CDC Opioid Guidelines
Indiana Opioid Laws

Amy LaHood MD MPH FAAFP
May 16, 2018

Introduction and Background

• Evansville native
• 25 years of medical service in the community
• 20 years of family medicine, residency at dh
• 18 years board certification from ABFM
• 15 years of primary care and president of FMA, PC
• 10 years founder, owner and CMO of TSCC, LLC
• 5 years primary care and medical director at SVE
• 1 year RCMO SVEMG

Recognition and Disclosure

Special thanks to Dr. LaHood, who is the lead champion for Ascension Medical Group Indiana regarding the Opioid challenge in our region. Her efforts are moving safety and consensus forward ahead of State and National initiatives.

Disclosures- NONE

CDC Guideline for Prescribing Opioids 2016

In summary “Evidence on long-term opioid therapy for chronic pain outside of end-of-life care remains limited with insufficient evidence to determine long-term benefits, though evidence suggests risk of serious harms that appears to be dose-dependent”

CDC Guideline for Prescribing Opioids 2016

• Opioids should only be continued if there is a meaningful improvement in pain & function (30% improvement)
• Avoid prescribing Opioid & Benzo whenever possible
• UDM initiation & annually
• ER Opioids for Severe pain requiring around the clock, long-term opioid tx for which alternative tx inadequate
• Avoid short and long acting opioids (unless end of life)
• Use lowest dose, additional precaution at 50MED/day
• Avoid dosage >90MED/day (if not improved DC or taper)

2016 - FDA Black Box Warning

• Health care professionals should limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect. Warn patients and caregivers about the risks of slowed or difficult breathing and/or sedation, and the associated signs and symptoms. Avoid prescribing prescription opioid cough medicines for patients taking benzodiazepines or other CNS depressants, including alcohol.
Indiana Opioid Laws

- 2014 – Chronic Opioid Prescribing Law
- 2017 – 7 Day Prescribing Law
- 2018 – CME requirement
- 2018 – INSPECT requirement

2014 Indiana Chronic Opioid Law

- Any patient taking > 60 opioid pills / mo ≥ 3 mo
- Any patient taking a morphine equivalent dose (MED) of > 15 mg for ≥ 3 months
- Hydrocodone-only extended release med

Exemptions (Terminal condition, palliative care, Hospice, NH)

2014 Indiana Chronic Opioid Law

Perform your own evaluation

- Perform appropriately focused history & physical
- Use objective pain assessment tool
- Order appropriate tests
- Obtain & review records of past care
- Utilize non-opioid options

2014 Indiana Chronic Opioid Law

Risk Stratification

Risk for substance abuse  Mental health assessment

2014 Indiana Chronic Opioid Law

Review & Sign a Treatment Agreement

- Goals of treatment
- Consent drug monitoring / random pill counts
- Prescribing policies, prohibition of sharing medications & requirement to take meds as prescribed
- Information on pain meds prescribed by other physicians / alcohol use
- Reasons that opioid therapy may be changed or discontinued
- Counsel women of child-bearing age about the potential for fetal opioid dependence & neonatal abstinence syndrome (NAS).

2014 Indiana Chronic Opioid Law

Functional Goals

After initial evaluation, establish working diagnosis

Specific Achievable Functional Goals

Assess progress at each visit
Reframe expectations: A realistic “Pain Score” target isn’t zero!
2014 Indiana Chronic Opioid Law
Periodic Scheduled Visits
- Evaluate patient progress
- Monitor compliance
- Set clear expectations
- Q 4mo, if stable (minimum)
- Q 2mo, if changing meds; more often as needed

Affect • Activities of Daily Living • Analgesia
Adverse effects • Aberrant

2014 Indiana Chronic Opioid Law
Urine Drug Monitoring
- UDM has evolved to become a **standard of care** when prescribing opioids
- Detect illicit substances
- Monitor adherence to prescribed meds
- Interpretation is critical
- "At any time the physician determines that it is medically necessary, whether at the outset of an opioid treatment or anytime thereafter, a physician prescribing opioids for a patient shall perform or order a drug monitoring test, which must include a confirmatory test."

2014 Indiana Chronic Opioid Law
Reassessment is required when MED ≥ 60 mg/d
- Face-to-face review to re-assess your patient
- Formulate/document a revised assessment and treatment plan
- Discuss the increased risk for adverse outcomes (including death) with higher opioid doses if that is what you plan to do

2017 – 7d Opioid Prescribing Limit
- Physician issuing initial opioid prescription for a patient may not prescribe more than a 7-day supply
- Note: Limit applies to that physician's first opioid prescription to that patient
- No specific exception for practitioners in the same practice
- For an adult patient age 18 or older, there are no quantity limits on subsequent opioid prescriptions written by that physician
- For patients < 18yo, all opioid Rx limited to 7-day supply
- Exceptions to Seven-Day Limit
  - Cancer
  - MAT for a substance-abuse disorder
  - Palliative Care
  - Professional judgment (must document in the EMR that non-opioids are inappropriate and physician is using his or her professional judgment to prescribe for longer than the 7-day limit)
2017 – 7d Opioid Prescribing Limit

Other Provisions

- Physician must comply if patient or patient’s authorized representative requests a smaller amount of an opioid than the physician initially planned to prescribe
  - Physician must document the request, as well as who made it, in the patient’s MR
- Allows Indiana pharmacies to partially fill a prescription at the request of patient or patient’s authorized representative
  - Under a change to federal law (21 U.S.C. 829), the unfilled portion of an original Schedule II prescription may be filled up to 30 days after the date of the original prescription

2018 INSPECT requirements

Senate Bill 221 (Effective July 1, 2018)

Requires checking INSPECT each time before prescribing an opioid or benzodiazepine to any patient

Effective date depends on situation:

- Applies 7/1/2018 for practitioners with INSPECT integrated into EMR
- Applies 1/1/2019 for practitioners providing services in the ER or pain management clinic
- Applies 1/1/2020 to practitioners providing services in a hospital
- Applies 1/1/2021 to all practitioners
- Patients on pain management contract – q 90dPractitioners
- MLB Waiver if no internet

2018 – CME requirement

Senate Bill 225 (Effective July 1, 2018)

Beginning July 1, 2019 (next physician renewal):

- All practitioners who apply for or renew Indiana Controlled Substances Registration
- Must have completed 2 hours of CME during the previous 2 years
  - CME must address opioid prescribing and opioid abuse
- For physicians CME courses must be approved by the IN Medical Licensing Board or offered by an approved organization

The Indiana Professional Licensing Agency must list approved CME courses on its website

The law sunsets July 1, 2025