OPIOID TOOLKIT

Resources to Support Your Practice and Patient Care

Arizona Care Network
A Better State of Care

Abrazo Health™ | Dignity Health. | Phoenix Children's Care Network®

Table of Contents

About the Opioid Toolkit

Return to Table of Contents

Arizona Care Network created this toolkit because our physician-driven network wants to make it easier for your practice to manage patients with chronic pain conditions, and further understand opioid medications as part of any treatment plan.

Stay informed so you can continue improving patient outcomes while reducing short- and long- term health care costs. This toolkit contains valuable resources for practices and providers, as we seek to support your care with the best information possible in support of patients with whom you may prescribe opioid medications.

What is ACN?

Arizona Care Network is an Accountable Care Organization (ACO), which is a group of doctors and other healthcare providers who share a common vision to:

- Support your high-quality, coordinated patient care
- Meet specific care standards that are set based on proven protocols and measures to enhance care quality
- Provide financial incentives toward improving population health by meeting certain standards of care
- Avoid unnecessary duplication of services and prevent medical errors

Questions? Please contact your Clinical Performance Consultant or e-mail: practicetransformation@azcarenetwork.org

Acknowledgements

Arizona Care Network Population Health Pharmacist, Jason Kwan, PharmD, created this Opioid Toolkit with input from the following pain medicine provider organizations who participate in ACN:

- Krista Gates, Clinical Director, Arizona Pain
- Patrick Hogan, DO, Co-Founder, AZ Pain Doctors
- Steven Siwek, MD, Medical Director, The Pain Center
- Omar Syed, MD, Valley Pain Consultants

CDC Guideline: Prescribing Opioids for Chronic Pain

Return to Table of Contents

The guideline developed for primary care providers provides recommendations for chronic pain management, **excluding** patients receiving active cancer treatment, palliative care, and end-of-life care. Recommendations include:

- Nonpharmacological and nonopioid treatments are preferred for chronic pain
- Opioids should be initiated or continued if benefits outweigh the risk to patient safety
- Immediate-release opioids at the lowest effective dose and duration should be used first for chronic pain before long acting opioids
- State Prescription Drug Monitoring Program (PDMP) should be reviewed when a prescription is prescribed or every 3 months
- Suggest naloxone when a patient has multiple risk factors for opioid overdose
- Concurrent prescribing of benzodiazepines and opioids should be avoided
- Consider urine drug testing at least on an annual basis when on opioids
- Offer medication-assisted treatment with buprenorphine or methadone maintenance therapy in combination with behavioral therapies for patients with opioid use disorder

CDC Guideline handout

https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf

Checklist for prescribing opioids

https://www.cdc.gov/drugoverdose/pdf/PDO_Checklist-a.pdf

CDC Guideline (Full Text)

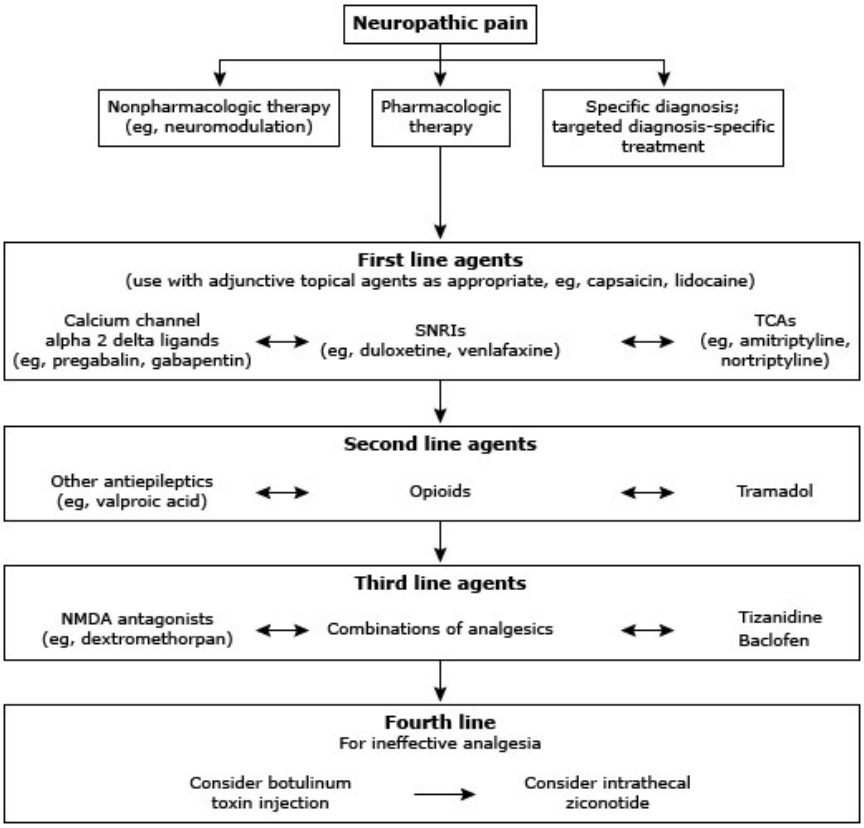
https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fmmwr%2Fvolumes%2F65%2Frr%2Frr6501e1er.htm

Non-opioid Treatments for Chronic Pain Return to Table of Contents

Treatment and choice of medication is based on the type of pain, categorized by neuropathic and nociceptive pain.

Tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors, and calcium channel alpha 2-delta ligands along with topical agents such as lidocaine are first line agents for treatment of neuropathic pain.

Depending on the diagnosis, first line agents may vary such as carbamazepine or oxcarbazepine is used as first line treatment for trigeminal neuralgia. The chart below from UpToDate describes the algorithm.



NMDA: *N-Methyl-D-aspartate*
SNRI: *serotonin-norepinephrine reuptake inhibitor*
TCA: *tricyclic antidepressant*

Non-Opioid Pain Treatments (cont'd)

Return to Table of Contents

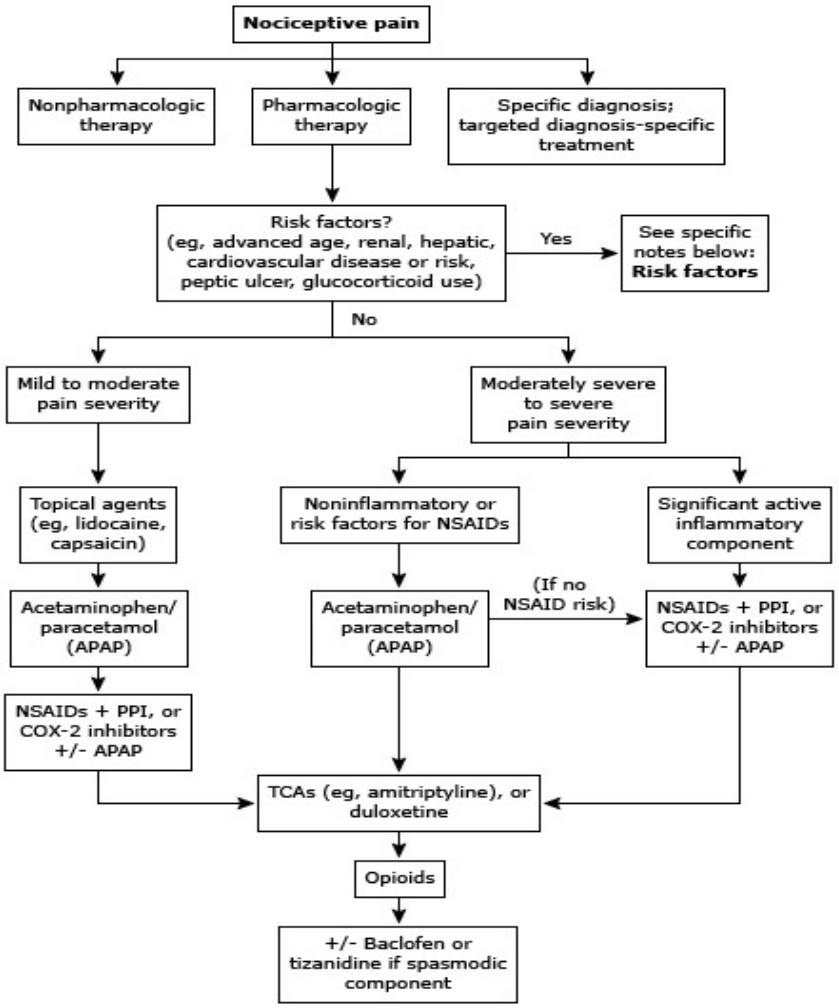
Common Medications for Neuropathic Pain	General Dosing Recommendations
Gabapentin	**Immediate release:** Initial – 100 to 300 mg 1 to 3 times daily, can increase to target dose range of 300mg to 1.2g up to 3 times daily **Extended release:** Initial – 300mg at bedtime, can increase to target dose of 900mg to 3.6g once daily
Pregabalin (Lyrica)	**Immediate release**: Initial - 25 to 150mg/day once daily or in two divided doses, can increase to target dose range of 300 to 600mg/day in two divided doses
Duloxetine	**Immediate release:** Initial – 60mg once daily, may increase to 120mg once daily with some additional benefit
Venlafaxine	**Extended release:** Initial – 37.5mg or 75mg once daily, can increase to 225mg once daily
Nortriptyline	**Immediate release:** Initial – 10 to 25mg once daily, can increase to 25 to 100mg once daily
Amitriptyline	**Immediate release:** Initial – 10 to 25mg once daily at bedtime, can increase to 150mg once daily at bedtime or in two divided doses

Non-Opioid Pain Treatments (cont'd)

Return to Table of Contents

NSAIDs and acetaminophen are first line agents for treatment of nociceptive pain. The maximum dose of acetaminophen is 4 grams per day. Acetaminophen overdose can cause hepatotoxicity.

NSAIDs also have side effects (i.e. inhibition of platelets, gastric ulcers, etc.) and should be used in caution if a patient has a risk factor. Both NSAIDs and acetaminophen can reduce the amount of opioid needed when used concurrently. The chart below from UpToDate describes the algorithm:



APAP: *acetaminophen/paracetamol* ***COX-2:*** *cyclooxygenase 2 inhibitor* ***NSAID:*** *nonsteroidal anti-inflammatory drug* ***PPI:*** *proton pump inhibitor* ***TCA:*** *tricyclic antidepressant*

Risk Factors

- *Chronic kidney disease, advanced age - avoid NSAIDs and COX-2 inhibitors.*
- *Peptic ulcer disease, glucocorticoid use - avoid NSAIDs.*
- *Hepatic disease - avoid NSAIDs, COX-2 inhibitors, and acetaminophen (APAP); use TCAs or duloxetine first line.*
- *Cardiovascular disease/risk - use lowest effective dose of NSAIDs; Patients who require treatment: suggest naproxen.*

Non-Opioid Pain Treatments (cont'd)

Return to Table of Contents

Summary of nonopioid treatments for common chronic pain conditions:

https://www.cdc.gov/drugoverdose/pdf/nonopioid_treatments-a.pdf

Nonpharmacologic therapies should be considered as a supplement or treatment option for chronic pain. There is evidence that suggests multimodal interventions are more effective than a single treatment option. Nonpharmacologic therapies include:

- Cognitive behavioral therapy
- Biofeedback
- Aerobic exercise
- Acupuncture
- Physical therapy
- Group therapy
- Bracing
- Osteopathic manipulation
- Ultrasonic stimulation
- Spinal cord stimulation
- Transcutaneous electrical nerve stimulation
- Heat/cold application
- Ergonomic training

Interventional pain medicine procedures:

- Epidural steroid injections
- Facet joint injections
- Radiofrequency ablations
- Intraarticular joint injections
- Spinal cord stimulation
- Viscosupplementation

Treatment plans should be based upon determining the source of the pain and appropriate diagnosis through physical exam, imaging, electromyography (EMG), etc. Consider referral to a pain management specialist to see what non-opioid options may be available to the patient. Pain practices may offer a multimodal approach with both nonpharmacologic and nonopioid treatments.

You can use Arizona Care Network's Find a Doc tool to refer a member to an in-network pain management specialist.

https://azcarenetwork.org/care-provider-search-map/?specialty%5B%5D=Pain+Medicine&specialty%5B%5D=Pain+Medicine+(Anesthesiology)&specialty%5B%5D=Pain+Medicine+(Physical+Medicine+%26+Rehabilitation)&radius=7&search_type=provider&sort=distance

Non-Opioid Pain Treatments (cont'd)

Return to Table of Contents

Arizona Care Network "Find-a-Doc" tool: In-network Physical Therapists

https://azcarenetwork.org/care-provider-search-map/?specialty%5B%5D=Physical+Medicine+%26+Rehabilitation&specialty%5B%5D=Physical+Therapy&radius=50&search_type=provider&sort=distance

Arizona Care Network "Find-a-Doc" tool: In-network Physical Therapy clinics

https://azcarenetwork.org/facility-search-map/?type%5B%5D=Physical+Therapy+Clinic&radius=7&search_type=facility&sort=distance

Arizona Care Network "Find-a-Doc" tool: In-network Acupuncture services

https://azcarenetwork.org/care-provider-search-map/?specialty%5B%5D=Acupuncture&radius=7&search_type=provider&sort=distance

Arizona Care Network "Find-a-Doc" tool: In-network Chiropractic services

https://azcarenetwork.org/care-provider-search-map/?specialty%5B%5D=Chiropractor&radius=7&search_type=provider&sort=distance

You can also use Arizona Care Network's Find-a-Doc tool to refer a member for in-network cognitive behavioral therapy services by a psychologist.

Arizona Care Network "Find-a-Doc" tool: In-network Cognitive Behavioral services

https://azcarenetwork.org/care-provider-search-map/?specialty%5B%5D=Neuropsychology&specialty%5B%5D=Psychology&specialty%5B%5D=Psychology%2C+Clinical&radius=7&search_type=provider&sort=distance

Assessing Benefits/Harm of Opioid Treatment

Return to Table of Contents

Patients should be evaluated for risk of overdose and opioid use disorder before prescribing of opioids. A patient's medication history of controlled substances is available in the state prescription drug monitoring program (PDMP). Multiple providers and/or pharmacies, high doses of opioids, and concurrent use of benzodiazepines may be a cause of concern.

PDMP Overview

https://www.cdc.gov/drugoverdose/pdf/PDMP_Factsheet-a.pdf

Arizona PDMP

https://arizona.pmpaware.net/login

Urine drug screening is recommended as a baseline to assess for current use of opioids and/or illicit substances. The CDC guideline recommends urine drug testing before prescribing opioid therapy and at least annually when on prescriptions. The frequency of urine drug testing is individualized to a patient and at the provider's clinical judgement.

Pain practices in Arizona recommend stratifying patients by risk to determine frequency of urine drug testing. Practices may incorporate different factors to assess a risk score of low, moderate, and high, but the risk assessment tools below may be a starting point.

Medicare guidelines for coverage of urine drug testing:

Risk Group	Frequency of Testing
Low Risk	Random testing 1-2 times every 12 months
Medium Risk	Random testing 1-2 times every 6 months
High Risk	Random testing 1-3 times every 3 months

https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-UrineDrugTesting_FactSheet-508.pdf

Assessing Benefits/Harm of Opioid Treatment (cont'd)

Return to Table of Contents

The Opioid Risk Tool can be administered in less than 1 minute. The tool can be used to help make an individualized decision before prescribing opioids.

0-3 = low risk
4-7 = moderate risk
8+ = high risk

https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf

The Screener and Opioid Assessment for Patients with Pain – Revised (SOAPP-R) is a longer questionnaire with 24 items and can evaluate a patient's risk before prescribing opioids. A score of 18 or greater indicates high risk.

https://www.vcuhealth.org/media/file/Telehealth/SOAPP-R.pdf

The Current Opioid Misuse Measure (COMM) evaluates a patient's risk for misuse of opioid medications while currently on long-term opioid therapy. The questionnaire consists of 17 questions and a score of 9 or greater is a positive score.

http://mytopcare.org/wp-content/uploads/2013/05/COMM.pdf

The Pain Medication Questionnaire (PMQ) also assesses the risk of opioid misuse in chronic pain patients using 26 questions:

< 25 = low risk
25-30 = moderate risk
> 30 = close monitoring and tapering of opioids.

https://onlinelibrary.wiley.com/doi/pdf/10.1111/j.1533-2500.2006.00067.x

Summary of assessing benefits and harms of opioid therapy

https://www.cdc.gov/drugoverdose/pdf/Assessing_Benefits_Harms_of_Opioid_Therapy-a.pdf

Initiating and Tapering Opioids

Return to Table of Contents

Immediate release opioids are recommended at the lowest doses and shortest duration to manage chronic pain. Higher doses increase the risk of overdose and evidence suggests avoiding daily doses higher than 90 morphine milligram equivalents (MME).

Recommendations on duration vary for opioid use in acute pain from 3 to 14 days. Limiting the days supply of opioids prescribed minimizes the need to taper opioids. Opioid tapering is recommended when opioids do not show a clinically meaningful improvement in pain and function.

Opioid tapering reduces withdrawal symptoms, including:

- Abdominal pain
- Anxiety
- Diarrhea
- Nausea
- Tachycardia
- Vomiting

Opioid tapering should be gradually initiated at a 10% decrease per month for patients who have taken opioids for more than a year.

How to taper opioids

https://www.cdc.gov/drugoverdose/pdf/Clinical_Pocket_Guide_Tapering-a.pdf

Veterans Affairs (VA) Decision-Making Algorithms Determination for Appropriateness of Opioid Therapy

https://phoenixmed.arizona.edu/sites/default/files/centers/toxicology/oar/provider-faqs/va-opioid-therapy-addendum-f.pdf

Treatment with Opioid Therapy

https://phoenixmed.arizona.edu/sites/default/files/centers/toxicology/oar/provider-faqs/va-opioid-therapy-addendum-f.pdf

Tapering or Discontinuing of Opioid Therapy

https://phoenixmed.arizona.edu/sites/default/files/centers/toxicology/oar/provider-faqs/va-tapering-addendum-g.pdf

Initiating and Tapering Opioids (cont'd)

Return to Table of Contents

Patients Currently on Opioid Therapy (Re-Assessing Use)

https://phoenixmed.arizona.edu/sites/default/files/centers/toxicology/oar/provider-faqs/va-reassessing-addendum-h.pdf

Arizona Care Network Find-a-Doc Tool: In-network Pain Management specialists

https://azcarenetwork.org/care-provider-search-map/?specialty%5B%5D=Pain+Medicine&specialty%5B%5D=Pain+Medicine+(Anesthesiology)&specialty%5B%5D=Pain+Medicine+(Physical+Medicine+%26+Rehabilitation)&radius=7&search_type=provider&sort=distance

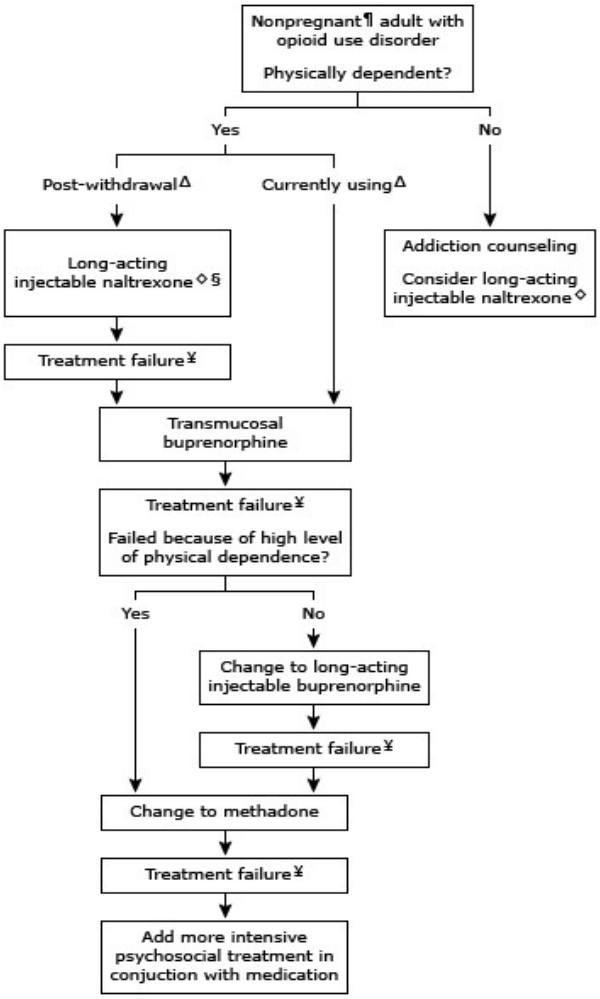
Opioid Use Disorder

Return to Table of Contents

Medication-assisted treatment (MAT) consists of methadone, buprenorphine, or naltrexone.

Studies have shown MAT to reduce substance abuse compared to placebo and psychosocial treatment alone.

MAT is suggested in patients with moderate to severe opioid use disorder and psychosocial treatment alone can be used in patients with mild disorder, who are highly motivated, and have strong psychosocial supports. The chart below from UpToDate describes the algorithm:



Opioid Use Disorder (cont'd)

Return to Table of Contents

The following is a list of ACN in-network providers to refer patients for buprenorphine treatment. Please note that this list only contains the contact information of buprenorphine practitioners who consent to release their practice information publicly on the SAMHSA website.

This list is not inclusive of all waivered practitioners and are of ACN in-network providers as of May 2020. Please call to confirm if the practitioner provides medication-assisted treatment.

ACN In-Network Buprenorphine treatment providers (.PDF)

Patient referral tool for buprenorphine treatment

https://www.samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator?field_bup_physician_us_state_value=AZ

Opioid Treatment Program Directory in America

https://dpt2.samhsa.gov/treatment/

Overdose Prevention

Return to Table of Contents

Naloxone (brand names: Evzio, Narcan) is an opioid antagonist used in the reversal of an opioid overdose.

The American Heart Association recommends after initiation of CPR to administer naloxone. Doses may need to be repeated every 2 to 3 minutes if no response is observed until emergency medical assistance arrives.

Naloxone is recommended for patients with the following risk factors:

- Previous substance abuse
- Opioid abuse disorder
- Concurrent use of opioids with benzodiazepines and other medications that increases the risk of respiratory depression
- History of opioid overdose
- Receiving greater than 50 MME daily of prescribed opioids

Patient and family education on signs and symptoms of overdose along with take-home naloxone may prevent opioid overdose in high risk patients.

Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid Overdose Prevention Toolkit

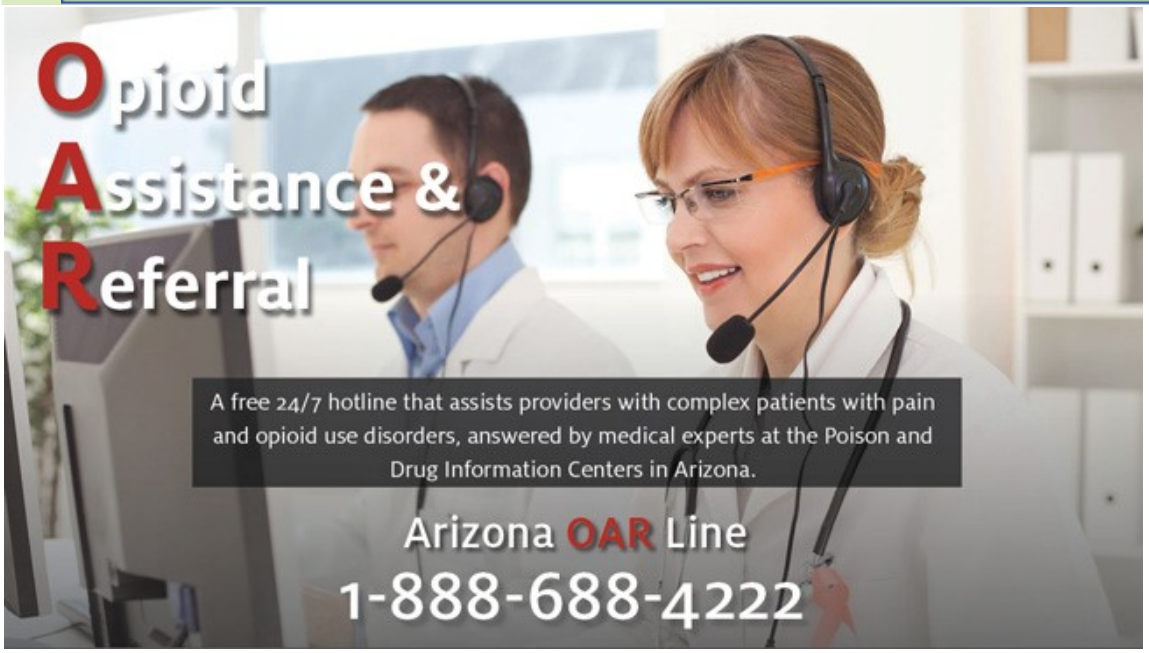
https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742

Additional Resources and Training

Return to Table of Contents

Arizona Opioid Assistance and Referral (OAR)

https://phoenixmed.arizona.edu/oar



Online training series on applying CDC's guideline for prescribing opioids for chronic pain (CME available)

https://www.cdc.gov/drugoverdose/training/online-training.html

Webinars on key recommendations of CDC guidelines

https://www.cdc.gov/drugoverdose/training/webinars.html

Additional Resources and Training (cont'd)

Return to Table of Contents

Arizona Opioid Prescriber Education (CME available)

https://www.az-osteo.org/mpage/AzRxEd

Arizona opioid prescribing guidelines

https://azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf

Arizona Pain and Addiction Curriculum Clinical Resource Compendium

https://www.azdhs.gov/documents/audiences/clinicians/continuing-education/adhs-5419.pdf

Webinars on using Arizona PDMP

https://pharmacy.az.gov/node/5168

Short Acting Opioid Drug Information Table

https://phoenixmed.arizona.edu/sites/default/files/centers/toxicology/oar/provider-faqs/va-opioid-drug-info-tables-shortacting-addendum-k.pdf

Long Acting Opioid Drug Information Table

https://phoenixmed.arizona.edu/sites/default/files/centers/toxicology/oar/provider-faqs/va-opioid-drug-info-tables-longacting-addendum-l.pdf

Pain Doctor's Opioid 12-step Protocol (.PDF)

Opioid 12-Step Protocol (an example to initiate opioids)

Patient Education Handouts and Resources

Return to Table of Contents

Overview of opioids

https://www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf

Management of acute pain

https://www.cdc.gov/drugoverdose/pdf/patients/ConversationStarter_AcutePain-508.pdf

Management of chronic pain

https://www.cdc.gov/drugoverdose/pdf/patients/ConversationStarter_ChronicPain-508.pdf

Opioid prescriptions

https://www.cdc.gov/drugoverdose/pdf/patients/ConversationStarter_PrescribedOpioids-508.pdf

Avoiding addiction

https://www.cdc.gov/drugoverdose/pdf/patients/ConversationStarter_AvoidAddiction-508.pdf

Patient Education Handouts and Resources (cont'd)

Return to Table of Contents

Preventing an Opioid overdose

https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf

How to administer Naloxone

https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/naloxone-brochure-public.pdf

Patient education on safe storage and disposal of prescription opioids

https://www.fda.gov/drugs/ensuring-safe-use-medicine/safe-opioid-disposal-remove-risk-outreach-toolkit

Drug take back locations resource

https://www.fda.gov/drugs/disposal-unused-medicines-what-you-should-know/drug-disposal-drug-take-back-locations

Narcotics Anonymous support group meetings in Arizona

https://arizona-na.org/