

Best Practices for Safe Opioid Prescribing

When selecting monitoring activities to include in a monitoring protocol, we encourage health systems to consider both best practices and state requirements. GuideMed's best practice recommendations are established by a well-documented body of evidence that includes guidelines from The Centers for Disease Control and Prevention and The Federation of State Medical Boards.

Activity	Best Practice*	West Virginia Law and Policy						
Risk Assessment	<p>Assess risk upon initiation of chronic opioid therapy then:</p> <table border="1"> <tr> <td>All Risk Levels</td> <td>1x annually</td> </tr> </table>	All Risk Levels	1x annually	<p>Providers must document results of a thorough medical history, including the patient's substance abuse history.¹ Assessment of relative risk for medication misuse should be part of the initial patient evaluation. All patients should be screened for depression and other mental health disorders as part of the risk evaluation²</p>				
All Risk Levels	1x annually							
Patient Agreement	<p>Review and sign an agreement together with the patient at initiation of chronic opioid therapy then:</p> <table border="1"> <tr> <td>All Risk Levels</td> <td>1x annually</td> </tr> </table>	All Risk Levels	1x annually	<p>A patient prescribed any opioid for greater than a seven day period is required to execute a contract with the provider that outlines specific provisions.¹</p>				
All Risk Levels	1x annually							
PDMP Checks	<p>Review the PDMP with every prescription. Typically:</p> <table border="1"> <tr> <td>All Risk Levels</td> <td>4x annually</td> </tr> </table>	All Risk Levels	4x annually	<p>Providers must access the Board of Pharmacy (BOP) Report upon initially prescribing any opioid or benzodiazepine and at least annually thereafter. No Schedule II controlled substance may be prescribed for more than 30 days without accessing the BOP report.¹</p>				
All Risk Levels	4x annually							
Laboratory Testing	<p>Perform high quality toxicology testing at initiation of chronic opioid therapy and at random at least:</p> <table border="1"> <tr> <td>Low Risk</td> <td>2x annually</td> </tr> <tr> <td>Moderate Risk</td> <td>4x annually</td> </tr> <tr> <td>High Risk</td> <td>6x annually</td> </tr> </table>	Low Risk	2x annually	Moderate Risk	4x annually	High Risk	6x annually	<p>Periodic urine drug testing to monitor adherence to the treatment plan and detect use of non-prescribed drugs. Clinical judgment should be used to determine frequency of testing.²</p>
Low Risk	2x annually							
Moderate Risk	4x annually							
High Risk	6x annually							
Pill Counts	<p>Request a pill count at random:</p> <table border="1"> <tr> <td>Low risk</td> <td>For cause</td> </tr> <tr> <td>Moderate Risk</td> <td>1x annually or for cause</td> </tr> <tr> <td>High Risk</td> <td>2x annually or for cause</td> </tr> </table>	Low risk	For cause	Moderate Risk	1x annually or for cause	High Risk	2x annually or for cause	<p>Not included in state law or policy.</p>
Low risk	For cause							
Moderate Risk	1x annually or for cause							
High Risk	2x annually or for cause							
Patient Education	<p>Discuss risks and benefits of opioid treatment, expectations, prescription requests, medication use, storage and disposal.</p>	<p>Providers must inform patients of the risks associated with the opioid and the ability to fill the prescription in a lesser quantity prior to initially prescribing. Prior to subsequent prescriptions, the provider must further discuss with the patient the risks of the medication including dependence, addiction and overdose, dangers associated with mixing opioids and alcohol, benzodiazepines and other CNS depressants, reasons the prescription is necessary and available alternative treatments.¹</p>						
Documentation	<p>Document all monitoring activity, patient education, requests for early refills and incidents occurring between office visits in the patient's record.</p>	<p>Providers must document assessment of risk for misuse and health history, BOP report checks, any contracts and discussions with the patient.¹</p>						

1,2 See page 2 for state guideline references. * See page 2 for best practice references.

Best Practice References

Our recommendations for best practices for safe opioid prescribing are based on information gleaned from the following references and years of experience in toxicology testing and assisting healthcare providers in monitoring patients.

- Alexander, C.G., Frattaroli, S., Gielen, A.C., eds. (2015 Nov). **The prescription opioid epidemic: an evidence-based approach**. Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland. Retrieved from www.jhsph.edu/research/centers-and-institutes/center-for-drug-safety-and-effectiveness/opioid-epidemic-town-hall-2015/2015-prescription-opioid-epidemic-report.pdf
- American Academy of Pain Medicine. (2013 Feb). **Use of opioids for the treatment of chronic pain**. Retrieved from www.painmed.org/files/use-of-opioids-for-the-treatment-of-chronic-pain.pdf
- American Society of Addiction Medicine (ASAM). (2017 Apr 5). **Appropriate Use of Drug Testing in Clinical Addiction Medicine**. Retrieved from http://journals.lww.com/journaladdictionmedicine/Fulltext/2017/06001/Appropriate_Use_of_Drug_Testing_in_Clinical.1.aspx
- American Society of Interventional Pain Physicians. (2017). **Responsible, Safe, and Effective Prescription of Opioids for Chronic Non-Cancer Pain: American Society of Interventional Pain Physicians (ASIPP) Guidelines**. Pain Physician Journal 20:S3-S92. <http://www.painphysicianjournal.com/linkout?issn=1533-3159&vol=20&page=53>
- Centers for Medicare and Medicaid Services. **Local Coverage Determination (LCD): Controlled Substance Monitoring and Drugs of Abuse Testing**. Retrieved from <https://www.cms.gov/medicare-coverage-database>
- Chou, R., Fanciullo, G.J., Fine, P.G., et al. (2009 Feb). **Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain**. J Pain 10: 2. 113-30. Retrieved from [www.jpain.org/article/S1526-5900\(08\)00831-6/pdf](http://www.jpain.org/article/S1526-5900(08)00831-6/pdf)
- Dowell, D., Haegerich, T.M., Chou, R. (15 Mar 2016) **CDC guideline for prescribing opioids for chronic pain — United States, 2016**. MMWR Recomm Rep. Retrieved from: www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
- Katz, MD, N.P., Sherburne, BA, N.P., Beach, MD, M., et al. (2003). **Behavioral monitoring and urine toxicology testing in patients receiving long-term opioid therapy**. Anesth Analg 97. 1097-102. Retrieved from: http://journals.lww.com/anesthesia-analgesia/Fulltext/2003/10000/Behavioral_Monitoring_and_Urine_Toxicology_Testing.33.aspx
- Owen, MD, G.T., Burton, MD, A.W., Schade, PhD, C.M., et al. (2012). **Urine drug testing: current recommendations and best practices**. Pain Physician Journal 15:ES119-ES133. Retrieved from: www.painphysicianjournal.com
- Tetrault, J.M., Butner, J.L. (2015). **Non-medical prescription opioid use and prescription opioid use disorder: a review**. Yale Journal of Biology and Medicine 88: 227-333. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC4553642/
- The Federation of State Medical Boards. (2017 April). **Guidelines for the Chronic Use of Opioid Analgesics**. Retrieved from https://www.fsmb.org/Media/Default/PDF/Advocacy/Opioid%20Guidelines%20As%20Adopted%20April%202017_FINAL.pdf
- Volkow, MD, N.D., McLellan, PhD, A. T. (2016, Mar 31). **Opioid abuse in chronic pain - misconceptions and mitigation strategies**. N Engl J Med 374:13. Retrieved from www.nejm.org/doi/pdf/10.1056/NEJMra1507771
- Washington State Agency Medical Directors' Group. (2015 June). **Interagency guideline on prescribing opioids for pain (3rd ed.)** Retrieved from www.agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf

State Guideline References

1. West Virginia Legislature 2018 regular Session Enrolled Committee Substitute for Committee Substitute for Senate Bill 273. Passed March 9, 2018. Retrieved from www.wvlegislature.gov/Bill_Text_HTML/2018_SESSIONS/RS/bills/SB273%20SUB2%20ENR.pdf
2. State of West Virginia Board of Medicine Policy on the Chronic Use of Opioid Analgesics. (April 2017). https://wvbom.wv.gov/download_resource.asp?id=408

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