Patient will only fill prescription at previously agreed upon pharmacy location
 3. Patient is required to submit to urine or oral fluid drug testing on a scheduled or random basis
 4. Provider-patient relationship may be terminated if regularly scheduled appointments are not kept or the plan of treatment is not followed
7. Provisions related to specific medication classes
 1. Opioids – opioid pain medications will only be used chronically for the relief of pain and suffering associated with cancer or other terminal illness. Patients experiencing acute pain related to injury or surgery may receive short-term opioid prescription (typically a 5-day supply or shorter) without refills. Patients establishing with PCPSB already on chronic opioids from a primary care provider will be weaned off of these medications at a rate not to exceed 10% per month. Patients established with PCPSB on chronic opioids through a pain management physician or other specialist can

continue to receive these medications through that prescriber but may be weaned off opioids if the responsibility for that prescription is transferred to PCPSB.

2. Benzodiazepines – benzodiazepine anxiety medications will not routinely be prescribed for any indication, particularly short-acting agents like alprazolam (Xanax) or lorazepam (Ativan). Patients establishing with PCPSB already on benzodiazepines from a primary care provider may be weaned off of these medications at a rate not to exceed 10% per month. Patients established with PCPSB on chronic benzodiazepines through a psychiatrist or other specialist can continue to receive these medications through that practice but may be weaned off opioids if the responsibility for that prescription is transferred to PCPSB.
3. “Z-Drugs” – hypnotic sleep medications are intended for short term use only in concert with sleep hygiene and other behavioral techniques. If still needed after 30 days of use, a safer medication alternative will be sought.
4. Gabapentinoids – gabapentin dosing will be held at lowest effective dose (typically 600mg per day or less), pregabalin dosing will not exceed 450mg per day.
5. Muscle relaxants – muscle relaxants prescriptions will be limited to 3-week supply for acute musculoskeletal injury. Ongoing refills will only be provided to patients experiencing ongoing symptoms who are also participating in a physical medicine treatment program (physical/occupational therapy, chiropractic, osteopathic manipulation) or while awaiting evaluation/intervention by specialist physician (orthopedics, sports medicine, pain medicine, or physical medicine & rehabilitation). The muscle relaxant carisoprodol (Soma) will not be used under any circumstance.