SPRC Recommended Opioid Policy for Surgeons Prescribing Opioids

Pain management is routinely required for some surgical procedures. Opioids are often prescribed for acute postoperative pain along with ibuprofen and acetaminophen. Most often, post-op pain management is for acute or episodic situations that require short-term prescribing.

Patients deserve pain relief. Adequate relief of pain is a metric of patient satisfaction and may prevent chronic postsurgical pain. However, opioid use for acute pain is associated with increased risk of long-term opioid use which in turn is associated with death from overdose.

For patients currently treated with chronic opioid analgesic therapy at SPRC whom are scheduled for surgery:

1. Ask if patients are getting pain medications from other doctors when they are scheduled for surgery. Sometimes patients do not reveal that they are doing so.
2. The next step is to complete a query of the PDMP for each patient prior to prescribing. This should be done without question for each patient.
3. If the patient is treated with chronic opioid analgesic therapy at SPRC, *please fax the surgery schedule, your last office note and the SPRC Post-op Pain Control Form (attached)*. You should give a copy of the documents you faxed to the patient to bring with them to the follow up appointment at SPRC as faxes are sometimes unreliable.
4. During the follow up appointment at SPRC before the upcoming surgery, the provider will review your surgical information and appropriately prescribe post-op medications as well as obtain prior authorization for the opioid medications. In this way, we avoid traumatizing the patient and are able to ensure their anxiety regarding post-op pain is minimized.
5. It's *impossible to get prior authorization* if you do not send your office visit notes and surgery schedule. If you prescribe any amount of opioids in addition to what we have prescribed, it causes confusion at the pharmacy as sometimes both prescriptions are filled and the patient is confused about what to take. They may take both which *increases the potential of an overdose*. They may also be *discharged from our practice* as we may assume they are doctor shopping and

will lose continuity of care. They also face a *denial for prior authorization* by their insurance company for future treatment of a chronic pain condition.

For patients not currently treated with chronic analgesic opioid therapy at SPRC, but whom are referred for prolonged pain management:

1. Patients may be referred for post-op pain management if considering prolonged pain management in view of certain types of surgery and potential complications. E.g. Lumbar spinal fusion.
2. Not only do we need your operative note but we also need your last visit note prior to and after surgery as well as associated imaging studies to appropriately treat the patient.
3. It's imperative that we see the patient at least two weeks before their surgery is scheduled because we are required to review UDT results before prescribing medication and it takes two weeks for us to get results back.
4. We can't just treat them for pain, we need to know the etiology of the pain and need answers to the following questions in order to formulate a 90-day treatment plan. These questions include:

    1. Are there risk factors present that would make the use of opioids unsafe for this patient?

    2. What is the usual expectation for pain for this condition?

        - Is my patient's response outside that expected range?

    3. Is there a medical justification for this dose of opioid, for this length of time, for this condition, for this particular patient?

5. Prolonged pain management (while awaiting specialty care) should be managed by and/or coordinated with the patient's primary care provider.
6. If you want us to continue prolonged pain management following the initial post-op period (90 days), we will require your post-op evaluation and recommendation every 90 days. Otherwise, we will discontinue treatment as there is no longer justification to continue.