COMMUNITY SAFE PRESCRIBER

(Primary Care Version)

- We support the use of opioid medications for chronic non-cancer pain patients only after determining that alternative therapies do not deliver adequate pain relief. The lowest effective dose of opioids should be used.
- We support the use of behavioral screening tools (such as the ORT, AUDIT, PHQ9 or other similar questionnaires) which screen for depression, anxiety, substance abuse, alcohol abuse, and nicotine abuse all of which increase the risk for opiate abuse.
- We support caution when using opioids in those conditions that may potentiate opioid adverse effects which include COPD, CHF, Sleep Apnea, renal dysfunction, hepatic dysfunction, and the elderly.
- We support the use of a standardized Medication Agreement for all patients on chronic opiates for longer than 6 weeks duration.
- We support the use of a baseline urine drug screen prior to starting any patient on opiate therapy for chronic non-cancer pain.
- We support the use of random, periodic, targeted urine testing for opioids and other drugs for any patient less than 65 years of age with non-cancer pain who have been treated with opioids for more than 6 weeks.
- If a patient's dosage increase's to 120mg MED (Morphine Equivalent Dosage) or more without substantial improvement in function and pain we support a consult from a pain specialist. Those patients that are currently stable and well controlled can be exempt from this requirement per the physician's discretion.
- We support the practice of not combining opioids with sedative-hypnotics, benzodiazepines, or barbiturates for chronic non-cancer pain unless there is a specific medical or psychiatric indication for the combination. We support the use of increased drug monitoring in such cases.
- We support evaluation of the safety and effectiveness of opioid therapy for chronic non-cancer pain at a minimum of every 3 months in the office, more frequently if deemed necessary by the patient's response to screening tools.
- We support assessment of the effectiveness of opioid therapy by tracking and documenting both functional improvement and pain relief.
- We support tapering patients off opiates, if deemed necessary, by 10% of the original dose per week. Some patients may be tapered more rapidly without problems over 6 – 8 weeks.
- We support notifying all patients that the use of opiates can lead to dependence, accidental over dose, and death. We also support notifying patients that chronic opioid use, may paradoxically, induce abnormal pain sensitivities including allodynia and hyperalgesia.
- We support having no more than 50 patients at any one time on an opiate agreement.

Name _____

Signature_____

Source: Marc Mentel, D.O.