Update in the Opioid Prescribing Guidelines

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Objectives

• Discuss the recent Ohio opioid prescribing guidelines for:
  
  • ED / Urgent Care
  
  • Acute
  
  • Chronic
ADDITION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients, Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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The relentless marketing of pain pills. Crews from one small Mexican town selling heroin like pizza. The collision has led to America's greatest drug scourge.

The True Tale of America's Opiate Epidemic

DREAMLAND

SAM QUINONES
Opioid Problem

• 259 million Rx’s written
  • Enough for every American adult to have a bottle of pills in 2012

• 1.9 million people
  • Abused or were dependent on prescription opioid pain medications in 2013 (per DSM–IV criteria)

• 165 thousand overdose deaths
  • Related to opioid pain medication in the United States from 1999-2004
One Requirement
One Requirement

Check OARRS!!!

* https://www.ohiopmp.gov/Portal/Default.aspx
All the rest are **Guidelines**

“This guideline provides a general approach to the outpatient management of acute pain. It is not intended to take the place of clinician judgement, which should always be utilized to provide the most appropriate care to meet the unique needs of each patient.”
Based upon our review of OARRS data from August 2016, it appears that you may not be in compliance with Ohio law. If you appear in our monthly report for not being registered or not checking patients in OARRS prior to prescribing or personally furnishing an opioid analgesic or benzodiazepine, the Board could take administrative action against your license and impose a fine of up to $20,000 for failure to comply with the law.
OSMA Reply

The Ohio State Medical Association (OSMA) immediately took issue with the letter, questioning how it might be possible that roughly one-third of all licensed Ohio physicians could be considering in violation of rules governing the prescribing of opioids.
Guidelines: ED and Urgent Care / Opioids

• Check OARRS!
• No more than 3 days
• No long-acting opioids or Injectable Rx’s
• No replacement Rx’s
• Photo ID’s or photograph for chart
• Case reviews / frequent visitors
• Med agreements and Rx details about potential addiction
• Refer to PCP

ER and Acute Care Facilities

Guidelines: Office Acute Pain

- H & P
- Pain Assessment
- Psychological Factors
- Education
- Plan
- Goals / Expectations

- Non-pharmacologic – 1st line
  - Ice, heat, positioning, bracing, stretching
  - Massage, Physical Therapy, acupuncture/accupressure, chiropractic manipulation
  - Biofeedback, psychotherapy

- Non-opioid pharmacology
  - Use in combination with non-pharm
  - Educate on proper use, importance of maintaining therapy, expectation for duration and degree of symptom improvement
Skin, MS / CV, GI, Renal / Nerves

**Somatic**
- Aching
- Dull
- Sharp
- Knife-like
- Throbbing
- Spasm
- Pounding
- Stiffness
- Sore
- Bruising

- Pulling
- Hurts
- Twisting
- Like being hit
- Tense
- Hard
- Friction
- Irritating
- Grabbing

**Visceral**
- Pressure
- Squeezing
- Deep
- Dull
- Cramping
- Sickening
- Constant
- Steady
- Tightness
- Gassy/bloated

**Neuropathic**
- Burning
- Tingling
- Shooting
- Stabbing
- Jabbing
- Shock-like
- Piercing
- Radiating
- Gnawing
- Pinching
- Touchy
- Sensitive
Non-opioid Pharmacology

• Somatic Pain
  • Acetaminophen
  • Non-steroidal anti-inflammatory drugs (NSAIDS)
  • Corticosteroids

Alternatives include the following: gabapentin/pregabalin, skeletal muscle relaxants, serotonin-norepinephrine reuptake inhibitors, selective serotonin reuptake inhibitors and tricyclic antidepressants.

Non-opioid Pharmacology

• Visceral Pain
  • Acetaminophen
  • Non-steroidal anti-inflammatory drugs (NSAIDS)
  • Corticosteroids

Alternatives include the following: dicyclomine, skeletal muscle relaxants, serotonin-norepinephrine reuptake inhibitors, topical anesthetics and tricyclic antidepressants.

Non-opioid Pharmacology

• Neuropathic Pain
  • Gabapentin/pregabalin
  • Serotonin and norepinephrine reuptake inhibitors
  • Tricyclic antidepressants

Alternatives include the following: other antiepileptics, baclofen, bupropion, low-concentration capsaicin, selective serotonin reuptake inhibitors and topical lidocaine

Guidelines: Office Acute Pain / Opioids

- Check OARRS!
- H & P
- Pain Assessment
- Psychological Factors
- Education
- Plan
- Goals / Expectations
- Chronic guidelines if >12 weeks
- Reserve for severe cases or
- Ineffective alternatives
- Least potent and minimum #
- Avoid with benzo’s or sedatives
- Weaning, storage, disposal
- < 7days
- Re-evaluate q 14 days
- Re-assess if > 6 weeks
Acute Pain Prescribing Guidelines


http://mha.ohio.gov/Portals/0/assets/Initiatives/GCOAT/Acute-pain-infographic.pdf
Guidelines: Chronic Pain / Opioids

- Check OARRS! (q 90 days)
- Failed conservative Rx
- H & P
- Pain Assessment / Progress
- Psychological Factors
- 4 A’s
  - Activities of daily living
  - Adverse effects
  - Analgesia
  - Aberrant behavior
- 80 mg MED
- > 3 months
- Avoid benzo’s and sedatives
- Informed Consent / CSA
  - UDS
  - One pharmacy / One provider
  - Consequences
- Pain Management Consultants
OARRS Requirements

• Initial Rx
• Q 90 days
• Document OARRS check in medical record
• Can copy report into chart
• Border counties must check neighboring state
OARRS Exceptions

• Hospice or terminally ill
• < 7 days
• Cancer or associated condition
• Location (hospital, SNF, residential facility administration)
• Acute surgical, invasive procedure, or OB pain
• OARRS not available

Sample Patient Agreement Forms

Other Resources

• Ohio.gov – Mental Health and Addiction Services:

  http://www.cdc.gov/drugoverdose/prescribing/guideline.html
## Summary: Progressive Opioid Prescribing Guidelines for a Safer Ohio

<table>
<thead>
<tr>
<th></th>
<th>From Emergency Department &amp; Acute Care Facilities</th>
<th>For Chronic, Non-Terminal Pain</th>
<th>For Acute Pain Outside of Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Release Date</strong></td>
<td>April 2012</td>
<td>October 2013</td>
<td>January 2016</td>
</tr>
<tr>
<td><strong>Specific Goals</strong></td>
<td>Stop inappropriate prescribing from ED &amp; Urgent Care Centers</td>
<td>Ensure long-term patient safety</td>
<td>Limit first use of opioids and decrease availability of unused opioid medications</td>
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</tbody>
</table>
| **Prescribing Limitations** | • No more than 3 days  
  • No long-acting opioids | • "Press pause" at ≥ 80 mg MED  
  • Caution with co-prescribing of benzodiazepines | • Consider non-pharmacologic and non-opioid therapies  
  • Limit pills per script  
  • No long-acting opioids |
| **OARRS Recommendations** | Check prior to prescribing | Check every patient at ≥ 80mg MED  
  By law, OARRS check required for >12 weeks | Check prior to prescribing  
  By law, OARRS check required in most cases for ≥ 7 days of use (As of April 2015) |
| **Key Additional Clinical Steps** | Referral to Primary Care | 12 weeks a trigger for re-evaluation of pain, function, medication effectiveness & SBIRT | 2 weeks a trigger for re-evaluation |
| **Associated Metrics**  | TBD: Survey by ODH;  
  Additional data & trends through OARRS | # patients at ≥ 80mg MED  
  Proportion of prescriptions ≥ 120 pills/prescription  
  Proportion and # patients on both opioid & benzodiazepines | # patients receiving new opioid prescription for acute pain  
  See aggregate quarterly measures |
| **Aggregate Quarterly Measures for all guidelines** | % of prescriptions with associated OARRS check  
  # patients receiving opioids per quarter  
  Total opioid pills prescribed per quarter;  
  Average MED per prescription |                                   | |
| **Sample Patient Vignette** | Patients who are narcotic-seeking, doctor shopping and/or diverting opioids | Patients with addiction or tolerance to medications; those at greater risk for harm | Patients seeking pain relief following injuries or procedures |

**Acronyms:** ED=Emergency Department, MED=Morphine Equivalent Daily Dose, OARRS=Ohio Automated Rx Reporting System (prescription drug monitoring program), SBIRT=Screening, Brief Intervention, and Referral to Treatment for substance abuse
??? Questions ???