



US Health Group

The Premier Ancillary Health Care Company

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OUR LABS:

Clinical Labs of America

Infinity Lab Toxicology

Liberty Lab Toxicology

National Toxicology

Pure Lab Toxicology

RX Compliancy Lab

Sunshine Toxicology

United Toxicology

US Toxicology

OBGYN - PROTOCOL MEDICATION MONITORING

Q: When should a medication monitoring test take place?

A: A medication monitoring test should be considered:

- For any patient who will have a new or refill Rx for a controlled substance (Scheduled II, III, IV)
- As part of a prenatal workup, used to curtail increasing number of babies born with Neonatal Abstinence Syndrome (NAS) which has increased 3-fold over the past decade
- As part of the routine trimester workup
- For any patient prescribed medication for post-partum depression, rheumatoid arthritis, fibromyalgia, insomnia, syncope, etc.
- For any patient who is currently/or will be prescribed tramadol, MAOIs, MAO-Beta Inhibitors, Anti-depressant, Anxiety RXs, SNRIs or SARIs (as these medications cause serious interactions with common drugs of abuse—codeine, fentanyl, hydrocodone, Concerta, oxycodone, Ambien, Adderall, and Xanax)
- For any patient who is on long-term controlled substance therapy
- For any patient with documented or self-confessed history of illicit substance abuse in remission
- For any patient with history of depression or other psychological disorders—may warrant more frequent testing
- For any patient you suspect abuse of medications or controlled substances
- For any patient interested in weight loss
- For any patient that exhibits sudden or momentary pain
- As part of a patient's yearly physical
- For all patients who illustrate inconsistent results should be tested randomly at least quarterly

Q: What is the suggested frequency for medication monitoring testing ?

A: The American Pain Society suggests risk stratification for guiding your monitoring approach.

- ◆ Patients at low risk for adverse outcomes and are on stable doses of opioids
 - **Test at least once every 3 to 6 months**
- ◆ Patients with prior history of addictive disorder
Patients with occupation demanding mental acuity
Patients who are older with an unstable or dysfunctional social environment
Patients with comorbid psychiatric or medical conditions
 - **Testing may need to be conducted more frequently, at least for a period of time after initiation of therapy or changes in opioid doses**
- ◆ Patients with very high risk for adverse outcomes
 - **Testing on a weekly basis may be a reasonable strategy**