The Centers
for Advanced Orthopaedics

Controlled Substances (CS) Pathway (Opiates/Benzodiazepines, Class II-V)

General Requirements for all CS Providers:

1. All providers register with their state Prescription Drug Monitoring Program (PDMP) by 7/1/17.
2. Provider (or delegate) must query prior 4 months and document CS prescriptions. Maryland 7/1/18. Virginia and D.C. 7/1/19
3. Maryland exceptions include 3 day-only supply; terminal illness; cancer pain; in-patient, etc; 14 day supply after general anesthesia, fracture, or trauma.

The following is for Chronic CS prescribing. Chronic CS prescribing is defined as the patient having been on CS for >90 days, or you expect the patient to be on CS for >90 days:

Initiating Chronic CS Use:

1. Evaluate risk- PDMP Query, Opioid Risk Tool, Sleep Apnea Questionnaire, UDS
2. Set goals for pain and function. Continue if improvement outweighs patient safety risks.
3. Discuss risks, benefits, side-effects.
4. Set criteria for stopping or continuing CS treatment.
5. Sign Opioid Agreement.
6. Combine with non-opioid meds and non-medication treatment (e.g.- P.T.)
7. Avoid combining opioids with benzodiazepines when possible.

Treatment with Chronic CS:

1. Start with immediate release (IR). Add ER/LA only when necessary.
2. In addition to Opioid Risk Tool, also risk stratify based on dosage- low risk<50 MME/d; moderate risk 50-90 MME/d; high risk>90 MME/d
3. Document UDS- low risk 1+/year; moderate risk 2+/year; high risk 3+/year
4. Avoid >90 MME/d when possible. Otherwise, recommend referral to pain specialist.
5. Assess and document improvement in pain and function at least every 3 months. Continue meds if improvement without significant risk or harm.
6. Provider or delegate must query PDMP every 3 months if patient still on CS.
7. Avoid combining opioids with benzodiazepines when possible.
8. Consider and discuss non-opioid and non-medication options.

Overuse/Overdose/Addiction:

1. Consider taper plan. Monitor for withdrawal.
2. Consider psychosocial support
3. Consider referral to addiction specialist for medication-assisted treatment (MAT)- methadone, buprenorphine, naltrexone.
4. Consider naloxone prescription if high risk patient.