

# Help Overcome Barriers With Opioid Rxs for Cancer Pain

You're on the front lines to **help patients overcome obstacles to getting opioids (oxycodone, etc) for cancer pain.**

About 1 in 3 adults with cancer pain report difficulty filling these Rxs...often due to payer limits.

But opioids are often needed to improve quality of life for those with cancer...and these patients are excluded from typical opioid restrictions.

Help break down barriers...and ensure appropriate opioid use.

Expect most patients with cancer pain to begin with a SHORT-acting opioid (morphine IR, etc) as needed...when acetaminophen, an NSAID (ibuprofen, etc), or the combo isn't enough.

Check incoming opioid Rxs closely for clues about why the med is being used. Look for diagnosis codes or notes that say "For cancer pain"...and update the patient profile with this info.

Read payer rejects closely...and don't automatically change opioid Rxs to cash or tell the patient it's not covered.

Your pharmacist can try submitting the DUR code "M0, 1B" to override "high-dose" rejects...if the cancer diagnosis is documented.

Don't be surprised to see some patients get more than 1 opioid.

For instance, patients with continuous cancer pain may switch to a LONG-acting opioid (*MS Contin*, etc)...AND get a short-acting opioid (morphine IR, etc) for breakthrough pain.

Work with your pharmacist to maintain adequate inventory...especially for patients for cancer pain who get the same opioids regularly.

If needed, offer to fill partial opioid Rxs according to your state laws and pharmacy policies.

Ensure patients have naloxone on hand...overdose risk rises as doses increase or opioid combos are used.

And highlight options for disposing of or donating unused opioids.

Review our resource, *Safety Considerations With Opioids*, for more ways to prevent errors and ensure patient safety.

## Key References:

-[https://www.nccn.org/professionals/physician\\_gls/pdf/pain.pdf](https://www.nccn.org/professionals/physician_gls/pdf/pain.pdf) (5-24-22)

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