

What you should know about opioid pain medications



Nearly 40% of Americans have chronic pain. Some have back pain or chronic headaches, and others may be recovering from surgery, an accident, or an injury. Opioid medications are often prescribed to manage pain, but there are risks involved with taking them.

It can be hard to understand all the options available to manage pain. We're here to help you explore your choices safely and effectively.

This overview offers information about opioid pain medications, how to use them, risks and warning signs, and non-prescription options for treating pain. We'll also cover what to do if you or a loved one develops an opioid dependence.

What are opioids?

Opioids are narcotic pain medications that are frequently called pain killers. The most commonly prescribed opioid medications include hydrocodone, oxycodone, and morphine.

Prescription opioids are used to help treat moderate to severe pain. They are often prescribed after surgery, an injury, or for certain health conditions. These medications can provide much-needed pain relief. However, there are serious risks to taking opioid medications, especially with long-term use. Please work with your healthcare provider to make sure you are getting the safest, most effective care.

For short periods of time, it's generally safe to take opioid medications as directed by your doctor. Extending the time you're on these medications, or taking them differently than your doctor prescribed, can increase your risk of dependence, addiction, and overdose.

How to take opioid medications safely

- **Opioids are designed for short-term use and should be taken only as needed.** When your pain is under control, try taking less or changing to other non-opioid pain treatments.
- Do not take opioids more frequently than prescribed. Do not take extra doses unless a healthcare professional tells you to do so.
- Avoid dangerous drug interactions by telling your provider or pharmacist about other medications you are taking. **Do not mix opioids with alcohol or sedating drugs** such as benzodiazepines (including lorazepam, alprazolam, and diazepam), sleeping pills (such as zolpidem), muscle relaxants (cyclobenzaprine, baclofen, and tizanidine), and gabapentinoids (gabapentin and pregabalin). **Doing so increases your risk of overdose.**
- Never share your opioid medications with anyone else.
- Keep your pain medications in their original containers and in areas where children, teens, and pets cannot access them.

Risks associated with taking opioids

Taking opioids for an extended amount of time increases your risk of developing problems that can have serious effects on your everyday life, and can even lead to death.

ADDICTION – Unable to stop or control drug use, unable to resist or control cravings

DEPENDENCE – Experiencing symptom withdrawals after stopping medication

TOLERANCE – Increasing the amount of medication you need to take for the same effect

OVERDOSE – Overloading your body with medication; can lead to brain damage or death

Opioid overdose

Even when you're following your doctor's directions, there's a risk that these powerful medications could overwhelm your body and stop your normal breathing. This is called an overdose, and it can cause brain damage or death. It's important to understand the signs and symptoms of an overdose so you can recognize when you or a loved one needs help.

Signs and symptoms of an opioid overdose

- Limp body
- Pale, blue, or cold skin (including lips and fingernails)
- Slow, shallow breathing
- Choking, gurgling, or snoring sounds
- Dizziness or confusion
- Falling asleep or loss of consciousness
- Pinpoint pupils (small, constricted black holes in the center of your eyes)

Is there a way to reverse an opioid overdose?

Yes. **Naloxone is a life-saving medication that can reverse an opioid overdose.** Overdoses can occur in a variety of different ways and could be from prescription opioids, heroin, or fentanyl. Naloxone is available as a nasal spray that is safe and easy to use.

Naloxone works by blocking the effects of opioids. When an opioid overdose causes a person's breathing to slow or stop, it can usually restore normal breathing within 2 to 3 minutes. High doses or strong opioids like fentanyl may require a second dose of naloxone.

Ask your doctor if a naloxone product is right for you.

For more information about any required copayments for hospitalization, please refer to your Evidence of Coverage or call the Member Services Department.

Medication

Naloxone nasal spray

Central Health Medicare Plan

Tier 2

Non-opioid treatment options for chronic pain

There are many options for pain relief when you want to cut back or stop taking opioid drugs. These treatments can be used alone or in combination to help reduce chronic pain. Talk with your doctor about which medications can be taken together safely.

Non-opioid medications

Below is a list of frequently used non-opioid medications:

Medication	Central Health Medicare Plan
Celecoxib (Celebrex)	Tier 2
Diclofenac tablets	Tier 2
Diclofenac 1% gel (Voltaren)	Tier 3
Duloxetine (Cymbalta)	Tier 2
Etodolac	Tier 3
Flurbiprofen	Tier 2
Gabapentin	Tier 2
Ibuprofen (Motrin) 400mg, 600mg, 800mg	Tier 1
Lidocaine 2% jelly	Tier 2
Lidocaine 5% patch	Tier 4
Lidocaine 5% ointment	Tier 4
Meloxicam	Tier 1
Nabumetone	Tier 2
Naproxen 250mg, 375mg, 500mg	Tier 1
Pregabalin (Lyrica)	Tier 3
Savella	Tier 3
Sulindac	Tier 2

Non-pharmacological treatments

You can also consider over-the-counter treatments and activity changes to help you manage pain, such as:

- **Heat or cold compress.** Heat relaxes muscles and can lower how sensitive you are to pain. Cold is useful after an injury to relieve pain, decrease inflammation and muscle spasms, and help speed up recovery.
- **Mind–body techniques.** Mind–body relaxation techniques are commonly used in pain clinics. These include meditation, breathing exercises, hypnosis, mindfulness, and progressive muscle relaxation.
- **Exercise.** Physical activity can be helpful for some with common pain conditions such as low back pain, arthritis, and fibromyalgia.
- **Weight loss.** Excess weight can worsen pain. Losing weight can help relieve some pain types.
- **Yoga and Tai Chi.** Yoga and Tai Chi are mind–body exercises that incorporate breath control, meditation, and movements that stretch and strengthen muscles. These exercises can help with chronic pain such as arthritis, headaches, low back pain, or fibromyalgia.
- **Chiropractic services.** Chiropractors work to correct the body’s skeletal and muscular alignment to relieve pain, improve function, and help the body heal.
- **Physical therapy (PT) and occupational therapy (OT).** Physical therapy helps restore or maintain the ability to move and walk. Occupational therapy helps improve how well you can perform daily tasks such as dressing, eating, and bathing.
- **Acupuncture.** This is a type of traditional Chinese medicine commonly used to treat pain. It uses very thin needles inserted through your skin at specific points on your body.
- **Ultrasound.** This treatment directs sound waves into body tissue to improve blood circulation, decrease inflammation, and promote healing.
- **Transcutaneous electrical nerve stimulation (TENS).** TENS treatment uses a very mild electrical current to block pain signals to the brain.
- **Psychotherapy.** Mental health professionals can offer many techniques for pain relief and management. For example, they can help you reframe negative thinking patterns about your pain to change your perspective and outlook.
- **Many of these services and tools are covered by your health plan benefits.** To learn about your specific plan coverage for non-prescription therapies, please call **Central Health Medicare Plan** at 1-866-314-2427 (TTY: 711).

Opioid use disorders

When opioid use becomes problematic, it is known as opioid use disorder (OUD). This is a chronic, lifelong disorder that has serious effects such as disability, relapses, and death. Frequently, a person struggling with OUD will show certain problematic behavior patterns, such as:

- Trouble managing what's required for work, school, or home
- Continuing to use opioids after having recurring relationship or social problems
- Continuing to use opioids for an ongoing physical or psychological problem that's likely caused by or made worse by opioids
- An ongoing desire or unsuccessful efforts to cut down or control opioid use
- Taking opioids for longer than intended
- Needing increased amounts of opioids for the same effect, or experiencing less relief with continued use of the same amount
- Spending a great deal of time obtaining or using opioids, or recovering from its effects
- A strong desire, craving, or urge to use opioids
- Using opioids in physically hazardous situations
- Giving up, changing, or reducing activities because of opioid use
- Experiencing withdrawal symptoms, or taking opioids (or a closely related substance) to relieve or avoid withdrawal symptoms

If you are experiencing one or more of these signs and have questions or concerns, please contact your healthcare provider immediately.

Medication-assisted treatment for OUD

When medications are used in combination with counseling and behavioral therapies to treat OUD, it's known as medication-assisted treatment (MAT). For some people, using MAT helps them recover successfully and return to their normal everyday lives.

The FDA has approved three medications for the treatment of opioid dependence: buprenorphine, methadone, and naltrexone. These medications are prescribed in carefully controlled doses to reduce cravings and withdrawal symptoms, both of which must be managed to overcome opioid dependence.

These treatments are safe and effective in combination with counseling, behavioral therapy, and recovery support. Your doctor will help you choose the right combination of MAT medication and therapy based on your needs and circumstances.

Central Health Plan’s drug formulary has many FDA-recommended MAT treatments, including:

Medication	Central Health Medicare Plan
Buprenorphine sublingual tablet	Tier 2
Buprenorphine patch	Tier 4
Buprenorphine-naloxone sublingual tablet	Tier 2
Buprenorphine-naloxone sublingual film	Tier 3
Methadone solution and tablet	Tier 3
Naltrexone tablet	Tier 2

Please see Central Health Medicare Plan’s Medicare Advantage comprehensive formulary here: centralhealthplan.com/PartD/Formulary

Helpful resources

If you have questions about prescription drug coverage, please call (877) 657-2498. This line is open 24 hours a day, 7 days a week.

For questions about non-prescription therapies and coverage, please contact Central Health Medicare Plan Member Services at be 1-866-314-2427 (TTY:711).

You can also call the Substance Abuse and Mental Health Services Administration (SAMHSA) National Helpline at 1-800-662-HELP (4357); TTY: 1-800-487-4889. SAMHSA National Helpline is a free and confidential information service available to individuals and family members 24 hours a day, 7 days a week, 365 days a year. This service provides information on local treatment facilities, support groups, and community organizations. Callers can also order free publications and other information.

References

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016. addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf. SAMHSA. Medication and Counseling Treatment. samhsa.gov/medication-assisted-treatment/treatment Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Opioid Basics. March 2021.

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