



**EBBP Opioid Prescribing Workgroup
Acute Opioid Prescribing Recommendations**

Recommendations:

- There are inherent risks with the prescribing of opioids and prescriber education is recommended
- Opioids should not be considered first line therapy for atraumatic, non-cancer pain
- Opioid prescribing for acute pain should be limited to no more than 7 days, and ideally less than 3 days. Reassessment of the patient is then needed
- Face to face prescriber-patient visits are advised for requests for refills of opioid prescriptions
- Prescribing should be consistent with CMS and State of Oregon opioid prescribing guidelines for MED (morphine equivalent dosage) limits
- Evidence based practices for non-opioid pain management should be incorporated as a base in health plan benefit designs

Communication/Implementation—Next Steps:

- Recommend alignment with regional/state educational offerings regarding pain education, pain management, and opioid prescribing.
- Utilize established communication channels to disseminate recommendations (OHLC, PDO Workgroup, Health Officers)
- Additional areas of opioid prescriber focus should include, but not be limited to the following: naturopathic physicians, dentists, orthopedic surgeons, general surgeons, Emergency Dept. and Urgent Care prescribing providers
- Assess current payer/health system acute opioid prescribing guidelines to identify opportunities for alignment