

ILLINOIS STATE MEDICAL SOCIETY

**Resolution 10.2018-05
(A-19)**

Introduced by: Oliver Dold, M.D., ISMS Member

Subject: Chronic Pain Management

Referred to: Council on Medical Service

1 Whereas, the opioid crisis is real, and needs a comprehensive solution, inclusive
2 of input and buy-in from all healthcare stakeholders; and

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4 Whereas, pharmacies, particularly “big box” enterprises, are increasingly
5 arbitrarily limiting the amount of opioid analgesics that will be dispensed to an
6 individual patient (e.g., 7-days or less) at any one visit, regardless of the prescriber’s
7 intent; and

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9 Whereas, there are many patients who suffer from diagnosed, legitimate, chronic
10 pain that need long-term access to opioid analgesics, and who would find it very
11 inconvenient, and in many cases physically difficult, to return to the physician’s office
12 each week for new prescriptions; and

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14 Whereas, arbitrarily moving patients off of opioid analgesics and forcing them to
15 instead use over-the-counter NSIADs to treat their pain may lead to kidney disease,
16 particularly if such switching is done without investigating the patient’s creatinine
17 levels; and

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19 Whereas, some pharmacies are citing the CDC’s *Guideline for Prescribing*
20 *Opioids for Chronic Pain* as a reason for limiting dispensing based on overall dosage,
21 but guidelines are designed to better inform clinical decision-making and are not
22 designed to dictate or replace a physician’s clinical judgment; therefore be it

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24 RESOLVED, that the Illinois State Medical Society oppose pharmacy policies
25 that unilaterally impose arbitrary quantity and/or dosage limits on dispensed
26 medications, including opioid analgesics, inconsistent with the prescriber’s intent; and
27 be it further

1 RESOLVED, that the Illinois Delegation introduce a Resolution at the American
2 Medical Association House of Delegates that opposes pharmacy policies that
3 unilaterally impose arbitrary quantity and/or dosage limits on dispensed medications,
4 including opioid analgesics, inconsistent with the prescriber’s intent.

Existing ISMS Policy and Action Related to This Issue

It is the policy of ISMS to allow pharmacies to share databases and information, regardless of pharmacy ownership, regarding a patient’s controlled substance medication prescriptions and to share that information with the prescribing physicians. (HOD 2002; Last BOT Review 2014)

ISMS supports the use of e-prescriptions for Schedule II controlled substances. (HOD 2013; Last BOT Review 2014)

ISMS supports the full electronic prescribing of all prescriptions, without additional cumbersome electronic verification, including Schedule 2-5 controlled substances, eliminating the need for “wet signed” paper prescriptions and faxes for specific classes of prescriptions. (HOD 2017)

House of Delegates adopted Substitute Resolution C306 (A-16) which calls for ISMS to: Support or cause to be introduced legislation to require that electronic health records include a mechanism to forward prescription discontinuation orders to the pharmacy, require patient verification features for pharmacy automated prescription refills, and require that automated prescription refill notices clearly communicate to patients the medication name, dosage strength, and other information; Request the Illinois Department of Financial and Professional Regulation (IDFPR) to investigate those autofill refill programs encouraged by large pharmacy chains in order to identify the incidence of distribution to patients of prescriptions that have been previously discontinued; Urge IDFPR to investigate those pharmacies faxing 90-day medication requests to physicians and other prescribers who state that patients requested the 90-day supply when patients have not made such requests; and Urge the IDFPR to take corrective action on the autofill programs in order to protect patients from taking incorrect doses. (HOD 2016)

Board of Trustees approved that ISMS support or cause the introduction of legislation to require the Illinois Department of Financial and Professional Regulation to promulgate rules requiring pharmacy prescription systems to contain mechanisms that allow prescription discontinuation orders to be forwarded to a pharmacy, to require patient verification features for pharmacy automated prescription refills, and to require that automated prescription refill notices clearly communicate to patients the medication name, dosage strength, and other information. This action relates to Resolution C306 (A-16). (BOT 2017 - JAN)

Board of Trustees approved the following actions: 1. That ISMS continue to develop its Policy Paper for transmittal to the House Heroin Task Force; 2. That ISMS continue to offer education to our members to increase awareness about appropriate prescribing of opioids and other pain medications; 3. That ISMS work with other relevant medical societies to increase education and awareness efforts around appropriate prescribing of pain medications; 4. That ISMS express its support for a robust state Prescription Monitoring Program (PMP) that provides easily accessible, real-time information about a patient's prescription history, allows a physician to designate an in-office agent who can access the PMP on the physician's behalf, and encourages integration of the PMP into electronic health records, in order to expedite its ease of use; 5. That ISMS support legislative efforts that facilitate greater availability and use of naloxone, and expand existing "Good Samaritan" protections for those prescribing or administering naloxone; 6. That ISMS oppose any legislation that mandates CME requirements specific to pain medication prescribing or adherence to treatment guidelines when prescribing Schedule II medications; and 7. That ISMS urge the Illinois Departments of Public Health, Healthcare & Family Services, Insurance, the Illinois State Police and other relevant state agencies to increase awareness and coordination of appropriate drug disposal programs, in light of changes in federal regulations. (BOT 2014-OCT)

Board of Trustees approved causing the introduction of legislation to address the issues of opioid prescribing, diversion, overdose and addiction, as presented in the report. (BOT 2015-JAN)

House of Delegates adopted Resolution C322 (A-18), Opioid Prescription Safety, which states: RESOLVED, that ISMS develop a standardized tool(s), or process, by which physicians can efficiently prescribe opiates with both informed consent and notification of proper storage and the need for safe disposal of any unused medication, and be it further RESOLVED, that the ISMS support legislation that would require a pharmacy filling a new opioid prescription to give the patient an easily read information sheet covering the risks of opioids, the need for safe storage, the methods of safe disposal and the name and location of any unused prescription drop-off sites that are in the county of the prescription. (HOD 2018)

Relevant AMA Policies

Restriction on Prescription Refills H-120.952

1. Our AMA opposes restrictions on the legitimate, clinically appropriate refill of patient prescriptions including, but not limited to: (A) restricting refill hours to less than usual pharmacy hours; (B) restricting refills to limited pharmacies rather than all participating pharmacies; (C) restricting refills for chronic medications to a less than 90-day supply; and (D) restricting the date of refill.

2. Our AMA will encourage relevant organizations, including but not limited to insurance companies and professional pharmacy organizations, to develop a plan to implement prescription refill schedule strategies so that patients requiring multiple prescription medications may reduce the need for multiple renewal requests and travel barriers for prescription acquisition.

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