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I am writing to you concerning the Advisory Panel Meeting of the FDA to discuss the use of opioid analgesics for the treatment of chronic non-cancer pain. We are made aware on a weekly basis of the abuses of opioid analgesics carried out by unethical patients, and we have had to include urine toxicology screening in our pain practice in order to root out unethical and abusing patients at tremendous cost of time and money to us. However, we still strongly feel that we cannot treat the legitimate patients who have severely debilitating pain syndromes without having the option of using opioid analgesics, when deemed medically necessary, and with adherence to the American Pain Society guidelines.

I have one suggestion. We often have pharmacists calling us to inform us that a patient is obtaining narcotics from a second physician, when this is clearly not allowed as per our narcotics contract with each patient on narcotics. However, the pharmacist can only find this information from the database of insurers, and therefore, if a patient paid cash at another pharmacy for narcotics from another physician, this would not be picked up. Can we legislate a national database of narcotic usage which would cover both insured and cash payments, so that we can be certain we have full knowledge of all medications from other physicians each patient is taking?

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