



State Medical Board of  
**Ohio**

# Best Practices for Prescribing Controlled Substances

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June 9, 2020

# Today's Presentation

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- The Ohio Medical Board's responsibilities
- Ohio's complaint and disciplinary processes
- OARRS – Prescription Drug Monitoring program
- Prescribing issues and regulations



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# About the Medical Board

*To protect and enhance the health and safety of the public through effective medical regulation.*

# The Board

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The Medical Board is the state agency charged with regulating the practice of medicine and selected other health professions.

12 members appointed by the governor to 5-year terms:

- 9 doctors: 7 MDs, 1 DO, and 1 DPM
- 3 consumer members

The board meets the second Wednesday of each month in the Rhodes Tower.



# License Types

The Medical Board regulates more than 89,000 licensees.

Allopathic Physicians 42,912	Anesthesiologist Assistants 275	Massage Therapists 11,773
Osteopathic Physicians 7,059	Physician Assistants 4,232	Cosmetic Therapists 181
Podiatric Physicians 983	Radiologist Assistants 15	Acupuncturists 226
Training Certificates MD-DO-DPM 7,695	Genetic Counselors 398	Oriental Medicine Practitioners 62
	Dietitians 4,353	Respiratory Care 8,770

*As of March 16, 2020*



Licensure



Education & Outreach



Disciplinary actions



Probationary monitoring



Confidential Monitoring

# Medical Board Core Services

## ***Statutes***

Laws enacted by Ohio legislature  
Ohio Revised Code (ORC)

## ***Rules***

Regulations developed and enacted  
by Medical Board

Ohio Administrative Code (OAC)

Rules clarify & amplify provisions in  
the Ohio Revised Code





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# Complaint Process



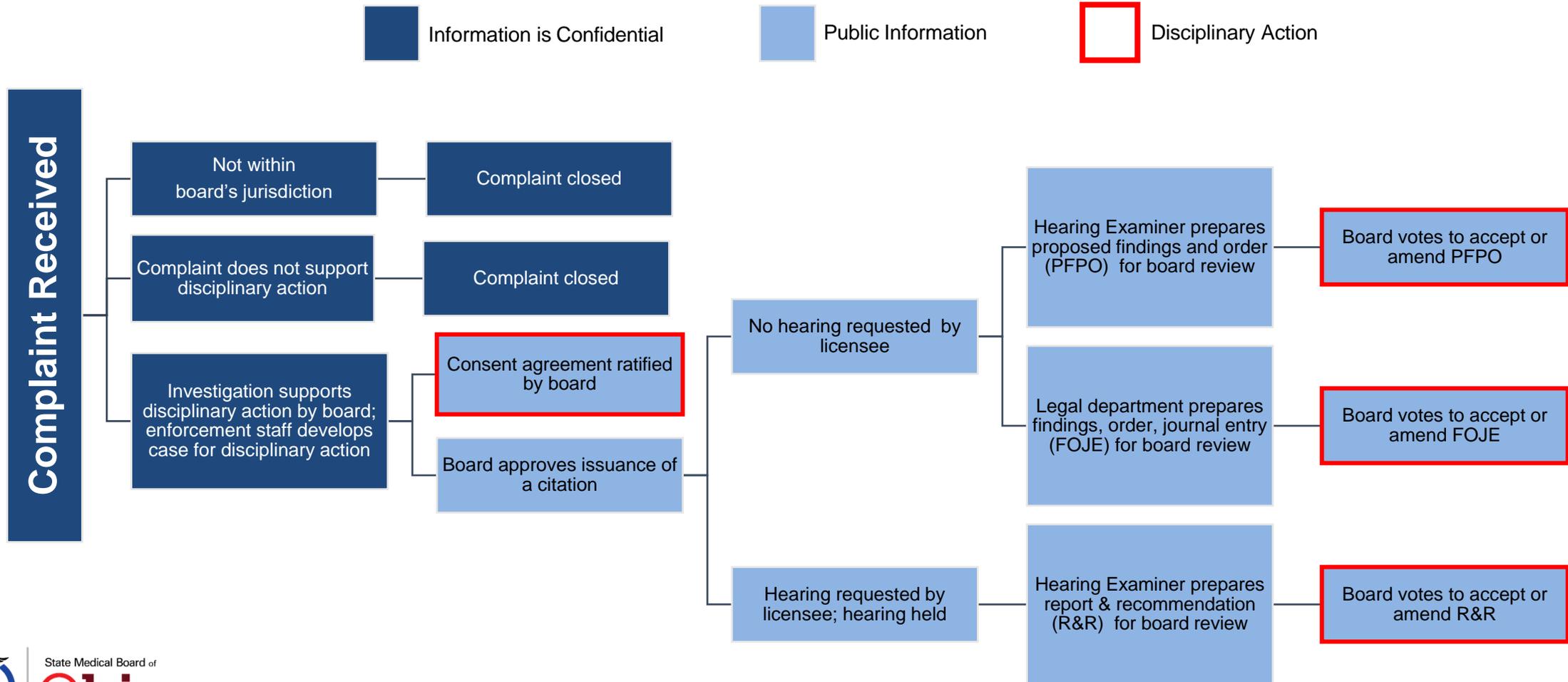
# What is a complaint?

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**Any** allegation of licensee misconduct received by the Medical Board

**Complaints are confidential**

# Complaint, Investigation, Enforcement and Disciplinary Process



# Medical Board Investigations

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- Ohio law makes complaints received by the Medical Board and board investigations confidential
- The board may only share investigative information with law enforcement agencies, other licensing boards, or other governmental agencies that are prosecuting, adjudicating or investigating alleged violations of statutes or rules
- Board disciplinary actions are public record – posted on [med.ohio.gov](https://med.ohio.gov) and licensee profile on [elicense.ohio.gov](https://elicense.ohio.gov)



# Disciplinary Actions

Ohio statute identifies **51** grounds for board disciplinary action.

**Board action examples:**  
dismissal, reprimand,  
suspension, probation,  
permanent revocation, etc.

**LAWriter**® Ohio Laws and Rules

Route: [Ohio Revised Code](#) » [Title 47](#) » [OCCUPATIONS - PROFESSIONS](#) » [Chapter 4731: PHYSICIANS: LIMITED PRACTITIONERS](#)

### 4731.22 Disciplinary actions.

(A) The state medical board, by an affirmative vote of not fewer than six of its members, may limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to grant a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate if the individual applying for or holding the license or certificate is found by the board to have committed fraud during the administration of the examination for a license or certificate to practice or to have committed fraud, misrepresentation, or deception in applying for, renewing, or securing any license or certificate to practice or certificate to recommend issued by the board.

(B) The board, by an affirmative vote of not fewer than six members, shall, to the extent permitted by law, limit, revoke, or suspend a license or certificate to practice or certificate to recommend, refuse to issue a license or certificate, refuse to renew a license or certificate, refuse to reinstate a license or certificate, or reprimand or place on probation the holder of a license or certificate for one or more of the following reasons:

- (1) Permitting one's name or one's license or certificate to practice to be used by a person, group, or corporation when the individual concerned is not actually directing the treatment given;
- (2) Failure to maintain minimal standards applicable to the selection or administration of drugs, or failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease;
- (3) Except as provided in section [4731.97](#) of the Revised Code, selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes or a plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction of, a violation of any federal or state law regulating the possession, distribution, or use of any drug;
- (4) Willfully betraying a professional confidence.

For purposes of this division, "willfully betraying a professional confidence" does not include providing any information, documents, or reports under sections [307.621](#) to [307.629](#) of the Revised Code to a child fatality review board; does not include providing any information, documents, or reports to the director of health pursuant to guidelines established under section [3701.70](#) of the Revised Code; does not include written notice to a mental health professional under section [4731.62](#) of the Revised Code; and does not include the making of a report of an employee's use of a drug of abuse, or a report of a condition of an employee other than one involving the use of a drug of abuse, to the employer of the employee as described in division (B) of section [2305.33](#) of the Revised Code. Nothing in this division affects the immunity from civil liability conferred by section [2305.33](#) or [4731.62](#) of the Revised Code upon a physician who makes a report in accordance with section [2305.33](#) or notifies a mental health professional in accordance with section [4731.62](#) of the Revised Code. As used in this division, "employee," "employer," and "physician" have the same meanings as in section [2305.33](#) of the Revised Code.

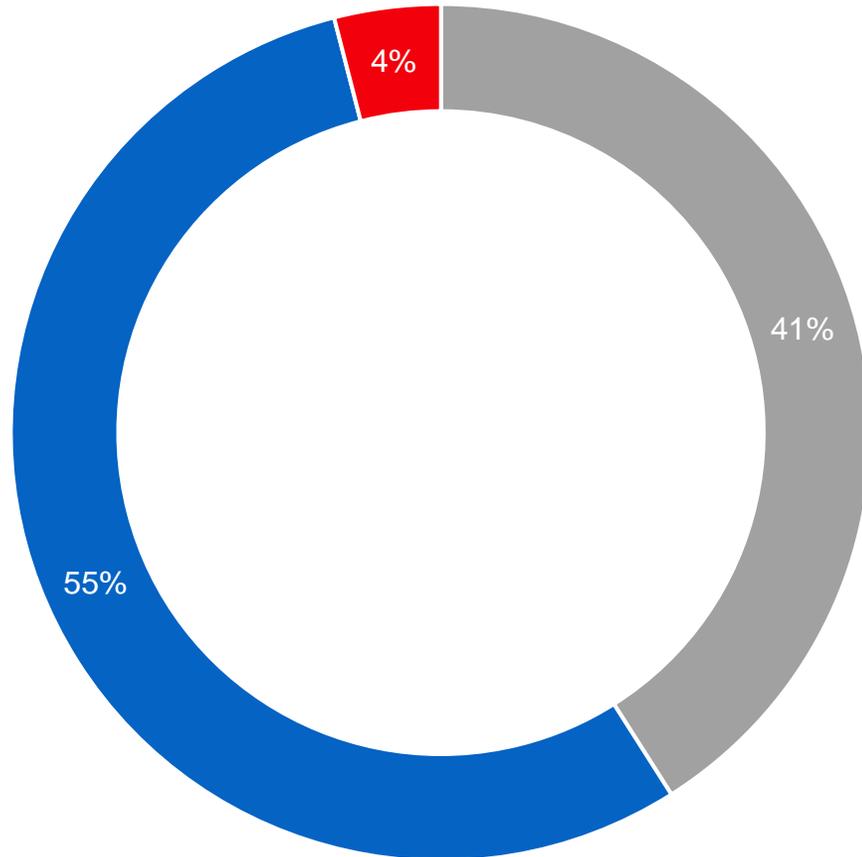
(5) Making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any license or certificate to practice issued by the board.

As used in this division, "false, fraudulent, deceptive, or misleading statement" means a statement that includes a misrepresentation of fact, is likely to mislead or deceive because of a failure to disclose material facts, is intended or is likely to create false or unjustified expectations of favorable results, or includes representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

- (6) A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established;
- (7) Representing, with the purpose of obtaining compensation or other advantage as personal gain or for any other person, that an incurable disease or injury, or other incurable condition, can be permanently cured;
- (8) The obtaining of, or attempting to obtain, money or anything of value by fraudulent misrepresentations in the course of practice;
- (9) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a felony;
- (10) Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed;
- (11) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor committed in the course of practice;
- (12) Commission of an act in the course of practice that constitutes a misdemeanor in this state, regardless of the jurisdiction in which the act was committed;
- (13) A plea of guilty to, a judicial finding of guilt of, or a judicial finding of eligibility for intervention in lieu of conviction for, a misdemeanor involving moral turpitude;

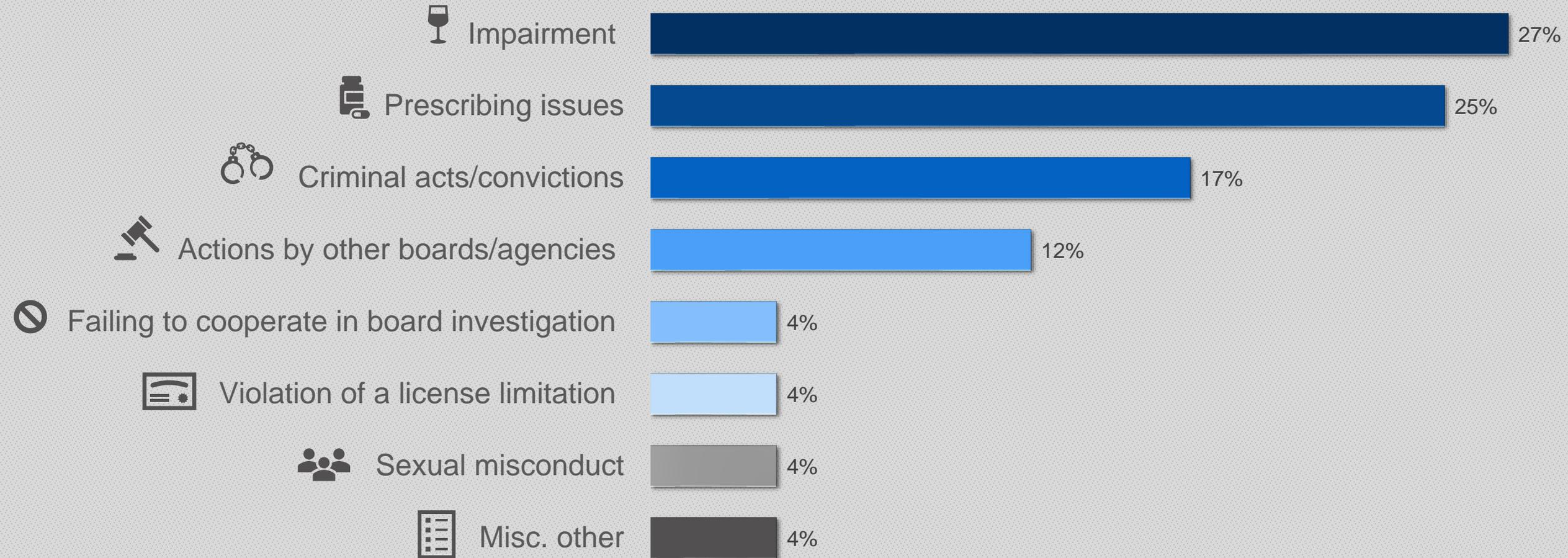
ORC 4731.22 (B)

# Complaint Outcomes FY 2019

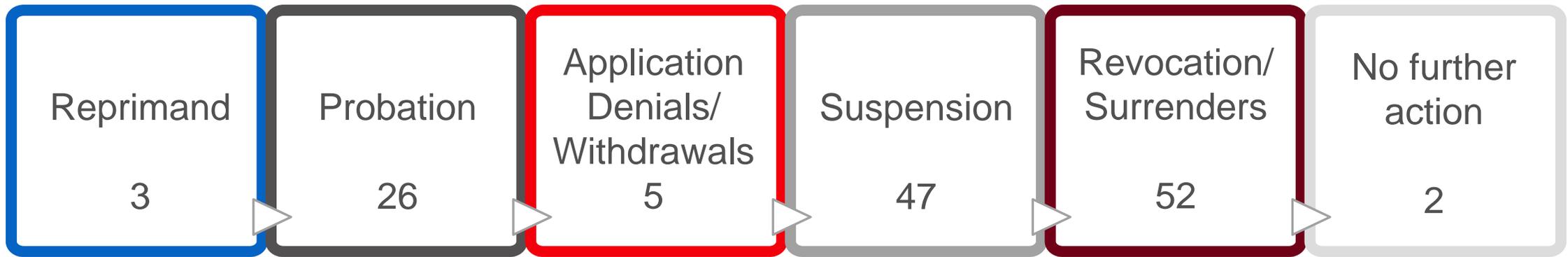


- **No action warranted**  
2,298 complaints closed as the issue involved professions not regulated by the board or no further review needed
- **Investigated then closed**  
3,064 complaints were closed after investigation as information obtained about allegation did not support board action
- **Board action**  
250 complaints resulted in disciplinary action by the board

# FY19 Basis for Disciplinary Actions

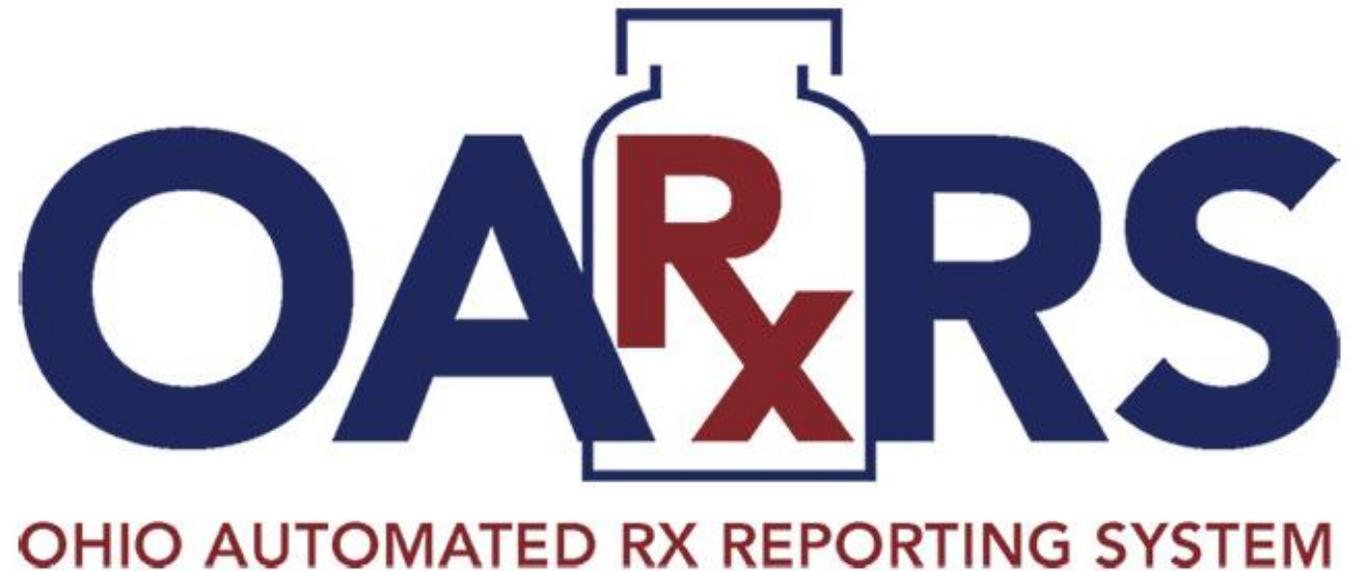


# Disciplinary Actions – FY19



135 Disciplinary Actions in FY19

- OARRS contains Rx history report for all controlled substances (schedule II-V)
- Statutes and rules define when OARRS report required



[www.ohiopmp.gov](http://www.ohiopmp.gov)

# When to Check

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- Before initially prescribing an opioid analgesic or benzodiazepine request OARRS information that covers at least the previous 12 months
- If treatment continues longer than 90 days, check OARRS at least once every 90 days until the course of treatment ends
- If patient treated for more than 90 days with any other reported drug check OARRS annually after initial report
- Document in patient record that OARRS report was assessed and reviewed
- For all controlled substances - check OARRS if any **red flag** noticed

# Red flags

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## **Look** for signs of drug seeking behavior

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- Appearing impaired or overly sedated during office visit
- Traveling with others to office; requesting specific prescriptions
- Travelling abnormally long distances to the physician's office

## **Listen** for signs of drug seeking behavior

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- Reports of lost prescriptions; requests for early refills
- Comments about sharing medications with family or friends
- Recurring visits to ER's, urgent care centers, or walk-in clinics to get meds

## **Check** for signs of drug seeking behavior

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- Drug screen results inconsistent with drugs on treatment plan
- History of chemical abuse or dependency; illegal drug use
- Suffering an overdose
- Receiving abused drugs from multiple prescribers



# OARRS Exceptions

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Unless a physician believes a patient may be abusing or diverting drugs a physician is **not** required to check OARRS if a drug is prescribed:

- Fewer than 7 days
- For treatment of cancer pain or condition associated with cancer
- To hospice patient in a hospice care program, or any other patient diagnosed as terminally ill
- To treat acute pain from surgery, invasive procedure, or delivery
- In a hospital, nursing home, or residential care facility

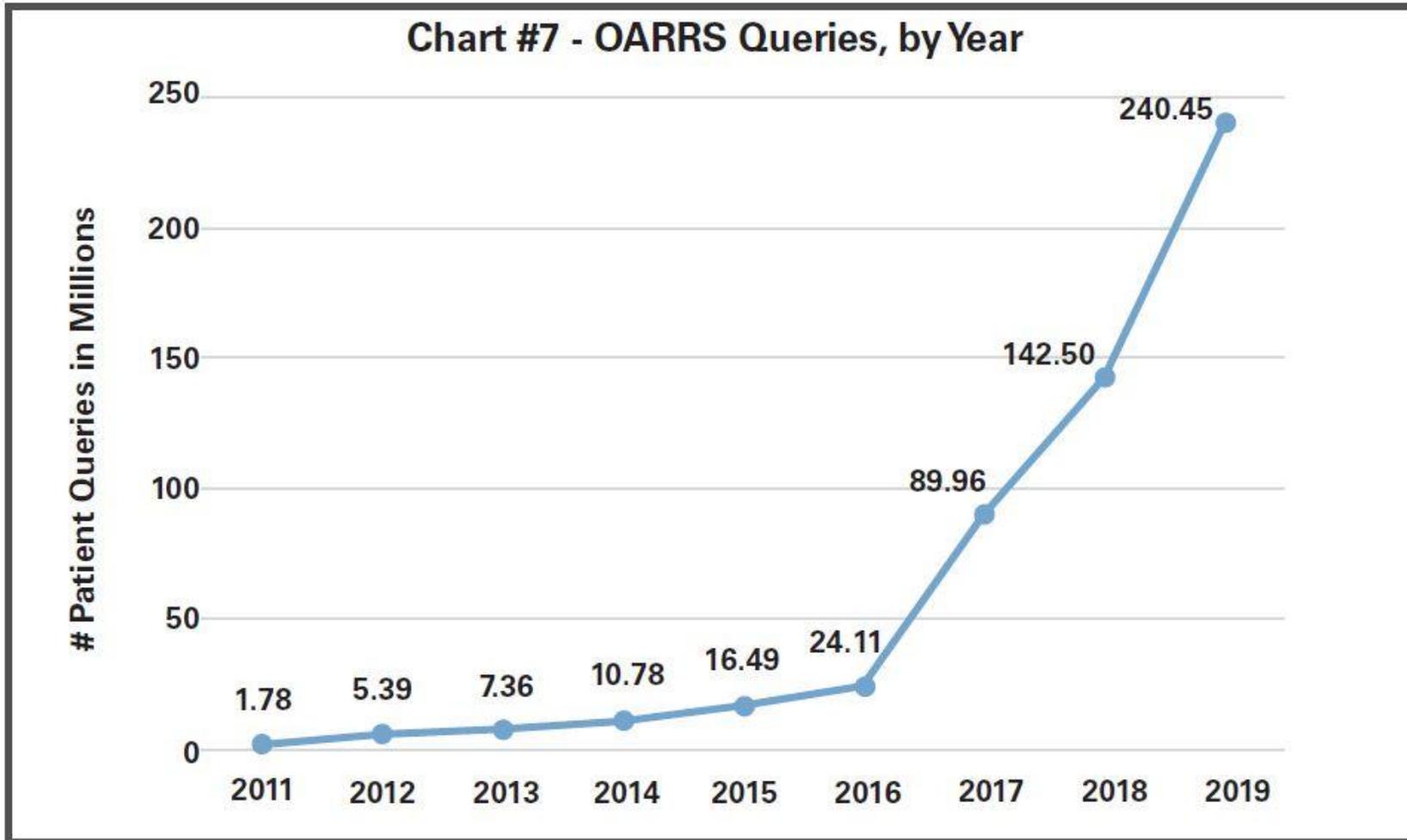


# #1 Ohio

American Medical Association  
data shows Ohio had the  
most Prescription Drug  
Monitoring Program checks in  
2017 and 2018

More than 142 million  
queries!

State	Queries, 2014	Queries, 2015	Queries, 2016	Queries, 2017	Queries, 2018
Alabama	*	*	*	*	3,544,728
Alaska	45,145	69,282	147,378	553,917	599,317
Arizona	*	1,548,774	3,975,220	5,136,594	8,883,314
Arkansas	555,240	734,625	2,536,448	4,092,529	6,650,191
California	3,553,551	6,174,394	9,581,280	9,977,133	13,672,277
Connecticut	250,662	484,736	974,815	*	1,872,430
Colorado	682,600	898,000	1,515,839	*	4,401,923
District of Columbia	*	*	*	71,860	*
Delaware	339,307	421,903	432,979	530,002	758,941
Florida	1,549,916	4,105,915	8,454,622	40,187,086	29,700,160
Georgia	*	*	1,139,116	2,997,061	6,595,974
Idaho	728	1,050	657,380	1,113,840	1,377,283
Illinois	1,906,999	2,539,448	2,696,653	2,978,188	4,247,251
Indiana	1,696,946	1,901,658	2,079,877	*	5,115,300
Iowa	170,698	236,663	392,819	447,476	1,009,256
Kansas	175,383	225,000	298,274	856,987	16,890,935
Kentucky	4,991,810	5,498,298	5,500,000	5,712,144	6,199,059
Louisiana	969,726	1,447,593	2,906,904	3,546,785	4,383,714
Maine	330,500	371,617	*	*	1,959,831
Maryland	537,945	982,292	1,135,602	1,904,552	2,431,471
Massachusetts	880,280	1,487,392	2,768,130	6,272,232	6,787,775
Michigan	2,689,354	3,760,648	4,638,983	6,080,729	15,537,771
Minnesota	520,515	635,586	794,965	1,244,173	2,604,678
Mississippi	*	*	978,044	1,724,945	2,740,278
Missouri**	*	*	*	245,872	1,399,523
Montana	112,313	159,150	263,573	318,324	400,769
Nebraska	24,548	27,644	*	90,950	371,527
Nevada	994,040	993,159	999,704	2,714,753	3,770,223
New Hampshire	n/a	n/a	320,683	36,100	847,721
New Jersey	1,404,614	2,077,870	2,486,000	3,000,010	3,524,480
New Mexico	368,283	487,844	938,940	1,304,013	1,770,299
New York	18,811,126	18,145,982	18,365,222	21,206,055	23,931,571
North Carolina	*	*	244,281	5,263,084	5,466,057
North Dakota	21,335	31,755	33,187	227,534	317,519
Ohio	7,500,000	10,500,000	24,094,984	88,960,000	142,481,000



OARRS queries make a difference!

Chart #1 - Opioid Solid Doses Dispensed to Ohio Patients, by Year

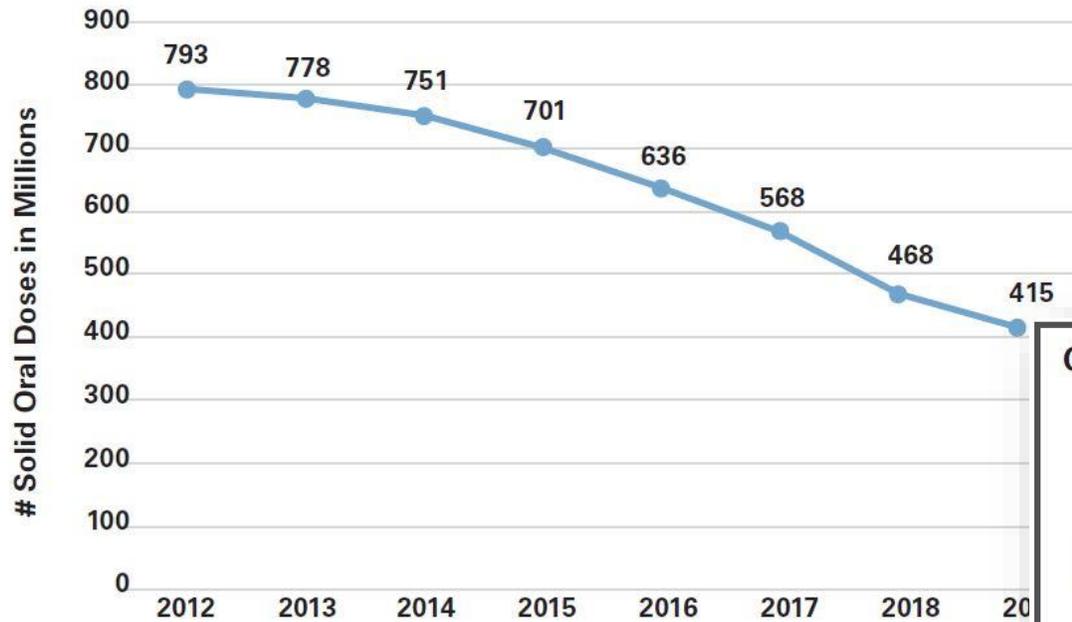
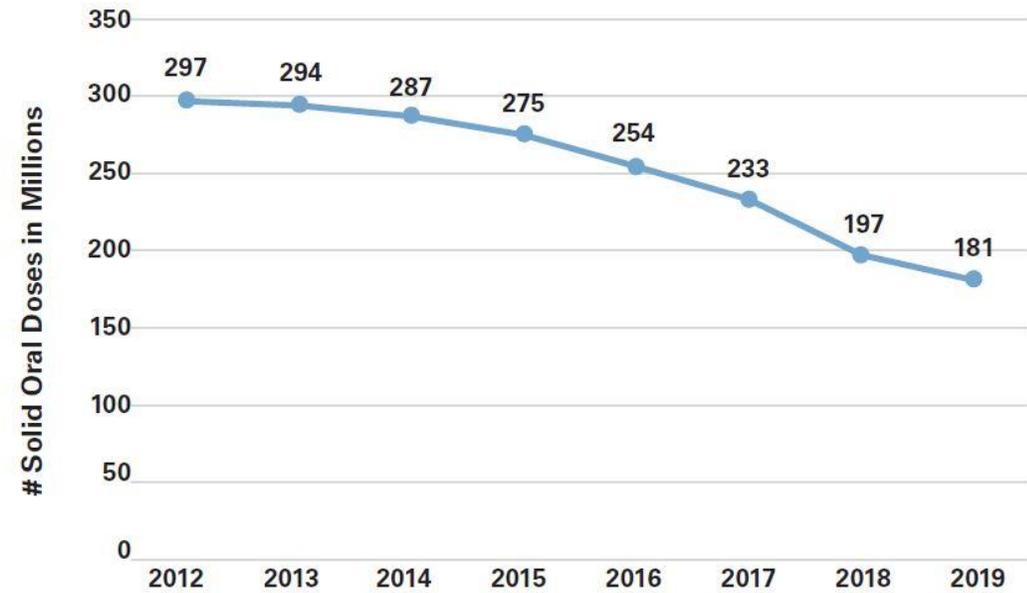


Chart #3 - Benzodiazepine Solid Doses Dispensed to Ohio Patients, by Year



# What to Look for in OARRS Report

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- Current medications
- Medications the patient received during the time period of report
- Number of prescribers; overlapping prescriptions
- Early refills
- **Discrepancies between what the report shows and history provided by the patient**

# What to Do With Identified Issues

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- Discuss with patient, record your concerns and the patient's responses in patient chart
- Review and document the patient's progress towards treatment objectives
- Review and document the patient's functional status (ADL's, adverse effects, analgesia, aberrant behavior)
- Consider more frequent OARRS checks, office visits, drug screens as well as different treatment options
- Consider consult/referral to a substance abuse specialist
- If the patient denies the prescription(s), do not assume that OARRS is right - contact the pharmacy to verify the prescription

# Case: Misuse of PDMP

Doctor pleaded guilty to one count of Misuse of the Ohio Automated Rx Reporting System Drug Database. He treated the former patient for approx. a year and sent a formal discharge letter. He checked OARRS on the former patient three times 2-3 years after discharge.

**Board Action:** 30-day stayed suspension with one year of probation, completion of personal/professional ethics course and a boundaries course, and a \$500 fine





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Prescribing

# Keep Good Patient Records

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- Reflect the physician's examination, evaluation and treatment
- Accurately reflect the use of any controlled substances in the treatment of the patient
- Indicate the diagnosis and purpose for which the controlled substance is utilized
- Any other information upon which the diagnosis is based

# Before Prescribing Controlled Substances...

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The minimal standards of care require prescribers to take into account all of the following:

- The drug's potential for abuse
- The possibility the drug may lead to dependence
- The possibility that patient may obtain drug a nontherapeutic use or distribute to others
- The potential existence of an illicit market for drug

# Problem Prescribing

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- Inappropriately prescribing drugs to patients
- Selling, giving away, personally furnishing, prescribing, or administering drugs for other than legal and legitimate therapeutic purposes
- Standard of Care - departing from, or the failing to conform to, minimal standards of care of similar practitioners under the same or similar circumstances

# Problem Prescribing

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- Self & family prescribing of controlled substances
- Drug Conviction - a violation of any federal or state law regulating the possession, distribution, or use of any drug
- Rules Violation - violating Board rule(s)
- OARRS (Ohio Automated Rx Reporting System) violations

# Case: Rx Issues

ER doctor wrote prescriptions for a friend who was a surgeon without examination and based on surgeon's account of history of cervical disc disease, insomnia and anxiety disorder

The surgeon wrote 2 prescriptions for the ER doctor for her back pain, who shared the medicine with the surgeon.

**Board action:** License suspension for at least 9 months and required to complete prescribing, ethics, and medical records courses while suspended. Three-year probation.



# Case: Family Prescribing

Doctor acted as the primary physician for older family for approximately 10 years and never kept a patient record. He regularly prescribed tramadol and lorazepam to the family member (non-emergency situations). Described his treatment and prescribing as “love over law.” Doctor also admitted to occasionally taking the family member’s tramadol and lorazepam for self-use

**Board action: Permanently revoked the doctor’s license and fined him \$18,000**



# Case: Pain Prescribing

Most patients received prescriptions for OxyContin, oxycodone or both; many also prescribed Valium. Only payment method was cash – average \$200/visit. Skimpy documentation in patient record; similar information in each patient chart; little evidence of individualized treatment plan. No follow-up on urine drug screen findings. Often increased dosages of 30mg oxycodone from 60/month to 90/month even when patient's pain was reduced - no explanation for increase in record

**Board action:** Permanent revocation



# Acute Pain Rules

< 7 days of opioids can be prescribed for adults

< 5 days of opioids can be prescribed for minors, but need written consent of parent or guardian

Prescribing opioids in excess of above limits requires a specific reason in the patient's record

Total morphine equivalent dose (MED) must be < 30 MED average per day (limited exceptions)



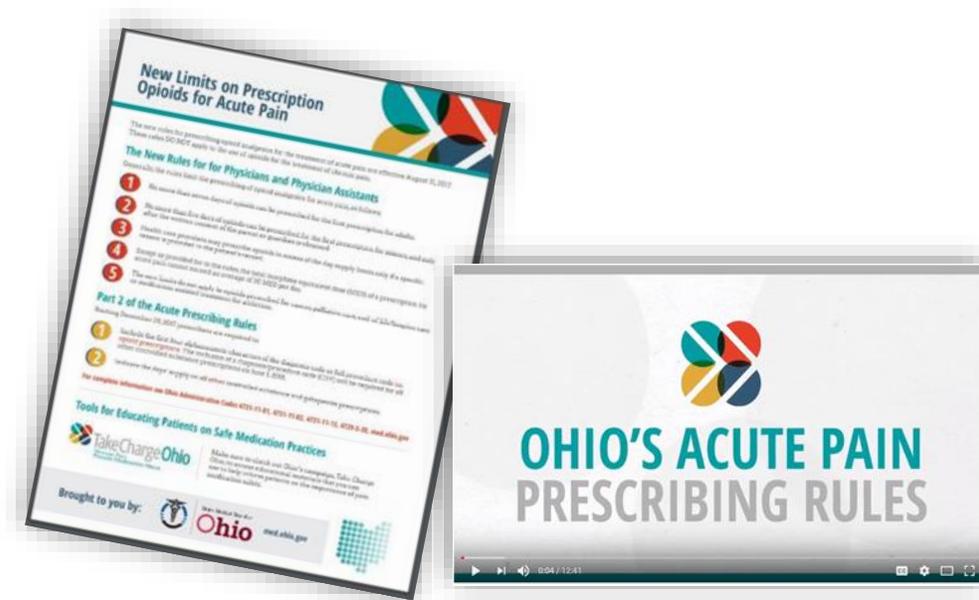
## Definition

“normally fades with healing, is related to tissue damage, significantly alters a patient's typical function, and is expected to be time-limited and not more than 6 weeks in duration”



# Acute Pain Rules

- Effective August 31, 2017
- DO NOT apply to the use of opioids for the treatment of subacute or chronic pain
- Resources (video, FAQs, factsheet)
  - [TakeChargeOhio.org](http://TakeChargeOhio.org)
  - [med.ohio.gov](http://med.ohio.gov) > Resources > Prescriber Resources





OHIO AUTOMATED  
RX REPORTING SYSTEM

PROVIDED BY:



ABOUT

REGISTER

DOCUMENTS

RESOURCES

MED CALCULATOR

REPORTS & STATISTICS

FAQS

CONTACT US

INTEGRATION



MED CALCULATOR

# PRESCRIPTION HISTORY

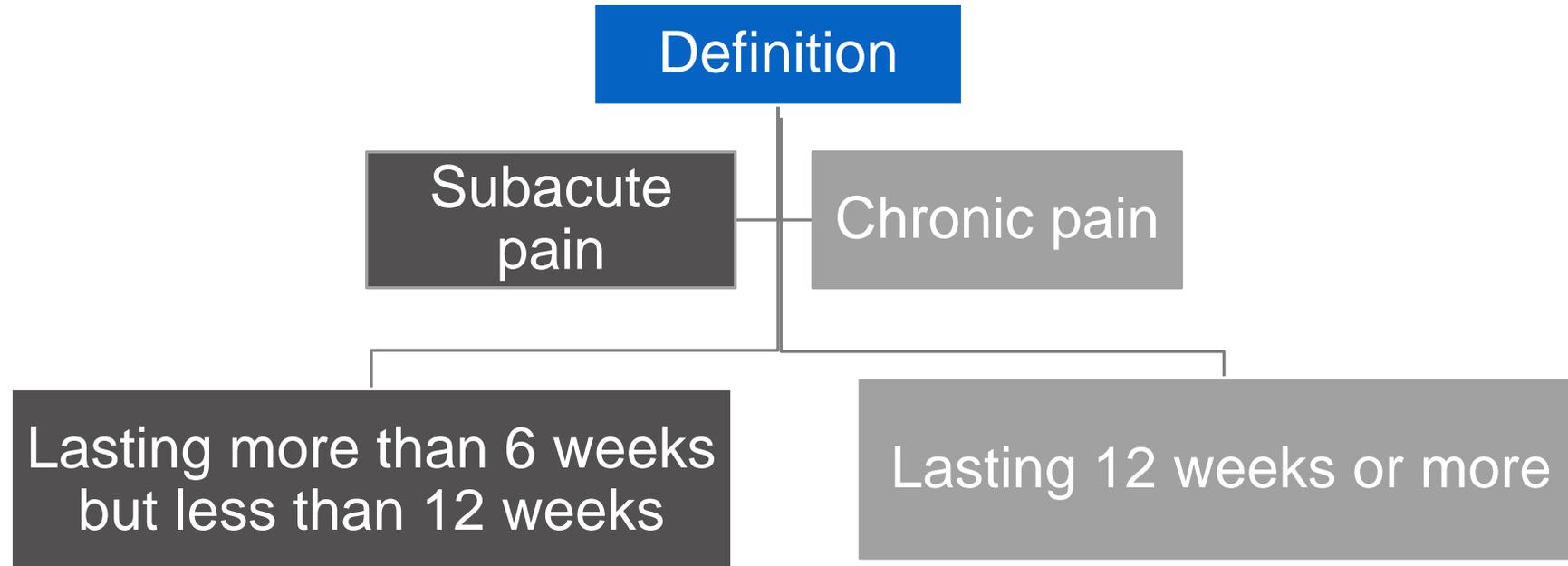
What is Morphine Equivalent Dose (MED)?

The MED Calculator is designed to assist in the calculation of a patient's opioid intake. Fill in the mg per day for whichever opioids your patient is taking to automatically calculate the total morphine equivalents per day. Providers treating chronic, non-terminal pain patients who have received opioids equal to or greater than 80 mg MED for longer than three continuous months should consult Ohio's opioid prescribing guidelines.

[Ohio.pmp.gov](https://ohio.pmp.gov)

# Subacute & Chronic Pain

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Objectives:

Increase patient awareness of risk & establish MED checkpoints

# Subacute and Chronic Pain

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- Evaluate whether non-medication and/or non-opioid treatment are appropriate; document in patient record
- Prescribe opioids for the least amount of days & lowest strength needed



# Prior to Prescribing for Subacute/Chronic Pain

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Conduct & document in patient record:

- Full patient history, including risk for substance use disorder
- Appropriate physical exam
- Diagnostic tests including imaging studies, lab tests and/or urine drug testing
- OARRS check/prescription history
- Functional pain assessment
- Treatment plan

# Prior to Prescribing for Subacute/Chronic Pain

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A treatment plan must be based on the clinical information obtained and include all the following components:

- Diagnosis
- Objective goals for treatment
- Rationale for the medication choice and dosage
- Planned duration of treatment
- Steps for further assessment and follow-up

# Prescribing for Subacute/Chronic Pain

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At 50 MED daily dose or higher, the physician shall complete and document follow-up assessment in the patient chart at least every 3 months:

- Review of course of treatment, patient's response and adherence to treatment, and any complications/exacerbation of underlying condition
- Rationale for continuing opioid treatment and nature of continued benefit
- Results of OARRS checks per OAC Rule 4731-11-11
- Screening for medication misuse or substance use disorder with drug screens obtained based on clinical assessment and presence of aberrant behaviors or other indications of addiction/abuse
- Evaluation of other forms of treatment

# Subacute & Chronic Pain Rules

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## **Prior to increasing to 50 MED**

- Review and update assessment of the underlying condition causing pain
- Assess functioning
- Update treatment plan, if necessary
- Look for signs of prescription misuse
- Consider consultation with a specialist or obtain a medication therapy management review
- Obtain written informed consent from the patient



# Subacute & Chronic Pain Rules

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## Prior to Increasing to 80 MED

- Look for signs of prescription misuse
- Consult with a specialist or obtain a medication therapy management review
- Enter into a written pain management agreement
- Offer a prescription for naloxone to the patient





# Patient Management Agreement

A sample pain management agreement is on the Medical Board website at [med.ohio.gov](http://med.ohio.gov).

→ Resource tab

→ Prescriber Resources

## **Sample** Opiate/Pain Management Agreement

The purpose of this Agreement is to prevent misunderstandings about certain medications you will be taking for pain management. This Agreement is to help you and your provider to comply with the law regarding controlled pharmaceuticals.

\_\_\_ I understand that there is a risk of psychological and/or physical dependence and addiction associated with chronic use of controlled substances.

\_\_\_ I understand that this Agreement is essential to the trust and confidence necessary in a provider/patient relationship and that my provider undertakes to treat me based on this Agreement.

\_\_\_ I understand that if I break this Agreement, my provider will stop prescribing these pain control medicines.

\_\_\_ In this case, my provider will taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. A drug-dependence treatment program may also be recommended.\*

\_\_\_ I will seek psychiatric treatment, psychotherapy, and/or psychological treatment if my provider deems necessary.

\_\_\_ I will communicate fully with my provider about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medicine is helping to relieve the pain.

\_\_\_ I will not use any illegal controlled substances, nor will I misuse or self-prescribe/medicate with legal controlled substances.

\_\_\_ I will not share my medication with anyone.

\_\_\_ I will not attempt to obtain any controlled medications, including opioid pain medications, controlled stimulants, or anti-anxiety medications from any other provider.\*

\_\_\_ I will safeguard my pain medication from loss, theft, or unintentional use by others, including youth. Lost or stolen medications will not be replaced.

\_\_\_ I agree that refills of my prescriptions for pain medications will be made only at the time of an office visit or during regular office hours. No refills will be available during evenings or on weekends.

\_\_\_ I agree to use this pharmacy \_\_\_\_\_ located at this address \_\_\_\_\_ with the telephone number of \_\_\_\_\_ for filling my prescriptions for all of my pain medicine.

\*Item required for chronic or sub-acute opioid therapy as mandated in Ohio's prescribing regulations.

Pain treatment contract template provided by the State Medical Board of Ohio.



# Subacute & Chronic Pain Rules

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## 120 MED

- Obtain recommendation from a board-certified pain medicine, hospice or palliative care physician that is based on a **face-to-face examination**.
  - Not required for patients already on a dosage of 120 MED or more prior to 12/23/18
- Physicians board certified in pain medicine or hospice and palliative care are not required to obtain an additional recommendation



## **Subacute & chronic pain rules do NOT apply to:**

- Patients receiving medication for terminal conditions
- Hospice care patients
- Patients in a hospital or in-patient setting where they are closely monitored

**There is no law for maximum dose or duration of treatment.**

**Patients treated with opioids for chronic pain only need a pain management consultation if their dosage increases above an average daily dose of 120 MED.**

# Prescribing to Minors

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## Assess

for mental or substance abuse disorders and whether treatment included prescription drugs

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## Discuss

with the minor patient and the parent, guardian or other authorized adult

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- The risks of addiction and overdose associated with the opioid
- The increased risk of addiction in patients diagnosed with mental and substance abuse disorders
- The dangers of taking opioids with benzodiazepines, alcohol or other CNS depressants

## Obtain

written consent from the minor's parent, guardian or other authorized adult on the Start Talking! Consent Form

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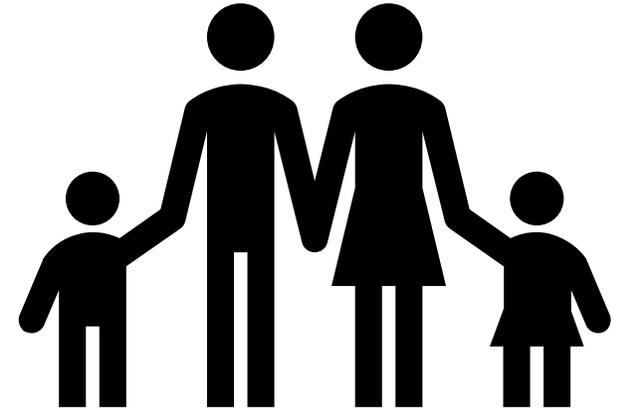
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# Prescribing Opioids to Minors

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## Exceptions:

- Medical emergency
- Post-surgical treatment
- Provision of informed consent by parent or guardian would be detrimental to the minor's health or safety
- Treatment is given in a facility, such as a hospital, ambulatory surgical center, nursing home
- The prescription is for a controlled substance containing an opioid that a prescriber issues to a minor at the time of discharge from a facility



# Model consent form for prescribing opioids to minors

med.ohio.gov  
Resources  
Prescriber Resources

**Start Talking!**   
**Consent Form**  
for Prescribing Opioids to Minors

Patient Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Prescription name & quantity: \_\_\_\_\_  
Number of refills: \_\_\_\_\_

The prescribed drug is a controlled substance containing an opioid. This means the medication has been identified by the United States Drug Enforcement Administration as having a potential for abuse, dependence or misuse.

I certify that I have discussed the following with the minor patient and the patient's parent, guardian or authorized adult:

- (a) The risks of addiction and overdose associated with a controlled substance containing an opioid;
- (b) The increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders;
- (c) The dangers of taking controlled substances containing opioids with benzodiazepines, alcohol or other central nervous system depressants;
- (d) Any other information in the patient counseling information section of the labeling for the medication required by Federal law.

Signature of prescriber \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Adult Authorized to Consent to Minor's Treatment\* \_\_\_\_\_ Date \_\_\_\_\_

\*An adult to whom a minor's parent or guardian has given written authorization to consent to the minor's medical treatment. The prescription must be limited to not more than a single 72-hour supply if the person consenting to treatment is an adult authorized to consent to a minor's treatment. See, Section 3719.061, Ohio Revised Code.

See the Start Talking! website for tips on talking to kids about drugs  
[StartTalking.ohio.gov](http://StartTalking.ohio.gov)

Patient Name
Date of Birth or
Medical Record Number

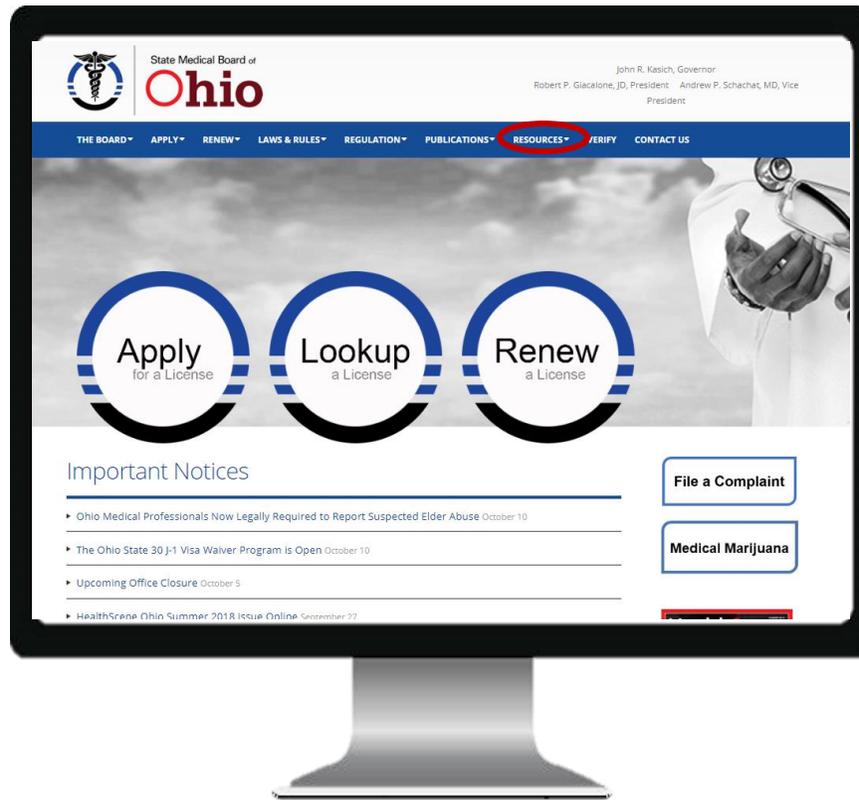


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Resources

# Resources

# TakeChargeOhio.org



med.ohio.gov >Resources > Prescribing Resources

### New Limits on Prescription Opioids for Acute Pain

The new limits for prescribing opioid analgesics for the treatment of acute pain are effective August 29, 2017. These rules DO NOT apply to the use of opioids for the treatment of chronic pain.

#### The New Rules for for Physicians and Physician Assistants

Generally, the rules limit the prescribing of opioid analgesics for acute pain, as follows:

- 1 No more than seven days of opioids can be prescribed for the first prescription for adults.
- 2 No more than five days of opioids can be prescribed for the first prescription for minors, and only after the written consent of the parent or guardian is obtained.
- 3 Health care providers may prescribe opioids in excess of the day supply limits only if a specific reason is provided for the patient's record.
- 4 Except as provided for in the rules, the total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day.
- 5 The new limits do not apply to opioid prescriptions for cancer, palliative care, end-of-life hospice care or medical assistance in dying for addiction.

#### Part 2 of the Acute Prescribing Rules

Starting December 29, 2017, prescribers are:

- 1 To issue the first four (4) acute opioid prescriptions. (The include other controlled substances.)
- 2 Indicate the days' supply on all...

### Issuing a Valid Prescription: What Every Prescriber Needs to Know

Prescribers are required to adhere to Board of Pharmacy rules for what constitutes a valid prescription. This document provides an overview of the prescription requirements set forth in rule 4729-5-30 of the Ohio Administrative Code. Compliance with this rule ensures that a pharmacist has all the information needed to dispense your patient's medication in a timely manner.

#### Written Prescriptions:

Below is an example of a written prescription that complies with the Board of Pharmacy's prescription requirements:

- 1 Contain the manually printed, typewritten, or preprinted full name, professional title (MD, DO, DDS, etc.), and address of the prescriber. NOTE: The prescriber's address shall include the physical address of the prescriber's practice location (cannot include a P.O. box).
- 2 Indicate a telephone number where the prescriber can be personally contacted during normal business hours.
- 3 Be dated as of and on the day when issued.
- 4 Indicate the drug name and strength. NOTE: To ensure clarity, it is recommended to avoid using abbreviations for drug names.
- 5 Indicate the appropriate and explicit directions for use.
- 6 All written prescriptions must be manually signed on the day issued by the prescriber in the same manner as the prescriber would sign a check or legal document.
- 7 For controlled substances only: Indicate the Drug Enforcement Administration registration number of the prescriber.
- 8 For controlled substances and products containing gabapentin (does not apply to veterinarians) indicate the days' supply of the prescription. IMPORTANT: Effective December 29, 2017, a prescriber must determine at the time of prescribing the intended days' supply (minimum number of days) the prescription for a controlled substance or gabapentin should last the patient. Prescribers of "as needed" medications should consider the following:
  - Patients may not need the maximum daily dose every day or may taper doses after a few days of use.
  - Patients may not be consuming the medication continuously (i.e., around the clock).
- 9 Indicate the quantity to dispense.
- 10 Indicate the days' supply on all...

Dr. Terri Smith, M.D.  
77 South High Street  
Columbus, Ohio 43215  
614-555-1234

Name: Dr. Jones DOB: xx/xx/xxxx  
Address: 1234 South Main Street, Columbus, Ohio 43212 Date: 10/17/2017

Oxycodone 5mg  
Sig: Take 1 tab every 4-6 hours.  
Disp: 12 / twelve tablets  
Diagnosis: M16.5  
Days' supply: 3 days

### Ohio's Acute Pain Opioid Prescribing Limits

Many individuals who are addicted to opioids received their first pill through a prescription

from a valid prescription OR from a friend or family member

# Prescribing Tips

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- ✓ Learn to say “NO!” - It’s important
  - ✓ Complete and maintain accurate medical records
  - ✓ Never pre-sign or post-date a prescription
  - ✓ Never allow staff to sign your name to a prescription
  - ✓ Never prescribe a controlled substance to yourself, your spouse or a member of your immediate family
  - ✓ Never prescribe a controlled substance to a non-patient colleague, co-worker or acquaintance
  - ✓ Be a part of a health care team
  - ✓ Stay current
  - ✓ Obey all federal and state laws applicable to office stocks of drugs
  - ✓ Obey the Medical Board rules ([med.ohio.gov](http://med.ohio.gov) – laws rules tab/Chapter 4731)
  - ✓ Stick to your specialty
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# Duty to Report

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# Duty to Report

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Licensees have a personal duty to report to the State Medical Board of Ohio when they believe an individual licensed by the Board has violated the Board's laws or rules including **sexual misconduct, impairment, practice below the minimal standards of care, and improper prescribing of controlled substances.**

Reports of misconduct to supervisors, law enforcement or health care system management do **NOT** fulfill the duty to report to the Board; failure to report could result in formal disciplinary action.





# State Medical Board of Ohio's Confidential Complaint Hotline

1-833-333-SMBO (7626)

# Kimberly Lee

Hearing Unit Examiner

State Medical Board of Ohio

30 E. Broad St. 3<sup>rd</sup> Floor

Columbus, OH 43215

[contact@med.ohio.gov](mailto:contact@med.ohio.gov)



med.ohio.gov



contact@med.ohio.gov



elicense.ohio.gov



@ohiomedboard