

Workers' Comp

CDC Updates and Replaces Guidelines for Prescribing Opioids

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The Centers for Disease Control and Prevention (CDC) released an updated and expanded recommendation for clinicians prescribing opioids for outpatients over 18 years old. The *CDC Clinical Practice Guideline for Prescribing Opioids for Pain* updates and replaces the 2016 *CDC Guideline for Prescribing Opioids for Chronic Pain* and includes information such as:

- Guiding principles for implementing recommendations
- New data to expand content on prescription opioids for acute pain
- New guidance on subacute pain
- Health equity and disparities in the treatment of pain

The CDC's recommendations do not apply to pain related to cancer, sickle cell disease or to patients receiving palliative or end-of-life care. The recommendations are voluntary and intended to provide flexibility to support individualized, patient-centric care so that persons with pain receive appropriate treatment, with consideration of the benefits and risks of all pain treatment options, including opioid therapy.

The 2022 clinical practice guideline addresses the following four areas:

- Determining whether to initiate opioids for pain
- Selecting opioids and determining opioid dosages
- Deciding duration of initial opioid prescription and conducting follow-up
- · Assessing risk and addressing potential harms of opioid use

Mitchell Pharmacy Solutions looks to scientific guidelines as part of the evidence-based approach we take in developing our programs. We work to incorporate best practices from the American College of Occupational and Environmental Medicine (ACOEM), the Official Disability Guidelines (ODG), and the U.S. Centers for Disease Control and Prevention (CDC), among others. As part of this process, we regularly assess the range of recommendations — and the direction they are headed — to ensure we are doing all we can to promote patient safety and best outcomes. Nowhere is this more important than in addressing the opioid crisis. Based on a regular review of our standards and to further our efforts toward deterring opioid misuse, we will continue to monitor and evaluate clinical literature and evidence-based recommendations. These communications are excellent resources for guiding desirable claim outcomes and driving patient safety. While we don't expect any

significant changes in our clinical programs at this time, we will continue to review and reach out on an individual basis.

A copy of the guideline can be found <u>HERE</u>.

If you have any questions about this alert, please contact your client services manager.



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