



**Best Practice 5 | Prescribing BP**

# Opioid Guidelines

## Best Practice

**MEASURE 1A:** ≥ 90% of workers have an initial opioid prescription of ≤ 3 days (non-surgical comparison groups).

**MEASURE 1B:** ≥ 90% of workers have an initial opioid prescription of ≤ 7 days (surgical comparison groups).

**MEASURE 2:** <5% of workers taking opioids are transitioned to chronic<sup>1</sup> opioid therapy.

**MEASURE 3:** ≥90% of workers on chronic <sup>(1)</sup> opioid therapy are dosed at <50mg/day MED.

## Purpose of these Measures

To ensure that providers are consistent with L&I's opioid prescribing guidelines.

<sup>(1)</sup> Chronic, as it pertains to these opioid measures, is defined as number of days filled ≥60 (non-consecutive) days in a 90- day period.

## Notes

- Includes all prescribed opioids – not just what L&I authorized and/or paid for.
- Source information is gathered from the Washington State Department of Health's Prescription Monitoring Program (PMP).
- Only L&I's Pharmacy Program has access to prescribing data.
- In 2016, the Bree Collaborative endorsed the 2015 Agency Medical Directors Group Guidelines on Prescribing Opioids for Pain.
- Based on the Bree Collaborative and the Centers for Disease Control and Prevention prescribing opioids for chronic pain (<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>), this Best Practice has been selected by the Department of Labor & Industries.
- This best practice doesn't pertain to non-prescribing providers.

## How to Meet this Best Practice

Since prescribing is done by each individual medical provider, Health Services Coordinators will only provide education and knowledge on prescribing measures based on this best practice. If a medical provider has questions about an opioid prescribing report sent from the L&I that is outside the guidelines for prescribing opioids, the Health Services Coordinator will not have this information. Refer the the relevant COHE's medical directors.

