

PART C: PATIENT CARE**SECTION 4 – Clinical Care****4.01 Prescribing of Opioid (Narcotic) Medications for Chronic Non-Cancer Pain****Policy**

The prescribing of opioid medications for TC FHT patients with chronic pain will be performed in a rational and accountable manner.

Guidelines

- *Chronic pain* is defined as pain that lasts longer than 3 months or past the time of normal tissue healing.
- Prior to prescribing any opioid medication, the Prescriber must make a diagnosis and provide treatment for the underlying cause(s) of pain, where possible.
- Non-opioid analgesics and non-pharmacological therapy should be used as first-line therapy, where appropriate.

First Opioid Prescription

1. If chronic opioid analgesia is required, the Prescriber should assess patient's risk for addictive behaviour using the "Opioid Risk Tool Clinician Form" (see EMR Opioid Custom Form).
 - For patients at high risk or any history of substance use disorder (score of 4 or more points), it is recommended that opioids be prescribed in consultation with a specialist in addiction medicine.
 - Clinicians may recommend naloxone to patients at risk of opioid overdose due to high opioid dosage, medical history/comorbidities, known opioid addiction or recreational opioid use, or during opioid rotation.
2. Perform a baseline pain assessment using the "Opioid Brief Pain Inventory" and/or "Neuropathic pain questionnaire" (see EMR Opioid Custom Form).
 - Screen for depression, anxiety and other conditions that may contribute to pain.
3. Review & sign "Opioid Treatment Agreement" with patient (see Appendix A & EMR Opioid Custom Form).
 - a. Include a discussion of potential side effects, risks of addiction/tolerance and benefits/risks of opioid therapy.
 - b. Provide patient with written literature, if requested (see "Opioid Messages for Patients Taking Opioids" in EMR handouts).
 - c. Provide 1 copy of signed Treatment Agreement to patient and retain 1 copy for scanning into the EMR.
4. Obtain contact information for patient's pharmacist in the community.
 - Fax "Opioid Letter to Pharmacist" along with the prescription for the opioid (see EMR Opioid Custom Form).
 - Document opioid prescription in EMR (include opioid indication, dose, frequency, and quantity prescribed).

4.01 PRESCRIBING OF Opioid (Narcotic) Medications for Chronic Non-Cancer Pain

5. Provide patient with lab requisition to obtain baseline bloodwork (i.e. LFTs, renal function [SCr, BUN], CBC etc.), as appropriate.
6. Book follow-up appointment for patient within 1 month (may be seen in person or by telephone).
7. Document all above in EMR.

Follow-up Opioid Prescriptions

The Prescriber should conduct an assessment prior to opioid renewal requests from a patient or their pharmacy. This can be done over the telephone, however a physical assessment should be performed at least twice a year.

1. Regularly assess effectiveness of current opioid regimen at follow-up by using the “Opioid Brief Pain Inventory” (see EMR Opioid Custom Form).
2. Assess patient for side effects (i.e., constipation, drowsiness, cognitive dysfunction, depression, sleep apnea, hypogonadism, opioid-induced hyperalgesia).
3. Assess patient for aberrant drug-related behaviours.
 - Examples of aberrant behaviours: losing prescriptions, requests for early renewals, obtaining opioids from sources other than the agreed-upon pharmacy.
 - Perform a random urine/blood drug screen, if appropriate.
4. The Prescriber should make adjustments to the opioid prescription as needed, based on above assessments.
 - If the patient is having persistent problematic pain and/or adverse effects, consider rotation to other opioids, opioid taper and/or discontinuation, as clinically indicated.
 - If the patient exhibits any aberrant drug-related behaviours, the signed Treatment Agreement should be reviewed with the patient and, if appropriate, the Prescriber may consider discontinuing authorization of opioid prescriptions.
5. Provide patient with a prescription for renewal of the opioid or fax directly to patient’s pharmacy.
6. Document all assessments and renewals (include opioid indication, dose, frequency, and quantity prescribed) in EMR.
 - As per guidelines (Ref. List #2), limit the prescribed dose to 90mg morphine equivalents daily or less for patients beginning long-term opioid therapy.
 - For those patients currently taking 90 or more morphine equivalents daily, assess for opportunity for opioid taper, opioid rotation and/or pain clinic referral
7. Patients must be seen for a follow-up appointment at regular intervals. Interval between assessment and follow-up appointments should generally not exceed 100 days (may vary by individual patient case).

Resources:

1. Michael G. DeGroot National Pain Centre, McMaster University & Centre for Effective Practice. Opioid Manager. November 2017. Available online at: https://www.opioidmanager.com/images/omcontent/documents/CEP_OpioidManager2017.pdf
2. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. May 2017. Available online at: http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.pdf

4.01 PRESCRIBING OF Opioid (Narcotic) Medications for Chronic Non-Cancer Pain

Appendix A

This document is an agreement between myself, _____, and my primary care provider (PCP), _____, showing that I understand my responsibilities when using opioid (narcotic) medications for long-term treatment of pain.

1. I understand I am being prescribed an opioid medication to assist in managing chronic pain that has not responded to other treatments and is needed for me to function better. If my activity level or general function gets worse, the medication may be changed or discontinued.
2. I will not seek opioid medications from another source and I will obtain all of my prescriptions for opioids at one pharmacy. The exception would be an emergency situation; should such a situation occur, I will inform my PCP as soon as possible.
3. I will take my medications as prescribed and will not change the medication dosage or schedule without my PCP's approval.
4. I understand that if my prescription runs out early for any reason (e.g., lost/damaged medication or taken more than prescribed), my PCP will not prescribe extra medications for me; I may have to wait until the next prescription is due or until I can make an appointment to see my PCP. After 3 or more days without opioids, I may need to restart my medication at a lower dose to prevent an overdose as tolerance disappears.
5. I will not give or sell my medication to anyone else, including family members; nor will I accept any opioid medication from anyone else but a licensed pharmacist.
6. I agree to be responsible for the secure storage of my medication at all times (e.g., keep out of reach of children, consider using a lock box).
7. I will not use codeine-containing over-the-counter opioid medications (e.g., 222's or Tylenol #1) without my PCP's approval.
8. I will attend all follow-up appointments (interval not exceeding 100 days), treatments and consultations as requested by my PCP.
9. I will inform my PCP immediately if I believe I may be pregnant; opioids may be harmful during pregnancy and breastfeeding.
10. I understand that the common side effects of opioid therapy include nausea, constipation, sweating, and itchiness of the skin. Drowsiness may occur when starting opioid therapy or when increasing the dosage. I agree to refrain from driving a motor vehicle or operating dangerous machinery until such drowsiness disappears.
11. I understand that using long-term opioids to treat chronic pain may result in the development of physical dependence to the medication. Sudden decreases or discontinuation of the medication may lead to the symptoms of opioid withdrawal such as sweats, chills, headaches, muscle ache, joint aches, abdominal cramps, nausea, vomiting, diarrhea, anxiety, fatigue, malaise, or "goose flesh" that typically begin within 24-48 hours of the last dose. I understand that opioid withdrawal is uncomfortable, but not life-threatening. Opioid overdoses, on the other hand, may be life threatening.
12. I understand there is a small risk I may become addicted to the opioids I am being prescribed. As such, my PCP may require I have additional blood, urine or hair testing and/or see a specialist in addiction medicine should a concern about addiction arise during my treatment.
13. I understand that the use of any mood-modifying substance, such as tranquilizers, sleeping pills, alcohol or illicit drugs (such as cocaine, heroin or hallucinogens), can cause adverse effects or interfere with opioid therapy. Therefore, I agree to refrain from the use of all of these substances without prior agreement from my PCP.
14. I consent to open communication between my PCP and any other health care professionals involved in my pain management, such as pharmacists, nurses, physicians, emergency departments, etc.
15. I am willing to consider opioid dose reduction, opioid switch and/or a pain clinic referral if my PCP thinks it is beneficial to me or warranted.

I understand if I break any of the above conditions, my PCP may choose to cease providing opioid prescriptions for me and discuss alternate treatment options.

Date: _____ Signature (patient): _____

Date: _____ Signature (PCP): _____

Name of designated Pharmacy: _____

Phone: _____ Fax: _____

"Letter to Pharmacy" sent