

Opioids

Helping patients while keeping them safe

Managed Health Services (MHS) is committed to working with you to address treatments for pain management and provide the most effective and safest possible care. As your partner, we can help to identify potential issues before they become problems and offer successful solutions that lead to better outcomes.

1. Review prescribing guidelines.

If you are considering prescribing opioids, the Centers for Disease Control and Prevention (CDC) offers some standard guidelines¹:

- Consider non-opioid therapies first, except in cases involving cancer, palliative and end-of-life care.
- Start at the lowest dose if prescribing opioids to reduce risks of opioid use disorder and overdose, and reassess frequently.
- Prescribe 50 morphine milligram equivalents (MME) or less, and never more than 90 MME.
- A duration of three days should be enough for acute pain, no longer than seven days.

2. Use the state Prescription Drug Monitoring Program (PDMP) database.

PDMPs are valuable systems to help you make clinical decisions, provide data at the point of care and track prescription data across states. Taking advantage of the state database will help to mitigate issues with detecting potential misuse or diversion, reducing drug interactions, discovering multiple prescribers and identifying opportunities to provide education about prescription drug safety.

3. Taper opioids when ready.

In addition to knowing when and how to prescribe pain medication, recognizing when to begin tapering patients off opioids can be equally challenging. The CDC recommends¹ developing taper plans for patients who:

- Have dosages above 50 MME (except cancer, palliative and end-of-life care)
- Request a reduction
- Experience an overdose or other adverse event
- Show signs of substance use disorder
- Do not have clinically meaningful improvement in pain and function

*Always check your
state PDMP before
prescribing opioids.*

**[mhsindiana.com/providers/
pharmacy](https://mhsindiana.com/providers/pharmacy)**

How can naloxone help my patients and their families?

The American Medical Association (AMA) encourages co-prescribing naloxone, when clinically appropriate, to patients or individuals who are close to the patient, like a family member or caregiver. This practice can save lives. In addition to the AMA, this practice is also endorsed by the World Health Organization, the CDC, the Substance Abuse and Mental Health Services Administration (SAMHSA) and other patient advocacy groups and departments of health.

You can help your patient and their loved ones minimize opioid overdose risks by including naloxone in the management plan in cases that involve¹:

- History of overdose
- Higher opioid dosages (≥ 50 MME)
- History of substance use disorder
- Concurrent benzodiazepine use

Most states have naloxone standing orders. Your patients may not need a prescription. Let them know about local naloxone access and Good Samaritan Laws in your state.

Learn more about
naloxone online.
[DrugAbuse.gov/Naloxone](https://www.drugabuse.gov/naloxone)

More Information

If you have any questions or would like additional information, please call **1-877-647-4848**, go to mhsindiana.com or visit one of the other helpful resources below.

>> SAMHSA Find Help & Treatment

1-800-662-4357
www.samhsa.gov

>> The American Society of Addiction Medicine

www.asam.org
Opioid use disorder treatment training, including education to obtain waiver to prescribe buprenorphine.

>> Providers Clinical Support System (PCSS)

www.pcssnow.org

Source:

¹Dowell, Deborah, Tamara M. Haegerich, and Roger Chou. "CDC guideline for prescribing opioids for chronic pain—United States, 2016." *JAMA* 315.15 (2016): 1624-1645.

