



### Follow the WCM Opioid Prescribing Policy

Applying to all physicians and licensed clinical staff, the policy outlines the safe prescribing of opioids in the non-cancer outpatient setting.



### Set Realistic Expectations With Patients

Aim for reducing pain by 20–30% or 2–3 pain score points, improving quality of life, and minimizing medication side effects.



### Prescribe Opioids as a Last Resort

Try non-pharmacologic (physical therapy, acupuncture, massage) and/or non-opioid interventions (Tylenol, NSAIDs) first for chronic pain.



### Before Prescribing an Opioid, Complete These 5 Steps:

1) Consult I-Stop. 2) Choose a low-risk opioid. 3) Prescribe the lowest clinically-effective dose. 4) Develop a tapering plan. 5) For therapy >7 days, have the patient sign the Opioid Contract.



### Understand the Risks of Chronic Opioids

The benefits of opioids for treatment of chronic pain are uncertain, but the risks of abuse and overdose increase with higher prescribed doses.



### Order Urine Drug Tests as Appropriate

All opioids are now detectable in urine toxicology tests, so periodically order urine screens based on the patient's risk to confirm treatment adherence.



### Prescribe Naloxone Rescue Kits to Prevent Overdoses

For high-risk patients receiving high opioid doses, also using benzodiazepines, or with a history of substance use disorder, prescribe naloxone rescue kits.



### Encourage Disposal of Unused Opioids

Patients can reduce the chance of accidental overdose or abuse by disposing of unused opioids at NYC pharmacy drop-boxes.



### Learn the Indications for Buprenorphine

For pain and opioid-use disorder but NOT for de-escalation; Obtain your license to prescribe buprenorphine as MAT by attending free sessions online or in person.



### Refer Patients with Opioid Use Disorder

The Vincent P. Dole Institute and the Midtown Center offer safe, Evidence-based medication-assisted treatment (MAT) to treat patients with opioid use disorder.

