

Panel Discussion: Pain Sciences and Practice

Opioid Crisis

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Advancing better practices for pain management

CDC 2016 Guidelines* for Opioids in Chronic Pain

1. Opioids are not 1st line therapy
2. Establish Goals for Pain and Function
3. Discuss Risks and Benefits
4. Use Immediate-release opioids when starting
5. Use the lowest effective dose
6. Prescribe short durations for acute pain * Excludes: active cancer, palliative care, and end-of-life
7. Evaluate benefits and harms frequently
8. Use strategies to mitigate risk
9. Review PDMP Data
10. Use Urine Drug Testing
11. Avoid Concurrent Opioid and BZD Prescribing
12. Offer treatment for opioid use disorder

Access issues

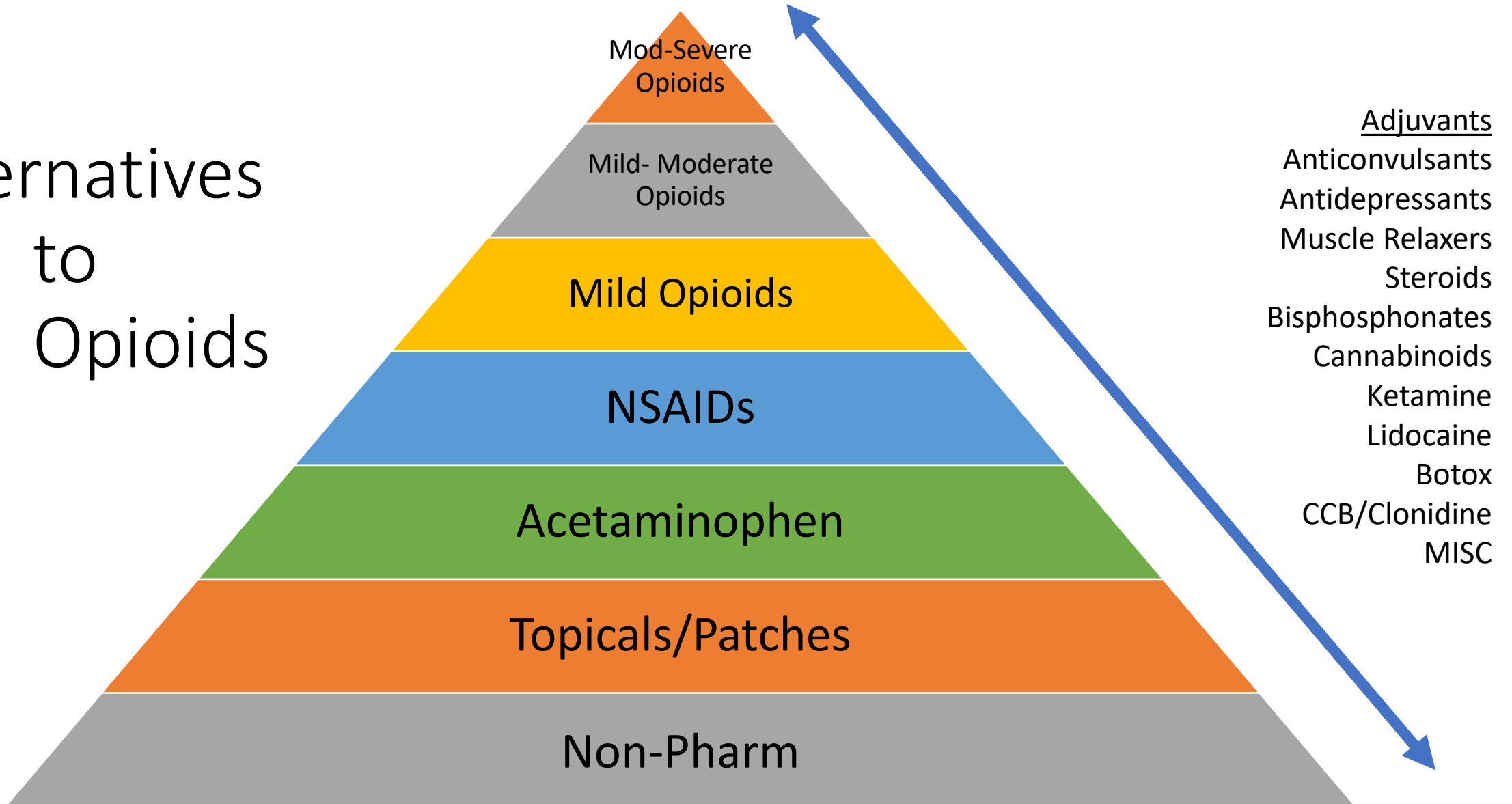
Limitations

- Some pharmacy chains no longer filling scripts for acute pain greater than 7 days
- There are also limits on the total oral morphine equivalent (OME)
- May override BUT requires pre-authorization.

Drug Shortages

- There is a reduction in amount of opioids that being manufactured
- A recent study demonstrated that parenteral-opioid shortages were linked to worse pain control in palliative-care patients

Alternatives to Opioids



Consider Abuse-Deterrent Formulations

| Brand Name | Generic | Abuse Deterrent Mechanism |
|--------------------|-----------------------------|-----------------------------|
| Arymo ER | Morphine | Crush/ extraction resistant |
| <i>Embeda ER</i> | <i>Morphine/ Naltrexone</i> | <i>Agonist-Antagonist</i> |
| Hysingla ER | Hydrocodone | Crush/ extraction resistant |
| Morphabond | Morphine | Crush/ extraction resistant |
| Opana ER | Oxymorphone HCl | Crush/ extraction resistant |
| Oxaydo | Oxycodone | Crush/ extraction resistant |
| <i>Targiniq ER</i> | <i>Oxycodone/Naloxone</i> | <i>Agonist-Antagonist</i> |
| <i>Troxyca ER</i> | <i>Oxycodone/Naltrexone</i> | <i>Agonist-Antagonist</i> |
| Vantrela ER | Hydrocodone | Crush/ extraction resistant |
| Xtampza ER | Oxydocone | Crush/ extraction resistant |
| Zohydro ER | Hydrocodone | Crush/ extraction resistant |