



## Primary Care Controlled Medicines Safe Prescribing Guidelines

- A. For NEW requests for ANY CONTROLLED MEDICINE<sup>1</sup> likely to be CHRONIC (>12 weeks) and all patients already on long-term Controlled Medicines:
- Get confirmed drug of abuse urine test + write in specific the medicine you are looking for (before start and at least once a year thereafter)<sup>2</sup>
  - Check CURES<sup>3</sup> patient activity report (repeat every 4 months) - it is now the law
  - Review and sign a Controlled Medicines Agreement with the patient and upload to EMR (ICD for Agreement signed Z79.899, ICD for chronic pain G89.29)
  - Agree on a place in the chart/EMR where chronic opioid updates are documented and include: agreement signed, dose and frequency taken, interval for refills, Utox date, CURES check date, naloxone prescription written (if on opioids). Keep the information current.
  - Screen for use/abuse of drugs, alcohol and other controlled medications (ex. CAGE-AID), depression with PHQ-9, anxiety with GAD. Any positives will require closer monitoring.
  - Regular follow ups in clinic (at least every 3 months)
  - Counsel the patient about safe storage (locked box) and safe disposal (DontRushToFlush website for location of disposal sites)
- B. For Opioid prescribing specifically:
- If planning to initiate Chronic Opioid Treatment (COT) consider:
    - Contra-indication in active opioid, benzodiazepine or alcohol addiction.
    - No evidence for benefit of COT in chronic headaches, fibromyalgia, or chronic low back pain. Conflicting evidence for chronic musculoskeletal pain, neuropathy.
    - If prescribing to a woman of childbearing age, advise against pregnancy while on COT.
    - 90 day continuous use is highly predictive of years' use, stop prescribing for post-op pain prior to 3 months, usually <1 month suffices.
    - Higher risk for aberrancy in pts <30 yo, better tissue healing in general.
    - Opioid Risk Tool is helpful in determining safety of initiation, frequency of follow-up.

---

<sup>1</sup> Controlled medicines: opioids, benzodiazepines, hypnotics, stimulants and soma. A physician may opt not to prescribe chronic controlled medicines prior to obtaining a patient's outside records.

<sup>2</sup> Call the lab prior to acting on a drug test that is negative for the prescribed drug to ensure they looked for it.

<sup>3</sup> CURES: Controlled Substance Utilization Review and Evaluation System.



C. If on chronic Opioid therapy:

- a. Prescribe Naloxone<sup>4</sup> (maintain active prescription)
- b. Annual comprehensive pain visit to discuss plan and goals of care with PMD
- c. If on >90 MEDD (CDC recommended cut-off)<sup>5</sup>, consider tapering to a safer dose<sup>6</sup> or co-managing with Pain Clinic and order a sleep study to evaluate for sleep apnea.
- d. Check LFTs periodically if on high dose acetaminophen combos.

Caution: combining benzodiazepines with opioids is high risk for overdose and death.

After hours policy: No refills of any controlled medicines<sup>1</sup> after hours. To limit weekend calls, consider writing 28-day prescriptions instead of 30, meds will be due same day of the week always.

Coverage policy: In the event that a patient's PCP is not available, a covering physician may prescribe a standard 1-month refill if the patient is due. No early refills through covering providers.

Aberrancy policy: If aberrancies (repeated early refill requests, lost rx, after-hours calls, etc), treat for addiction or refer to Addiction Medicine – Gateway: 1-800-488-9919. SAMHSA: 1-800-662-HELP (4357).

Do not discharge patient from your practice without a plan in place.

Non-daily use/<30 MEDD policy: For patients taking less than daily or low-dose of meds, check CURES periodically (Q 4months) and in the Problem List, under the appropriate diagnosis, list details of agreed upon medication(s), dose(s), quantity prescribed and refill interval(s).

---

<sup>4</sup> Naloxone Rx: Narcan Nasal Spray 4 mg/0.1mL, sig: if suspect overdose, call 911, spray naloxone in nostril. Repeat after 3 minutes in other nostril if still unconscious. More info available at [prescribetoprevent.com](http://prescribetoprevent.com).

<sup>5</sup> For safe disposal sites in Bay Area go to [DontRushToFlush](http://DontRushToFlush.com) website

<sup>6</sup> For help designing a taper go to <http://www.rxfiles.ca/rxfiles/uploads/documents/opioid-taper-template.pdf>