Federal Policy on Opioid Prescribing

April 2022

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Agenda

- CDC Guideline for Prescribing Opioids for Chronic Pain
- FDA Recommendations for Naloxone
- Resources

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CDC Guideline for Prescribing Opioids for Chronic Pain

CDC Guideline for Prescribing Opioids for Chronic Pain [1]

The CDC released their Guideline for Prescribing Opioids for Chronic Pain on March 18, 2016.

- The guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.
- Release of a final updated Guideline is anticipated in late 2022.

[1] Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

CDC Guideline for Prescribing Opioids for Chronic Pain [1]

The guideline contains 12 recommendations grouped into three areas:

1. Determining when to initiate or continue opioids for chronic pain
2. Opioid selection, dosage, duration, follow-up and discontinuation
3. Assessing risk and addressing harms of opioid use

Determining When to Initiate or Continue Opioids for Chronic Pain[1]

1) Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain.

Clinicians should:

- consider opioid therapy only if expected benefits for both pain and function are anticipated to outweigh risks to the patient.

If opioids are used, they should:

- be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

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Determining When to Initiate or Continue Opioids for Chronic Pain[1]

2) Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients.

Goals should include:

- realistic goals for pain and function
- and should consider how opioid therapy will be discontinued if benefits do not outweigh risks.

Clinicians should continue opioid therapy only if:

- there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

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Determining When to Initiate or Continue Opioids for Chronic Pain[1]

3) Before starting and periodically during opioid therapy, clinicians should:

- discuss with patients known risks and realistic benefits of opioid therapy
- review patient and clinician responsibilities for managing therapy.

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Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation[1]

4) When starting opioid therapy for chronic pain, clinicians should:

- prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

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Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation[1]

5) When opioids are started, clinicians should:

- prescribe the lowest effective dosage.

Clinicians should:

- use caution when prescribing opioids at any dosage,
- should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≥50 morphine milligram equivalents (MME)/day,
- and should avoid increasing dosage to ≥90 MME/day or carefully justify a decision to titrate dosage to ≥90 MME/day.

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Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation[1]

6) When opioids are used for acute pain, clinicians should:

- prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids.
- Three days or less will often be sufficient; more than seven days will rarely be needed.

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Opioid Selection, Dosage, Duration, Follow-Up and Discontinuation[1]

7) When starting opioid therapy for chronic pain or dose escalation, clinicians should:

- evaluate benefits and harms with patients within 1 to 4 weeks.
- evaluate benefits and harms of continued therapy with patients every 3 months or more frequently.

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Assessing Risk and Addressing Harms of Opioid Use[1]

8) Before starting and periodically during continuation of opioid therapy, clinicians should:

- evaluate risk factors for opioid-related harms.

Clinicians should also:

- incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose are present. These factors include:
  - history of overdose,
  - history of substance use disorder,
  - higher opioid dosages (≥50 MME/day),
  - or concurrent benzodiazepine use.

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Assessing Risk and Addressing Harms of Opioid Use[1]

9) Clinicians should:

- review the patient's history for controlled substance prescriptions using the state prescription drug monitoring program (PDMP) to determine whether the patient is receiving opioid dosages or dangerous combinations that put the patient at high risk for overdose.

Clinicians should:

- review PDMP data when starting opioid therapy for chronic pain
- and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

Assessing Risk and Addressing Harms of Opioid Use[1]

10) When prescribing opioids for chronic pain, clinicians should use urine drug testing:

- before starting opioid therapy
- and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

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Assessing Risk and Addressing Harms of Opioid Use[1]

11) Clinicians should avoid:

- prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

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Assessing Risk and Addressing Harms of Opioid Use[1]

12) For patients with opioid use disorder, clinicians should:

- offer or arrange for evidence-based treatment such as, medication-assisted treatment with buprenorphine or methadone, in combination with behavioral therapies.

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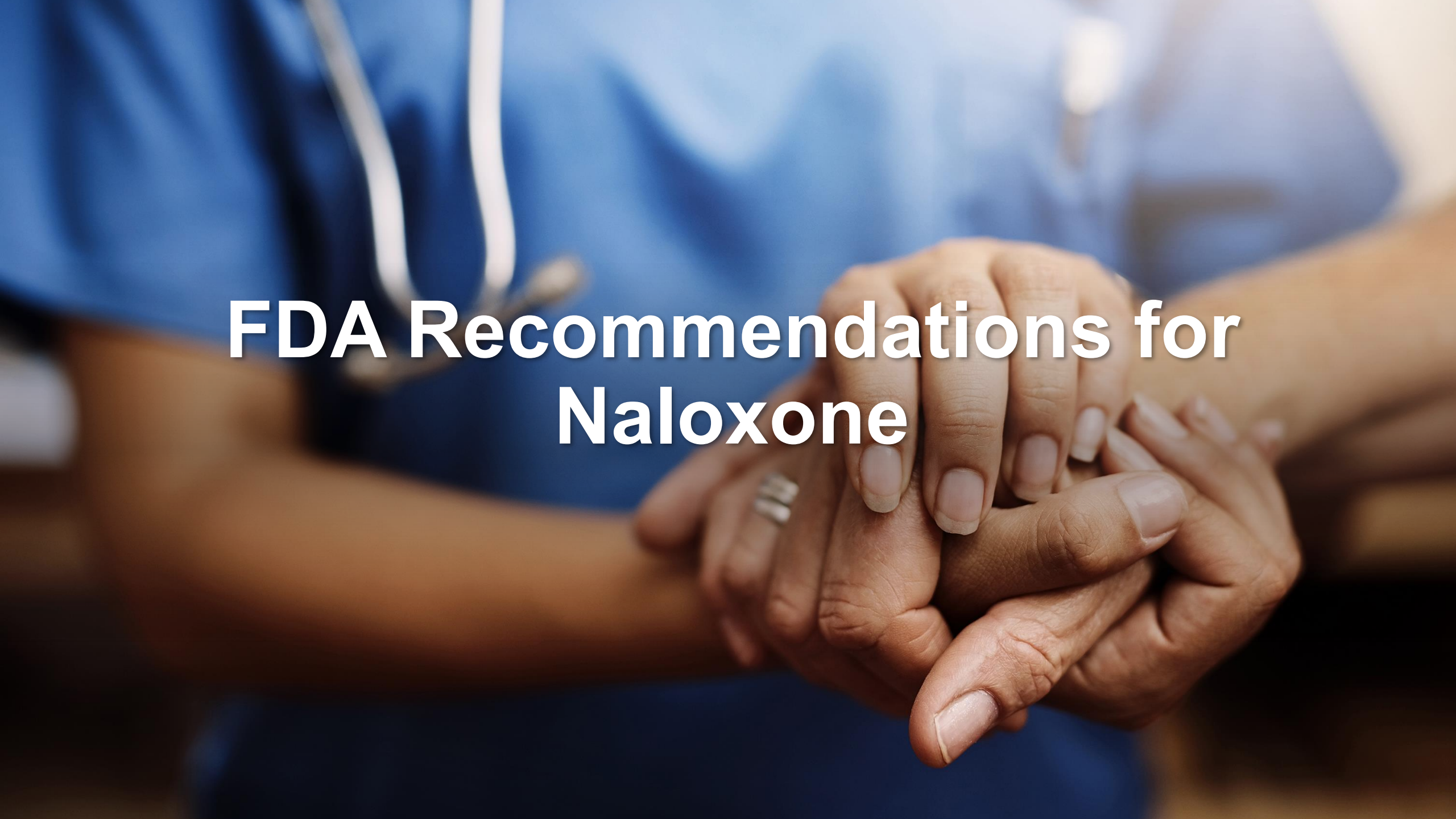

FDA Recommendations for Naloxone

FDA Recommendations for Naloxone[2]

On July 23, 2020, the U.S. Food and Drug Administration released its recommendations on naloxone.

The recommendations are categorized into three areas:

A. Patients prescribed opioid pain relievers

B. Patients prescribed medications to treat Opioid Use Disorder (OUD)

C. Patients at increased risk of opioid overdose

[2] U.S. Food & Drug Administration. (2020, July 23). *New Recommendations for Naloxone.* Retrieved from https://www.fda.gov/drugs/drug-safety-and-availability/new-recommendations-naloxone on September 15, 2021.

A) For patients prescribed opioid pain relievers[2]

Health care professionals should discuss the availability of naloxone and consider prescribing it to:

- Patients who are at increased risk of opioid overdose:
  - such as patients who are also using benzodiazepines or other medicines that depress the central nervous system,
  - who have a history of opioid use disorder,
  - or who have experienced a previous opioid overdose.
- Patients with household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose.

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B) For patients prescribed medications to treat OUD[2]

For methadone and buprenorphine-containing products, health care professionals should also consider prescribing naloxone if:

- the patient has household members, including children, or other close contacts at risk for accidental ingestion or opioid overdose.

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C) For patients at increased risk of opioid overdose[2]:

Health care professionals should:

- consider prescribing naloxone, even if the patient is not receiving a prescription for an opioid pain reliever or medicine to treat OUD.

This may include:

- patients with a current or past diagnosis of OUD
- patients who have experienced a previous opioid overdose.

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Resources

State Resources

(Link to State Specific Policy Deck)

Nebraska Pain Management Guidance Document

State Opioid Response Overview

Drug Overdose Prevention Program Webpage

PDMP Training Videos

Clinician Continuing Education on Opioid Related Topics

National Resources

CDC Guideline for Prescribing Opioids for Chronic Pain—United States, 2016

New Recommendations for Naloxone | FDA

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References

1. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1
2. U.S. Food & Drug Administration. (2020, July 23). *New Recommendations for Naloxone.* Retrieved from https://www.fda.gov/drugs/drug-safety-and-availability/new-recommendations-naloxone on September 15, 2021.

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