

Ohio's New Opioid Prescribing Guidelines for Acute Pain Expand Fight Against Prescription Drug Abuse

As part of Ohio's continuing effort to curb the misuse and abuse of prescription pain medications and unintentional overdoses, the Governor's Cabinet Opiate Action Team has issued new opioid prescribing guidelines for the treatment of patients with acute pain. Short-term acute pain can result from injuries, or surgical and dental procedures, and is generally resolved within 12 weeks.

The new acute guidelines expand upon Ohio's existing prescribing guidelines for emergency departments and acute care facilities issued in 2012, and for treatment of chronic pain lasting longer than 12 weeks issued in 2013. None of the guidelines are intended to replace clinical judgment, and all three were developed by the Governor's Cabinet Opiate Action Team in conjunction with clinical professionals associations, healthcare providers, state licensing boards and state agencies.

"Too many families are being torn apart by drugs and that is why we have been so proactive in exploring new ways to prevent Ohioans from becoming addicted to prescription opioids," said Gov. John R. Kasich. "Building upon prescribing guidelines we established for emergency rooms and chronic pain, the new protocols for treating short-term acute pain will strengthen our efforts to fight abuse and ultimately save lives."

Copies of all three opioid prescribing guidelines, and tools and resources for prescribers, are available at www.opioidprescribing.ohio.gov. The website also contains video messages to prescribers from Gov. John R. Kasich, and from a young patient who shares his story of life on opioids: from legitimate use during recovery from a sports injury, to abuse and addiction.

In 2014, more than 262 million opioid doses were dispensed in Ohio for the management of acute pain—35 percent of the state's 750 million total dispensed opioid doses. Prescription opioids remain a significant contributor to unintentional drug overdose deaths in Ohio, contributing to nearly one-half of all deaths in 2014.

The new guidelines urge prescribers to first consider non-opioid therapies and pain medications—when appropriate—for the outpatient management of acute pain. This approach can help to prevent the potential misuse and abuse of leftover opioids. When opioid medications are necessary to manage a patient's acute pain, the guidelines recommend that the clinician prescribe the minimum quantity necessary without automatic refills.

"No prescriber can predict which patients will become addicted to their opioid pain medication, so why take the chance if the patient's acute pain can be managed by less dangerous treatment options?" said Dr. Amol Soin, a pain management specialist, and Vice President of the State Medical Board of Ohio.

"Just because clinicians can prescribe a 30-day supply of opioid medication doesn't mean that they should," he said. "Prescribing only the amount necessary—based on each individual patient's needs—will help reduce the number of leftover, unused opioids and the potential for diversion and abuse."

Dr. Soin noted that patients can take an active role in keeping themselves and others safe. “When you talk with your doctor or healthcare provider about managing your acute pain, ask to try non-opioid pain medications and therapies first,” he said. “If you do need opioid pain medication, make sure that you store it securely where no one else can get it, and safely dispose of any leftover pills.”

Dr. Soin also noted that, like the emergency department and chronic pain prescribing guidelines, the new acute pain guidelines call for prescribers to check the State Board of Pharmacy’s Ohio Automated Rx Reporting System (OARRS) before prescribing an opioid. A review of OARRS is required for most opioid and benzodiazepine prescriptions of seven days or longer.

“Patients may already be using opioids or benzodiazepines from other prescribers to treat a range of conditions including anxiety and insomnia,” he said. “Taking these drugs together increases a patient’s risk of a drug overdose, respiratory depression and death.”

Ohio is making it even easier for prescribers to check OARRS.

Last October, Gov. Kasich announced an investment of up to \$1.5 million a year to integrate OARRS directly into electronic medical records and pharmacy dispensing systems across Ohio, allowing instant access for prescribers and pharmacists. More than 110 hospitals, pharmacies and physician offices already have requested integration.

Ohio’s opioid prescribing guidelines are having a positive impact in the fight against prescription drug abuse:

- The number of prescriber and pharmacist queries using OARRS increased from 778,000 in 2010 to 9.3 million in 2014.
- The number of individuals “doctor shopping” for controlled medications decreased from more than 3,100 in 2009 to approximately 960 in 2014.
- The number of opioid doses dispensed to Ohio patients decreased by almost 42 million from 2012 to 2014.
- The number of patients prescribed opioid doses higher than chronic pain guidelines recommend to ensure patient safety decreased by 11 percent from the last quarter of 2013 to the second quarter of 2015.
- Ohio patients receiving prescriptions for opioids and benzodiazepine sedatives at the same time dropped 8 percent from the last quarter of 2013 to the second quarter of 2015.

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January 29, 2016

2016 Medical Board Officers

The following members of the Board serve as officers during calendar year 2016: President, Michael Gonidakis; Vice-President, Amol Soin, MD; Secretary, Kim G. Rothermel, MD; and Supervising Member, Bruce Saferin, DPM.

Wallet Cards Discontinued

Due to a change in Ohio law that went into effect on September 29, 2015, the Medical Board no longer issues wallet cards at the time of initial licensure or renewal. Online license status verification is available 24/7.

Use the license status feature on the Medical Board's website - www.med.ohio.gov – to verify information regarding physicians (MD, DO, DPM), acupuncturists, anesthesiologist assistants, cosmetic therapists, genetic counselors, oriental medicine practitioners, and radiologist assistants.

To verify information regarding massage therapists or physician assistants use the license lookup feature on the new E-License center at <https://elicense.ohio.gov/>.

WANTED - Medical Specialists

The Medical Board needs AOA or ABMS Board Certified physicians in the following specialties to review confidential complaints involving quality of care issues:

- All osteopathic specialties
- Pain Management
- Occupational Medicine or Physical Medicine & Rehabilitation who practice pain management
- Family Medicine who also practice pain management
- Internal Medicine who also practice pain management
- Neurologists who also practice pain management
- Anesthesiologists who also practice pain management

If interested in contracting with the Medical Board for this service, contact Alexandra Murray, Managing Attorney for Standards Review and Compliance, at Alexandra.Murray@med.ohio.gov.

License Renewal Password or Security Code Help

A unique password or security code is required to begin the online renewal process. If you have misplaced the renewal notice letter sent to you that contained your unique access information, you may send an email to the Board to obtain your password or security code. Please include your full name and license number in your correspondence.

If you are a physician (MD, DO, DPM), acupuncturist, anesthesiologist assistant, cosmetic therapist, genetic counselor, oriental medicine practitioner, or radiologist assistant, click this link med.renewal@med.ohio.gov to request your user ID and password.

If you are a massage therapist or physician assistant, click this link med-salesforce@med.ohio.gov to request a security code.

March 1, 2016

Weight Loss Rules Adopted by Medical Board

There are now two rules addressing prescribing controlled substances for weight loss. One rule addresses short term anorexiant and the other rule addresses FDA approved medications for chronic weight management.

Rule 4731-11-04 (effective 2-29-16): [Controlled substances: Utilization for short term anorexiant for weight reduction](#)

- This rule addresses the use of schedule III or IV controlled substances approved by the FDA for utilization in weight loss “for a few weeks.”
- The total course of treatment using that controlled substance shall not exceed 12 weeks. The rule also requires the physician to meet face-to-face with the patient every 30 days.

Rule 4731-11-04.1 (effective 12-31-15): [Controlled substances: Utilization for chronic weight management](#)

- This rule addresses the use of controlled substances approved by the FDA for chronic weight management. The medications must be used in compliance with the FDA approved labeling. There is no time limit on the course of treatment.
- After the initial visit and two follow-up visits, the rule authorizes the physician to write refills or the physician may turn care over to a physician assistant or nurse practitioner.

State of Ohio Board of Pharmacy Adopts New Rules on Drug Compounding by Prescribers

On May 1, 2016, the following Board of Pharmacy rules on prescriber drug compounding will go into effect.

- **4729-16-04 (NEW) - Drugs Compounded by a Prescriber:** Specifies requirements for prescribers who compound non-hazardous drugs.
- **4729-16-11 (NEW) - Hazardous Drugs Compounded by a Prescriber:** Specifies requirements for prescribers who compound hazardous drugs.

For a complete copy of these and other rules relating to drug compounding, please visit: www.pharmacy.ohio.gov/compounding2016

REMINDER: All locations (no exception) are required to hold a license as a terminal distributor of dangerous drugs in order to possess, have custody or control of, or distribute dangerous drugs that are compounded or used for the purpose of compounding. Pharmacies and wholesalers will not be able to ship compounded drug products or drugs used for the purpose of compounding to an entity that is not licensed by the Board. This applies to compounded drugs sent to prescribers acting as [pick-up stations](#).

More information on this requirement can be accessed here: www.pharmacy.ohio.gov/compoundingtddd