

# Summary of Opioid Prescribing Guidelines for Noncancer Chronic Pain



1. Prescribers should exhaust all options of non-opioid pain management strategies. Non-opioid therapies should be the preferred methods of chronic pain management or be co-prescribed with opioid therapy in order to maximize the effects of the opioid therapy on the patient (*see Module 3 for alternative pain management methods*).
2. Before beginning opioid therapy, establish treatment goals with the patient regarding pain and function. Determine baseline information using the Pain, Enjoyment, and General Activity Scale, which can be used to assess progress throughout opioid therapy. A 30% increase in pain and function is considered clinically meaningful. Reassess the benefits of continued opioid therapy if there is no clinically meaningful improvement in pain or function.
3. Before and during therapy, discuss how therapy will be discontinued if the benefits do not outweigh the risks. The patient should be aware of all the risks associated with long-term opioid therapy and sign a patient-provider agreement that discusses controlled substance policies, medication management practices, and the adverse health effects attributed to opioid therapy.

## Non-Opioid Pain Management Methods

- **Medicinal:** Nonsteroidal anti-inflammatory drugs and acetaminophen as the first-line of defense
  - **Physical:** Exercise and weight loss
  - **Behavioral:** Cognitive behavioral therapy
  - **Procedural:** Intra-articular corticosteroids
4. Patient risk and harm should be addressed before and during opioid therapy using urine drug tests, the Prescription Drug Monitoring Program (PDMP), pill counts, and ongoing discussions with the patient regarding opioid risk factors.
  5. Prescribe immediate-release opioids at the lowest effective dosage instead of extended-release. The dose duration should be matched to the date of the reassessment appointment made within two to four weeks of the prescription start date.
  6. Avoid co-prescribing benzodiazepines with opioids, when possible, given the dangerous drug-drug interactions that can occur between the two substances.

7. Refer to the PDMP for current patient morphine milligram equivalent dosage information. Reassess evidence of the benefits of continued opioid therapy when increasing dosage to  $\geq 50$  morphine milligram equivalent/day when possible, due to an increased risk of complications.
8. The prescriber should continue to reassess the patient for potential benefits and harms of opioid therapy at least every three months during long-term opioid therapy.
9. If the benefits of therapy no longer outweigh the harms at any point during treatment, the provider should discontinue or begin to taper the patient off of the opioid regimen using a taper protocol individualized to the patient (*see Module 7 for information on tapering to a lower dosage or to discontinuation*).
10. The provider should refer a patient to substance use disorder or opioid use disorder treatment using a “warm handoff” whenever he/she believes a patient is at risk of harm or overdose (*see Modules 5 and 6 for information on “warm handoffs” and Screening, Brief Intervention, and Referral to Treatment*).

## Opioid Formulations

### Immediate-Release/Short-Acting

<i>Generic</i>	<i>Brand Name*</i>
Morphine	Morphine
Codeine	Codeine
Hydrocodone	Vicodin
Hydromorphone	Dilaudid
Oxycodone	Percocet
Oxymorphone	Opana
Tramadol	Ultracet

### Extended-Release/Long-Acting

<i>Generic</i>	<i>Brand Name*</i>
Morphine	Avinza
Hydrocodone	Zohydro
Hydromorphone	Exalgo
Oxycodone	OxyContin
Oxymorphone	Opana
Methadone	Dolophine
Fentanyl transdermal	Duragesic
Tramadol	Ultram ER

\*Brand names are select brand names for generic opioids.

## Sources

- 1) Dowell D, Haegerich T, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain. *JAMA*. 2016;315(15):1624-1645.
- 2) Pennsylvania Medical Society, PA Department of Health. Pennsylvania Guidelines on the Use of Opioids to Treat Chronic Noncancer Pain. 2014. <http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/M-P/opioids/Documents/PAGuidelinesonOpioids.pdf>
- 3) Checklist for Prescribing Opioids For Chronic Pain. [https://www.cdc.gov/drugoverdose/pdf/pdo\\_checklist-a.pdf](https://www.cdc.gov/drugoverdose/pdf/pdo_checklist-a.pdf)
- 4) List of Extended-Release and Long-Acting Opioid Products Required to Have an Opioid REMS. <https://www.fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm251735.htm>. Accessed May 15, 2017.