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RE: Caring for Your Patients Using Narcotic Analgesics

Dear Dr. <<NAME>>:

The goal of this quality management program is to assist you in caring for your patients who are receiving narcotic analgesics. Based on pharmacy claims data, you are among the top 100 prescribers of narcotic analgesics in the West Virginia Medicaid program. As a high-volume narcotic prescriber we want to make sure you are aware of certain resources available to improve the safety of such drug therapy.

In 2002 the National Epidemiologic Survey on Alcohol and Related Conditions found a lifetime prevalence of nonmedical use of prescription opiates of 4.7% with a rate of abuse and/or dependence of 1.4%.¹ Since that survey evidence indicates the problem of prescription opiate abuse has been growing. Americans constitute only 4.6% of the world's population but consume 80% of the global opiate supply. The 2006 National Survey on Drug Use and Health found that 6.6% of the population had used prescription drugs nonmedically in the past year.²

The West Virginia Board of Medicine and Board of Osteopathy recognize the need for physicians to provide appropriate and effective pain relief for patients and has adopted a Policy for the Use of Controlled Substances for the Treatment of Pain which is available at <http://www.wvbom.wv.gov/opioid.pdf>. That policy, among other things, encourages the use of informed consent and written agreements or contracts detailing patient and provider responsibilities as part of the treatment plan when narcotics are employed. A template, which can be duplicated, is included. These documents should be part of the medical record. If you have not done so, please review this Board policy and ensure that you are following the appropriate guidelines in your practice.

We acknowledge that there may be clinical variables influencing an individual patient's management that are not apparent in claims data. However, we believe the information provided will assist you in caring for your patient(s). Certainly claims data and the volume of specific drug prescribing alone do not adequately reflect the quality of your prescribing practices or the quality of the care you provide for your patients suffering from acute and/or chronic pain. We thank you for reviewing this information and caring for West Virginia Medicaid's patients and welcome the opportunity to discuss any comments or concerns you may have about our quality management program. Please feel free to call our office at _____ with questions or concerns.

Sincerely,

Jane Doe, M.D.
Medical Director

Jack Smith, M.D.
Chairman, Medicaid Drug Use Review Board

OVER

References:

1. Huang B, Dawson DA, Stinson FS, et al. Prevalence, correlates and comorbidity of nonmedical prescription drug use and drug use disorders in the United States: Results of the national Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2006; 67:1062-73.
2. Manchikanti L, Singh A. Therapeutic opioids: a ten-year perspective on the complexities and complications of the escalating use, abuse, and nonmedical use of opioids. *Pain Physician*. 2008; 11(2 Suppl):S63-88.