

# Safe Prescribing Tool Kit

Physicians are expected to implement a number of policies and practices to ensure safe prescribing for chronic non-cancer pain (CNCP). The steps outlined below are based on the College professional standard Safe Prescribing of Opioids and Sedatives. The College regards these as reflecting the current standard of care.

- 1.

- 3. Avoid prescribing combinations of opioids with sedatives for patients with acute or chronic non-cancer pain, where appropriate
  - x Advise such patients that combinations are no longer medically rational and that you are advised to taper and discontinue either the opioid or the sedative
  - x Communicate with other prescribers to agree on responsibility for prescribing controlled medications
  - x Regularly revisit the conversation around tapering and/or discontinuation
  
- 4. Implement additional, practice-wide pharmacovigilance policies
  - x Communicate with other prescribers to agree on responsibility for prescribing controlled medications
  - x No early refills – communicate your policy to pharmacies as well
  - x Renewed treatment agreements if needed – provide copies to patient, and pharmacy (with patient consent)
  - x Dispense sizes should be modest and not exceed a three-month supply or 250 tablets, whichever is less – consider blister packing or increased frequency of dispensing
  - x Consider random urine drug testing (rUDT) before initiating treatment, or as a baseline test for patients on long-term opioids and sedatives. Annual, or more frequent, rUDT must be considered for patients at risk of substance use disorder, or if medication diversion is suspected. Use failed UDT as an opportunity to discuss non-negotiable opioid-free

