B10 Continuation of opioid therapy in new patients (originating from external healthcare providers)

Purpose

To document the standards under which this practice agrees to continue the management of opioid treatment programs for patients with chronic non-cancer pain (CNCP) who present or who are transferred to the practice.

Example policy

[insert practice name]

Date effective:

Review date:

CONTINUATION OF OPIOID MANAGEMENT PLANS INITIATED BY EXTERNAL PROVIDERS

Patients often arrive from other practices or institutions requesting continuation of their opioid management programs. These practices and institutions can have prescribing practices which are variable, and may not be evidence based or safe. To ensure the safety of these programs and the quality of services provided by this practice, the following standards are to be observed.

Policy statement – Doctors at this practice should not prescribe drugs of dependence until evidence of clinical need is established.

If opioids were commenced for acute nociceptive pain (eg after surgery or trauma) there is a need to give clear direction about the anticipated duration of therapy. Typically, opioids should be weaned and ceased as the acute injury heals. Even in complex cases this should be within 90 days.

If opioids were commenced for chronic pain:

- further opioids should not be prescribed until satisfactory evidence of need is established. Such evidence may be in the form of a full clinical assessment, medical records or direct communication with the previous prescriber. This is necessary to avoid the risk of outdated records, recent changes to therapy or aberrant drug-seeking behaviour
- and it is difficult to confirm prior appropriate prescribing, you may request that the patient ask previous prescribers or pharmacists to contact you before you will continue the purported prescribing. Difficulty in obtaining this information may signal that the patient may be involved in deceptive behaviour. Drug-seeking patients often attend a practice after hours or when such information is difficult to obtain. Do not allow the patient to pressure you into prescribing. Politely inform the patient that a prescription will be considered only when the information becomes available
- all records are required to enable a comprehensive evaluation of the patient. A signed release of information form is required.

Policy statement – Doctors at this practice should not continue to prescribe drugs of dependence until reasonable steps have been undertaken to exclude problematic drug use.

- Given that there is a high prevalence of drug-seeking behaviour for opioids, and there is a high risk that these drugs may be sought and diverted for misuse or trafficking, it is important that each doctor independently makes a thorough clinical assessment of each patient's opioid use, and develops a pain management treatment plan consistent with clinical guidelines. Doctors must satisfy themselves that the full range of treatment options is used, which may or may not include opioid medications.
- Examination of the patient should include checking for evidence of IV or other injecting drug use, or drug or alcohol intoxication.
- Check if the state or territory drugs and poisons unit or pharmaceutical services unit has a notification of dependence or has issued a permit for long-term opioid prescribing (refer to www.tga.gov.au/industry/scheduling-st-contacts.htm).
- Seek information from the Prescription Shopping Information Service (PSIS) operated by the PBS. This requires prior registration with the PSIS (call 1800 631 181 or visit www.medicareaustralia.gov.au/provider/pbs/prescription-shopping/index.jsp).
- Perform a baseline urine drug test (UDT) at the initial visit, with a request to include detection of oxycodone and other drugs not usually recognised by immunoassay. Detection of oxycodone requires a gas chromatography–mass spectrometry (GC–MS) test.
- Schedule a follow-up visit for when UDT results and medical records are available.
- Provide a patient information leaflet regarding the practice policies and procedures for pain management.

Policy statement – In the event of problematic drug use being identified, doctors at this practice should:

- offer opioid replacement therapy if this is within the practitioner's skill set
- offer referral to appropriate drug misuse agencies. Appropriate nearby referral agencies include:

[insert appropriate local agencies]

Policy statement – This practice deems the following scenarios to be high risk and in need of referral to public alcohol and drug facilities, or to a GP with advanced training in addiction medicine:

[Strike out or add as required]

- Serious mental illness, or antipsychotic medication
- Past family or personal history of substance misuse
- Mixed use of opioids and illicit drugs
- Mixed use of opioids and benzodiazepines
- Recent discharge from a correctional services facility
- Discharge from other general practices due to problematic behaviour

Policy statement – If clinical need for opioid therapy is justified, doctors at this practice should observe the following practice requirements:

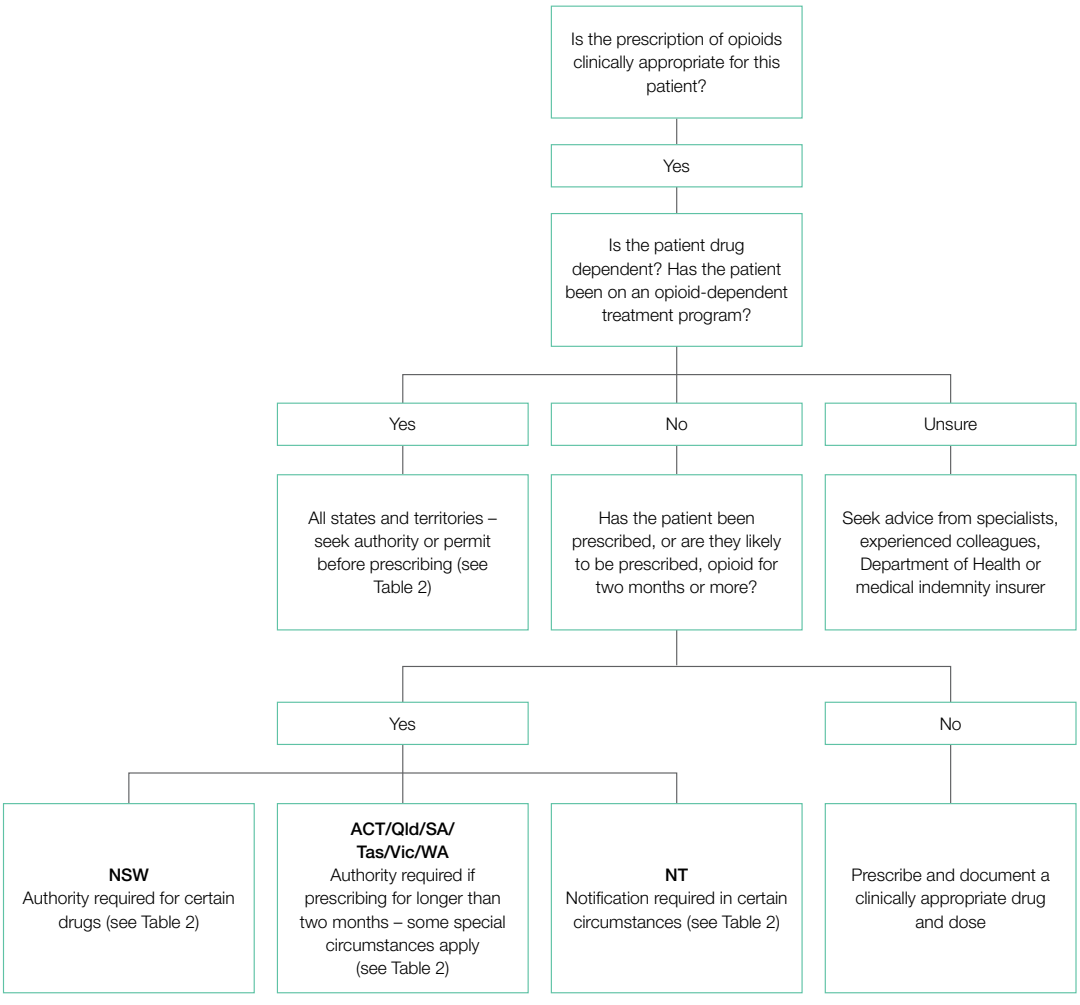
- There is a comprehensive evaluation of the patient's condition and analgesic modalities which are documented within a treatment plan and recorded in the notes.
- Doctors should prescribe opioids according to their best clinical judgement, including if this is less than the wishes of patients, the recommendations of consultants, or the practices of the patient's previous doctors.
- Patients taking inappropriate doses should be advised that the dose will be tapered in the near future.
- Patients who are unwilling to comply with the taper should be referred to specialist or public health services.

- Relevant permits to prescribe should be obtained from the state or territory drugs and poisons unit or pharmaceutical services (see flow chart below). In the case of continuing prescribing, these permits should be sought immediately if the patient has been receiving opioid treatment for eight weeks or longer. This will enable coordination of treatment and reduce the risk that previous prescribers will continue prescribing concurrently.

Policy statement – Patients who satisfy the criteria and are accepted under the continued care of a single doctor will be prescribed ongoing medication according to the practice protocols. This includes:

- continued prescribing and management by a single GP within the practice
- a comprehensive assessment
- a continued use of allied therapies
- the adoption of universal precautions
- a treatment agreement based on informed consent regarding the risks of dependence
- clear boundaries surrounding the use of opioids
- registration with or under state or territory health laws.

Figure B10. Permits required to prescribe opioids



Reproduced from Jammal W, Gown G. Opioid prescribing pitfalls: Medicolegal and regulatory issues. Aust Presc 2015;38:198–203.