

Colorado HCPF Drug Utilization Review Telephone Consult Note

Opioid Naive

Dear Dr.

It was a pleasure speaking with you. Thank you for your efforts in treating this complex Medicaid patient. Below I have included recommendations and resources to hopefully help with this patient under your care and others in your practice as well. Some of the recommendations below may not directly apply to your Pt. but are important concepts, policies and guidelines to be aware of.

* A Policy limiting the days' supply of initial opioid prescriptions for opioid naïve has been implemented 8/1/17. For all Medicaid members who are opioid naïve (no opioid RXs within 12 months), the following will apply: The initial prescription will be limited to a 7-day supply. If needed, a second prescription may be written for an additional 7-day supply. A 3rd prescription may also be filled, but the 4th prescription will require a prior authorization and may require a teleconsultation with a pain management physician (Provided by Medicaid). See below for policy pdf

* "Morphine Equivalents Policy and PA Criteria In alignment with the Governor's initiative to decrease the misuse and abuse of prescription opioids, the Department will implement a limit on total daily morphine equivalents of 300mg effective 2/1/2016. This includes opioid-containing products where conversion calculations are applied. Prescriptions that cause the member's drug regimen to exceed the maximum daily limit of 300 milligrams of morphine equivalents (MME) will be denied."

* Effective 10/1/2017 the MME was lowered to 250mg and possibly further down to 120 MME

* DORA has established a level at 120mg morphine equivalents.

* CDC has established a level even lower at 50-90mg morphine equivalents.

* FDA 8/31/16 placed a boxed warning on combined use of opioid medications and a class of central nervous system (CNS) depressant drugs called benzodiazepines.

See resources below for further details on Medicaid, DORA and CDC opioid recommendations

Medicaid ID:

Background/Call Notes: Spoke w/ Dr. Pt. is S/P mid foot fusion 1/15/18. Initially treated post-operatively with Oxycodone 5/325. Transitioned to APAP/Codeine then to Tramadol. Apparently she recently fell and re-injured herself. Provider Rx Tramadol for this and would like to continue for the next few weeks.

Rx: Tramadol 50mg 1 q6-8 #20

Morphine equivalents (MME): ~20

<http://www.agencymeddirectors.wa.gov/Calculator/DoseCalculator.htm><http://urldefense.proofpoint.com/v2/url?u=http-3A_www.agencymeddirectors.wa.gov_Calculator_DoseCalculator.htm&d=DwMFaQ&c=FUII-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTg2cYAiPo0CgkFjGqyg&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=tL8VRiJNEDJ0UA4p_9N0i4Gt_cu_-jX2LRBqdpMMBUc&e=>

Opioid conversion calculators unfortunately are not always accurate comparing apples to apples amongst different opioids, but are relied upon by regulatory agencies and payers.

Provider Recommendations/Tx Strategies

- * Consider avoiding full agonist opioids like Oxycodone/Hydrocodone.
- * Consider avoiding Codeine in the future due to it's propensity for adverse reactions. Honestly Codeine needs to be retired.
- * Consider Nucynta IR as a first line in the future instead of Oxycodone/Hydrocodone. If necessary further analgesia is needed with this Pt. trial Nucynta for 1-2weeks. Further information about Nucynta is below in recommendations.
- * Here is an article about it on pg 6: <https://www.colorado.gov/pacific/sites/default/files/Drug%20Utilization%20Review%20Newsletter%20-%20Winter%202017.pdf><[## General Recommendations](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Drug-2520Utilization-2520Review-2520Newsletter-2520-2D-2520Winter-25202017.pdf&d=DwMFAQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTg2cYAiPo0CgkFjGqyg&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=uPVbfFrO6tEkqimgbTKk2aT5VYFPEj-d6RQ_G9Sc9Kw&e=>* Consider compressive cryotherapy in the future to augment analgesia* If patients misplace, lose or have their opioids stolen, I would recommend avoiding replacing them, this is a red flag.* See further information below for opioid minimization and non-opioid strategies.</div><div data-bbox=)

1. Please review Medicaid policy for Rx opioids in the naive. <https://www.colorado.gov/pacific/sites/default/files/Provider%20Opioid%20Policy%20FAQs.pdf><https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Provider-2520Opioid-

[2520Policy-2520FAQs.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=qqVXtYpYajydXxCE4mnSspZF-BVFhGimzISvwxDF t8&e=>](https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf)

2. Review CDC guidelines for Rx opioids (some of the same principles apply to the naive as they do to the opioid tolerant) https://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf
<https://urldefense.proofpoint.com/v2/url?u=https-3A_www.cdc.gov_drugoverdose_pdf_guidelines-5Ffactsheet-2Da.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=V0-3pU612300FF6f4mqmM5N_BLi7FgZ7YTOWk6Gwt0g&e=>

3. Have closer F/U with Pt's. Consider weekly face to face visits q7days (or more frequently 2x/wk if necessary). Avoid duplicate or triplicate Rx's. Only provide short term opioid Rx's of 7days at a time (or shorter) for closer monitoring. Educate Pt. about possibility for red flags and conduct risk assessment for: BZDs, Obesity, OSA, COPD, CHF, Elderly. These factors can greatly increase risk for adverse events and accidental overdose. See below for Naloxone Rx and education. FDA has placed a black box warning on combined use of opioids with BZDs.

4. Consider opioid agreement, checking PDMP and UDT before Rx opioids. Check PDMP and UDT on F/U. Monitor for compliance of all drugs Rx (augmenting pain medications not just opioids and illicit)

5. Establish and measure goals for pain and function. Have an endgame in mind. The benefit of opioid therapy should outweigh the risks.

6. There should be a goal of tapering down and D/C opioids within 4-6wks or shorter depending on the indication. Simple dental extractions and limited indications likely much shorter 3-5days.

7. Consider Tramadol or Tapentadol (Nucynta) IR in the opioid naive setting instead of hydrocodone or oxycodone as first line. See below for further information on Tapentadol.

8. Avoid strong binding opioids (hydromorphone, oxymorphone).

9. Avoid LA/ER opioids in general in a naive Pt. Avoid Methadone and Fentanyl all together.

10. Avoid concurrent BZD and opioids. If the patient is on BZDs recommend slowly tapering down and D/C BZDs. There is now a Black Box Warning on the combination with opioids.

11. Strongly consider Naloxone for any risk factors that increase overdose risk(>50 MME/day, BZDs). See below for further info on Medicaid Naloxone Rx.

12. Start low and go slow. Rx the lowest effective dose.

13. Multidisciplinary Tx approach of utilizing manual/physical therapies, augmenting non-opioid pharmacotherapy, injection therapy and psychotherapy/CBT is critical in successful safe treatment of acute and chronic pain. Tx of sleep and mood is integral to successful Tx of pain.

14. Consider ongoing manual and physical therapies

15. Consider repeat imaging for acute spine or joint pain, consider injection therapy and/or interventional injection consult

16. Compressive cryotherapy may be very helpful for post-operative joint pain control minimizing opioids (knee, shoulder, hip, etc)

17. If there is a migraine component or cervical dystonia, consider botulinum toxin (Botox or Xeomin). Also consider preventatives (topiramate, propranolol ER) and abortives (triptans+NSAIDs)

18. If indicated consider NSAIDs for short term acute pain Tx. Toradol 30-60mg IM in the clinic on F/U, especially if flaring if tolerable. PO NSAIDs w/ GI prophylaxis if indicated

19. Consider APAP up to 3000 mg/day

20. Consider topical anesthetics (ice, lidocaine, NSAIDs, etc.)

21. Depending on the indication a Prednisone burst (40-60mg qam for

5days w/ food) or extended taper may be helpful. Avoid concurrent NSAIDs.

22. Anticonvulsants (gabapentin, Lyrica) are often critical to augment a successful non-opioid or opioid minimizing approach. They are often useful for sleep, anxiety and neuropathic pain, in addition to typical indications. Lyrica is usually more helpful if Pt. can tolerate. Start 50mg qhs and titrate to goal 150mg qhs in 1-2wks. Slowly introduce during day to goal 150-200mg TID. Gabapentin is alternative. Gralise (once daily gabapentin) is usually more tolerable, than generic. Titrate either form slowly to goal 1800-2400mg daily in once daily (at dinner for Gralise 1800mg) or divided doses for generic. If using generic begin slowly qhs only with titration to goal 900-1200mg qhs and then start to integrate smaller doses during the day if tolerable.

23. Neurotransmitter support medications (anti-depressants) may be important to consider: Duloxetine 60-120mg, Fetzima 40-120mg, TCA (amitrip 25-50mg qhs, nortrip 10-30mg qhs). Careful when using with other Serotonin medications

24. Consider Baclofen 10mg TID-QID during the day, Tizanidine 4-8mg qhs for MR augmentation if not too sedating. Avoid Soma.

25. Low threshold for Sleep Consult/Study and hs oximetry, especially w/ h/o BZDs, opioids, or other CNS depressants. If this Pt. has OSA, are they compliant on CPAP, if not this puts them at further risk with opioids.

26. Don't forget to discuss a suitable bowel regimen.

27. RCCO might be helpful to facilitate more of a multidisciplinary plan of PT, Counseling, etc. See below for further details.

28. Consider Tapentadol IR (Nucynta) as an alternative to Oxycodone/Hydrocodone IR. Tapentadol is unique having a dual action mu agonist opioid and norepinephrine receptor uptake inhibitor (NRI). This dual action combines synergistic actions in the ascending and descending pain pathways. It comes in short IR and long acting ER forms and is the only opioid with a neuropathic indication in the long acting form. Mechanisms of action are critical to understand, not all opioids are alike. In general, opioids that have strong binding to the mu opioid

receptor are more potent and often have higher risk and adverse reactions than those that are weak binders. Our own endogenous opioids are thought of as weak binders. We now better understand that locking up the mu opioid receptor with a strong binding opioid can have multiple negative consequences. Tapentadol is a weak binder and is 18 times less potent than morphine in binding to the mu opioid receptor. Tramadol, which was a good idea utilizing a weak binding mu opioid and SNRI is often thought of as pretty weak clinically and not effective compared to other opioids, but could be offered first line as well for some. In contrast, Tapentadol based on the initial studies had non-inferiority to Oxycodone, which is thought of as a potent opioid and familiar to providers. Serious adverse reactions are clinically less in Tapentadol compared to other more potent opioids. It has reduced GI side effects of nausea/vomiting and constipation, which is important especially in your seniors or post-operative patients. There is less than 1% euphoria reported in clinical studies, which likely represents it's low street value and abuse compared to other Schedule II opioids. There is no ibuprofen or APAP in it. There is a maximum dose in both the short acting and long acting forms, limiting unnecessary escalation. On abrupt discontinuation there is little to no withdrawal, in the majority of patients. Furthermore, weak binding opioids and mixed agonist/antagonist opioids tend to have less respiratory depression than strong full agonist opioids. In clinical application of Tapentadol IR, 50mg, 75mg, 100mg was equal or non-inferior to 5mg, 10mg, 15mg of oxycodone respectively. Standard conversions show 100mg = 40mg of Morphine, although it is likely less of an opioid load when remembering the weak binding affinity. There is no prior authorization required for Medicaid. Only a quantity of 8 per day (4/day in chronic opioid setting) is allowed and should be started at 50-100mg q4-6hr in the opioid naive and may be titrated to max of 700mg on the first day and max of 600mg on subsequent days. See below for Pubmed research. Medicaid covers the IR form and ER will be 1-step edit.

29. Consider transitioning to Buprenorphine (Butrans/Belbuca) if opioids are indicated for more of an extended period of time. Buprenorphine may offer stability and less desire for self escalation/craving as well as better safety profile. This may be important if the Pt. is on short acting longer than 4-6wks. You cannot use other long acting formulations along with buprenorphine. You do not need a waiver to Rx Butrans/Belbuca. Buprenorphine may also mitigate potential for opioid induced hyperalgesia. Buprenorphine is schedule 3, has neuropathic

properties, is safer in elderly group, has a ceiling effect on respiratory depression, but not analgesia, and does not negatively affect hormone/immune system compared to other opioids. Butrans is a 1-step edit and covered on Medicaid. The Pt. will likely need to fail Tramadol ER first. I usually consider starting Butrans 10mcg q7days or Belbuca 150mcg q12hrs when a Pt. is on Oxycodone 20-40mg/day or equivalent IR opioid formulation and you are trying to avoid further escalation. Belbuca is an alternative to Butrans and is a buccal formulation dosed q12hrs as opposed to Butrans which is a 7day TD formulation. I would titrate to 20mcg of Butrans if needed or 300mcg q12hrs of Belbuca. You can use IR opioids for BTP while on buprenorphine but usually cannot go above 40mg/day of Oxycodone equivalents. Tegaderm 1626W (cheapest on Amazon), topical steroids (fluticasone nasal spray on the skin before application and topical cream after removal) mitigate the common rash side effect seen with Butrans. Rubbing alcohol on the skin before application can help it to stick better. Belbuca unfortunately is not as well covered but offers further titrating dosages and avoids the topical skin rash with it's buccal delivery. Consider tapering down and D/C short acting opioids. See Pubmed research below for further info on Buprenorphine.

30. Concepts of Central Sensitization and Opioid Induced Hyperalgesia are important to understand when trying to avoid chronic pain states or unexplained pain hypersensitivity.

31. Naloxone Rx is necessary and becoming standard of care. The atomizer delivery is covered with Medicaid. Naloxone availability is basically becoming standard of care for Pt's on high dose opioids and/or with risk factors. Avella in Denver is a great local pharmacy that knows how to better process the Rx if you are having difficulty with your local pharmacy. See reference on how to Rx and Pt. handout. Below is a great resource to further describe the atomizer and how to Rx and instruct Pt.'s. Over 200 pharmacies in Colorado carry Naloxone, available to anyone under standing orders.

<http://www.prescribetoprevent.org/wp-content/uploads/2012/11/naloxone-one-pager-in-nov-2012.pdf><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.prescribetoprevent.org_wp-2Dcontent_uploads_2012_11_naloxone-2Done-2Dpager-2Din-2Dnov-2D2012.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjG

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<http://stoptheclockcolorado.org/><https://urldefense.proofpoint.com/v2/url?u=http-3A_stoptheclockcolorado.org_&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxdg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=uTligTs3BXNmN9mqEFYiTXkOBwNVY_uO6Gk2jyn0JuY&e=>>

Thank you for allowing me to participate in this Colorado HCPF Drug Utilization Review telephone consultation. My comments and recommendations will be forwarded to the DUR board for their decision. These are only recommendations and will hopefully help in part as a partial guide in the care and treatment of this patient under your care.

Respectfully,

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Medicaid/Pain Resources

Colorado Medicaid PDL

<https://www.colorado.gov/hcpf/pharmacy-resources#PDL><https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_hcpf_pharmacy-2Dresources-23PDL&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxdg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=oyEIDcIE>

[MAJSg1PMIQd7Hef6qdUybIIUITHS0Vzl Wg&e=>](#)

Colorado Medicaid Morphine Equivalents Policy

<https://www.colorado.gov/pacific/sites/default/files/MME%20Policy%20Update%20-%20University.pdf>
https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_MME-2520Policy-2520Update-2520-2D-2520University.pdf&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=txL1NcW0Ffddl_AmW8UuQhVRa6msGZJNaZ8erlg4qk&e=>

Colorado Medicaid policy for Rx opioids in the naive

<https://www.colorado.gov/pacific/sites/default/files/Provider%20Opioid%20Policy%20FAQs.pdf>
https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Provider-2520Opioid-2520Policy-2520FAQs.pdf&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=qqVXtYpYajydXxCE4mnSspZF-BVFhGimzISvwxDF_t8&e=>

Colorado Medicaid Pain Management Resources and Opioid Use

<https://www.colorado.gov/pacific/hcpf/pain-management-resources-and-opioid-use>
https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_hcpf_pain-2Dmanagement-2Dresources-2Dand-2Dopioid-2Duse&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=pCZ9VzHH9jc10ovpybkMZhfGI_e-bTYg1Rty0mNv9el&e=>

CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016

<http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm><[DORA Policy for Prescribing and Dispensing Opioids, October 2014](https://urldefense.proofpoint.com/v2/url?u=http-3A_www.cdc.gov_mmwr_volumes_65_rr_rr6501e1.htm&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=ezDggxVrf-qLbi29DVSBSqDI1nEYYmolt-T-drsqc&e=></p></div><div data-bbox=)

<https://drive.google.com/file/d/0B-K5DhxXxJZbd01vVXdTTkIZLVU/view><[FDA 8/31/16 placed a boxed warning on combined use of certain opioid medications and a class of central nervous system \(CNS\) depressant drugs called benzodiazepines.](https://urldefense.proofpoint.com/v2/url?u=https-3A_drive.google.com_file_d_0B-2DK5DhxXxJZbd01vVXdTTkIZLVU_view&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=vBV3uRdkx31dyDiTYN0QRT0XOuwAnTfVmVTXR6jh48o&e=></p></div><div data-bbox=)

<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm518697.htm><[Information on the Chronic Pain Telehealth Program<\[https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Learn-2520More-2520About-2520the-2520ACC-2520Chronic-2520Pain-2520Disease-2520Management.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjG\]\(https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Learn-2520More-2520About-2520the-2520ACC-2520Chronic-2520Pain-2520Disease-2520Management.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjG\)](https://urldefense.proofpoint.com/v2/url?u=http-3A_www.fda.gov_NewsEvents_Newsroom_PressAnnouncements_ucm518697.htm&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=xWg93YY6iSOem6lSDvHBVeHjW6Q0NB4IXgB1pKu9L6k&e=></p></div><div data-bbox=)

[qxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=NNMIK-BG4oKPfnh02LeUG0r2 kNA-0tTiKkwn2rxrnA&e=>](http://www.colorado.gov/pacific/healthservices/chronicpain/providers) – Free to Colorado Medicaid providers, this program connects PCPs with a multidisciplinary team of chronic pain specialists and is currently enrolling PCPs for participation.

The Chronic Pain Resource Center – A website for patients, providers and family members developed by the CU Department of Family Medicine

<http://cufamilymedicine.org/chronicpain/providers/>
https://urldefense.proofpoint.com/v2/url?u=http-3A_cufamilymedicine.org_chronicpain_providers_&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=HLUOmgmHTB1V0int7ROZpdxVGKwk-BS9L QsisJZaQ8&e=>

UC Denver Pain Management CME

<http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/CHWE/training/Online/Pages/PainCME.aspx#>
https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ucdenver.edu_academics_colleges_PublicHealth_research_centers_CHWE_training_Online_Pages_PainCME.aspx-23&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=DevubvvoaKBz5tpeXjzYFH AMDmazr3OUIHmgWnQFo&e=>

PainNET was developed by Weitzman

Institute
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https://urldefense.proofpoint.com/v2/url?u=http-3A_chc1.com_&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-

[6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=a0s8_7vVuq-qP4I7_Rq8O3AkXyQ-C1LD1Dv5T6PjhXE&e=>](http://www.painnet.net/). and is a flexible online learning community to engage primary care providers and practices and offer the tools and resources to learn about pain, collaborate with experts, and transform care with evidence-based practices.

[http://www.painnet.net/<https://urldefense.proofpoint.com/v2/url?u=http-3A_www.painnet.net_&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=bLZ3SaP5usl_g0bOAJDUsilR9MooR6IZpCeJuUmB-n0&e=>](http://www.painnet.net/)

The Colorado Consortium for Prescription Drug Abuse Prevention (Consortium) was created in the fall of 2013 to establish a coordinated, statewide response to this major public health problem.

[http://www.corxconsortium.org/about-the-consortium/<https://urldefense.proofpoint.com/v2/url?u=http-3A_www.corxconsortium.org_about-2Dthe-2Dconsortium_&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=QXIKdrN4_FjKA068h5_L-wPZjLqh63Qn2iYaq9HpOP0&e=>](http://www.corxconsortium.org/about-the-consortium/)

Colorado SENATE BILL 15-053 for opioid antagonist

[http://www.leg.state.co.us/clics/clics2015a/csl.nsf/billcontainers/AD4B893CAA6DB52B87257D90007772A6/\\$FILE/053_enr.pdf<https://urldefense.proofpoint.com/v2/url?u=http-3A_www.leg.state.co.us_clics_clics2015a_csl.nsf_billcontainers_AD4B893CAA6DB52B87257D90007772A6_-24FILE_053-5Fenr.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqxd&m=GHI0aaL48zmbzxvfvGywpig7btWUkkrTRaYlriu0Chc&s=J11RChokI9ADPK6IAhJgJ6P95p9D9rwdOE_vHrKZ3j4&e=>](http://www.leg.state.co.us/clics/clics2015a/csl.nsf/billcontainers/AD4B893CAA6DB52B87257D90007772A6/$FILE/053_enr.pdf)

Prescribe to Prevent

<http://prescribetoprevent.org/><https://urldefense.proofpoint.com/v2/url?u=http-3A_prescribetoprevent.org_&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqyg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=Dlvuh1Q67Sy59PfhmwVarDoC5a8gw4h0ru6Hlr4MkQU&e=>

Over 200 pharmacies in Colorado carry Naloxone, available to anyone under standing orders

<http://stoptheclockcolorado.org/><https://urldefense.proofpoint.com/v2/url?u=http-3A_stoptheclockcolorado.org_&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqyg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=uTligTs3BXNmN9mqEFYiTxkOBwNVY_uO6Gk2jyn0JuY&e=>

Naloxone Nasal Atomizer Policy

<https://www.colorado.gov/pacific/sites/default/files/Naloxone%20Nasal%20Atomizer%20Policy%20Aug2015.pdf><https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Naloxone-2520Nasal-2520Atomizer-2520Policy-2520Aug2015.pdf&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqyg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=YjzxsRW3etfITcXVJcyPV71bnDhXAIqqzHszHo8JXxc&e=>

How to Rx Naloxone with the Atomizer and handout for patient

<http://www.prescribetoprevent.org/wp-content/uploads/2012/11/naloxone-one-pager-in-nov-2012.pdf><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.prescribetoprevent.org_wp-2Dcontent_uploads_2012_11_naloxone-2Done-2Dpager-2Din-2Dnov-2D2012.pdf&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjG

<https://www.colorado.gov/pacific/sites/default/files/Naloxone%20Nasal%20Atomizer%20Policy%20Aug2015.pdf><[## Atomizer DME Medicaid](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Naloxone-2520Nasal-2520Atomizer-2520Policy-2520Aug2015.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=D_JGNsWVqqz9fuTIMCyLqir-tMVShZ_ghxp-5D6KFms&e=>></p></div><div data-bbox=)

<https://www.colorado.gov/pacific/sites/default/files/Naloxone%20Nasal%20Atomizer%20Policy%20Aug2015.pdf><[## Naloxone Administration 3 ways](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Naloxone-2520Nasal-2520Atomizer-2520Policy-2520Aug2015.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=YjzxsRW3etfITcXVJcyPV71bnDhXaiqqzHszHo8JXxc&e=>></p></div><div data-bbox=)

<http://www.getnaloxonenow.org/INFO-ON-HOW-TO-ADMINISTER-NALOXONE.pdf><[## Atomizer youtube video](https://urldefense.proofpoint.com/v2/url?u=http-3A_www.getnaloxonenow.org_INFO-2DON-2DHOW-2DTO-2DADMINISTER-2DNALOXONE.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=chnP_l-OxdWyi2Uye3_stVQHZzV0Lsg1XWCmnk4hlaE&e=>></p></div><div data-bbox=)

https://www.youtube.com/watch?v=FZpgjRBby_M<[<https://www.colorado.gov/pacific/sites/default/files/How%20to%20Give%20Nasal%20Spray%20Naloxone.pdf><<https://urldefense.proofpoint.com/v2/url>](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.youtube.com_watch-3Fv-3DFZpgjRBby-5FM&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GIp8FZru9rnycMDfM&r=jlK8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=MBZ3Go0c2To2AtWg73ZXTdVIsSHv0rV1N6SYuA0pYTY&e=>></p></div><div data-bbox=)

[?u=https-3A www.colorado.gov pacific sites default files How-2520to-2520Give-2520Nasal-2520Spray-2520Naloxone.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=MXAmcpOEixtPVIHoHnTWi9fZgldEBPNXNTpKLVDR6lc&e=>](https://www.colorado.gov/pacific/sites/default/files/How-2520to-2520Give-2520Nasal-2520Spray-2520Naloxone.pdf)

Cohort Study of the Impact of High-Dose Opioid Analgesics on Overdose Mortality

<http://painmedicine.oxfordjournals.org/content/17/1/85>
https://urldefense.proofpoint.com/v2/url?u=http-3A_painmedicine.oxfordjournals.org_content_17_1_85&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=SnHyU0NdtqoVqbl6hsrxBxtSHXGNmGhbMtJsUWwIF8Y&e=>

A Comprehensive Review of Opioid Induced Hyperalgesia (OIH)

<https://www.researchgate.net/publication/50409896> A comprehensive review of opioid-induced hyperalgesia Pain Physician
https://urldefense.proofpoint.com/v2/url?u=https-3A www.researchgate.net_publication_50409896-5FA-5Fcomprehensive-5Freview-5Fof-5Fopioid-2Dinduced-5Fhyperalgesia-5FPain-5FPhysician&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=QmkhPLJT-54v15l0sflwtdGit6quYM-31GQFUSbNY&e=>

http://www.mascc.org/assets/documents/pain_Opioid_Induced_Hyperalgesia.pdf
https://urldefense.proofpoint.com/v2/url?u=http-3A www.mascc.org_assets_documents_pain-5FOpioid-5FInduced-5FHyperalgesia.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=6ns89HbzXfWGAXNot7Mer3NoORCmLcCH_bQwNISukuk&e=>

Central Sensitization

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3268359/><[## Tapentadol](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.ncbi.nlm.nih.gov_pmc_articles_PMC3268359_&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=DNT0LbWDtzpNuD5Y_rUZ2asN-b_gvap110kNJQ643KM&e=></p></div><div data-bbox=)

Pg6: <https://www.colorado.gov/pacific/sites/default/files/Drug%20Utilization%20Review%20Newsletter%20-%20Winter%202017.pdf><[<http://www.ncbi.nlm.nih.gov/pubmed/24578192><\[<http://www.ncbi.nlm.nih.gov/pubmed/27516366><\\[https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_27516366&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=Ja4yAch\\]\\(https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_27516366&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=Ja4yAch\\)\]\(https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_24578192&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=kWhTLDzllxLfgaTUXQnd9WszG_tLtYbjmK2ZA4eQRec&e=></p></div><div data-bbox=\)](https://urldefense.proofpoint.com/v2/url?u=https-3A_www.colorado.gov_pacific_sites_default_files_Drug-2520Utilization-2520Review-2520Newsletter-2520-2D-2520Winter-25202017.pdf&d=DwMFaQ&c=FUll-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=uPVbfFrO6tEkqimgbTKk2aT5VYFPEj-d6RQ_G9Sc9Kw&e=></p></div><div data-bbox=)

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<http://www.ncbi.nlm.nih.gov/pubmed/25424235><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_25424235&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=kVTbB80pNJQwaYbASdPdJ3MA1kawlluJGJ-lh6jZrA0&e=>

<http://www.ncbi.nlm.nih.gov/pubmed/24161287><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_24161287&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=cnP0-EyaolR65ZZwgSGsDliMqcAAbrXnX0wil56JqZs&e=>

<http://www.ncbi.nlm.nih.gov/pubmed/26554630><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_26554630&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=iKcM2iaKSYpvGFw9obPm3RK9llw7_bWOGoxRFjO1hM&e=>

CDC wording on Tapentadol conversion:

“Tapentadol is a mu receptor agonist and norepinephrine reuptake inhibitor. MMEs are based on degree of mu-receptor agonist activity, but it is unknown if this drug is associated with overdose in the same dose-

dependent manner as observed with medications that are solely mu receptor agonists.”

<https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm><https://urldefense.proofpoint.com/v2/url?u=https-3A_www.cdc.gov_mmwr_volumes_65_rr_rr6501e1.htm&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=igEayVN08h0_OZH-EO3UPpWlqH-sfO8A5hLAjalQD84&e=>

Buprenorphine

<http://www.ncbi.nlm.nih.gov/pubmed/22809652><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_22809652&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=Gcko_W2NlojLAmv9JRi1HatVT1fShf6-lb8Jrc9h8gk&e=>

<http://www.ncbi.nlm.nih.gov/pubmed/18503626><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_18503626&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=9Py6S5XEjjgauYMPBKH9sGg2i3PSi-u5Ank1Kwn4Ubw&e=>

<http://www.ncbi.nlm.nih.gov/pubmed/26672499><https://urldefense.proofpoint.com/v2/url?u=http-3A_www.ncbi.nlm.nih.gov_pubmed_26672499&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6Glp8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=Z6DfrDXIRb0Zk2kPTIh491Fe119ofB3ewFQvRHSS-14&e=>

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[3A www.ncbi.nlm.nih.gov pubmed 26205326&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=ntuJ6xkpRZnF2yGP_mZxi9lBu0r-0czzwxnGNZ8g79A&e=>](http://www.ncbi.nlm.nih.gov/pubmed/26205326&d=DwMFaQ&c=FULL-rBqRL1b0tHZdz0Dr1LJ-6GlP8FZru9rnycMDfM&r=jlk8Kn74AG3kSBuO4yc5DiJTtg2cYAiPo0CgkFjGqXg&m=GHI0aaL48zmbzxvfvGywpiG7btWUkkrTRaYlriu0Chc&s=ntuJ6xkpRZnF2yGP_mZxi9lBu0r-0czzwxnGNZ8g79A&e=>)

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Providers Clinical Support System for Medication Assisted Treatment

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Buprenorphine Treatment Physician Locator Colorado

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TENS

Medicaid actually covers both TENS units and the supplies for them. As such, the member shouldn't be paying for them at all unless they've received a denial from us.

The best thing to do would be for the member to find a Medicaid enrolled supplier that has (or can get) electrodes that are compatible with their unit and have that supplier bill us for them. They don't require a PAR so they should be fairly easy to obtain once the supplier is found.

Transcutaneous or Neuromuscular Electrical Nerve Stimulators (TENS or NMES)

Transcutaneous or NMES require a two (2)-month trial rental period. A PAR is required for the rental or purchase of a TENS or NMES unit. This benefit requires the use of Questionnaire #9.