

USCA REGULATION 9.0 SAFE PRESCRIBING OF OPIOID ANALGESICS

Delaware Department of State – Division of
Professional Regulation

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DELAWARE #1 IN OXYCODONE - SUSTAINED
ACTING OPIATE PRESCRIPTIONS PER 1,000 (2013)

DELAWARE #1 IN % PATIENTS RECEIVING >100
MME'S DAILY

**Controlled Substance Prescribing Patterns — Prescription Behavior
Surveillance System, Eight States, 2013**

MMWR October 16, 2015

ME OFFICE CASES WITH PRESCRIPTION DRUG FOUND IN TOXICOLOGY INCREASED BY NEARLY 40% FROM 2015 TO 2016*

Office of the Medical Examiner

*2016 preliminary data (pending cases open when reported)

REGULATION 9.0 – SAFE PRESCRIBING OF OPIOID ANALGESICS

Effective date April 1, 2017*

<http://regulations.delaware.gov/AdminCode/title24/Uniform%20Controlled%20Substances%20Act%20Regulations-1.shtml>

- DEFINITIONS

ACUTE PAIN / ACUTE PAIN EPISODE

CHRONIC PAIN

PRACTITIONER


RISK ASSESSMENT

TREATMENT AGREEMENT



- DEFINITIONS

- ACUTE PAIN / ACUTE PAIN EPISODE

- Normal, predicted physiological response to a noxious chemical, thermal or mechanical stimulus – invasive procedures, trauma and disease; time limited
 - Less than 3 months in duration
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- DEFINITIONS

ACUTE PAIN / ACUTE PAIN EPISODE

CHRONIC PAIN

- A state in which pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.
- Continuous or nearly continuous pain for more than 3 months in duration

- DEFINITIONS

ACUTE PAIN / ACUTE PAIN EPISODE

CHRONIC PAIN

PRACTITIONER

Physician; dentist; podiatrist; nurse practitioner; physician assistant or other individual, licensed, registered, or otherwise permitted to prescribe a controlled substance in the course of professional practice

- DEFINITIONS

ACUTE PAIN / ACUTE PAIN EPISODE

CHRONIC PAIN

PRACTITIONER

RISK ASSESSMENT

The act of utilizing a tool appropriate for the patient which is designed for predicting the likelihood that a patient will abuse or misuse a prescribed controlled substance

- DEFINITIONS

ACUTE PAIN / ACUTE PAIN EPISODE


CHRONIC PAIN

PRACTITIONER


RISK ASSESSMENT

TREATMENT AGREEMENT


A written agreement, signed by the practitioner and the patient, which shall become part of the patient's medical record.

A decorative graphic consisting of several parallel white lines of varying lengths and orientations, located in the bottom right corner of the slide.

- INFORMED CONSENT

- The drug's potential for addiction, abuse, and misuse
 - The risks of life-threatening respiratory depression associated with the drug
 - Potential for fatal overdose as a result of accidental exposure, especially children
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- INFORMED CONSENT


- Neonatal opioid withdrawal symptoms
 - Potential for fatal overdose when interacting with alcohol
 - Other potentially fatal drug interactions, such as with benzodiazepines
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7-DAY LIMIT


A first-time prescription to an adult or minor patient for an acute episode cannot exceed a 7-day supply...unless



7-DAY LIMIT

- Condition triggering the prescription is documented
 - Query the Prescription Drug Monitoring Program (PMP) to obtain a prescription history
 - Indicate that a non-opioid alternative was not appropriate
 - Obtain Informed Consent
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7-DAY LIMIT


- Fluid drug screen (at discretion of the practitioner)
 - Physical exam – must include a documented discussion of relevant history, risks & benefits of opioid analgesics and possible alternatives, other treatments considered or tried, and whether opioid analgesics are contra-indicated
 - Schedule/undertake periodic follow-up visits
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CHRONIC, LONG-TERM TREATMENT

All listed under 7-day limit, plus PMP queries...



CHRONIC, LONG-TERM TREATMENT PMP QUERIES

- At least every six months or more frequently if clinically indicated
 - Whenever the patient is also being prescribed a benzodiazepine
 - Whenever the patient is assessed to potentially be at risk for substance abuse or misuse
 - Whenever the patient demonstrates loss of prescriptions, requests early refills, or similar behavior
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CHRONIC, LONG-TERM TREATMENT FLUID DRUG SCREENS

- At least every six months or more frequently if clinically indicated
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CHRONIC, LONG-TERM TREATMENT SIGNED TREATMENT AGREEMENT

- Patient's agreement to take medications at the dose and frequency prescribed, with a specific protocol for lost prescriptions and/or early refills
- Reasons that medication therapy may be re-evaluated, tapered or discontinued, including but not limited to: violation of the Treatment Agreement or lack of effectiveness

CHRONIC, LONG-TERM TREATMENT SIGNED TREATMENT AGREEMENT

- A requirement that all chronic pain management prescriptions are provided by a single prescriber or a limited agreed upon group of practitioners
- The patient's agreement not to abuse alcohol or use other medically unauthorized substances or medications

CHRONIC, LONG-TERM TREATMENT SIGNED TREATMENT AGREEMENT

- Acknowledgement that a violation of the agreement may result in action as deemed appropriate by the prescribing practitioner, such as a change in the treatment plan, a referral to a pain specialist, or referral to an addiction treatment program
- A requirement that fluid drug screens be performed at random intervals at the practitioner's discretion, but no less than 6 months

RESOURCES/INFORMATION

www.HelpisHereDE.com

www.DelawareHealthyHomes.org

www.Turnthetiderx.org

www.cdc.gov/grugoverdose

<http://dpr.delaware.gov/boards/controlledsubstances/pmp/default.shtml>

<http://dpr.delaware.gov/boards/controlledsubstances/index.shtml>