

Do You Need to Complete This Module?

Answer the following question to determine if you need to complete this module.

Yes/No, I am a prescriber/provider/pharmacist and have prescribed/ordered/provided an opioid (e.g. morphine, oxycodone, tramadol, codeine, hydrocodone, etc.) in the past year, or I may prescribe/order/provide an opioid in the future.

Yes

No, I never order/prescribe/provide opioids

required field

Enter your name, email, department

FOLLOWING OPIOID PRESCRIBING LAWS at VUMC



5 Learning Objectives:

this learning session will help you to...

1. Prescribe opioids in compliance with Tennessee Law.
2. Know how and when you can provide opioids for more than 3 days.
3. Name the 5 Vanderbilt Categories of Expected Pain Duration and how these align with Tennessee Opioid Prescribing Categories.
4. Learn what MME is and how to calculate it.
5. Find and print informed consents for opioid prescribing.
6. Provide accurate information to patients about Tennessee restrictions in opioid prescribing.

BACKGROUND

The 2016 CDC Guideline for Prescribing Opioids for Chronic Pain

- In 2016, the Centers for Disease Control released guidelines for prescribing opioids for chronic pain.
- The CDC Guidelines have been misapplied in some ways, resulting in hardship for many patients who need treatment with opioids.



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No Shortcuts to Safer Opioid Prescribing

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Since the Centers for Disease Control and Prevention (CDC) released its Guideline for Prescribing Opioids for Chronic Pain in 2016,¹ the medical and health policy communities have largely embraced its recommendations. A majority of state Medicaid agencies reported having implemented the guideline in fee-for-service programs by 2018, and several states passed legislation to increase access to nonopioid pain treatments.² Although outpatient opioid prescribing had been declining since 2012, accelerated decreases — including in high-risk prescribing — followed the guideline's release.³ Indeed, guideline uptake has been rapid. Difficulties faced by clinicians in prescribing opioids safely and effectively, growing awareness of opioid-associated

Guidelines Trust Scorecard. In addition, the CDC (including the authors of this Perspective, who were also authors of the Guideline) engaged clinicians, health systems leaders, payers, and other decision makers in discussions of the guideline's intent and provided clinical tools, including a mobile application and training, to facilitate appropriate implementation.⁴

Efforts to implement prescribing recommendations to reduce opioid-related harms are laudable. Unfortunately, some policies and practices narrowly derived from

ommended dosage and duration thresholds and policies that encourage hard limits and abrupt tapering of drug dosages, resulting in sudden opioid discontinuation or dismissal of patients from a physician's practice. The panel also noted the potential for misapplication of the recommendations to populations outside the scope of the guideline. Such misapplication has been reported for patients with pain associated with cancer,⁵ surgical procedures,⁵ or acute sickle cell crises. There have also been reports of misapplication of the guideline's dosage thresholds to opioid agonists for treatment of opioid use disorder. Such actions are likely to result in harm to patients.

We need better evidence in order to evaluate the benefits and

What is MME?

What is a morphine milligram equivalent and how do I calculate it?

- morphine milligram equivalent (MME) is the standard used to compare opioid prescription potencies
- MME is calculated by adding up the daily amount of prescribed opioid and multiplying it by the number of days prescribed
- for example, oxycodone is 1.5x as potent as morphine so oxycodone 10mg = morphine 15mg. If oxycodone 10mg is prescribed to be taken every 8hrs daily for 30 days, the MME calculation would be as follows:
 - oxycodone 5mg q8hr x 30 days
 - oxycodone 15mg total in 1 day x 1.5 = 22.5mg morphine equivalent daily dose (MEDD)
 - 22.5mg * 30 days = **675 MME total for a 30-day prescription**

TENNESSEE LAW on OPIOIDS

- Tennessee Law provides rules for prescribing opioids. The law's purpose is to **reduce excess opioid prescribing**, while protecting access for patients that need them.
- As of July 2019, the TN Law provides rules for prescribing opioids under 5 situations. For ease of use, Vanderbilt categorizes these 5 situations as tabulated below:

Description	Duration	Dose (MME)
Acute Pain	<= 3 days	<= 180
Moderate Duration Pain	<= 10 days	<= 500
Prolonged Pain	<= 30 days	<= 1200
Post-op Pain	<= 30 days	<= 1200
Exempt	PRN	PRN

COMPLIANCE WITH PRESCRIBING LAW

- To prescribe opioids to patients under the 5 situations in accordance with TN Law, it is important to know **the requirements** and **limitations**.

- We will next describe the requirements and limitations for each of the 5 situations and provide a case example for each.

Description	Duration	Dose (MME)
Acute Pain	<= 3 days	<= 180
Moderate Duration Pain	<= 10 days	<= 500
Prolonged Pain	<= 30 days	<= 1200
Post-op Pain	<= 30 days	<= 1200
Exempt	PRN	PRN

ACUTE PAIN

≤ 3 days
(≤ 180 MME)

REQUIREMENTS

- must be seen in person, an evaluation documented

LIMITATIONS

Cannot treat again within 10 days, unless:

- **seen again in person, an evaluation documented and requirements for >3-day prescriptions are completed**
- using a different opioid due to an adverse reaction, and then...
 - prescriber must be in same practice
 - patient must be evaluated again in person
 - must confirm the disposal/ destruction/ cessation of previous prescription

CASE 1: Acute Pain

A 50 yo F patient in your practice calls your office because she fell off a stool while painting her house. She asks you to call in an opioid prescription for her pain.

What can be done?

Answer: She must be seen in-person.

She calls again 4 days later and asks for a renewal.

What can be done?

The prescriber can not call this in. The patient must be seen again, an evaluation completed, and requirements for prescribing for >3 days followed.

**Acute
pain**

≤ 3 days
(≤ 180 MME)

REQUIREMENTS

- must be seen in person, and evaluation documented

LIMITATIONS

But cannot treat again within 10 days, unless:

- seen in person, an evaluation documented, and requirements for prescribing > 3days followed
- using a different opioid due to an adverse reaction, and then...
 - prescriber must be in same practice
 - patient must be evaluated again in person
 - must confirm the disposal/ destruction/ cessation of previous prescription

A prescriber can call in a 3 day opioid prescription for acute pain without seeing the patient in person?

True

False

Answer: False; to prescribe a 3 day opioid script for acute pain, the patient must be seen in person, and an evaluation completed and documented

MODERATE DURATION PAIN

<= 10 days
(<= 500 MME)

REQUIREMENTS

The prescriber must do the following AND document each in the medical record:

1. Check CSMD
2. Evaluate patient and consider non-opioid and non-medication pain treatments options
3. Obtain opioid informed consent
4. Write relevant ICD-10 code in medical record and on prescription
5. If childbearing age, advise of risks during pregnancy, counsel on birth control

LIMITATIONS

Only 1 opioid prescription is allowed per encounter

CASE 2: Moderate Duration Pain

A 25 yo M patient in your practice has a peri-rectal abscess with fistulas. He is on antibiotics, anti-inflammatory medications, and there is a drain. You consider a short duration of tramadol.

What can be done?

The prescriber can provide up to a 10 day script after completing the requirements listed

**Moderate
Duration Pain**

**<= 10 days
(<= 500 MME)**

REQUIREMENTS

The prescriber must do the following AND document each in the medical record:

1. Check CSMD
2. Evaluate patient and consider non-opioid and non-medication pain treatments options
3. Obtain opioid informed consent
4. If childbearing age, advise of risks during pregnancy, counsel on birth control
5. Write relevant ICD-10 code in medical record and on prescription

LIMITATIONS

Only 1 opioid prescription is allowed per encounter

A patient returns for another opioid prescription 4 days after being prescribed a 3 day prescription. The pain is lasting longer than anticipated and it is agreed to prescribe for another 3 days. What must be done to be compliant with TN opioid laws?

- A. Nothing needs to be done to prescribe for 3 days, as long as the total is ≤ 180 MME
- B. This is a renewal within 10 days, so several steps must be completed, including checking the CSMD and getting a consent form**

Answer: B; This patient no longer meets the minimal requirements of the acute pain option (≤ 3 days). To prescribe opioids for moderate duration pain (≤ 10 days, ≤ 500 MME) a patient must be seen in person and the evaluation documented, a consent form signed, the provider must check the CSMD, the ICD-10 code related to the pain must be on the prescription, and if the patient is of childbearing age she must be advised of risks during pregnancy and counseled on birth control and neonatal abstinence syndrome (NAS).

PROLONGED PAIN

<= 30 days
(<= 1200 MME)

REQUIREMENTS

- In rare cases
- After documented trial and failure of reasonable, appropriate, and available non-opioid pain treatments or contraindication...

The prescriber must do the following AND document each in the medical record:

1. Check CSMD
2. Evaluate patient and consider non-opioid and non-medication pain treatments options
3. Obtain opioid informed consent
4. If childbearing age, advise of risks during pregnancy, counsel on birth control
5. Write relevant ICD-10 code in medical record and on prescription
6. Write “Medical Necessity” on the prescription

LIMITATIONS

Only 1 opioid prescription is allowed per encounter

CASE 3: Prolonged Pain

A 62 yo F is on anti-inflammatory, and neuropathic pain medications (gabapentin and nortriptyline) for perineal pain 8 months after suspension surgery. Still the pain is unbearable. You want to trial a more stable regimen to see if her quality of life and function can be improved and you are considering opioids.

What can be done?

The prescriber has tried and failed more conservative measures. Up to a 30 day script can be prescribed after completing the requirements listed, noting the 'Medical Necessity'

**Prolonged pain
(medical necessity)**

**<= 30 days
(<= 1200 MME)**

REQUIREMENTS

- In rare cases
- After documented trial and failure of reasonable, appropriate, and available non-opioid pain treatments or contraindication...

The prescriber must do the following AND document each in the medical record:

1. Check CSMD
2. Evaluate patient and consider non-opioid and non-medication pain treatments options
3. Obtain opioid informed consent
4. If childbearing age, advise of risks during pregnancy, counsel on birth control
5. Write relevant ICD-10 code in medical record and on prescription
6. Write "Medical Necessity" on the prescription

LIMITATIONS

Only 1 opioid prescription is allowed per encounter

What needs to be written on the prescription to prescribe a opioid for 30-days?

A. Exempt: 30-days

B. Prolonged Pain

C. Medical Necessity

D. Acute Pain

Answer: If a patient is expected to have Prolonged Pain (up to 30 days duration), in rare cases the provider can prescribe for 30-days duration, by including the words “Medical Necessity” on the prescription. The prescriber must also check the CSMD; obtain a consent; document an evaluation; document trial, consideration, or contraindication of other pain treatments; and include the ICD-10 of the pain-related condition on the prescription. If the patient is of childbearing age she must be advised of risks during pregnancy and counseled on birth control and risks of neonatal abstinence syndrome (NAS).

POST-OP PAIN (more than minimally invasive surgery*)

<= 30 days
(<= 1200 MME)

REQUIREMENTS

- ***YOUR MEDICAL JUDGEMENT:** **major surgery** is considered “more than minimally invasive;” the legislation implies that **minor surgery** is synonymous with minimally invasive surgery

The prescriber must do the following AND document each in the medical record:

1. Check CSMD
2. Evaluate patient and consider non-opioid and non-medication pain treatments options
3. Obtain opioid informed consent
4. If childbearing age, advise of risks during pregnancy, counsel on birth control
5. Write relevant ICD-10 code in medical record and on prescription
6. Write “Surgery” on the prescription

LIMITATIONS

Only 1 opioid prescription is allowed per encounter

CASE 4: Post op Pain

A 70 yo M is being discharged after thoracotomy. A prescription for oxycodone is given to him.

What can be prescribed?

The prescriber can provide up to a 30-day script, if deemed necessary, after completing the requirements listed.

25 days later he calls and says his prescription is running out and he needs a refill. What can be done?

It cannot be renewed early (and never renewed over the phone), so you encourage him to make it last. However, for safe care, if necessary, he may be **re-evaluated in-person** and a documented change in care can occur that would allow for adjustment of the opioid medication.

Surgery

Up to **30 days**
(<1200 MME)

REQUIREMENTS

***YOUR MEDICAL JUDGEMENT:** **major surgery** is considered “more than minimally invasive;” the legislation implies that **minor surgery** is synonymous with minimally invasive surgery

The prescriber must do the following AND document each in the medical record:

1. Check CSMD
2. Evaluate patient and consider non-opioid and non-medication pain treatments options
3. Obtain opioid informed consent
4. Write relevant ICD-10 code in medical record and on prescription
5. Write “Surgery” on the prescription

LIMITATIONS

Only 1 opioid prescription is allowed per encounter

Refills – Renewals?

- Automatic refills are prohibited
- Patient must be seen in person (new encounter)

A patient undergoes minor surgery. The prescriber can be compliant with TN law if the word “Surgery” is written on a 30-day post-operative prescription.

True

False

Answer: False; Post-operative prescribing for up to 30 days is limited to procedures that are “more than minimally invasive.” While the law does not define “minimally invasive,” the state’s FAQs equate “minimally invasive surgery” to “minor surgery.” So, in this question, for ‘minor surgery,’ a 3-day (Acute Pain) or 10-day (Moderate Duration Pain) prescription may be more appropriate.

EXEMPT CONDITIONS*

Chronic Pain Specialist	>90 days in past 365	Sickle cell disease	Active Cancer	Palliative Care	Major burn	Major trauma
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Exempt

*see [resource FAQs](#) for detailed description of exempt conditions

REQUIREMENTS

- Include the exempt category on the prescription (e.g. Exempt: active cancer)
- Check the CSMD
- For women of childbearing age, informed consent that includes information on access to birth control and on neonatal abstinence syndrome (NAS) is required

LIMITATIONS

- none

CASE 5: Exempt

A 62 yo F is on anti-inflammatory, and neuropathic pain medications and has been on hydrocodone 5mg TID now for 3 months. This combination has greatly improved her function and quality of life. It has also enabled her to participate in physical therapy.

How do you plan to write for the opioid prescription in the future?

With this next prescription, the patient will now have been treated with opioids for >90 days and is considered exempt. Write a new prescription for 30 days and include “Exempt: >90 days in past 365” on the prescription.

**>90 days in
past 365)**

Exempt

REQUIREMENTS

- Include the Exempt category on the prescription (e.g. Exempt: >90 days in past 365)
- Check the CSMD
- For women of childbearing age, informed consent that includes information on access to birth control and on neonatal abstinence syndrome (NAS) is required

LIMITATIONS

- none

If a patient has been seen by a chronic pain specialist, the person who consulted the specialist can include “Exempt: Chronic Pain Specialist” on the prescription.

True

False

Answer: True; When a prescription is provided by healthcare practitioners who are collaborating with a pain management specialist who has evaluated the patient, the prescription is considered exempt.
Tenn. Code Ann. 63-1-164 (e) (4) (A)

FREQUENTLY ASKED QUESTIONS

If I anticipate that a ≤ 3 days (≤ 180 MME) Rx may not be sufficient, can I give the patient two prescriptions for a ≤ 3 days (≤ 180 MME) with the instructions to fill the second prescription if the pain persists after 3 days?

- No. For non-exempt prescriptions only one prescription for an opioid can be given during a single encounter, and the patient must be seen in-person for renewal.

eSTAR TOOLS

There are several helpful eSTAR tools to help with compliance.

.opioid

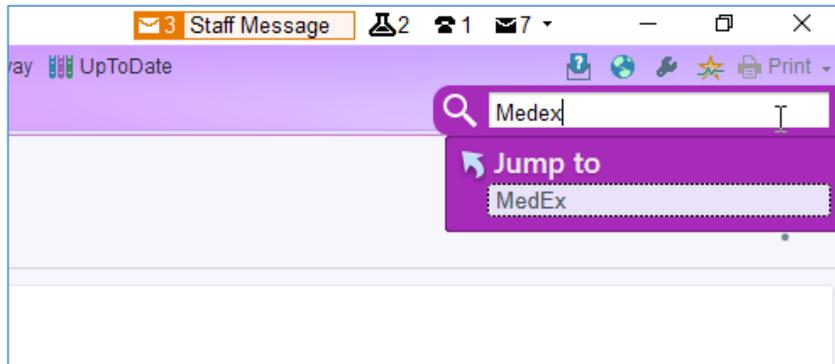
Dot-phrase that inserts text describing the steps taken for non-exempt prescriptions >3 days. Consider using this as part of any note where prescriptions are being provided (discharge, in clinic)

.opioidrx

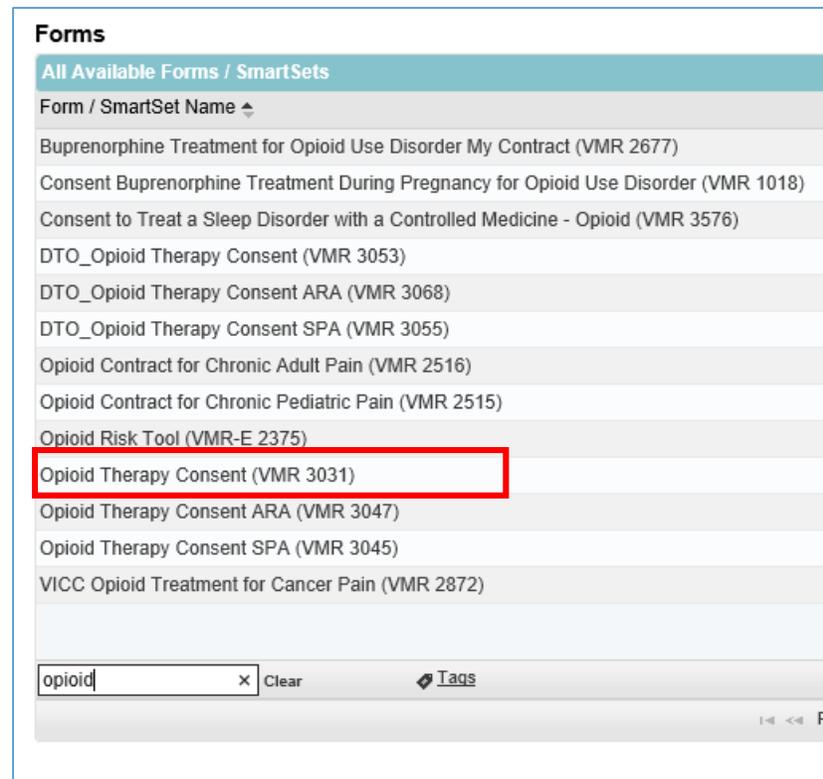
Dot-phrase that inserts a dropdown selection list, allowing for selection of an exempt category or reason for the prescription. Consider using this to print the exemption onto a prescription.

Informed Consent Forms – General (non-op)

STEP 1: Informed Consent for Opioid Prescriptions can be found in Medex. Search and follow the link to Medex within eStar, or visit <https://eforms.app.vumc.org/medex/>



STEP 2: At the bottom of the Forms section, **search the word opioid** and identify the **Opioid Therapy Consent** form (ARA and SPA are the Arabic and Spanish versions) for use with Moderate Duration Pain or Prolonged Pain prescriptions.



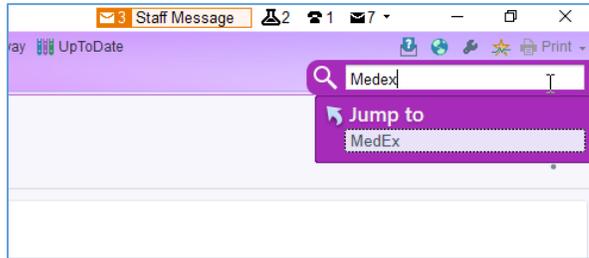
Note: Select the **DTO_Opioid Therapy Consent** for printing without patient info, to attach a patient label afterwards.



Surgical Consent Form:

Includes Opioid Informed Consent Section

STEP 1: Search and follow the link to Medex within eStar, or visit <https://eforms.app.vumc.org/medex/>



STEP 2: At the bottom of the Forms section, **search the word Generic** and identify the **Generic Consent Operation Procedure Adult** or **Pediatric** form (SPA = Spanish versions). This is the **new Surgical Consent Form** and it **includes a new section on informed consent for opioids** used after surgery.

Generic (patient-specific) consents:

Forms		Preview B
All Available Forms / SmartSets		
Form / SmartSet Name	Type	
Generic Consent Operation Procedure (VMR-E 2000)	Form	
Generic Consent Operation Procedure Adult (VMR 3582)	Form	
Generic Consent Operation Procedure Adult SPA (VMR 3611)	Form	
Generic Consent Operation Procedure Pediatric (VMR 3584)	Form	
Generic Consent Operation Procedure Pediatric (VMR-E 2060)	Form	
Generic Consent Operation Procedure Pediatric SPA (VMR 2208)	Form	
Generic Consent Operation Procedure Pediatric SPA (VMR 3613)	Form	
Generic Consent Operation Procedure Pediatric Without Blood (VMR 2	Form	
Generic Consent Operation Procedure Pediatric Without Blood or Anes	Form	
Generic Consent Operation Procedure Pediatric Without Blood or Anes	Form	
Generic Consent Operation Procedure Pediatric Without Blood SPA (V	Form	

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Generic DTO (doc type only) consents:

Forms	
All Available Forms / SmartSets	
Form / SmartSet Name	
DTO_Generic Consent Operation Procedure (VMR-E 2351)	
DTO_Generic Consent Operation Procedure Adult (VMR 3583)	
DTO_Generic Consent Operation Procedure Adult SPA (VMR 3612)	
DTO_Generic Consent Operation Procedure Pediatric (VMR 3585)	
DTO_Generic Consent Operation Procedure Pediatric (VMR-E 2356)	
DTO_Generic Consent Operation Procedure Pediatric SPA (VMR 3614)	
DTO_Generic Consent Operation Procedure Pediatric Without Blood (VMR-E 2358)	
DTO_Generic Consent Operation Procedure Pediatric Without Blood or Anesthesia (VMR-E 2357)	
DTO_Generic Consent Operation Procedure Without Blood (VMR-E 2353)	
DTO_Generic Consent Operation Procedure Without Blood or Anesthesia (VMR-E 2352)	
DTO_Generic Consent Operation Procedure Without Blood or Anesthesia SPA (VMR-E 2349)	

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Summary Chart for VUMC Opioid Prescribing

Description	Duration	Dose (MME)	In-person exam	Check CSMD	Informed Consent	Rx notation	ICD-10	EMR#
Acute Pain	<= 3 days	<= 180	X				X	
Moderate Duration Pain	<= 10 days	<= 500	X	X	X		X	X
Prolonged Pain*	<= 30 days	<= 1200	X	X	X	“Medical Necessity”	X	X
Post-op Pain**	<= 30 days	<= 1200	X	X	X	“Surgery”	X	X
Exempt	PRN	PRN		X%	@	“Exempt (specify)”***	X	X

*For medical necessity (after trial and failure or contraindication of non-opioid treatment).

**For more than minimally invasive procedure

***Active cancer, palliative care, sickle cell disease, licensed facility, pain specialist, >90days in 365 Rx, severe burns, trauma

Full documentation of (1) other Tx/Rx options, (2) CSMD review, (3) informed consent, (4) (if relevant) risks during pregnancy, counseling on birth control, and risk of neonatal abstinence syndrome (NAS), (5) (if relevant) “exempt” condition, (6) ICD-10 in medical record

% For patients in hospice or inpatient/residential treatment/nursing home, the CSMD check is not required

@ For exempt patients of childbearing age, a consent is required that includes information on the risks of neonatal abstinence syndrome (NAS) (per TN Law), and chronic prescription of opioids requires Opioid Agreement/Contract (per TN Chronic Pain Guidelines).

OTHER RESOURCES

If you would like to review the Tennessee Law on Opioids yourself, you can visit the **Tennessee Annotated Code** at:

<http://www.tsc.state.tn.us/Tennessee%20Code>

Frequently Asked Questions with bullet point summary answers and accompanying sections of the Law, including a description of the Exempt conditions, have been provided by the Vanderbilt Division of Pain Medicine and are found in the resources section of the online course.

SUMMARY

It is important for every provider to understand the law on opioid prescribing, as stewards of controlled substances, to ensure access for patients and to prevent excessive prescribing.

For urgent prescribing questions, please contact your VUMC Pharmacy or Pharmacist.

For questions, clarifications, concerns, you can reach the Vanderbilt Opioid Oversight Executive Committee at: opioidinfo@vumc.org

For technical issues with eStar prescribing, submit a [Pegasus ticket](https://pegasus.mc.vanderbilt.edu) at <https://pegasus.mc.vanderbilt.edu>