

OPIOID PRESCRIBING REQUIREMENTS AND RECOMMENDATION BY PRESCRIPTION CLASS

Schedule	Example	Required	Recommended	Best Practices
I High abuse potential No medical use Lack of safety for use	Heroin, LSD, Marijuana (Federal)	N/A, not prescribed except Medical Marijuana	Include discussion of Marijuana in pain discussions, policy by practice, include in UDS if suspected (Marijuana always included)	Rx of other scheduled drugs with known Marijuana use should be avoided
II High abuse potential, has a medical indication, abuse can lead to dependence	Hydrocodone (incl. combinations), oxycodone, morphine, Stimulants, hydromorphone, fentanyl, Demerol, oxymorphone	MAPS each fill, Start Talking form if opioid over 3 days, Max 7 days for acute pain, Patient-Provider agreement	Document response and care plan at each visit, q 3 month visits if chronic, UDS by office policy, consider risk vs. benefit and document, RX Naloxone and offer training to family/ caregivers, Remind on safe disposal	Screen for abuse risk before RX, Structure visit documentation to support use, Screen for abuse/addiction each visit, refer if poor response or escalating dose
III Less abuse potential than I and II Has a medical indication, Mod-low physical dependence, high psychological dependence	Testosterone and derivatives Buprenorphine Codeine Butalbital Some Appetite suppressants Ketamine	Opioids as above, MAPS each rx Patient-provider agreement	Opioids as above, Consider q 6 months for non-opioids Consider real clinical risk vs. benefit and document in chart	As above, Tools for monitoring include SMART, 6 A's, COMM

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IV Less abuse potential than III Currently accepted medical use Limited dependence	Phentermine Benzos Chloral Hydrate Tramadol Meprobamate Sibutramine Barbituates Provigil/nuvigil	Tramadol as above MAPS each rx Patient-provider agreement	As above	As above
V Less abuse potential than IV Currently accepted medical use Limited dependence	Codeine cough meds Lyrica Gabapentin	As above	As above	As above