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Safe Prescribing Tool Kit

Physicians are expected to implement a number of policies and practices to ensure safe prescribing for chronic non-cancer pain (CNCP). The steps outlined below are based on the College professional standard *Safe Prescribing of Opioids and Sedatives*. The College regards these as reflecting the current standard of care.

☐ 1. Review current PharmaNet profile (please contact the Prescription Review Program for a copy of your latest profile) in conjunction with the safe prescribing standard

☐ 2. Identify patients for whom you are prescribing contrary to the safe prescribing standard—begin by reconsidering indications for pharmacotherapy, based on comprehensive assessment and frequent ongoing reassessment

- Long-term opioid therapy benefits only a minority of patients and risk often outweighs benefit; non- pharmacologic therapy and non-opioid analgesics are preferred
- Base decisions to continue long-term treatment with opioids and sedatives on objective evidence of benefit. Continuing to prescribe only because these medications were previously prescribed is not acceptable. Repeated provision of prescriptions must be supported by documentation of continued need and regular reassessment
- Ask yourself whether you can identify objectively demonstrable pain generating pathology sufficient to justify the ongoing risk; axial low back pain, fibromyalgia, and headache disorders are not appropriate indications for chronic opioid regimens
- Addiction, concurrent mental illness, functional somatic disorders and young age are considered relative contraindications
- Recognize that high morphine-equivalent daily doses (MEDD) can cause morbidity and mortality and that these risks increase with doses greater than 90 mg MEDD

☐ 3. Avoid prescribing combinations of opioids with sedatives for patients with acute or chronic non-cancer pain, where appropriate

- Advise such patients that combinations are no longer medically rational and that you are advised to taper and discontinue either the opioid or the sedative
- Document in the patient's medical record your rationale for any exceptions to this policy
- Regularly revisit the conversation around tapering and/or discontinuation

☐ 4. Implement additional, practice-wide pharmacovigilance policies

- Consider a "one prescriber, one pharmacy" policy—communicate with any other prescribers to agree on responsibility for prescribing controlled medications
- No early refills—communicate your policy to pharmacies as well
- Review patients' PharmaNet profiles every time controlled drugs are renewed
- Adopt treatment agreements if needed—provide copies to patient, and pharmacy (with patient consent)
- Dispense sizes should be modest and not exceed a three-month supply or 250 tablets, whichever is less—consider blister packing or increased frequency of dispensing
- Consider random urine drug testing (rUDT) before initiating treatment, or as a baseline test for patients on long-term opioids and sedatives. Annual, or more frequent, rUDT must be considered for patients at risk of substance use disorder, or if medication diversion is suspected. Use failed UDT as an opportunity to discuss non-negotiable opioid tapers before deciding to end the physician-patient relationship
- Random pill or patch counts to confirm correlation with dispensing dates

☐ 5. Document relevant discussions with patients regarding safety issues

- Driving
- Child-care or elder-care responsibilities
- Occupational risks
- Naloxone availability and proper use
- Mixing with other CNS depressant medications (prescription or OTC) or alcohol
- Safe storage of high-risk medications

☐ 6. When tapering medication, do so slowly to prevent withdrawal and discomfort to the patient; partner with the pharmacy to do a medication review and collaborate on a medication tapering regimen

☐ 7. Resources

- *Safe Prescribing of Opioids and Sedatives*
- References from Drug Programs
- Drug Programs website (consult references section at bottom of page for resources and guidelines)
- Provincial Academic Detailing service resource on opioids in chronic non-cancer pain
- 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain
- US Department of Veterans Affairs and Department of Defense Guideline Summary
- Deprescribing Guidelines
- Drug Programs patient information website
- Development of a Risk Index for Serious Prescription Opioid-Induced Respiratory Depression or Overdose in Veterans' Health Administration Patients (consult tables 3 and 4)

Note: Any third party links are provided for general reference only and no endorsement of their content by the College is implied.