The Southern Arizona Opioid Abuse Prevention Symposium

Prescribing Guidelines and Best Practices

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Arizona Opioid Prescribing Guidelines

- Created in 2014 by a consensus panel as part of the Arizona Prescription Drug Misuse and Abuse Initiative. Available at [http://www.azdhs.gov](http://www.azdhs.gov)
- In process of revision as part of the 2017 State of Public Health Emergency declared by Arizona Governor Doug Ducey on June 5, 2017
- CDC Guideline for Prescribing Opioids for Chronic Pain (2016)
Safe and Effective Opioid Prescribing While Managing Acute and Chronic Pain

This course includes a minimum of 11 assessment questions that you must answer correctly in order to receive participation. You are allowed unlimited re-attempts.

There is increasing evidence that opioid medications are over-prescribed and poorly managed, because physicians are not aware of appropriate opioid risk management strategies and two-opioid approaches to treating chronic pain. OPI deaths from prescription analgesics increased over four-fold from 1999 to 2010 in the U.S. (Centers for Disease Control and Prevention, 2013). This activity seeks to familiarize physicians with current guidelines for opioid use and prescribing, as well as educate physicians about non-opioid strategies for pain management. You will practice your skills and learn new information needed to manage the following patients:

Francisco Cruz, a 32-year-old teacher with acute back pain. He has been medicating with acetaminophen and a hydrocodone-acetaminophen combination product.

Marc Foster, a 37-year-old disability recipient with long-standing osteoarthritis and chronic pain. He is being followed by a rheumatologist and has been referred to you for opioid management.

Margo Freese, a 44-year-old customer service manager with low back pain. She has had several invasive imaging studies and has a partial disability at work. She has tried a number of medications and is waiting something to improve her lower back pain.

Before beginning, you may wish to review the course references, as well as various resources, tutorials, and tools, such as screening/assessment forms and patient handouts. These items are available on any course page by clicking the links in the blue navigation bar at the top of the course.
The Main Message of the Guidelines

- Opioids are not first-line therapy for Chronic Non-Cancer Pain
- Self-management, Non-pharmacological, and Non-Opioid Pharmacological Therapies are preferred
- If opioids are used, ensure safety
  - Informed consent/patient agreements
  - Use as low a dose as possible
  - Checking the Arizona Controlled Substances Prescription Monitoring Program
  - Reassessment and periodic urine drug testing screening
  - Refer patients with opioid use disorder for further treatment
Informed Consent/Patient Agreements

- Sets behavioral boundaries around the use of opioid drugs
- Establishes the expectations for the physician and patient
- Describes the treatment plan
- Provides informed consent about the benefits and risks of opioids
- Outlines the consequences for opioid misuse or diversion
The Arizona Controlled Substances Prescription Monitoring Program

- Now mandatory for Arizona prescribers to check before writing a controlled medication
- A designee can check
- Quarterly reporting on prescribing practices
Morphine Milligram Equivalents

Dosages at or above 50 MME/day increase risks for overdose by at least 2x the risk at <20 MME/day.

Calculating morphine milligram equivalents (MME)

<table>
<thead>
<tr>
<th>OPIOID</th>
<th>CONVERSION FACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Codeine</td>
<td>0.15</td>
</tr>
<tr>
<td>Fentanyl transdermal (in mcg/hr)</td>
<td>2.4</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>1</td>
</tr>
<tr>
<td>Hydromorphone</td>
<td>4</td>
</tr>
<tr>
<td>Methadone</td>
<td></td>
</tr>
<tr>
<td>1-20 mg/day</td>
<td>4</td>
</tr>
<tr>
<td>21-40 mg/day</td>
<td>8</td>
</tr>
<tr>
<td>41-60 mg/day</td>
<td>10</td>
</tr>
<tr>
<td>≥ 61-80 mg/day</td>
<td>12</td>
</tr>
<tr>
<td>Morphine</td>
<td>1</td>
</tr>
<tr>
<td>Oxycodeone</td>
<td>1.5</td>
</tr>
<tr>
<td>Oxymorphone</td>
<td>3</td>
</tr>
</tbody>
</table>

These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.
Ongoing Monitoring and Referral

Assess Risk of Opioid Use

Tools:
1. Screener and Opioid Assessment for Patients with Pain (SOAPP-R)
2. Current Opioid Misuse Measure (COMM™)
3. Opioid Risk Tool (ORT) • Very low sensitivity