El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEDICAID

OPIOIDS FOR CHRONIC PAIN

The following guideline recommends general principles and management for prescribing opioids for chronic pain.

Eligible Population	Key Components	Recommendations
Medicaid recipients, 18 and older	**Assessment and monitoring**	• Review patient's hx of controlled substance prescriptions using state prescription drug monitoring program (PDMP) data to determine whether the pt is receiving opioid dosages or dangerous combinations that put the pt in high risk of overdose. • Review PDMP data when starting opioid therapy for chronic pain • Use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

	Risk Factors	• Incorporate strategies to mitigate risk, including offering naloxone when factors that increase risk for opioid overdose such as:
		  • Hx of overdose
		  • Hx of substance use disorder
		  • Higher opioid dosages (≥50 MME/day)
		  • Concurrent benzodiazepine use

	Treatment	• Prescribe immediate-release opioids instead of extended-release/long-acting (ER/LS) opioids. • When using opioids for acute pain, prescribe the lowest effective dose of immediate-release opioids and prescribe no grater quantity than needed for the expected duration of severe enough pain to require opioids. Three days should be sufficient. • When starting opioid treatment, reassess for evidence of individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents (MME/day) • Avoid increasing dosage to ≥ 90 MME/day or carefully justify a decision to titrate dosage ≥90 MME/day. • Avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible • For patients with opioid disorder, offer or arrange evidence-based treatment such as medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies
	Evaluation	• Evaluate benefits and harms with patients within 1-4 weeks of starting opioid therapy for chronic pain or of dose escalation • Evaluate benefits and harms of continued therapy with patients every 3 months or more frequently
	Considerations	• Establish realistic treatment goals for pain and function • Consider how opioid therapy will be discontinued if benefits do not outweigh risks. • Continue opioid therapy only if there is clinically meaningful improvement in pain and function.

This guideline is based on the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (https://www.cdc.gov/opioids/providers/prescribing/guideline.html https://www.cdc.gov/drugoverdose/pdf/prescribing/Guidelines_Factsheet-a.pdf)

Reviewed and Approved 02/27/2021