

## CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022: Further Considerations for Decision-Makers

The [CDC Clinical Practice Guideline for Prescribing Opioids for Pain, 2022](#) (2022 Clinical Practice Guideline) is a **clinical tool intended to help clinicians and patients make shared, informed, patient-centered decisions about pain care**. More specifically, the 2022 Clinical Practice Guideline recommendations are voluntary and intended to be flexible to support, not supplant, individualized patient-centered care. To support access to safe and effective pain care, decision-makers including legislators, licensing boards, and other regulatory bodies may wish to review opioid prescribing laws, policies, and clinician education to reflect the complexities of pain management and need for nuance and patient-centered care as reflected in the 2022 Clinical Practice Guideline. This resource highlights some of the key policy considerations addressed in the 2022 Clinical Practice Guideline.

### The 2022 Clinical Practice Guideline is:

- ✓ A clinical tool designed to improve communication between clinicians and patients and empower them to make informed, person-centered decisions related to pain care together.
- ✓ Intended for primary care clinicians and other clinicians providing pain care for outpatients aged 18 years and older with:
  - » Acute pain (i.e., duration of less than one month).
  - » Subacute pain (i.e., duration of one to three months).
  - » Chronic pain (i.e., duration of longer than three months).
- ✓ Intended to be flexible to enable person-centered decision making, considering a patient's expected health outcomes and well-being.

### The 2022 Clinical Practice Guideline is not:

- ✗ A replacement for clinical judgment or individualized, person-centered care.
- ✗ Intended to be applied as inflexible standards of care across patient populations by healthcare professionals; health systems; pharmacies; third-party payers; or state, local, or federal organizations or entities.
- ✗ A law, regulation, or policy that dictates clinical practice.
- ✗ A substitute for FDA-approved labeling.

## Payers, health systems, and state medical boards should:

- ✓ Attend to health inequities to protect patient safety; guard against unnecessary risks; and ensure access to appropriate, diversified, effective nonpharmacologic and pharmacologic pain management options that are person-centered, affordable, accessible, and well-coordinated.
- ✓ Ensure multimodal treatment options are available, accessible, and reimbursed for patients.
- ✓ Ensure that policies based on cautionary dosage thresholds do not result in rapid tapers or abrupt discontinuation of opioids.
- ✓ Ensure that policies do not penalize clinicians for accepting new patients who are using opioids as prescribed for chronic pain, including those receiving high dosages of opioids.
- ✓ Ensure that policies do not penalize clinicians for refraining from rapidly tapering patients prescribed long-term opioid medications.

## Payers, health systems, and state medical boards should not:

- ✗ Use the 2022 Clinical Practice Guideline to set rigid standards or performance incentives related to dose or duration of opioid therapy.
- ✗ Apply recommendations to populations who are not a focus of the clinical practice guideline (e.g., patients with cancer-related pain, patients with sickle cell disease, patients during palliative or end-of-life care).

## References

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC clinical practice guideline for prescribing opioids for pain—United States, 2022. MMWR Recommendations and Reports. (2022). 71(3), 1-95. doi: 10.15585/mmwr.rr7103a1.

## Key Definitions

- **Nonpharmacologic:** Treatment or intervention not based on medication.
- **Pharmacologic:** Treatment or intervention based on medication.
- **Multimodal Treatment:** Combination of therapies such as medication, physical rehabilitation, exercise, behavioral therapy, advanced pain interventions, and alternative medicine.