

State of Ohio Opioid Outpatient Prescribing for Pain

Acute Pain

- Pain that normally fades with healing, is related to tissue damage, significantly alters a patient's typical function and is expected to be time limited.
- State of Ohio Outpatient Prescribing Rules:
 - No more than **seven days** of opioids can be prescribed for adults.
 - Health care providers may prescribe opioids in excess of the day supply limits only if they provide a specific reason in the patient's medical record.
 - Except as provided for in the rules, the total MEDD of a prescription for acute pain cannot exceed an average of **30 MEDD** per day.
 - The new limits do not apply to opioids prescribed for cancer, palliative care end-of-life/hospice care or medication-assisted treatment for addiction.
 - The rules apply to the first opioid analgesic prescription for the treatment of an episode of acute pain.

Sub-acute and Chronic Pain

- Sub-acute pain – lasting between 6-12 weeks
- Chronic pain – lasting ≥ 12 weeks
- State of Ohio Safety checkpoints* *recommend*:

50 MEDD
Re-evaluate the patient's underlying condition causing pain, assess functioning, look for signs of prescription misuse, consider consulting a specialist, and obtain written informed consent from the patient
80 MEDD
Look for signs of opioid prescription misuse, consult with a specialist, obtain a written pain management agreement, and consider a prescription for naloxone
120 MEDD
Recommendation from a board-certified pain medicine physician or board-certified hospice and palliative care physician that is based upon a face-to-face visit and examination.

*do NOT apply inpatient or to patients receiving medications for terminal conditions

Prescribing Tip: Utilize the morphine equivalent daily dose (MEDD) checkpoints as an opportunity to critically evaluate patient's pain control. Identify the least amount of days and strength of opioid to adequately address the pain. If the dose and prescription duration are appropriate based on clinical judgement, **document rational** in the patient's chart on discharge. Utilize the calculator of MEDD as a reference guide and adjust the dose and frequency button options as necessary to obtain the appropriate MEDD for the prescription.

Clinical Pearls:

30 MEDD = oxycodone 5 mg q6h

60 MEDD = hydrocodone 10 mg/APAP 325 mg q4h

80 MEDD = hydromorphone PO 5 mg q6h

120 MEDD = oxycodone ER tablet 40 mg q12h

- Lexicomp Opioid Agonist Conversion calculator <https://online.lexi.com/lco/action/calc/calculator/70050>
- Prescribing flags are recommended to strengthen communication between physicians and patients to ensure appropriate prescribing.
- Utilize multi-modal pain approach:
 - Is the patient on a **scheduled** NSAID or acetaminophen?
 - Nonpharmacologic methods: heat, ice, stretch, ambulate
- The FDA defines opioid tolerance as patients taking (for ≥ 1 week) at least: [or equivalent dose of another opioid]

60 mg PO morphine daily

8 mg PO hydromorphone daily

25 mcg transdermal fentanyl/hr

25 mg PO oxymorphone daily

30 mg of PO oxycodone daily

60 mg PO hydrocodone daily

Epic Opioid Prescribing Flags on Discharge Script Ordering:

- If a PRN range order is placed, the MEDD for the prescription correlates with the highest possible dose and frequency.
- Evaluate provider preference list in Epic and modify defaults chosen for opioid medications which may exceed the 30 MEDD limit for acute pain prescriptions.
- Limit days supply prescribing for all outpatient opioid prescriptions.
- For patients on chronic opioid therapy requiring increased doses or days supply, document diagnosis and reasoning for therapy. (e.g. bridge sickle cell patient until PCP appointment)

References:

- Lexi-Drugs. Hudson, OH: Lexicomp, 2020. Available at: <http://online.lexi.com>.
- Ohio Administrative Code. Chapter 4731-11 Controlled Substances (2018).