

## Opioid Prescribing Guidelines for Chronic Pain

Nonpharmacological therapies, such as cognitive behavioral therapy, and non-opioid medications, such as nonsteroidal anti-inflammatory drugs, are recommended for chronic pain management outside of active cancer, palliative, and end-of-life care.

Clinicians should always use caution when prescribing opioids and monitor all patients closely on a regular basis throughout treatment.

- Opioid therapy should only be implemented once other pain management methods have been attempted and optimized.
- Before and during treatment, the provider should discuss and review the risks and benefits of opioid therapy.
- When beginning opioid therapy, **start low and go slow.**

## Prescribing Guidelines

1. Prescribe immediate-release opioids at the lowest effective dose when beginning therapy instead of extended-release opioids.
2. Assess clinically meaningful increases in pain and function periodically with the Pain, Enjoyment, and General Activity Scale before beginning treatment and periodically throughout therapy.
3. Discontinue or taper opioid therapy, if the patient shows no improvement in pain or function, screens positive for opioid use disorder, shows signs of overdose risk, or is no longer in pain.
4. Use the PDMP to help assess patient risk and periodically calculate morphine milligram equivalents.
5. If titrating dosages to  $\geq 50$  morphine milligram equivalent/day, reassess the risks/benefits of continued opioid therapy. Avoid  $\geq 90$  morphine milligram equivalent/day, when possible, due to an increased risk of complications.

