

Ambulatory Long-Term Controlled Substances Guideline

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Purpose: GUIDELINE REGARDING PATIENTS (AGES >12) ON LONG-TERM CONTROLLED SUBSTANCES (ALL SCHEDULE II, III MEDICATIONS FOR LONGER THAN 60 DAYS). Exceptions based on patient-centered care are acceptable by provider discretion and with appropriate documentation.

New patients with a history of long-term use of controlled substance/ New Starts long-term controlled substance.

Before any long-term (longer than 60 days) controlled substances are prescribed, record must contain:

Medical records

- Previous medical work-up regarding problem necessitating the prescription and notes from previous providers prescribing them (Patient is responsible for having information sent)
- Initial provider note: to follow suggested format outline (see Initial evaluation of Chronic Pain)

UDS

- All new patients
- Collected in provider's office
- Provider to check consistency between UDS report and patient history and that no illicit drugs present

MAPS

- All new patients

Patient-Provider agreement (Narcotic Agreement)

- When first prescribing a controlled substance, if long-term use is anticipated, provider should initiate with the patient the controlled substance agreement/consent.
- Scan the agreement into medical record and label it "controlled Substance contract" and note on problem list.

Checklist prior to prescribing long-term controlled substance:

- Medical records received and reviewed
- Complete initial visit note: see format
- Assessment of Opioid Risks
- UDS
- MAPS
- Controlled Substance agreement/consent signed and scanned
- Management Plan – based on shared long and short-term goals, and risks.

Guideline/Procedure

Established Patients using a controlled substance for long term use:

Office visits: frequency based on Opioid Risk assessment/management plan, use of a standard pain and functional assessment tool at visit

Lost Prescriptions: It is recommended that lost prescriptions will not be replaced. Exceptions at discretion of prescriber.

Early refills: Do not provide early refills. Exceptions at discretion of prescriber.

UDS required:

- UDS at least annually
- Patients requesting early prescriptions. Exceptions will be reviewed.
- Staff/provider or pharmacist concern for behavior suggesting intoxication
- Patient requesting refill on meds never prescribed at this office
- Patient not permitted to speak with physician alone (other people won't leave exam room)
- Patients physical exam or history concerning for misuse or illicit drug use
- Pharmacy information or other health care provider suspicion for multiple prescribers, etc.

Problem UDS results:

- If drug screen is negative for drugs prescribed, consider diversion. If intentional diversion is occurring, prescribing narcotics is illegal in Michigan.
- If drug screen is positive for medications not being prescribed by PCP, or patient is receiving opioids from multiple providers and not reporting to PCP, practice may not continue to prescribe controlled substances to these patients. Includes all health care providers (i.e. dentists, etc.). Exceptions will be reviewed with the patient by the provider.
- If positive for illegal/illicit drugs, controlled substance prescriptions should be discontinued. Exceptions will be reviewed with the patient by the provider.
- Controlled substances should not be prescribed if using THC/cannabis/marijuana, including medical marijuana.

Disorderly behavior

Abusive behavior toward any clinic staff or pharmacy staff or interfering with the care of other patients will not be tolerated. The patient may be dismissed from clinic permanently.

Consider termination or tapering of controlled substance prescriptions if patient:

- Fails to comply with drug testing when asked.
- Fails to make reasonable attempt to comply with medical evaluation of pain (including diagnostic tests, referrals, PT, mental health or substance abuse referrals).
- Does not report treatment with opioids by other physicians.
- Drug testing that is not consistent with provider's prescription plan (not detected, positive for other drugs, illicit drugs, etc.)
- Fails to keep scheduled pain management appointments without extenuating circumstances.