



## Controlled Substance and Medication Work Aid

Supplemental to DCS Policy 4.7, 14.6, 14.9, 14.18, 16.4, 16.8, 16.20

### 1. Drug Guidelines and Medication Information

#### A. Tennessee Opioid Regulations (TCA 63-1-164)

Opioid prescriptions are written for specific amounts based on need. Guidelines include:

- ◆ Initial prescription written with minimal restrictions are limited to a 3-day supply
- ◆ General prescriptions are limited to a 10-day supply.
- ◆ Prescriptions after surgery are limited to a 20-day supply.
- ◆ "Medical necessity" prescriptions are limited to a 30-day supply.

Some prescriptions are exempt from the requirements and limits, though doctors must still write a diagnosis code and "exempt" on them: Prescriptions for people who are getting palliative cancer treatment or hospice care; who have sickle cell disease; who are inpatients at licensed facilities; who are seen by doctors who meet the state requirements to be "pain management specialists"; who were treated with opioids for 90 days or more; who have severe burns or "major physical trauma"; and who are on methadone, buprenorphine or naltrexone, which are drugs used to assist recovery from opioid addiction.

#### B. DEA Scheduled Drugs (TCA 39-17-401 et seq)

Scheduled drugs are rated based on their accepted medical use and their abuse or dependency potential.

**Schedule I** substances have no accepted medical use and a high potential for abuse (including *illegal substances*)

**Schedule II** drugs have an accepted medical use with severe restrictions. They have a high potential for abuse which may lead to severe psychological or physical dependence (including *most opioids, stimulants, barbiturates*).

**Schedule III** drugs have an accepted medical use. Abuse may lead to moderate or low physical dependence or high psychological dependence (including *most codeine combination products, buprenorphine*)

**Schedule IV** drugs have an accepted medical use. Abuse may lead to limited physical dependence or psychological dependence (including *benzodiazepines, diet drugs*).

**Schedule V** drugs have an accepted medical use. Abuse may lead to limited physical dependence or psychological dependence (including *products with small amounts of narcotics, cough preparations*).

#### Tennessee additional scheduled classes

**Schedule VI** drugs have a low risk of physical dependency (including *includes marijuana, THC, and synthetic equivalents*).

**Schedule VII** inhalants (including *includes only amyl/butyl nitrite and isomers*).

***Low probability for misuse does not mean no probability. Schedule IV and V drugs can lead to addiction and high psychological dependence if they are seriously misused or mixed with other drugs of abuse.***

**Three types of drugs are abused most often:** (National Institute on Drug Abuse: [www.drugabuse.gov](http://www.drugabuse.gov))

- Opioids: prescribed for pain relief
- Central nervous system (CNS) depressants: barbiturates and benzodiazepines prescribed for anxiety or sleep problems (often referred to as sedatives or tranquilizers)
- Stimulants: prescribed for ADHD, weight loss/obesity

**C. Signs and Symptoms of Misuse** (Drugs of Abuse: A DEA Resource Guide: [www.dea.gov](http://www.dea.gov))

### **Opioids**

Opioids produce a euphoric sedative effect and are CNS depressants. Signs/symptoms of opioid misuse may include:

- |              |                        |              |
|--------------|------------------------|--------------|
| • euphoria   | • dizziness            | • changes in |
| • lethargy   | • headache             | behavior or  |
| • drowsiness | • seizures             | personality  |
| • confusion  | • difficulty breathing |              |

### **CNS depressants**

CNS depressants include barbiturates, benzodiazepines and non-benzodiazepines.

Signs/symptoms of misuse may include:

- |                   |                     |              |
|-------------------|---------------------|--------------|
| • drowsiness      | • dizziness         | • changes in |
| • lethargy        | • changes in vision | behavior or  |
| • irritability    | • loss of           | personality  |
| • confusion       | coordination        |              |
| • memory problems | • slurred speech    |              |

### **Stimulants**

Stimulants increase brain activity, alertness and energy levels. Signs/symptoms of misuse may include:

- |                  |                    |                  |
|------------------|--------------------|------------------|
| • euphoria       | • reduced appetite | • dilated pupils |
| • aggressiveness | • weight loss      | • changes in     |
| • hostility      | • rapid heart rate | behavior or      |
| • paranoia       | • high B/P         | personality      |
| • hallucinations | • high body temp   |                  |

### **D. Dangers of Combining Drugs**

When taken correctly on their own, most of these drugs aren't inherently harmful. Mixing these drugs can cause unintended dangerous interactions. Mixing opioid painkillers with CNS depressants (benzodiazepines or barbiturates) can cause over-sedation and the inability to wake up or respond to stimuli. This can cause falls when standing or walking or cause a serious car accident if driving.

Any combination of depressants, opiates, and/or alcohol can be life threatening. Opioid painkillers, CNS depressants and alcohol can depress breathing and heart rate, which can lead to a lack of oxygen to the brain, coma, cardiac arrest, and death. These effects are completely unpredictable.

### **E. Dangers of Sleep Medications**

Some sleeping pills have potentially harmful side effects, including parasomnias. Parasomnias are movements, behaviors and actions over which you have no control and may include sleepwalking, sleep eating, making phone calls, having sex while in a sleep state, or sleep driving, which is driving

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while not fully awake. During a parasomnia, you are asleep and unaware of what is happening. Parasomnias are difficult to detect once the medication takes effect.

Sleeping pills can cause daytime drowsiness because their effects do not always wear off after 8 hours. This can cause confusion, dizziness and drowsiness the day after taking the medication. Decision making and concentration may be impaired and driving can be dangerous.

Sleep medication is generally prescribed for a short term and is never recommended for long term use because of the potential risky side effects. Women metabolize sleeping medication slower than men, so they should be prescribed a lower dose; if they take too high a dose the effect and the side effects are extra strong.

**F. Questions to consider asking about drug therapy when discussing health history or monthly well-being assessment.**

1. What is the medication for?
2. How often do you take the medication?
3. What effect does the medication have on you?
4. Does the medication interfere with any daily activities?
5. How often do you have the prescription filled/refilled?
6. How long will you be taking this medication?

**2. Drug: Generic and Brand Names**

Note: This list does not include all drugs in each class

<b>Opioids (for pain) -Generic name</b>	<b>Brand names</b>
Codeine (combined with other products)	Tylenol or Fiorinal with codeine, many prescription cough medicines
Fentanyl (patch form)	Actiq, Duragesic, Fentora
Hydrocodone	Zohydro ER, Hysingla ER
Hydrocodone/Acetaminophen)	Vicodin, Lortab, Lorcet, Norco, Zamicet, Verdrocet
Hydromorphone	Dilaudid, Exalgo
Meperidine	Demerol
Morphine	Kadian, Avinza, MS Contin, Duramorph, Roxanol, Oramorph SR
Oxycodone/Acetaminophen	OxyContin, Percodan, Percocet, Roxicodone, Oxecta, Tylox
Oxymorphone	Opana
Tramadol	ConZip, Ultram, Ryzolt
<b>Opioids (for opioid withdrawal)</b>	
Buprenorphine	Subutex, Buprenes, Butrans, Probuphine
Buprenorphine/Naloxone	Suboxone, Zubsolv, Bunavail
Methadone	Methadose, Diskets, Dolophine, Methadone Intensol
<b>Benzodiazepines (for anxiety, panic d/o, sedation, alcohol withdrawal, seizures)</b>	
Alprazolam	Xanax
Clonazepam	Klonopin
Clorazepate	Traxene
Clordiazepoxide	Librium
Diazepam	Valium, Diastat

Halazepam	Paxipam
Lorazepam	Ativan
Midazolam	Versed
Nitrazepam	Mogadon
Oxazepam	Serax, Seresta
Prazepam	Centrax

#### **Benzodiazepines (for sleep)**

Estazolam	Prosom
Flurazepam	Dalmane
Quazepam	Doral
Temazepam	Restoril
Triazolam	Halcion

#### **Non-Benzodiazepines (for sleep)**

Eszopiclone	Lunesta
Suvorexant	Belsomra
Zoleplon	Sonata
Zolpidem	Ambien, ZolpiMist, Edluar, Intermezzo

#### **Barbiturates (for anxiety and/or sleep)**

Amobarbital	Amytal
Butabarbital	Butisol
Butalbital	Fioinal
Barbital	Veronal
Mephobarbital	Mebaral
Pentobarbital	Numbutal
Phenobarbital	Luminal
Secobarbital	Seconal

#### **Stimulants**

Amphetamine	Dyanavel, Adzenys, Evekeo
Amphetamine	Qsymia, Phendimetrazine, Diethylpropion
Dexmethylphenidate	Focalin
Dextroamphetamine	Dexedrine, Procentra, Zenzedi
Dextroamphetamine/Amphetamine	Adderall, Mydayis
Lisdexamfetamine	Vyvanse
Methylphenidate	Ritalin, Concerta, , Quillivant , Methylin, Daytrana
Modafinil	Provigil (for narcolepsy)

#### **Diet Drugs similar to Amphetamine**

Benzphetamine	Didrex, Regimex, Recede
Phentermine	Adipex, Ionamin, Fastin, Qsymia, Suprenza, Zantryl, Mazindol
Phendimetrazine	Adipost, Anorex, Bontril, Melfiat, Obezine, Plegine

#### **Anticonvulsants (for seizures, nerve pain, restless leg syndrome)**

Gabapentin	Neurontin, Gavarone, Fanatrex, Gralise, Horizant
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