

Opioid management resources

Change starts now

The Centers for Disease Control and Prevention (CDC) estimated that in 2021, U.S. overdose deaths hit a record high of 107,000 — adding to the nation's epidemic. That's an increase of 15 percent from the previous year. It's roughly one death in the U.S. every five minutes.^{*}

To slow down the epidemic and address this growing issue, we need a unified approach. So we've compiled these tools and tips to help with opioid education and patient pain management.

*FOR OVERDOES DEATH SOURCE: Stobbe M. U.S. overdose deaths hit record 107,000 in 2021, CDC says. STAT. May 11, 2022. Available at: STATnews.com/2022/05/11/us-overdose-deaths-record-107000-2021-cdc/. Accessed August 9, 2022.

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Before prescribing opioids, the CDC suggests the following:





Evaluate pain and function

- Ask your patient questions about their pain.
- Use the pain, enjoyment, general activity (PEG) scale.
- Consider alternative therapies as the first line of treatment.



Discuss a treatment plan

- Inform your patient of risks, benefits and side effects.
- Set goals using pain, function and risk based on your earlier assessments.
- Check patient understanding about the treatment plan.



Review risks, harm and misuse

- Check patient history and potential risk factors.
- Risks to look for: illegal drug use, prescription drug use, mental health conditions, family history of substance use disorder and more.
- Check for concurrent opioid and benzodiazepine use.



Teach patient about non-opioid therapies

- Cognitive behavioral therapy (CBT)
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Transcutaneous electrical nerve stimulation
 (TENS) unit
- Osteopathic medicine
- Nerve block injections
- Exercise therapy

*FOR OVERDOES DEATH SOURCE: CDC. Opioid prescribing guideline resources. July 5, 2022. Available at: CDC.gov/drugoverdose/prescribing/guideline.html. Accessed August 9, 2022.

Care beyond opioids^{*}

Research shows alternative medicines can be more effective than opioids for treating acute and chronic pain. So, before you decide to prescribe opioids, consider alternative treatments such as these:

Therapy

Cognitive behavioral therapy (CBT)

• Exercise regimens and diet

- Physical therapy
- Nerve blocks
- Osteopathic manipulation
- Neurofeedback
- Massage

All pain shouldn't be treated the same. Here are some opioid alternatives for various pain types:



Dental pain (post-procedure): Ibuprofen plus acetaminophen, Exparel* (bupivacaine liposomal injection suspension)

Nerve (neuropathic) pain: Anticonvulsants, such as pregabalin, gabapentin and carbamazepine



Bone pain: NSAIDs, corticosteroids, bisphosphonates and salmon calcitonin

Muscular pain: More responsive to muscle relaxant and diazepam



Nociceptive inflammatory and mechanical pain:

NSAIDs, corticosteroids and disease-modifying antirheumatic drugs (DMARDs)

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Psychogenic pain (pain with psychological

overlay): Antidepressants, anxiolytics and atypical antipsychotics

Encourage mindfulness

Help your patients make time for themselves. Their peace of mind can play an important part in managing pain. Encourage them to:

- Take a moment to breathe/meditate
- Unplug from their devices
- Be present in the moment
- Observe nature
- Listen mindfully

Once you prescribe an opioid, consider this follow-up protocol:

Monitor prescriptions

- Check your state's prescription drug monitoring program.
- Obtain urine drug screens.
- Tell patients about safe disposal of unused opioids.

Have regular follow-ups

- Check back within one to four weeks after initial pain assessment.
- Review current treatment status and assess.

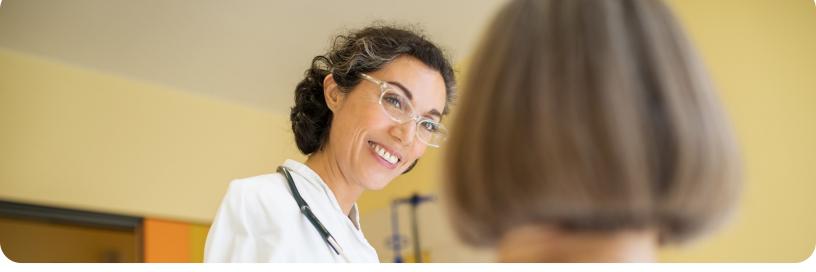
Watch for signs of misuse and dependence

- Consider tapering.
- Consider medication-assisted treatment.
- Monitor and manage withdrawal symptoms and if necessary, slow or pause the taper rate.

*FOR CARE BEYOND OPIOIDS: CDC. Opioid prescribing guideline resources. July 5, 2022. Available at: CDC.gov/drugoverdose/prescribing/ guideline.html. Accessed August 9, 2022.

*FOR EFFECTIVE ALTERNATIVE MEDICINES: Krebs E. U.S. Department of Veterans Affairs. Strategies for prescribing analgesics comparative effectiveness trial. January 24, 2018. Available at HSRD.research.va.gov/research/abstracts.cfm?Project_ID=2141701708. Accessed August 8, 2022.

*FOR EXPAREL: Coverage varies by state and plan design.



Opioid management at a glance^{*}

- **1.** Nonpharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.
- **2.** Start low and go slowly. Set and measure goals for pain and function.
- **3.** Discuss benefits, risks and availability of non-opioid therapies with patient.
- 4. Use immediate-release opioids when starting.
- **5.** For acute pain, never prescribe more opioids than needed. If opioids are used, combine with non-pharmacologic and non-opioid pharmacologic therapies, as appropriate.
- 6. Do not prescribe extended release/long-acting opioids for acute pain.
- **7.** Follow up on and reevaluate risks. If needed, reduce dose or taper and discontinue.
- 8. Assess risk factors for opioid-related harms.
- **9.** Check prescription drug monitoring programs for high dosages and prescriptions from other providers.

- **10.** Use urine drug testing to identify prescribed substances and undisclosed use.
- **11.** Avoid concurrent benzodiazepine and opioid prescribing.
- **12.** Arrange treatment for opioid use disorder if needed.

Resources for prescribing opioids

CDC Guideline for prescribing opioids for chronic pain

Interagency guideline on prescribing opioids for pain

Prescribing opioids: resources for providers

²CDC. Opioid prescribing guideline resources. July 5, 2022. Available at: CDC.gov/drugoverdose/prescribing/guideline.html. Accessed August 9, 2022.

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