

# Guidelines for Prescribing OPIOIDS



## How Clinicians Can Improve Their Practice

### ■ **CONSIDER USING NON-OPIOID TREATMENT**

Opioids are not first-line or routine therapy for chronic pain. Use only when appropriate.

### ■ **ESTABLISH GOALS WITH PATIENTS**

Helping patients articulate priorities and set realistic goals helps them to own their treatment process.

### ■ **DISCUSS RISKS AND REALISTIC BENEFITS**

Patients should understand what these medications can & can't do (*e.g. they do not treat the cause of pain*).

### ■ **PRESCRIBE IMMEDIATE RELEASE VS EXTENDED-RELEASE OR LONG ACTING**

Work with the patient and analyze risks and benefits of prescribing extended release.

### ■ **START LOW AND GO SLOW**

When opioids are started, prescribe them at the lowest effective dose.



**Maryland**  
DEPARTMENT OF HEALTH

## ■ FOLLOW-UP OFTEN

Check in with the patient to see if the treatment is effective alongside established goals and reassess treatment plan.

## ■ PRESCRIBE NALOXONE

Co-prescribe naloxone to individuals at elevated risk of having or witnessing an opioid overdose.

## ■ REVIEW PDMP

Check prescription drug monitoring program data for high dosages and prescription from other providers.

## ■ SCREEN FOR SUBSTANCE USE DISORDER

SBIRT is an evidence-based approach for patients who have risky alcohol or drug use.

## ■ AVOID CONCURRENT PRESCRIBING

Check PDMP for concurrent prescribing of depressants like benzodiazepines which can be a dangerous combination.

## ■ OFFER TREATMENT FOR OPIOID USE DISORDER

Offer or arrange evidence-based treatment (*e.g. medication-assisted treatment and behavioral therapies*) for patients with opioid use disorder.



This information is provided by the Prescription Drug Monitoring Program (PDMP).