

Res. A-06-19

TITLE: Inappropriate Use of CDC Guidelines for Prescribing Opioids

Introduced by: Romero Santiago, MD, MPH

Endorsements: CAFP Student and Resident Councils

WHEREAS, in response to the epidemic of opioid diversion, misuse, addiction, overdoses, and overdose deaths, the National Centers for Disease Control and Prevention issued the CDC Guidelines on Opioid Prescribing; and

WHEREAS, this document was intended as a guide to improved medical practice and to serve as a tool for prevention, and was specifically designed to address opioid prescribing outside of cancer care or end-of-life care; and

WHEREAS, there is concern that while the CDC Guidelines can assist in reducing excessive prescribing of opioids for persons not already on opioids, there is not clear guidance regarding the management of patients who are already on high-dose opioid therapy for chronic non-malignant pain who may be passed on from one practitioner to another; and

WHEREAS, the CDC Guidelines appropriately suggest non-opioid alternatives to be utilized before the initiation of opioid therapy and also mention levels of opioid prescribing such as Morphine Milligram Equivalents (MMEs) which there is a demonstrated correlation with adverse clinical scenarios; and

WHEREAS, some licensure boards have taken the approach that a licensed health professional with prescribing privileges is practicing below the community standard for quality care if they prescribe opioids in excess of the MME levels mentioned in the CDC Guidelines; and

WHEREAS, some legislatures have taken actions to criminalize certain medical practices to the extent that a physician may be liable for criminal prosecution if he/she were to prescribe opioids in amounts that exceed the MME levels mentioned in the CDC Guidelines; and

WHEREAS, upon discovering that any physician who prescribes methadone or buprenorphine products for the treatment of addiction involving opioid use are going to be prescribing MMEs that exceed the threshold levels mentioned in the CDC Guidelines, the American Society of Addiction Medicine crafted a Public Policy Statement stating that buprenorphine and methadone doses for the maintenance treatment of addiction should not be “counted” as a “violation” of the MME equivalents of the CDC Guidelines or of other practice edicts or state statutes; and

WHEREAS, some national pharmacy chains have recently generated letters to physicians informing them that they plan to scrutinize incoming prescriptions and at times will not fill a prescription that calls for an opioid dosage that exceeds the CDC Guidelines threshold; and

WHEREAS, such decisions by pharmacies or pharmacists can interfere with the practice of medicine and interfere with good quality patient care by numerous types of physicians ranging

from family physicians to oncology and palliative care physicians, when the pharmacy refuses to fill a legally written prescription; and

WHEREAS, the CDC Guidelines should be utilized as informational and should not be misused as standards of care, especially given that we as family physicians are the primary managers of chronic pain patients longitudinally; therefore be it

RESOLVED: That our California Academy of Family Physicians (CAFP) applaud the Centers for Disease Control and Prevention (CDC) for its efforts to prevent the incidence of new cases of opioid misuse, addiction, and overdose deaths, and be it further

RESOLVED: That our CAFP affirms that no entity should use MME (morphine milligram equivalents) thresholds as anything more than guidance, and physicians should not be subject to professional discipline, loss of board certification, loss of clinical privileges, criminal prosecution, civil liability, or other penalties or practice limitations solely for prescribing opioids at a quantitative level that prescribing the MME thresholds found in the CDC Guideline, and be it further

RESOLVED: That our CAFP affirms that some patients with acute or chronic pain can benefit from taking doses of opioid pain medications at doses greater than generally recommended in the CDC Guideline for Prescribing Opioids for Chronic Pain and that such care may be medically necessary and appropriate, and be it further

RESOLVED: That our CAFP advocate against misapplication of the CDC Guideline by pharmacists, health insurers, pharmacy benefit managers, legislatures, and governmental and private regulatory bodies in ways that prevent or limit patients' medical access to opioid analgesia, and be it further

RESOLVED: That our CAFP collaborate with the AAFP and other medical societies such as the AMA to communicate with the nation's largest pharmacy chains to recommend that they stop writing threatening letters to physicians including family physicians and stop presenting policies, procedures and directives to retail pharmacists that encourage denial of prescriptions for opioids that exceed certain numerical thresholds without taking into account the diagnosis and previous response to treatment for a patient and any clinical nuances that would support such prescribing as falling within standards of good quality patient care

Speaker's Note: While CAFP does not have specific policy addressing the Centers for Disease Control's Guidelines for Prescribing Opioids, the CAFP, as a founding partner of the Collaborative for Risk Evaluation and Mitigation Strategies (REMS) Education (CO*RE), has been actively engaged in physician and clinician education on prescribing opioids, including, not limited to education that meets the Food and Drug Administration's Blueprint for REMS. The CO*RE curriculum has been adapted to include the CDC guidelines, and several CAFP leaders are members of the master faculty.

The call for affirmation of policy related to prescribing and professional discipline require additional definition. It is not clear if the resolution calls for a simple affirmation of CAFP policy or affirmation outside of CAFP.

Fiscal Note:

The resource implications of passage of this resolution could be considerable, potential resulting in significant staff costs. These costs include but are not limited to:

- Staff time and potential contractor time for advocating against misapplication of the CDC Guideline by private and public entities.
- Staff time, travel, and other expenses associated with collaborating with the AAFP and other medical societies to communicate with the nation's largest pharmacy chains.
- Potentially researching and developing policy.

There would be minimal fiscal implication for adopting the first resolved related to praising the CDC's efforts.

SUBMITTED BY THE AUTHOR**References:**

- 1) <https://www.cdc.gov/drugoverdose/prescribing/guideline.html>
- 2) <https://www.statnews.com/2018/12/06/overzealous-use-cdc-opioid-prescribing-guideline/>
- 3) <https://www.fightcancer.org/releases/final-cdc-opioid-prescribing-guideline-could-have-unintended-consequences-cancer-survivors>