



# Opioid Management Clinical Practice Guideline

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## Purpose:

The purpose of this clinical practice guideline is to provide guidance for Community Resource Coordinators (CRC) and Health & Wellness Coordinators (HWC) to support members affected by prescription opioids. The goal is that Interdisciplinary (IDT) staff will provide evidenced-based resources and education to members, providers, family and caregivers to understand prescription opioids, assist them to formulate a plan to address a member’s pain, and how to safely use and dispose of prescription opioids.

## Overview:

Opioids are a class of drugs that interact with opioid receptors in nerve cells both in the brain and body. These drugs are generally safe when taken in a prescribed manner with physician supervision and when taken for a short period of time. When taken for longer periods of time or when taken unsupervised, this can lead to misuse due to the feeling of euphoria opioids cause.

An individual’s trauma history may play a large role in both substance abuse and mental health as they age. Substance misuse or illicit drug use is often accompanied by a mental health disorder. Some studies have shown that opioids may be the preferred drug of choice for individuals who have histories of childhood trauma due to the potential to numb both physical and psychological pain (NCTSN, 2018).

In recent years, opioids have drawn attention due to the high rates of prescribing, the severity of associated addiction, and the pain that stems from opioid use in the first place. In 2016 there were 17,087 deaths in the United States from prescription opioids (DHS, 2018). Of those, 568 deaths were in the state of Wisconsin (CDC, 2017). From 2015 to 2016, Wisconsin saw a statistically significant change in drug overdose death rates involving prescription opioids (CDC, 2017). In 2016, there were 1,433 hospital discharges for patients who were 65 years and older having adverse effects to opioids and nearly 3,000 for dependency (DHS, 2018). The most commonly prescribed opioids include: Methadone, Oxycodone (such as OxyContin) and Hydrocodone (such as Vicodin) (CDC, 2017). In addition, the cost of healthcare related to fixing the over prescribing of opioids throughout the United States is estimated to be \$78 billion dollars (CDC, 2017). As of May 2018, 4,045 or 26.98% of Includa members who were enrolled at that time had at least one opioid listed as a current medication (Includa, 2018).

Considerations for individuals who are on an opioid:

- Making sure pain is well controlled seeking alternative therapies such as non-pharmacologic interventions as needed- this is especially important with individuals who have dementia or intellectual disabilities
- Renal function relating to glomerular filtration rates and creatinine level to determine appropriate dosing in older adults or individuals with decreased kidney function
- Hepatic function relating to excess storage in older adults or individuals with decreased liver function
- Polypharmacy and drug-drug interactions with opioids especially in older adults
- When taken in conjunction with opioids, benzodiazepines may increase the risk of fatal overdose, as both medications affect the central nervous systems and respiratory systems
- Side effects such as: constipation, dry mouth, nausea and/or vomiting, drowsiness, confusion, tolerance, and physical dependence
- Drug diversion or abuse/misuse by young adults who are either friends or relative of the individual who was prescribed the opioid- this includes safe storage and disposal

### **Prescription Drug Monitoring Program**

In Wisconsin, the Prescription Drug Monitoring Program (PDMP) is utilized to track controlled substance prescriptions throughout the state. The Wisconsin Department of Safety and Professional Services (DSPS) is charged with managing the PDMP. As of April 1, 2016, physicians and other prescribers in Wisconsin are required to check patient information in the electronic PDMP when issuing a prescription for any controlled substance (CDC, 2017).

<https://www.cdc.gov/drugoverdose/pdmp/states.html>

Below is a list of commonly prescribed opioids (note: this list is not all-inclusive):

- Codeine
- Fentanyl (Duragesic)
- Hydrocodone (Vicodin, Hycodan)
- Hydromorphone (Dilaudid)
- Morphine (MS Contin, Kadian)
- Oxycodone (Oxycontin, Percoset)

Opioid Withdrawal Symptoms Include:

- Abdominal cramping, nausea, vomiting, diarrhea
- Hot and cold sweats, goose bumps
- Low energy, irritability, anxiety, agitation, insomnia
- Muscle aches and pains
- Runny nose, teary eyes
- Yawning

## Definitions:

**Opioids:** a class of drugs used to reduce pain. Prescription opioids can be used to reduce pain and to treat moderate-to-severe pain and are often prescribed following surgery or injury, or for health conditions such as cancer (CDC, 2017).

**Morphine Equivalent Doses (MME):** in order to compare different opioids, a tool was developed to equate them into one standard value. This value is based on morphine and its potency, referred to as morphine milligram equivalents (MME).

**Naloxone:** due to the growing number of opioid prescriptions, opioid overdoses are on the rise. Naloxone is a medication that can reverse the drug interaction by binding to opioid receptors. Naloxone is FDA approved and there are two types which are an auto-injectable device and a nasal spray. Evzio is an auto-injectable device which is used on the outer thigh. Narcan is a nasal spray which is sprayed directly into the patient's nostril. Both medications are packaged with two doses in case a second dose is needed. Both types of Naloxone are prescribed to use at home and side effects include withdrawal symptoms such as headache, blood pressure changes, sweating, nausea, and vomiting. Cost of both types of Naloxone vary, but often insurance will cover the cost depending on the plan. In addition, in the state of Wisconsin, Naloxone can be purchased without a prescription. To find a pharmacy near you visit: <https://www.dhs.wisconsin.gov/opioids/naloxone-pharmacies.htm>

Naloxone should be considered for patients who are prescribed opioids, especially those at increased risk of overdose, including:

- Patients with history of overdose
- Patients prescribed higher than 50 MME/daily
- Patients with clinical depression
- Patients with evidence of increased risk of overdose (e.g. family history, certain co-prescriptions or health conditions, behaviors, PDMP, etc.)

(Wisconsin Department of Health Services, 2019).

## Assessment:

*Anticipating, recognizing, and responding to assessed needs.*

Due to the high prevalence of opioid related complications and overdose, it is important for members, providers, and natural supports to be aware of the risks associated with prescribed opioids. Calculating the daily amount of prescribed opioids will better allow for proper precautions to be taken to help reduce the risk of complications related to opioid ingestion. Opioids can be of various strengths and so totaling the Morphine Equivalent Dose for a member allows for a systematic comparison of different opioid medications. Members taking >50 morphine milligram equivalents (MME) per day are considered at an increased risk for overdose.

Use the calculator in the link below to calculate an *estimated* total of a member's daily MME for various opioids: <https://www.oregonpainguidance.org/opioidmedcalculator/>

## Safe Storage and Disposal

Assess for member's understanding of appropriate opioid storage and disposal practices.

To prevent prescription opioids from reaching unintended individuals, storage and disposal techniques should be addressed at the time of prescribing, disbursement, and during follow-up care planning. Interdisciplinary groups, including government agencies, consumer advocates, health care providers, and law enforcement have been educating patients and their families about safe storage and proper disposal techniques. Education should be provided throughout the care of the member and presented at an appropriate reading level with culturally appropriate content.

The CDC recommends that medications, including opioids, are stored out of children's reach and sight and to lock the safety cap consistently after each use (CDC, 2016). The Safe Homes Coalition (SHC) advises keeping medications in original containers and avoiding mixing medications into one bottle (SHC, 2017).

From the SHC (2017), tips to keep medications, including opioids, stored safely:

- Organize and keep track of your medications.
- Keep your medicine separate from medication that is prescribed for other people.
- Use a lock-box to store medication safely.
- Keep your medicine in the bottle or container it came in.
- Never mix medications in the same bottle.
- Keep lids tightly closed.
- Secure your medications when you have guests or when you allow someone else to access your home while you are away.
- Treat your medication like your other valuables.

The Food and Drug Administration (FDA) recommends that disposal instructions provided on a medication bottle should be followed. All expired and unused medications should be removed from the home quickly to reduce the chance of misuse (ANA, 2018).

If instructions are not available, the FDA (2018) recommends:

- **Medication take-back programs:** Two types of medication take-back programs are available: permanent DEA-registered collection sites including select retail/hospital/clinic pharmacies and law enforcement facilities, and periodic events such as national prescription drug take-back events.
  - **Find a Take Back location:** Visit “Dose of Reality” and use this [tool](#) to locate a drug take back location near you or your member. *If you are unable to locate a permanent drug take-back location near you, please contact your local police department.*
- **Disposal in household trash:** To dispose medication in household trash, mix (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds. Seal the mixture in a plastic bag and throw in the trash. Delete personal information from the prescription label before disposing.
- **Flushing certain medications:** A small number of prescription drug labels instruct patients to immediately flush unneeded medication down the toilet when take-back programs are not readily available. Due to the risk to humans, including death from accidental exposure, flushing the medication far outweighs any potential risk to humans or the environment in the absence of a take-back program.

## Plan:

*Best Practice standards for prevention and management*

IDT staff will assess each member receiving opioids to determine their risk level.

- **Level 1 Risk** (all members who have an opioid prescription are at least a level 1 risk)

A member with opioid prescriptions (scheduled or PRN) of less than 30MME/day

**Member risk for overdose increases with:**

- Documented or reported history of opioid misuse
- Diagnosed mental health disorder
- Substance misuse including alcohol or illicit drugs

- **Level 2 Risk**

A member with opioid prescriptions (scheduled or PRN) between 30 and 49MME/day;

or a member with opioid prescriptions (scheduled or PRN) less than 30 MME/day and use of benzodiazepines

**Member risk for overdose increases with:**

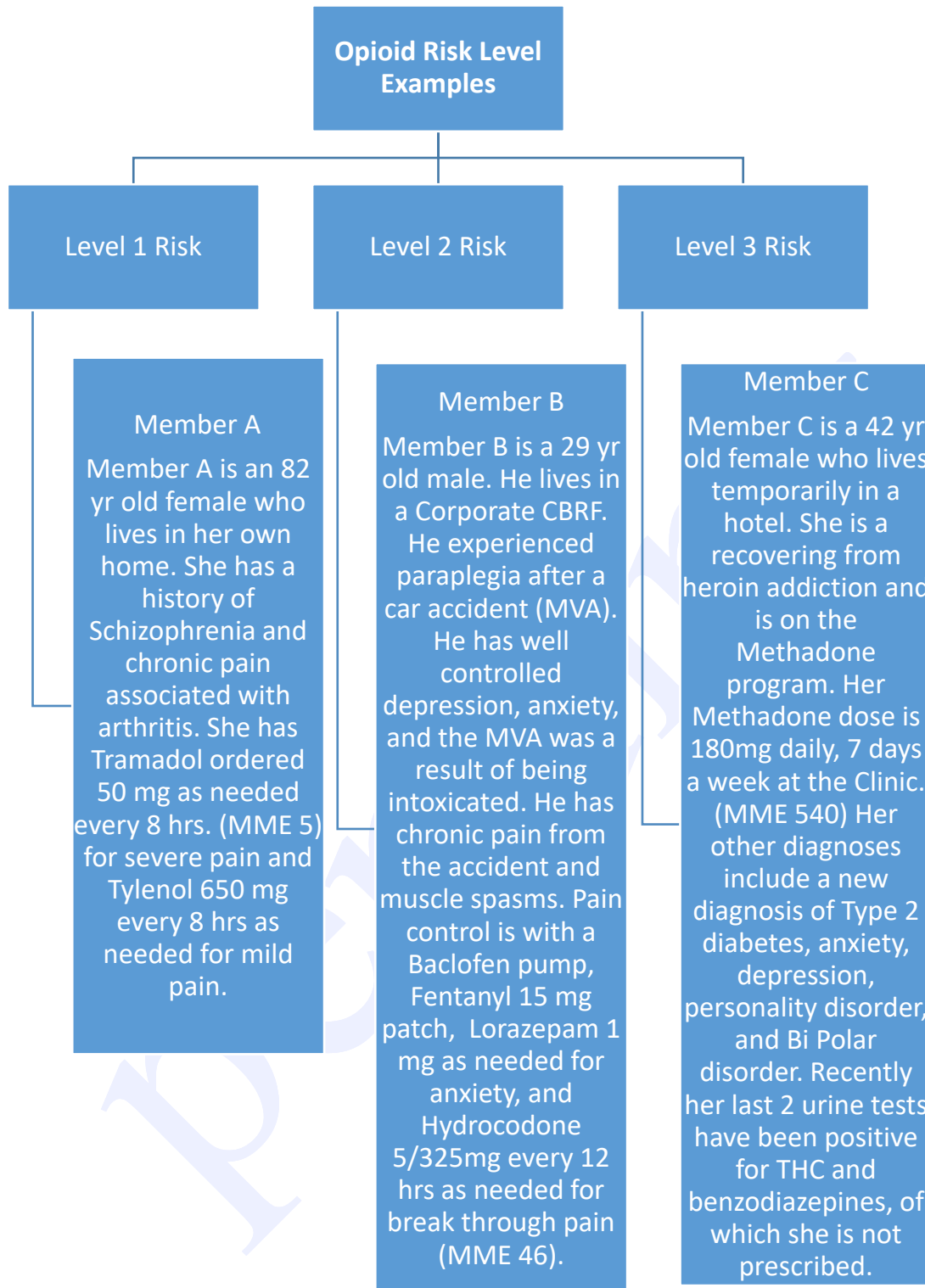
- Documented or reported history of opioid misuse
- Diagnosed mental health disorder
- Substance misuse including alcohol or illicit drugs

- **Level 3 Risk**

A member with opioid prescriptions (scheduled or PRN) equal to or greater than 50MME/day

**Member risk for overdose increases with:**

- Documented or reported history of opioid misuse
- Diagnosed mental health disorder
- Substance misuse including alcohol or illicit drugs
- Use of benzodiazepines



Discuss safe storage and disposal techniques with member and his/her support system and develop an individualized plan to address reduce the risk of misuse. See [Opioid Management Member Guide](#) for further education. See [Assessment](#) section above for information on best practices for storage and disposal.

Identification of opioid medications will be completed in MATRIX per instructions in the IDT Handbook.

## Intervention:

*Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP.*

Interventions are developed using a person-centered, multi-disciplinary approach and may include:

- Regular pain monitoring to ensure the lowest effective dose of their medications is ordered. These may include member self-monitoring through journaling, use of pain tracking phone apps, and other self-monitoring resources.
- Assisting the member to facilitate discussions with healthcare providers and prescribers to review healthy dosing, reducing dose or tapering, and discontinuing opioids if the benefits do not outweigh the risks. Prescribers should avoid or carefully justify increasing a member's dose to >50 MME per day.
- Acting as a member advocate with healthcare professionals to ensure that best practices are being utilized to reduce their risk for opioid overdose.
- Providing education regarding non-pharmacological methods of pain management and coordinating services as indicated.
- Assist with member referral to Pain Specialist
- Obtain current or updated copy of member Opioid agreement with healthcare provider(s)
- Supporting and advocating for members regarding more intensive therapies such as Medication Assisted Treatment (MAT). This includes the use of medication along with counseling and other support and is the most effective form of treatment for opioid use disorders. Combined with behavioral therapy, effective MAT programs for opioid addiction decreases overdose deaths, results in cost savings, reduces transmissions of HIV and hepatitis C related to IV drug use, and mitigates associated criminal activity. While the goal of MAT is for all patients to become drug-free, some people with severe addictions may need to continue MAT indefinitely (ANA, 2018).
- Educate regarding safe opioid storage and disposal (see [Assessment](#) section above).

Minimally, Inclusa HWCs will assess member pain at each MCP review and will determine a plan with the member and his/her healthcare providers and prescribers to ensure appropriate regular assessment of pain symptoms.

Based on assessed risk level, IDT will support a person-centered approach with members to implement interventions as directed by and in cooperation with the member's healthcare provider and prescribers to help reduce the risks to those members with prescribed opioids.

Minimally, based on assessed risk level, IDT will ensure:

- **Level 1 Risk:** Assess and document for the following factors related to opioid use no less than every 6 months:
  - Pain assessment including words to describe, intensity (pain scale), location, duration, and aggravating or alleviating factors, how pain affects him/her, and any associated symptoms
  - Current prescribed dose (MME/day) of Opioid medications
  - New medications
  - Safe storage of Opioids

- Risks related to Opioid use
- Optional factors and topics may include:
  - Need for Naloxone/Narcan prescription
  - Evaluate need for [Risk Mitigation Tool](#)
- **Level 2 Risk:** Assess and document member factors related to opioid use no less than quarterly. Assess for and document for Level 1 Risk factors.
- **Level 3 Risk:** Assess and document member factors related to opioid use no less than monthly; use [Member Contact Policy and Procedure](#) as a guide. Assess and document for all Level 1 Risk factors and optional factors are now required:
  - Ensure member has current Naloxone/Narcan prescription
  - Initiate or update [Risk Mitigation Tool](#)

Additional intervention strategies are based on member assessed risk level. IDT staff should note that intervention strategies may be modified to accommodate individual member circumstances, preferences, and cultural and ethnic backgrounds.

## Evaluation:

*Plan for monitoring of guideline effectiveness.*

### Member Plan Evaluation:

Evaluation techniques will vary from member to member based on individual outcomes and recommendations by his/her healthcare provider. Evaluation of outcomes and interventions need to be discussed and agreed upon by the member, the IDT, caregiver(s) as applicable, and other healthcare providers as indicated.

When a member describes or demonstrates a lack of understanding regarding opioid use, monitoring, storage, disposal, or other related topics the HWC will assess member barriers and needs, plan to reduce risk as indicated by assessment, and document assessment and planning. Interventions will be put in place and documented as action steps in the appropriate domains in the MCP.

Ongoing education and evaluation of interventions are required to ensure achievement and maintenance of member-identified personal outcomes and to support effective member decision making. The MCP action steps will be modified to address the identified barriers in achieving the outcome.

### Quality Improvement Evaluation:

Quality Improvement will monitor that the guideline is effective and is being utilized as recommended in this document through periodic file review process. Reviewers will audit records for documentation pertaining to implementation and ongoing utilization of this clinical practice guideline according to established criteria.

The Prevention & Wellness Workgroup will ensure regular review of this document along with tools and educational materials. This will ensure IDT, providers, and members are receiving the most current and accurate information.

## Additional Resources:

- The Wisconsin Addiction Recovery Helpline (211), is sponsored by the Wisconsin Department of Health Services. The helpline is a free, confidential, statewide resource for finding substance abuse treatment and recovery services and is available 24/7. The Wisconsin Addiction Recovery Helpline was made possible by a grant from the Substance Abuse and Mental Health Services Administration.
- The “211” website provides many additional services and supports including a provider database for treatment options, educational material related to addiction recovery and access to local support groups. It can be found here: <https://211wisconsin.communityos.org/addiction-helpline>
- The website for the Substance Abuse and Mental Health Services Administration or SAMHSA is a wealth of resources targeting both the support of those in need and combating the opioid crisis our country is facing. Here you will find a current Opioid Treatment Directory that includes some 250 providers in the state of Wisconsin alone. The Website also provides access to Mental Health and Behavioral Health Treatment Directories. There are directories of Providers authorized to treat with Buprenorphine and/or methadone specifically, as well as a low- or no-income treatment option directory.
- On the SAMHSA website, they provide access to the National Suicide Prevention Lifeline, National Helpline, Veteran’s Crisis Line and the Disaster Distress Helpline among many others. The site provides access to self-help and peer groups, as well as a library of resources and information that is easy to access and understand on addictions and mental illness. They provide external links to state agencies with relevant data and publications. This website can be found here: <https://www.samhsa.gov/>
- The Department of Health Services provides additional resources that are like those you will find on the SAMHSA website. Here you will find community substance abuse services, a Regional Treatment Center Directory, informational resources and data relating to prevention and treatment, and resources specific to providers or caregivers. The website, and needed information can be found here: <https://www.dhs.wisconsin.gov/aoda/index.htm>  
<https://www.dhs.wisconsin.gov/opioids/find-treatment.htm>
- The Advancing Access to Addiction Medications webpage, provides access to a publication from the American Society of Addiction Medicine. The publication provides some crucial information on state Medicaid programs in relation to the opioid crisis and treatment options, an explanation of FDA approved treatment options for opioid dependence and the Medicaid coverage of all three FDA approved treatment options. This webpage can be found here: [https://www.asam.org/docs/default-source/advocacy/aaam\\_implications-for-opioid-addiction-treatment\\_final](https://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final)
- Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs is a publication from the Department of Health Services in conjunction with SAMHSA. Its purpose is to improve treatment protocols, but as a resource its value lies in the clear outline of the treatment processes. The webpage provides a wealth of information for anyone who may need to better understand the treatment process, and all its facets. The webpage can be found here: [https://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/Bookshelf\\_NBK64164.pdf](https://www.ncbi.nlm.nih.gov/books/NBK64164/pdf/Bookshelf_NBK64164.pdf)

## Reference List:

Resources to give members from Dose of Reality:

- [Dose of Reality for Communities and Families](#)
- [Dose of Reality for Elders and Families](#)

### [Clinical Practice Guidelines Tip Sheet](#)

American Nurses Association. (2018). The Opioid Epidemic: The Evolving Role of Nursing. Retrieved from [https://www.ncsbn.org/2018\\_ANA\\_Opioid\\_Epidemic.pdf](https://www.ncsbn.org/2018_ANA_Opioid_Epidemic.pdf)

Centers for Disease Control and Prevention. (2017). CDC Foundation's New Business Pulse Focuses on Opioid Overdose Epidemic. Retrieved from <https://www.cdc.gov/media/releases/2017/a0315-business-pulse-opioids.html>

Centers for Disease Control and Prevention. (2017). Prescription Opioids. Retrieved from <https://www.cdc.gov/drugoverdose/opioids/prescribed.html>

Centers for Disease Control and Prevention. (2017). Prescription Opioid Overdose Data. Retrieved from <https://www.cdc.gov/drugoverdose/data/overdose.html>

Centers for Disease Control and Prevention. (2016). Put Your Medicines Up and Away and Out of Sight. Retrieved from <https://www.cdc.gov/features/medicationstorage/index.html>

Food and Drug Administration. (2018). Disposal of unused medicines: What you should know. Retrieved from <https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm>

Inclusa. (2018). Member with Current Opioid Medications [pdf].

National Institute on Drug Abuse. (n.d.) Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids#summary-of-the-issue>

National Institute on Drug Abuse. (2019). Opioid Overdose Reversal with Naloxone (Narcan, Evzio). Retrieved from <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>

Safe Homes Coalition. (2017). What you can do: Safe storage. Retrieved from <http://makeitasafehome.org/what-you-can-do/>

The National Child Traumatic Stress Network. (2018). Child Trauma and Opioid Use: Policy Implications. Retrieved from <https://www.nctsn.org/resources/child-trauma-and-opioid-use-policy-implications>

Wisconsin Department of Health Services. (2018). Opioids: Data, Reports, Studies. Retrieved from <https://www.dhs.wisconsin.gov/opioids/data-reports-studies.htm>

Wisconsin Department of Health Services. (2019). Opioids: Find Pharmacies Dispensing Naloxone. Retrieved from <https://www.dhs.wisconsin.gov/opioids/naloxone-pharmacies.htm>

Wisconsin Department of Health Services. (2019). Opioids: Standing Order for Naloxone. Retrieved from <https://www.dhs.wisconsin.gov/opioids/standing-order.htm>

Wisconsin Department of Health Services. (2018). Wisconsin Interactive Statistics on Health (WISH) Data Query System. Retrieved from <https://www.dhs.wisconsin.gov/wish/index.ht>

Wu, A. (2018). Special Considerations for Opioid Use in Elderly Patients with Chronic Pain. Retrieved from <https://www.uspharmacist.com/article/special-considerations-for-opioid-use-in-elderly-patients-with-chronic-pain>

Pending



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Revision History #	Date	Description of Revision(s)	Requested By	Staff Training Date
1	01/09/2019	New document.	Jodee Fitzgerald	TBD
2				
3				