

Narcotic Prescription Policy

Due to the alarming rate of narcotic pain medication abuse/dependence, it has become necessary for physician practices to closely manage patient use of prescription narcotic pain relievers, such as Vicodin, Vicoprofen, Hydrocodone, Tylenol w/codeine, Oxycontin, Oxycodone, Dilaudid, Percocet, Percodan, Lorcet, Lortab and Morphine products.

The Narcotic Prescription Policy of Lancaster NeuroScience & Spine Associates is as follows:

1. No narcotic medications will be prescribed at the time of the initial consultation. The referring physician should manage all pain medication until the time that a final treatment plan has been recommended by this office. It is unlikely that a final treatment plan can be recommended at the initial visit since most patients will not have had all of the necessary diagnostic tests required to form an accurate diagnosis (i.e., MRI, X-rays, EMG, CT scan, etc.).
2. Once the final diagnosis has been made, this office will recommend a treatment plan that may or may not include the short-term use of narcotic pain medication.
3. In the event that surgery has been recommended, this office will render the post-operative pain management. Narcotic pain management in the post-operative period may not exceed 45 days.
4. In the event a non-operative treatment plan has been recommended, pain management can be rendered by either the primary care physician (PCP) or by the non-surgical specialist to whom the patient is referred for further care.
5. Regional pharmacies monitor patient use of narcotic pain medications and contact the prescribing physician(s) if a patient is receiving narcotic pain medication from more than one physician. If this office receives notification, from any source, that a patient is receiving narcotic pain medication from more than one physician, prescribing of such medication by this office will be immediately suspended.
6. At the discretion of the physician and/or advance practitioner, narcotic pain medication may not be prescribed beyond a 90-day period. If narcotic pain management is required beyond 90 days, a referral to your primary care physician (PCP) or a chronic Pain Specialist may be made.
7. In the event of suspected narcotic abuse, further prescriptions of narcotic pain medications will not be made.
8. In the event of documented narcotic abuse, further prescriptions will not be made and the patient may be discharged from care.
9. In the event of suspected narcotic dependence, a referral to a Dependency Treatment Specialist can be made, at the patient's request.
10. If a patient has not been seen in this office during the preceding 3 months, no prescriptions will be "called-in" to the pharmacy without re-assessment of the patient.

IF A REQUEST FOR A PRESCRIPTION REFILL HAS BEEN MADE BY TELEPHONE, THE PHYSICIAN OR ADVANCE PRACTITIONER MUST REVIEW YOUR CHART PRIOR TO CONTACTING THE PHARMACIST. THEREFORE, YOUR REQUEST MAY NOT BE PROCESSED IMMEDIATELY. IT IS THE POLICY OF THIS OFFICE TO COMPLETE ALL LEGITIMATE REQUESTS WITHIN 72 BUSINESS HOURS. THEREFORE, REQUESTS MADE ON FRIDAY MAY NOT BE COMPLETED UNTIL THE FOLLOWING WEEK.

PRESCRIPTIONS WILL ONLY BE FILLED DURING NORMAL BUSINESS HOURS (8:30am-4:30pm) – NOT DURING THE EVENING, WEEKEND, OR HOLIDAY.

PRESCRIPTIONS WILL NOT BE FILLED AS AN ‘EMERGENCY’.

NO PRESCRIPTION WILL BE REFILLED EARLY AND NO SOONER THAN THE ACTUAL DATE THE NEXT PRESCRIPTION IS DUE TO BE REFILLED.

IT IS THE RESPONSIBILITY OF THE PATIENT TO KEEP ALL MEDICATIONS LOCKED AND OUT OF REACH OF CHILDREN. YOUR MEDICATION IS NOT TO BE SOLD OR SHARED WITH OTHERS.

LOST OR STOLEN MEDICATION WILL NOT BE REPLACED UNLESS WE HAVE A COPY OF A POLICE REPORT.

WE WILL ONLY REFILL PRESCRIPTIONS WRITTEN BY A LNSA PROVIDER. FOR ALL OTHER MEDICATION REFILL REQUESTS YOU WILL BE ASKED TO CONTACT YOUR PRIMARY CARE PHYSICIAN (PCP).

By signing below, I understand and agree to follow the rules of LNSA’s Narcotic Prescription Policy. This policy has been explained to me, my questions have been answered, and I have been given a copy for my review. I understand that if I do not follow these rules completely, the physicians or advance practitioners of Lancaster NeuroScience & Spine Associates may stop my narcotics and discharge me from the practice.

Patient Signature Date

Staff Signature

Please select one pharmacy for filling your narcotic prescriptions. If you must change the pharmacy due to financial implications, or for any other reason, please notify our office.

Pharmacy

Pharmacy Phone number

Pharmacy Fax number