

A photograph of a man and a woman sitting in a car. The man is in the driver's seat, looking out the window with a slight smile. The woman is in the passenger seat, smiling and looking towards the man. The car's interior, including the steering wheel and side mirror, is visible.

Opioid management resources

Change starts now

The Centers for Disease Control and Prevention (CDC) estimated that in 2021, U.S. overdose deaths hit a record high of 107,000 — adding to the nation's epidemic. That's an increase of 15 percent from the previous year. It's roughly one death in the U.S. every five minutes.*

To slow down the epidemic and address this growing issue, we need a unified approach. So we've compiled these tools and tips to help with opioid education and patient pain management.

*FOR OVERDOSES DEATH SOURCE: Stobbe M. U.S. overdose deaths hit record 107,000 in 2021, CDC says. STAT. May 11, 2022. Available at: [STATnews.com/2022/05/11/us-overdose-deaths-record-107000-2021-cdc/](https://www.statnews.com/2022/05/11/us-overdose-deaths-record-107000-2021-cdc/). Accessed August 9, 2022.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Before prescribing opioids, the CDC suggests the following:^{*}



1 Evaluate pain and function

- Ask your patient questions about their pain.
- Use the pain, enjoyment, general activity (PEG) scale.
- Consider alternative therapies as the first line of treatment.

2 Discuss a treatment plan

- Inform your patient of risks, benefits and side effects.
- Set goals using pain, function and risk based on your earlier assessments.
- Check patient understanding about the treatment plan.

3 Review risks, harm and misuse

- Check patient history and potential risk factors.
- Risks to look for: illegal drug use, prescription drug use, mental health conditions, family history of substance use disorder and more.
- Check for concurrent opioid and benzodiazepine use.

4 Teach patient about non-opioid therapies

- Cognitive behavioral therapy (CBT)
- Nonsteroidal anti-inflammatory drugs (NSAIDs)
- Transcutaneous electrical nerve stimulation (TENS) unit
- Osteopathic medicine
- Nerve block injections
- Exercise therapy

^{*}FOR OVERDOES DEATH SOURCE: CDC. Opioid prescribing guideline resources. July 5, 2022. Available at: [CDC.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html). Accessed August 9, 2022.

Care beyond opioids*

Research shows alternative medicines can be more effective than opioids for treating acute and chronic pain.^{*} So, before you decide to prescribe opioids, consider alternative treatments such as these:

Therapy

- Cognitive behavioral therapy (CBT)
- Exercise regimens and diet
- Neurofeedback
- Physical therapy
- Nerve blocks
- Osteopathic manipulation
- Massage

All pain shouldn't be treated the same. Here are some opioid alternatives for various pain types:



Dental pain (post-procedure): Ibuprofen plus acetaminophen, Exparel* (bupivacaine liposomal injection suspension)



Nerve (neuropathic) pain: Anticonvulsants, such as pregabalin, gabapentin and carbamazepine



Bone pain: NSAIDs, corticosteroids, bisphosphonates and salmon calcitonin



Muscular pain: More responsive to muscle relaxant and diazepam



Nociceptive inflammatory and mechanical pain: NSAIDs, corticosteroids and disease-modifying antirheumatic drugs (DMARDs)



Psychogenic pain (pain with psychological overlay): Antidepressants, anxiolytics and atypical antipsychotics

Encourage mindfulness

Help your patients make time for themselves. Their peace of mind can play an important part in managing pain. Encourage them to:

- Take a moment to breathe/meditate
- Unplug from their devices
- Be present in the moment
- Observe nature
- Listen mindfully

Once you prescribe an opioid, consider this follow-up protocol:

Monitor prescriptions

- Check your state's prescription drug monitoring program.
- Obtain urine drug screens.
- Tell patients about safe disposal of unused opioids.

Have regular follow-ups

- Check back within one to four weeks after initial pain assessment.
- Review current treatment status and assess.

Watch for signs of misuse and dependence

- Consider tapering.
- Consider medication-assisted treatment.
- Monitor and manage withdrawal symptoms and if necessary, slow or pause the taper rate.

*FOR CARE BEYOND OPIOIDS: CDC. Opioid prescribing guideline resources. July 5, 2022. Available at: [CDC.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html). Accessed August 9, 2022.

*FOR EFFECTIVE ALTERNATIVE MEDICINES: Krebs E. U.S. Department of Veterans Affairs. Strategies for prescribing analgesics comparative effectiveness trial. January 24, 2018. Available at [HSRD.research.va.gov/research/abstracts.cfm?Project_ID=2141701708](https://www.hsrd.research.va.gov/research/abstracts.cfm?Project_ID=2141701708). Accessed August 8, 2022.

*FOR EXPAREL: Coverage varies by state and plan design.



Opioid management at a glance*

1. Nonpharmacologic therapy and non-opioid pharmacologic therapy are preferred for chronic pain.
2. Start low and go slowly. Set and measure goals for pain and function.
3. Discuss benefits, risks and availability of non-opioid therapies with patient.
4. Use immediate-release opioids when starting.
5. For acute pain, never prescribe more opioids than needed. If opioids are used, combine with non-pharmacologic and non-opioid pharmacologic therapies, as appropriate.
6. Do not prescribe extended release/long-acting opioids for acute pain.
7. Follow up on and reevaluate risks. If needed, reduce dose or taper and discontinue.
8. Assess risk factors for opioid-related harms.
9. Check prescription drug monitoring programs for high dosages and prescriptions from other providers.
10. Use urine drug testing to identify prescribed substances and undisclosed use.
11. Avoid concurrent benzodiazepine and opioid prescribing.
12. Arrange treatment for opioid use disorder if needed.

Resources for prescribing opioids

[CDC Guideline for prescribing opioids for chronic pain](#)

[Interagency guideline on prescribing opioids for pain](#)

[Prescribing opioids: resources for providers](#)

*CDC. Opioid prescribing guideline resources. July 5, 2022. Available at: [CDC.gov/drugoverdose/prescribing/guideline.html](https://www.cdc.gov/drugoverdose/prescribing/guideline.html). Accessed August 9, 2022.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of programs and services and does not constitute a contract. Aetna is not a provider of health care services and, therefore, cannot guarantee any results or outcomes. All participating providers are independent contractors and are neither agents nor employees of Aetna.