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.


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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

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.

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*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.
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

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