



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.

