Controlled Medication Policy

Short Term CII or Benzodiazepines
(>5 days to <90 days)

Required prior to prescribing

Drug Urine Test  Cures Report  Offer Narcan If:
- Prescribing morphine equivalent ≥ 90mg/day
- Patient is at increased risk for overdose
- History of overdose, history of substance use disorder, or if patient is at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant

Controlled Medication Agreement
- Give to patient at or prior to first prescription
- Must be signed within 30 days of starting medication

Recommended

   - The provider document review by either writing in chart or printing report and placing it in patient’s chart.
   - In eCW, in the HPI/Adult Chronic Conditions/Chronic Controlled Medications there is a field to document CURES review

2. Offer Naloxone if morphine equivalent ≥ 50mg/day
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Chronic Use CII - CIV Medications

Required prior to prescribing

- Drug Urine Test
- Cures Report
- Offer Narcan If:
  - Prescribing morphine equivalent ≥ 90mg/day
  - Prescribing both benzodiazepine and opioid
  - Patient is at increased risk for overdose.

Controlled Medication Agreement

- Give to patient at or prior to first prescription
- Must be signed within 30 days of starting medication

Recommended

2. Screen for risk for opioid abuse
   - SOAPP-R can be a useful tool to assess for possible opioid abuse in chronic pain patients. If a patient scores four or more, the patient is at high risk for dependence and other treatment options should be considered (e.g. buprenorphine, methadone).
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Ongoing prescriptions

Required

- CURES report every 6 months

New controlled medication IF:

- Agreement is broken
- New provider takes over care

Recommended

1. Drug urine test every year
2. CURES report every 3 months
3. In person evaluation every 3 months to determine need for ongoing controlled medication prescription and to assess if medication should be adjusted