

December 05, 2019

Dear Provider,

The Pennsylvania Department of Health (DOH) applauds healthcare providers and systems across the Commonwealth for their efforts to reduce opioid misuse and overdose. As we remain engaged in best practices to protect the health of Pennsylvanians, we aim to raise awareness of common misapplications of the federal Centers for Disease Control and Prevention (CDC) and Pennsylvania opioid prescribing guidelines and the Prescription Drug Monitoring Program (PDMP). The following information aligns with the [CDC's Advisement Against Misapplication of the Guidelines for Prescribing Opioids for Chronic Pain](#):

- The PDMP collects information on all filled prescriptions for controlled substances. The goal of the PDMP is to be used as a tool for providers to make informed clinical decisions. PDMP notifications regarding a patient's prescription history are for informational purposes only and are not intended to be an indication that a provider or a patient has done something wrong. PDMP notifications are based on prescribing guidelines and are intended to help healthcare providers improve patient outcomes and to supplement, but not replace, the individual provider's clinical judgment.
- Pennsylvania has [opioid prescribing guidelines](#) for 12 medical specialties. These guidelines, as well as the CDC guidelines, are intended for the treatment of non-cancer chronic pain patients 18 years and older. They do not apply to patients in active cancer treatment, patients experiencing acute sickle cell crises and/or post-surgical pain. There is a separate guideline for patients receiving or starting medication-assisted treatment for opioid use disorder, and Pennsylvania will be working on developing a guideline for treating patients with sickle cell disease.
- The opioid prescribing guidelines aim to ensure that providers provide the best care possible to patients while prescribing opioids safely and effectively. The opioid prescribing guidelines are not rules, regulations or laws and they do not

dictate a provider's clinical decisions or policies. Providers are encouraged to use their clinical judgement and consider the patient's clinical situation, functioning, and life context when making prescribing decisions.

- The opioid prescribing guidelines recommend prescribing the lowest effective dosage when starting opioid therapy and to avoid increasing dosage to ≥ 90 MME/day. The guidelines do not suggest sudden discontinuation of opioids already prescribed at higher dosages.
- Abrupt tapering can result in opioid withdrawal symptoms and physically dependent patients may feel they have no other option but to turn to other sources to avoid withdrawal. If the risks of prescribing opioids are deemed greater than the benefits received by the patient, the opioid prescribing guidelines recommend the provider closely monitor and individualize gradual tapering to minimize increases in pain symptoms and signs of withdrawal. Clinicians should reference the [Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use](#), published by the U.S. Department of Health and Human Services, for advice on safe and effective tapering practices and discontinuation of opioid therapy.

DOH offers free online Continuing Medical Education (CME) credits for a range of topics including effective opioid tapering practices and using the PDMP to optimize pain management. All modules can be used to meet the Medical and Osteopathic Boards' CME credit requirement of Patient Safety/Risk Management, and modules 3–7 can be used to meet the Act 124 of 2016 opioid education requirements. Visit the [PDMP Education Section](#) to learn more.

DOH remains committed to offering education and resources to providers on safe and effective care and will continue to evaluate the adoption, use, and public health impact of prescribing guidelines.

Sincerely,

Rachel L. Levine, MD

Secretary, Pennsylvania Department of Health