

NOTICE: CALCULATING TOTAL DAILY DOSE OF OPIOIDS

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Dear Provider,

Improving the way opioids are prescribed through clinical practice guidelines can ensure patients have access to safer, more effective chronic pain treatment while reducing the number of people who misuse or overdose from these drugs. The CDC developed and published a Guideline that addresses patient-centered clinical practices including conducting thorough assessments, considering all possible treatments, closely monitoring risks, and safely discontinuing opioids.

Health Choice would like to share with you this educational piece created by the CDC and encourage you to cascade this information with your office staff.

Visit the CDC *Opioid Prescribing Guidelines Resource page* at:
<https://www.cdc.gov/opioids/providers/prescribing/guideline.html>

CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE

Access the toolkit here: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

Higher Dosage, Higher Risk. Higher dosages of opioids are associated with higher risk of overdose and death—even relatively low dosages (20-50 morphine milligram equivalents (MME) per day) increase risk. Higher dosages haven't been shown to reduce pain over the long term. One randomized trial found no difference in pain or function between a more liberal opioid dose escalation strategy (with average final dosage 52 MME) and maintenance of current dosage (average final dosage 40 MME).

WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSAGE OF OPIOIDS?

Patients prescribed higher opioid dosages are at higher risk of overdose death. In a national sample of Veterans Health Administration (VHA) patients with chronic pain receiving opioids from 2004–2009, patients who died of opioid overdose were prescribed an average of 98 MME/day, while other patients were prescribed an average of 48 MME/day.

HOW SHOULD PROVIDERS USE THE TOTAL DAILY OPIOID DOSE IN CLINICAL PRACTICE?

- Use caution when prescribing opioids at any dosage and prescribe the lowest effective dose.
- Use extra precautions when increasing to ≥ 50 MME per day* such as:
 - Monitor and assess pain and function more frequently.
 - Discuss reducing dose or tapering and discontinuing opioids if benefits do not outweigh harms.
 - Consider offering naloxone.
- Avoid or carefully justify increasing dosage to ≥ 90 MME/day.*
 - * These dosage thresholds are based on overdose risk when opioids are prescribed for pain and should not guide dosing of medication-assisted treatment for opioid use disorder.

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