

Arizona Department of Health Services (ADHS) Opioid Prescribing Guidelines for Emergency Department (ED)

February 1, 2016

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Dear Care1st Practitioners and Office Staff:

The guidelines are intended to reduce the inappropriate use of controlled substances, improve safety, and reduce harm while preserving the vital roles of clinicians and patients in the management of acute and chronic pain.

1. Consistent use the Prescription Drug Monitoring System (CSPMP) is crucial.
2. It is important that 1 medical provider prescribes RX for patient's chronic pain.
3. Use of intramuscular or intravenous controlled substances in the ED for chronic pain is highly discouraged.
4. ED's should not provide replacement RX for controlled substances that were lost, stolen, or destroyed.
5. ED's should not provide replacement doses of methadone for patients in a methadone treatment program.
6. Long acting or controlled released opioids should not be prescribed from the ED.
7. ED's are encouraged to photograph patients who present without ID.
8. ED's should coordinate care of patients who frequently visit the ED.
9. ED's should maintain a list of clinics that provide pain management and primary care for all payer types.
10. ED's should perform SBIRT (Screening, Brief Interventions and TX referrals) to patients with suspected RX abuse problems.
11. Administration of Demerol is discouraged
12. For exacerbation of chronic pain, the patient's primary prescriber should be contacted. Patient should receive only enough pills to last until the office opens.
13. Prescriptions for acute injuries should not exceed 30 pills with no refills.
14. ED patients should be screened for substance abuse prior to prescribing for acute pain.
15. ED physician is required to evaluate pain, use clinical judgment when treating but is not required to provide controlled substances.

Please review Clinical Guidelines & Recommendations - Prescribing Guidelines:

<http://azdhs.gov/clinicians/clinical-guidelines-recommendations/index.php?pg=prescribing>

If you have any questions regarding these guidelines, call our Pharmacy Team at 602.778.1800 or 866.560.4042 (Options in order: 5, 5)

Thank you

Provider Network Operations

Phone 602.778.1800 or 866.560.4042 (Options in order: 5, 7)

Fax 602.778.1875

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SUMMARY OF ARIZONA OPIOID PRESCRIBING GUIDELINES FOR THE TREATMENT OF ACUTE PAIN

The goal of these guidelines is to balance the appropriate treatment of pain with approaches to more safely prescribe opioids. Thoughtful opioid prescribing for acute and post-operative pain can improve safety, reduce harm, and prevent the unintended or inappropriate long-term use of opioid medications.

Note: These guidelines are not intended to apply to hospice or palliative care patients (as defined by the World Health Organization), patients at end of life, or cancer-related pain.

- #1:** Opioid medications should only be used for treatment of acute pain when the severity of the pain warrants that choice, and non-opioid pain medications or therapies will not provide adequate pain relief.
- #2:** When opioid medications are prescribed for treatment of acute pain, the number dispensed should be no more than the number of doses needed. This should be based on the expected duration of pain severe enough to justify prescribing opioids for that condition.
- #3:** When opioid medications are prescribed for acute pain, the patient should be counseled on the following:
 - Sharing with others is illegal.
 - Medications should be stored securely.
 - Medications should be disposed of properly when the pain has resolved to prevent non-medical use of medications.
 - Opioids are intended for short-term use only.
 - Driving or operating machinery should be avoided if a patient is sedated or confused while using opioids.
- #4:** Long acting opioids should not be used for treatment of acute pain, including post-operative pain, except in select opioid tolerate patients and situations where monitoring and assessment for adverse effects can be conducted.
- #5:** The continued use of opioids should be considered carefully, including assessing the potential for misuse. If pain persists beyond the anticipated treatment duration, then the patient should be carefully reevaluated.
- #6:** The Arizona Controlled Substances Prescription Drug Monitoring Program should be checked prior to prescribing opioids and periodically if renewing opioid prescriptions.

For more information on the Arizona Opioid Prescribing Guidelines, visit <http://azdhs.gov/clinicians/clinical-guidelines-recommendations/>