

## CONTROLLED SUBSTANCE PRESCRIBING GUIDELINES

Controlled Medications are one modality for the treatment of chronic pain and anxiety. Efforts to control these conditions with other treatment modalities are important for the long term health of our patients.

### Controlled Medication Definition:

A scheduled medicine (I – V) as defined by the Controlled Substance Act of 1970.

1. **Schedule I** – unable to write prescriptions for this class – for research only
2. **Schedule II** – No Refills; can only be faxed if patient is in Hospice or long-term medical facility. Prescription is limited to 30 days worth of doses, although exceptions are made for cancer patients, burn victims, etc. and oral prescriptions for schedule II drugs must be confirmed in writing within 3 days.
  - A. Oxycodone, Hydromorphone, Fentanyl, Methadone, Mepiridine, Morphine
  - B. Amphetamines/dextroamphetamines/Methylphenidate
3. **Schedule III – V** – up to 5 months of Refills; Able to sign/fax but not electronically transmit by EMR
  - A. Schedule III – Butalbital, Hydrocodone
  - B. Schedule IV – Benzodiazepines, Butorphanol, Phenobarbitol, Propoxyphene, Zolpidem (Ambien), Eszopiclone, Zaleplon
  - C. Schedule V – Codeine, Lomotil, Lyrica

### ■ Prescribing Guidelines:

1. The prescribed use of controlled medications for short courses (less than 3 months) is at the discretion of the health care provider.
2. The following guidelines are the use of controlled medications longer than 3 months or at anytime based on provider discretion.
  - A. **Functional goals** documented
  - B. **Long acting** medication + short acting for breakthrough symptoms
  - C. **Controlled substance agreement (CSA)** – ordered, printed, reviewed and signed by patient then scanned into chart with copy given to patient.
  - D. **Pmp search** – state database of controlled prescriptions at all va pharmacies. To be initiated at Time of contract and then as indicated.
  - E. **Refills**
    - I. PCP – refills of controlled medications should be completed by the pcp unless he/she is away or unavailable.
    - III. Early refills – not authorized
    - III. One designated pharmacy – patient contracts to obtain controlled medications from one pharmacy
  - F. **Lost or stolen prescriptions** – will NOT be refilled as stated in the contract.
  - G. **Compliance with other treatment modalities** – Continued controlled medication therapy requires the patient comply with and participate in all therapies and referrals the provider recommends.

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H. **Informing the center of other controlled medication prescriptions** - patients are required to inform center when other facilities (including the ed) prescribes them controlled medications within the next 2 business days

I. **New patients on chronic controlled meds** – patients seen for a new visit who are on controlled meds should have a state database check done, a uds done, and a contract signed. Meds should only be refilled if confirmed by a call to the last filling pharmacy and if appropriate for the management plan. If a patient has previously been dismissed or left a practice due to a contract violation that would also violate our contract – no controlled medications should be prescribed.

J. **Contract violations** – should be routed to the vips provider who last saw the patient in clinic for review and appropriate action. Violations include not giving a uds sample when requested.

K. Prescriptions for controlled medications should not be mailed and should be picked up by the patient or a person designated by the patient with a photo id

**Ordering/Collecting/Interpreting Urine Drug Testing:**

**1. Ordering**

A. Documenting Time of last dose – Providers MUST document day and time of last dose in order to properly interpret the UDS.

**2. Collecting**

- A. Collect at least 40ml of fresh urine in a sterile urine container
- B. Label container with first and last name and DOB.

**3. Interpreting**

A. **Urine Creatinine** – a specimen consistent with normal human urine usually has a creatinine concentration greater than 20mg/dL; less than 20mg/dL is considered abnormally dilute and less than 5mg/dL is not consistent with human urine.

B. **Cross Reactivity** – see table below for potential positive screens due to cross reactivity between different medications.

C. **Illicit drug detection** – detection of illegal drugs (cocaine, marijuana, etc.) or controlled medications that are not prescribed (barring cross reactivity in item 3b above) is immediate grounds for Medical Director review. A PCP may request that the patient be dismissed from the practice or retained in the practice.

D. **True Negative Urine Results** (bingeing vs diversion) – the lack of prescribed controlled medication in a UDS when the last dose was documented within the window of detection is grounds for Medical Director review. (see below)

Drug Retention Times ***	
Amphetamines	48 hours
Benzodiazepines	Days to Weeks
Methadone	3 days
Opiates Natural and Synthetic	2-3 days if MS/GC method used
Cocaine	2-4 days
Marijuana	3-30 days

Cross Reactivity***	
Ingested medicine	Metabolite
Codeine	Morphine
Hydrocodone	Hydromorphone
Benzodiazepines	Other Benzo's

General guidelines \*\*\*