

Guidelines for safe opioid prescribing

Here are some highlights of the new and evolving safe opioid prescribing guidelines.

- Prescribers should first attempt nonopioid and nonpharmacologic therapies for initial pain management, particularly for chronic pain unrelated to cancer.
- Opioids should be reserved for the most severe pain and, if given, should be prescribed in the lowest practical dose and in a limited supply—typically, a 3-day supply.
- Oral pain medication should be given before trying injectable or I.V. pain medication.
- Lost or stolen prescriptions shouldn't be refilled. Instead, refer patients to their primary prescriber.
- Encourage patients to have only one provider and one pharmacy fill their prescriptions.

State prescription monitoring programs may help identify patients at high risk for prescription opioid diversion or doctor shopping. Currently, 49 states have operational prescription drug monitoring programs. (Missouri is the lone exception). These programs enable prescribers of controlled substances to log in and view a patient's prescriptions, making it easy to observe a pattern of doctor shopping.