

### Safe Opioid Prescribing Tips

- General Recommendations:
  - Utilize non-pharmacologic and non-opioid pain control measures first
  - Check the Prescription Drug Monitoring Program (PDMP) [Chesapeake Regional Information System for our Patients (CRISP)] for controlled substance utilization history
  - Always offer naloxone prescription for opioid users
  - Review patients with multiple prescribers for potential “doctor shopping” behavior and discuss risks of using multiple prescribers with the patient
  - For chronic opioid users, make sure patients sign an Opioid Treatment Agreement form with your clinic and conduct random urine drug screens
  
- HEDIS Measurement Improvement Tips:

HEDIS measure	Description	Best Practices
HDO – Use of Opioids at <b>High Dosage</b>	Members who receive prescription opioids at a high dosage (MME ≥ 90) for ≥15 days during the year	<b>Re-evaluate MME</b> at each appointment and <b>provide taper plans to dose reduce</b> with each prior authorization submitted (if medically appropriate)
UOP – Use of Opioids from <b>Multiple Pharmacies</b>	Members who receive opioids for ≥15 days during the year who received opioids from four or more different pharmacies	Restricting members to use <b>one pharmacy</b>
COU – Risk of <b>Continued Opioid Use</b>	Members who take opioids that puts them at risk for continued opioid use: taking 31 days of opioids in a 62-day period	<b>Lowest effective dose for the shortest duration of time</b>