Dear Healthcare Partner:

Although there is much controversy regarding the use of opioids for chronic pain management, the same is not true for the management of severe acute pain with opioid analgesics. The Centers for Disease Control and Prevention (CDC) specifically advised against misapplications of the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain (Guideline). Misapplication of the Guideline for opioid prescribing can result in health risks and safety issues such as “applying the Guideline to patients in active cancer treatment, patients experiencing acute sickle cell crises, or patients experiencing post-surgical pain.”[[1]](#footnote-1) Prudent prescribing of opioids rather than outright renouncing of the treatment option is warranted in the context of limited use during an acute pain episode.

Patients taking buprenorphine for Opioid Use Disorder (OUD) present a challenging clinical scenario when there is an acute pain episode; however, there is not a recommendation to withhold opioids when there is a clear indication for use during acute pain treatment. In fact, regarding acute post-operative pain management, the Substance Abuse and Mental Health Services Administration (SAMHSA), in its Treatment Improvement Protocol (TIP) 63 manual for medication assisted treatment of OUD, states, “Most patients can continue buprenorphine through the operative period. Treat postoperative pain with regional anesthesia, nonopioid pain management, or full agonist opioids. Remember that higher doses are likely to be necessary.”[[2]](#footnote-2)

Likewise, the recommendations of a Perioperative Pain and Addiction Interdisciplinary Network (PAIN) clinical practice advisory in 2019 concluded, “The major recommendation of this practice advisory is to continue buprenorphine therapy in the perioperative period. . . Patients should ideally be discharged on buprenorphine, although not necessarily at their preoperative dose. Depending on analgesic requirements they may be discharged on a full mu agonist.”[[3]](#footnote-3)

The appropriate treatment of acute pain with opioids during agonist treatment with medications like buprenorphine for OUD is also described in the 6th edition of the American Society of Addiction Medicine (ASAM) Principles of Addiction Medicine as follows, “The appropriate treatment of acute pain in these patients includes uninterrupted OAT [Opioid Agonist Treatment] to address the patient’s baseline opioid requirement for addiction treatment and aggressive pain management. As with all patients suffering acute pain, nonopioid analgesics should be aggressively implemented first-line. However, severe acute pain will often require opioid analgesics. Continuing the usual dose of OAT avoids worsening pain symptoms because of the increased pain sensitivity associated with opioid withdrawal. . . .. Preclinical and clinical studies now suggest that concurrent use of opioid analgesics in patients maintained on buprenorphine is effective. To decrease anxiety, patients should be reassured that their opioid use disorder treatment will continue and their pain will be aggressively treated. Because of cross-tolerance with OAT, adequate pain control will generally necessitate higher opioid doses at shorter intervals.”[[4]](#footnote-4)

This concept of using a full agonist opioid for analgesic treatment of acute pain during treatment of a patient on buprenorphine for OUD may seem contrary to clinical intuition and safe prescribing practices, but opioids for acute pain management are in fact considered appropriate when indicated during medication assisted treatment for OUD with buprenorphine. As the provider in charge of securing the standard of care for my patient, I am making a formal yet urgent request that my patient gain access to opioid pain medication for acute pain management as it is appropriately supported and outlined in the guidelines provided.

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

order for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is for the acute pain indication

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is in my clinical assessment necessary for effective management.

This letter is to advocate for access to the standard of care and appropriate treatment for my patient experiencing an episode of acute pain during buprenorphine treatment for OUD. Thank you for your timely and careful consideration. Please feel free to contact me to discuss the situation directly if needed for my patient to access care.

Sincerely,

1. Centers for Disease Control and Prevention (CDC). CDC Advises against Misapplication of the *Guideline for Prescribing Opioids for Chronic Pain*. *CDC*. 2019. <https://www.cdc.gov/media/releases/2019/s0424-advises-misapplication-guideline-prescribing-opioids.html>. Accessed October 31, 2021. [↑](#footnote-ref-1)
2. SAMHSA. Treatment Improvement Protocol TIP 63: Medications for Opioid Use Disorder. <https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-02-01-002.pdf> 3-105 (emphasis removed). Updated 2021. Accessed October 31, 2021. [↑](#footnote-ref-2)
3. Goel A, Azargive S, Weissman JS. Perioperative Pain and Addiction Interdisciplinary Network (PAIN) clinical practice advisory for perioperative management of buprenorphine: results of a modified Delphi process. *Br J Anaesth*. 2019 Aug;123(2):e333-e342. doi: 10.1016/j.bja.2019.03.044. [↑](#footnote-ref-3)
4. Miller SC, Fiellin DA, Rosenthal RN, Saitz R. *The ASAM Principles of Addiction Medicine*. 6th ed. Philadelphia, PA: Wolters Kluwer; 2019: 1339 (internal citations omitted). [↑](#footnote-ref-4)