



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30341-3724

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Dear Kelly,

Thank you for alerting us to the experience of ASAM's physician members related to the *CDC Guideline for Prescribing Opioids for Chronic Pain--2016* (Guideline). As you know, the dosage thresholds in the Guideline were not meant to and should not apply to dosing of opioid agonists/partial agonists used for the treatment of opioid use disorder.

CDC's Guideline is part of a comprehensive approach to addressing the opioid overdose epidemic and is one step toward more appropriate prescribing of opioids, while ensuring that patients with chronic pain receive safer and more effective pain management. The Guideline's twelve recommendations are based on three key principles:

- 1) Non-opioid therapy is preferred for chronic pain outside of active cancer, palliative, and end-of-life care. Opioids should only be used when their benefits are expected to outweigh their substantial risks.
- 2) When opioids are used, the lowest possible effective dosage should be prescribed to reduce risks of opioid use disorder and overdose. Clinicians should start low and go slow.
- 3) Providers should always exercise caution when prescribing opioids and monitor all patients closely. Clinicians should minimize risk to patients—whether checking the state prescription drug monitoring program, or having an 'off-ramp' plan to taper.

We are working to ensure that the Guideline is used in accordance with these principles. We have made several statements in CDC Guideline translational materials and presentations and on our website clarifying that CDC Guideline thresholds do not apply to opioid agonists for opioid use disorder, including in the following:

- We updated our [Calculating Total Daily Dose of Opioids for Safer Dosage](#) factsheet to include the following note in the section on how to use calculated MME: “*These dosage thresholds are based on overdose risk when opioids are prescribed for pain and should not guide dosing of medication-assisted treatment for opioid use disorder.”
- We included a statement in the COCA webinar on Dosing and Titrating Opioids based on the CDC Guideline for Prescribing Opioids for Chronic Pain: “Here is the MME table from our Calculating Dosage Fact sheet... This table includes many of the most commonly prescribed opioids but not all opioids. Buprenorphine is not included because it is not likely to be associated with overdose in the same dose-dependent manner as are pure opioid agonists. (Transcript available at https://emergency.cdc.gov/coca/calls/2016/callinfo_081716.asp).

- In our MME conversion file, which we understand is used by payers and programmed into Prescription Drug Monitoring Program and Electronic Health Record alerts, we have removed MMEs for buprenorphine and included the statement “Buprenorphine products are listed in this file but do not have an associated MME conversion factor. The conversion factors for drugs prescribed or provided as part of medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. These buprenorphine products, as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids.” (see <https://www.cdc.gov/drugoverdose/resources/data.html>).

We appreciate ASAM’s continuing work to clarify this issue through the Public Policy Statement on Morphine Equivalent Units/Morphine Milligram Equivalents and other communications (https://www.asam.org/docs/default-source/public-policy-statements/2016-statement-on-morphine-equivalent-units-morphine-milligram-equivalents.pdf?sfvrsn=3bc177c2_6).

Thank you for bringing the persistence of misunderstanding of this issue to our attention. Please feel free to direct clinicians, payers, regulators and others to the statements referenced above. We will continue to look for additional opportunities to clarify that the dosage thresholds in the Guideline were not meant to and should not apply to dosing of opioid agonists/partial agonists used for the treatment of opioid use disorder.



Sincerely,
Debra Houry, MD MPH
Director, National Center for Injury Prevention and Control
Centers for Disease Control and Prevention