



**Indian Health Service  
National Pharmacy and Therapeutics Committee  
Long Acting Opioids in Chronic Pain  
NPTC Formulary Brief  
May 2014**



**Background:**

In May 2014, the Indian Health Service National Pharmacy and Therapeutics Committee (NPTC) reviewed the role of long acting opioids (LAOs) as a part of a comprehensive integrated pain management strategy for the IHS service populations

**Discussion:**

Peer reviewed publications comprising the work product of a variety of well-respected national and international review and guidelines committees were thoroughly reviewed. These included recommendations from the Cochrane Review Committee, British National Institute for Clinical Excellence, World Institute of Pain, Oregon State University Drug Effectiveness Review Project, and American Society of International Pain Physicians Guidelines.

The review focused on the LAOs, Oxycodone ER, Hydrocodone ER, Hydromorphone ER, Morphine SR, Buprenorphine Transdermal, Methadone, Fentanyl Transdermal, Tramadol ER, for which reasonable clinical evidence exists regarding efficacy in the management of pain. Generally, all of these LAOs are effective for the management of chronic pain.

**Findings:**

Systematic reviews of LAOs for chronic pain management revealed that data was insufficient to determine unequivocal differences in effectiveness or harm. Ten head to head trials identified comparing 2 or more LAOs with no difference. Two trials did find differences, however were flawed by design. They were open labeled, rated as poor quality trials, and had inconsistent findings with higher quality trials evaluating the same comparisons.

The NPTC identified several practical clinical points regarding the use of LAO pharmacotherapy for chronic pain management:

- A Food and Drug Administration Risk Evaluation and Mitigation Strategy (REMS) is required for all LAOs. REMS prescriber education includes drug information on ER/LA opioid analgesics; information on assessing patients for treatment with these drugs; initiating therapy, modifying dosing, and discontinuing use of ER/LA opioid analgesics; managing therapy and monitoring patients; and counseling patients and caregivers about the safe use of these drugs. Additionally, prescribers are required to learn how to recognize evidence of and potential for opioid misuse, abuse, and addiction.
  - The ER/LA opioid analgesics REMS also includes a patient counseling document for prescribers to give to patients, helping prescribers to properly counsel patients on their responsibilities for using these medicines safely.
  - Patients will receive from their pharmacist an updated one-page Medication Guide along with their prescription that contains information on the safe use and disposal of ER/LA opioid analgesics. Included in the guide are instructions for patients to consult their health care professional before changing doses, signs of potential overdose and emergency contact instructions, and advice on safe storage to prevent accidental exposure to family members.
- The class associated adverse effects (AE) of abuse, addiction, constipation, nausea and vomiting, somnolence, and hyperalgesia were relevant for all LAOs.
- Break through pain and end of dose pain may be decreased by the use of the LAOs vs. the use of short acting opioids alone in chronic pain.

- Guidelines recommend treating pain in a step wise approach with LAOs being relegated to third line in mild to moderate nociceptive pain. Start with acetaminophen and NSAIDs, then weak opioids, and lastly strong opioids. Opioid selection should be individualized based on any renal or hepatic impairment, adverse effects occurring, and tolerance to previous opioids. Opioid medications should be used on a chronic basis, primarily, only in patients who are assessed to be at low risk for substance abuse, and who have persistent pain despite trials of non-opioid analgesics.
- The initial treatment of neuropathic pain involves either antidepressants (tricyclic antidepressants or dual reuptake inhibitors of serotonin and norepinephrine) or calcium channel alpha 2-delta ligands (gabapentin and pregabalin). Opioids should be considered a later option once non-opioid medications have not achieved proper pain relief.
- Before initiating chronic opioid therapy, an assessment of the risks and benefits of therapy for the individual patient should be based upon the history, physical examination, and assessment of the risk of substance abuse, misuse, or addiction. Chronic opioid therapy should be accompanied by a pain treatment agreement. Treatment of chronic pain should include multiple approaches and medication should not be the single focus of treatment but should be used when needed, in conjunction with other treatment modalities.

The NPTC's review identifies the role of opioid therapy in the more severe forms of acute and chronic pain is established, but opioid therapy in many types of chronic non-cancer pain remains controversial, many times the clinical evidence is equivocal, and health systems policies and procedures vary greatly in the use of opioids in pain management. Due to these variables, no specific modifications were made to the IHS NCF and no long-acting opioid was added to the NCF. Opioid medications should be used on a chronic basis only in patients who have persistent pain despite trials of non-opioid agents. They should be used with extreme caution and very close monitoring in patients with a medium or higher risk for substance misuse and abuse. It should be recognized that the evidence for the effectiveness of long-term opioid therapy in terms of pain relief and improved functional outcomes is limited, and that the risk of opioid overdose increases with increasing dosing.

If you have any questions regarding this document, please contact the NPTC at [IHSNPTC1@ihs.gov](mailto:IHSNPTC1@ihs.gov). For more information about the NPTC, please visit the [NPTC website](#).

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