BEST PRACTICES

Prescribing and Managing Opioid Medications

Health Net®

You play a significant role in addressing the opioid crisis.

How? By educating patients and their loved ones about the risks of opioid use disorder (OUD) and overdose.

PROs

- **Effective** for **short-term** use following **surgery** or **acute injury.**
- **Effective** for **health conditions,** such as **active cancer treatment** and **end-of-life (hospice) care.**

CONs

- Cause **serious health risks.**
- **Scarce evidence** about their **long-term effectiveness** in patients getting treatment for chronic non-cancer pain.

The Centers for Disease Control and Prevention (CDC) guideline **helps primary care clinicians prescribe opioids for chronic pain outside of active cancer treatment, palliative care and end-of-life care.**

Summary of the CDC guideline

Determining when to start or continue opioids	• Opioids are not a first-line treatment. • Establish treatment goals before starting opioids and a plan if stopping therapy. • Continue opioids only if there is clinical improvement in pain and function. • Discuss risks and benefits.
Opioid selection, dosage, duration, follow-up, and discontinuation	• Use immediate-release opioids when starting. • Prescribe the lowest effective dose for short duration and provide no more than needed for the condition. • Follow up and review risks and benefits before and during therapy. • If benefits do not outweigh harms, consider tapering to lower doses and stopping.

(continued)

For quick reference, see the summary (at left) of the CDC guideline.

For the full CDC guideline, refer to cdc.gov/drugoverdose/prescribing/guideline.html.

PROVIDER COMMUNICATIONS

Summary of the CDC guideline (continued)

Assessing risk and addressing harms of opioid use	• Offer risk mitigation strategies, including naloxone, for patients at risk for overdose. Prescribers must offer naloxone for the complete or partial reversal of opioid depression when one or more of the following conditions are present: – Dosage for the patient is 90 or more morphine milligram equivalents (MME) of an opioid medication per day; – Concurrently prescribing an opioid medication with a prescription for a benzodiazepine; and – The patient presents with an increased risk for overdose, including: » A patient with a history of overdose or a history of substance use disorder; or » A patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant. • Review the Controlled Substance Utilization Review and Evaluation System (CURES) before prescribing a Schedule II, Schedule III or Schedule IV controlled substance for the patient for the first time and at least once every four months thereafter. Mandatory consultation became effective October 2, 2018. • Do a urine drug test (UDT) before and after therapy. • Avoid prescribing opioids concurrently with benzodiazepines. • Offer or arrange medication-assisted treatment (MAT) for patients with opioid use disorder (OUD).

The CDC guideline can help you decide if non-opioid options are the best choice for your patients getting treatment for chronic non-cancer pain. Always use your best judgment when providing patient care.

Buprenorphine Waiver Training Programs

You can take **courses to get a waiver** to prescribe buprenorphine. To learn more, visit **samhsa.gov/medication-assisted-treatment/training-resources/buprenorphine-physician-training.**

You can find information about more trainings by visiting the Providers' Clinical Support System's calendar of events at **pcssnow.org/calendar-of-events.**

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