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INDIANA CHRONIC OPIOID PRESCRIBING RULE FOR PHYSICIANS

Effective 12/15/13

Applies to the prescription of opioid or opioid containing substances to treat chronic pain

When it Applies:

- ✓ Patients prescribed > 60 opioid containing pills per month for more than 3 consecutive months
- ✓ Patients prescribed a morphine equivalent dose ("MED") of > 15mg per day for more than 3 consecutive months

Exemptions:

- ✓ Patients with terminal conditions;[1]
- ✓ Patients enrolled in a licensed hospice program;*
- ✓ Patients enrolled in an inpatient or outpatient palliative care program of a licensed hospital or licensed hospice;* and
- ✓ Residents of health facilities*

*NOTE: The period of time that a patient was, but is no longer in one of the above facilities is to be included in the determination of whether the >3 month period has been met

HOW TO CALCULATE THE "MED"

1. Add up the maximum milligrams of opioid in a 24 hour period under the prescription
   "Percocet 5 mg, 1 -2 every 4-6 hours"
   Max dose is 2 pills (10mg) every 4 hours, or 10mg x 6 = 60mg in 24 hours

2. Review a morphine equivalent dosing chart

Table 5. MED for Selected Opioids

Opioid	Approximate Equianalgesic Dose (oral & transdermal) *
Morphine (reference)	**30mg**
Codeine	200mg
Fentanyl transdermal	12.5mcg/hr
Hydrocodone	30mg
Hydromorphone	7.5mg
Methadone	Chronic: 4mg†
Oxycodone	20mg
Oxymorphone	10mg

Source: http://www.agencymeddirectors.wa.gov/Files/OpioidGdline.pdf

3. Convert the prescribed opioid into its morphine equivalent dose.
   20 mg oxycodone = 30mg morphine
   60 mg oxycodone = 90mg morphine
   MED = 90 mg

[1] "Terminal" means a reasonable degree of medical certainty that there will be no recovery and progression to death as an eventual consequence of the condition.

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Initial Requirements	Ongoing Requirements
1. Appropriately focused H&P 2. Obtain/order appropriate tests, as indicated 3. Obtain and review records of previous providers and document the effort 4. Have the patient complete an objective pain assessment tool 5. Assess the patient for mental health status 6. Assess the patient for risk of substance abuse 7. Establish a working diagnosis 8. Set functional goals 9. Where medically appropriate, use non-opioid options instead of, or in addition to opioids 10. Discuss the risks, benefits, and alternatives to opioid treatment 11. Discuss expectations regarding prescription requests and proper medication use 12. Review and sign a Treatment Agreement with the patient, to include at minimum: ✓ Treatment goals ✓ Patient consent to drug monitoring testing ✓ Physician's prescribing policies, including at least, a requirement that the patient take the medication as prescribed, and a prohibition of sharing medication with other individuals ✓ Requirement that the patient inform the physician about any other controlled substances prescribed or taken ✓ Patient's permission to the physician to perform random pill counts ✓ Reasons the opioid therapy may be changed or discontinued by the physician **Both the physician and patient are to sign the Treatment Agreement.** 13. Counsel women of childbearing age (14-55) about the risks to the fetus, including fetal opioid dependence and neonatal abstinence syndrome 14. Run an INSPECT report and document its consistency with your knowledge of the patient's controlled substances history (*effective 12/15/13)* 15. Perform a drug screen with confirmatory testing looking for illicit drug use and patterns of inconsistent medication use; if so, discuss with the patient, review and revise the treatment plan and document it in the record (*effective 1/1/15)*	1. Periodic face to face visits ✓ At least every 4 months if there is a stable regimen and treatment plan ✓ At least every 2 months for patients requiring changes to the regime and Treatment Plan Visits are to include: ✓ An evaluation of patient progress ✓ Compliance with the treatment plan ✓ Setting of clear ongoing expectations <u>Discontinue or Taper Opioid Therapy</u>: ✓ Patient's pain is poorly controlled despite appropriate doses of medication ✓ Patient exhibits no functional improvement 2. Run an annual INSPECT report and document its consistency with your knowledge of the patient's controlled substances history (*effective 11/1/14)* 3. Perform an annual drug screen with confirmatory testing looking for illicit drug use and patterns of inconsistent medication use; if so, discuss with the patient, review and revise the treatment plan and document it in the record (*effective 1/1/15)* <u>Actions when MED > 60mg per Day</u>: ✓ Schedule a face to face evaluation ✓ Review treatment plan ✓ Consider referral to a specialist <u>Actions if Continue Prescribing at an MED > 60mg per Day:</u> ✓ Develop a revised assessment and plan for ongoing treatment and document in the record ✓ Include an assessment of increased risk of adverse outcomes, including death