



Safer Prescribing for Pain Management and Opioids

Arkansas Total Care is committed to working with you to address pain and provide the safest, most effective treatment. As your partner in helping Arkansas live better, we can help to identify potential issues before they become problems and offer successful solutions that lead to better outcomes.

Review Prescribing Guidelines

If you are considering prescribing opioids for non-cancer related pain, the CDC offers some standard guidelines:¹

- Consider non-opioid therapies first.
- If opioids are prescribed, start at the lowest effective dose and reassess frequently.
- Be aware of the morphine milligram equivalents (MME), recognizing the potential risk of ≥ 50 MME and generally avoiding increasing the dose above 90 MME.
- For acute pain that requires opioids, prescribe only for short periods of time, generally fewer than three days but not more than seven. Follow-up and reassessment is recommended if opioids are required beyond this period.

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.

Taper Opioids when Indicated

Indications for opioid tapering could be the following:

- Patient has been maintained on opioids for 14 days or longer
- Side effects of opioids are not tolerated
- Pain symptoms and function are not improved with opioids
- Non-opioid treatment is more effective than opioids
- There is concern for escalation of dose without benefit
- Patient requests taper

Tapering should be individualized to each patient and should include non-opioid medications and other therapies to help promote pain relief.

Always Check
Your State PDMP
before prescribing opioids.

► [Arkansas.PMPAware.net](https://www.arkansas.pmpaware.net)

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 (WHO), 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 involve:

- 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.

Additional Support

We're here to help with additional tools and local resources. Please contact us by calling **1-866-282-6280 (TTY: 711)**, go to **ArkansasTotalCare.com**, or visit one of the other helpful resources below.

National Institute of Drug Abuse: www.drugabuse.gov

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.