

## **Suggested Policies to Prevent Misuse/Diversion**

### **Standard Office Procedures**

- New / unknown patient must show ID verifying name and address.
- Single doctor prescriber for Rx drugs with potential for abuse
- Refilling and managing prescription drugs require full office visit. Nothing else addressed at that time
- No calling in of prescription. Prescriptions must be picked up at office.
- Write out numbers including number of refills
- Write "Call for DEA #" on prescription so pharmacist calls and physician verifies amount
- Prescription given for 30 days and NO replacement regardless of excuse
- On-call doctors (weekends) only prescribe 2 pills of any medication (if any).
- Urine screens to check for diversion (may have legal consequences)
- Consistent consequences for patients that violate terms.

### **Re: Pharmacy**

- Single pharmacy used. Patient chooses.
- Letter sent to pharmacy instructing that if receive prescriptions from other providers for this patient "then my prescription is cancelled."

### **Re: Documentation**

- Duplicate prescriptions with copy in chart
- Establish policy for documenting calls from pharmacy and adding the info to patient chart
- Use patient contracts/agreements (based on available models)
- Keep copy of all prescriptions in patient chart, with separate listing for controlled substances (required by some states).
- Use asterisks or other highlight for controlled substances in electronic medical records. Then query can bring up only those.

### **Patient Education**

- Brown Bag – Patients bring all meds including over-counter and herbals to appointment once a year. Opportunity for patient education and for doctor to see what patients are using.