### Summary of 2015 Interagency Guideline on Prescribing Opioids for Pain

**All pain phases**
- Use non-opioid therapies, such as behavioral intervention, physical activity and non-opioid analgesics.
- Avoid opioids if the patient has significant respiratory depression, current substance use disorder, history of prior opioid overdose or a pattern of aberrant behaviors.
- Assess and document function and pain using a validated tool at each visit where opioids are prescribed.
- Don’t prescribe opioids with benzodiazepines, carisoprodol, or sedative-hypnotics.

<table>
<thead>
<tr>
<th>Acute phase (0–6 weeks)</th>
<th>Perioperative pain</th>
<th>Subacute phase (6–12 weeks)</th>
<th>Chronic phase (&gt;12 weeks)</th>
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<tbody>
<tr>
<td>Check the state’s Prescription Monitoring Program (PMP) before prescribing.</td>
<td>Evaluate thoroughly preoperatively: check the PMP and assess risk for over-sedation and difficult-to-control pain.</td>
<td>Don’t continue opioids without clinically meaningful improvement in function (CMIF) and pain.</td>
<td>Continue to prescribe opioids only if there is sustained CMIF and no serious adverse events, risk factors, or contraindications.</td>
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<td>Don’t prescribe opioids for non-specific back pain, headaches, or fibromyalgia.</td>
<td>Discharge with acetaminophen, NSAIDs, or very limited supply (2–3 days) of short-acting opioids for some minor surgeries.</td>
<td>Screen for comorbid mental health conditions and risk for opioid misuse using validated tools.</td>
<td>Repeat PMP check and UDT at frequency determined by the patient’s risk category.</td>
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<td>Prescribe the lowest necessary dose for the shortest duration.</td>
<td>For patients on chronic opioids, taper to preoperative doses or lower within 6 weeks following major surgery.</td>
<td>Recheck the PMP and administer a baseline urine drug test (UDT) if you plan to prescribe opioids beyond 6 weeks.</td>
<td>Prescribe in 7-day multiples to avoid ending supply on a weekend.</td>
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<td>Opioid use beyond the acute phase is rarely indicated.</td>
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<td>Don’t exceed 120 mg/day MED without a pain management consultation.</td>
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When to discontinue

- At the patient’s request
- No CMIF
- Risks outweigh benefits
- Severe adverse outcome or overdose event
- Substance use disorder identified (except tobacco)
- Aberrant behaviors exhibited
- To maintain compliance with DOH rules or consistency with AMDG guideline

Considerations prior to taper

- Help the patient understand that chronic pain is complex and opioids cannot eliminate pain.
- Consider an outpatient taper if the patient isn’t on high-dose opioids or doesn’t have comorbid substance use disorder or other active mental health disorder.
- Seek consultation if the patient failed previous taper or is at greater risk for failure due to high-dose opioids, concurrent benzodiazepine use, comorbid substance use disorder or other active mental health disorder.

How to discontinue

- Taper opioids first if patients are also on benzodiazepines.
- Unless safety considerations require a more rapid taper, start with 10% per week and adjust based on the patient’s response.
- Don’t reverse the taper; it can be slowed or paused while managing withdrawal symptoms.
- Watch for unmasked mental health disorders, especially in patients on prolonged or high-dose opioids.

Special populations

- Counsel women before and during pregnancy about maternal, fetal, and neonatal risks.
- For children and adolescents, avoid prescribing opioids for most chronic pain problems.
- In older adults, initiate opioids at 25–50% lower dose than for younger adults.
- For cancer survivors, rule out recurrence or secondary malignancy for any new or worsening pain.

Recognizing and treating opioid use disorder

- Assess for opioid use disorder and/or refer for a consultation if the patient exhibits aberrant behaviors.
- Help patients get medication-assisted treatment along with behavioral therapies.
- Prescribe naloxone (especially if you suspect heroin use) and educate patient’s contacts on how to use it.

Check out the resources at www.AgencyMedDirectors.wa.gov

- Free online CME
- Opioid Dose Calculator
- Videos from Primary Pain Care Conference