B9 One-year review of opioid prescribing

Purpose

This policy details a protocol that [insert practice name] feels is appropriate to make an informed evaluation of long-term opioid therapy.

The policy relates to chronic non-cancer pain.

Example policy

[insert practice name]

Date effective:

Review date:

REVIEW OF OPIOID PRESCRIBING

If opioid therapy is required for longer than 12 months, the Pharmaceutical Benefits Scheme (PBS) requires clinical review of the case and support by a second medical practitioner. The standards required for evaluation for the PBS review have not been documented. [insert practice name] believes this protocol should be considered for peer clinical review on a regular basis (eg every two years).

Table B9. Evaluation criteria – Review of opioid prescribing (tick if applies)	Yes	No
1. Clinical diagnosis		
a. Is there a comprehensive documentation of the patient's pain condition, general medical condition, psychosocial history, psychiatric status and substance use history?	☐	☐
b. Is the indication/diagnosis for prescribing opioids clearly supported and documented?	☐	☐
c. Is opioid medication clinically appropriate in this condition?	☐	☐
2. Opioid treatment		
a. Has opioid therapy produced and maintained a measurable improvement in the patient's functional capacity?	☐	☐
b. Are the total doses of all opioids below 'ceiling' dose levels? (ie for [insert practice name]) 100 mg morphine equivalent a day)	☐	☐
c. Is the patient substantially free from adverse side effects of opioid therapy?	☐	☐
d. Is there continued absence of inappropriate dose escalation, aberrant behaviour, misuse or abuse of opioids?	☐	☐
e. Have urine drug screens been used to investigate possible diversion, compliance, or other illicit drug use?	☐	☐
3. Additional treatment		
a. Are non-drug therapies maximised?	☐	☐
b. Given the clinical complexity and risk, is the current level of specialist care and multidisciplinary intervention adequate and appropriate? In general, the following scenarios are considered as complex and high risk by [insert practice name], and indicated for specialist and multidisciplinary review: • Patients who use two or more psychoactive drugs in combination (polydrug use) (eg opioid, benzodiazepines, antipsychotic, anti-epileptics, and depressants) • Patients with serious mental illness comorbidities, or who are taking antipsychotic medication • Mixed use of opioids and illicit drugs • Recent discharge from a correctional services facility • Discharged from other general practice/s due to problematic behaviour • Signs of potential high-risk behaviours	☐	☐
4. Compliance		
a. Is current opioid prescribing compliant with relevant state and territory laws and regulations for controlled substances?	☐	☐
Answering 'no' to any of the above options should prompt a consideration to alter the management plan.		

Recommendations

- Continue therapy
- Reduce opioid dose
- Reduce and cease opioids
- Pursue alternate therapies
- Suggest specialist review