Using Opioids Safely: Indication and Clinical Use

When are Opioids Clinically Appropriate?

- To treat moderate to severe acute pain associated with disease, injury, trauma, or surgery
- As part of a palliative care regimen and in terminal illness
- For pain management in patients with cancer-related pain
- In some patients with chronic non-cancer pain when pain is severe enough to interfere with function and the benefits exceed the risks (e.g. restoration of function is deemed impossible)

Immediate-release Formulations

Immediate release (IR) formulations are indicated for the management of pain severe enough to require an opioid analgesic and for which alternative treatments are inadequate.

Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve IR formulations for use in patients for whom alternative treatment options [e.g., non-opioid analgesics or opioid combination products]:
- Have not been tolerated, or are not expected to be tolerated,
- Have not provided adequate analgesia, or are not expected to provide adequate analgesia

Indicated for use in patients initially who are not opioid tolerant/opioid naïve, for incident or intermittent breakthrough pain for patients maintained on ER/LA opioids, and when a need exists for more rapid dosage titration.

Extended-release/Long-acting Formulations

Extended release/Long-acting (ER/LA) formulations are indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

Limitations of Use: Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, and because of the greater risks of overdose and death with extended-release opioid formulations, reserve ER/LA formulations for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain.

Not indicated for the treatment of acute pain, or as an as-needed (prn) analgesic. Generally used when opioid tolerance exists, and to stabilize dose when patients must use multiple IR/SA opioids for pain control.

Abuse Deterrent Formulations

Oral formulations that are abuse deterrent have been designed to prevent manipulations that may allow individuals to administer the drug via an intravenous or intranasal route, or they contain other medications that reverse opioid effects. Such formulations do not prevent misuse and overdose that may occur through oral ingestions.