

Prescribe naloxone.

Giving naloxone to people who use drugs is associated with reduced overdose mortality. Naloxone is an opioid antagonist that counters the effects of opioids. Because of this it can be used to reverse effects of an opioid overdose.

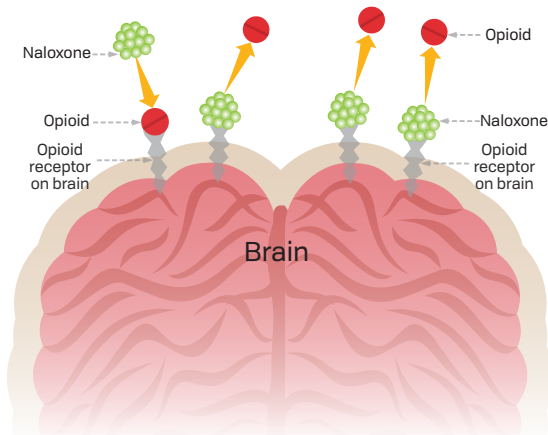
Facts about naloxone.

- Easy administration by laypersons
- Intra-nasal formulation
- Lasts 30 to 90 minutes
- Virtually no side effects
- Most Iowa pharmacies provide up to two free Naloxone intranasal packages
- Naloxonelowa.org is a resource for Iowa's Tele-Naloxone program

Prescribe naloxone to patients who...

- receive an opioid prescription
- are also using benzodiazepines
- have history of a substance use disorder and/or an opioid overdose

How naloxone works



YourLifelowa.org

Connect patients with YourLifelowa.org, which gives them resources and support. YourLifelowa.org has health promotion, prevention, intervention, treatment and recovery resources available.

Can provide help with...

- alcohol
- drugs
- gambling
- suicide
- mental health

Ways for patients to access the YourLifelowa.org resources

- visit YourLifelowa.org
- call 855-581-8111
- text 855-895-8398

Improving Patient Health With Opioid Prescribing Guidelines



Find support 24/7

for problems with alcohol, drugs, gambling, mental health and suicidal thoughts.

Call
855-581-8111

Text
855-895-8398

Chat
YourLifelowa.org



Try non-opioid treatment first.

Opioids are not the first-line or routine therapy for chronic pain.

Here are some alternatives to opioids for patients with different types of chronic pain.

Low back pain?

- limit bedrest, exercise, cognitive behavioral therapy, interdisciplinary rehabilitation
- acetaminophen, nonsteroidal anti-inflammatory drugs (NSAIDs)

Fibromyalgia?

- low-impact aerobic exercise, cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation
- pregablin, duloxetine, milnacipran

Migraine?

- Beta-blockers, Tri-Cyclic Antidepressants, anti-seizure meds, Calcium channel blockers

Neuropathic pain?

- Tri-Cyclic Antidepressants, Serotonin and Norepinephrine Reuptake Inhibitors, gabapentin/pregablin, topical lidocaine

Osteoarthritis?

- exercise, weight loss
- acetaminophen, topical/oral NSAIDs

When to consider opioids for chronic pain?

- when other therapies are contraindicated
- when other therapies were implemented and unsuccessful
- after...
 - Prescription Monitoring Program (PMP) is checked
 - Drug Abuse Screening Test (DAST) or Opioid Risk Tool (ORT) is done
 - urine drug testing for other drugs is done
 - discussed risks with patient
 - considered informed consent or controlled substance treatment agreement (sample templates at bit.ly/PA_form)

Check the PMP.

The Prescription Monitoring Program (PMP) is an online system that tracks controlled substances. The PMP can be accessed at Iowa.PMPAware.net.

The PMP can address concerns about...

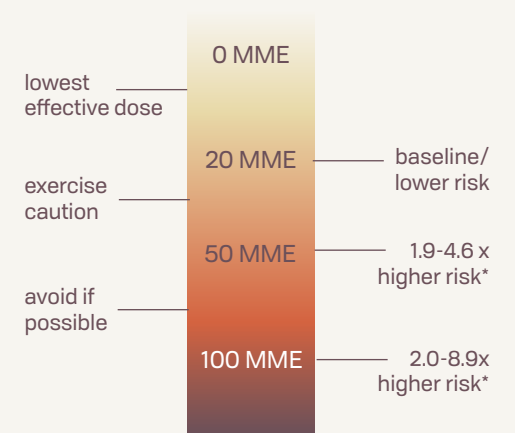
- multiple prescriptions from multiple providers and multiple pharmacies
- drug interactions
- patient dosage
- potential abuse finding

Start low. Go slow. Follow-up.

- Start low with ≤ 20 Morphine Milligram Equivalents (MME)/day.
- Go slow and prescribe for ≤ 3 days.
- Follow-up with patient in a week.

Higher opioid doses are associated with higher risk for overdose and death. Also, higher doses have not shown to reduce chronic pain long term.

Higher MME/day= higher overdose risk



*compared to 20 MME