MEDICAL BOARD AND PHARMACY BOARD IMPLEMENT OPIATE PRESCRIBING LIMITS AND CODING REQUIREMENT RULES

The Ohio State Medical Board and State of Ohio Board of Pharmacy recently issued companion rules aimed at continued efforts to address the opiate epidemic.

Medical Board Rule (Effective August 31, 2017)

The Medical Board’s rule does the following:

- Limits opioid prescriptions for acute pain to seven days for adults and five days for minors, except if:
  - The physician documents in the medical record the reasons the limits are being exceeded and the reason a non-opioid was not appropriate to treat the patient’s condition;
- Prohibits the prescribing of extended-release or long-acting opioids for acute pain;
- Requires a physician to first consider non-opioid treatment options, and if opioids are deemed necessary the physician shall prescribe for the minimum quantity and potency;
- Requires the patient to be advised of the benefits and risks of the opioid, including the potential for addiction;
- Limits the total morphine equivalent dose (MED) of a prescription for opioids used to treat acute pain to an average of 30 MED per day, except if:
  - The patient suffers from medical conditions that cannot be managed within 30 MED;
  - The physician determines exceeding 30 MED is necessary based on his/her clinical judgment;
  - The physician documents in the medical record the reasons for exceeding the limit;
- Makes prescriptions exceeding seven or five days or the 30 MED average subject to additional review by the Medical Board;
- The limitations do not apply if the opioid is prescribed:
  - To a hospice patient;
  - To a patient receiving palliative care;
  - To an individual with a terminal condition;
  - To a cancer patient;
  - To opioid prescriptions used for detox;
  - To inpatient prescriptions.

OHA’s comment letters on these rules as they went through the process can be found here, here and here.

Pharmacy Board Rules (Effective as noted below)

The Pharmacy Board’s rules make changes to the information that must be included on a prescription for controlled substances, outlines situations in which a pharmacist may make changes to a prescription, imposes requirements for electronic prescription transmission systems (4729-5-30), changes what dispensing
information must be reported to the Board (4729-37-04), and indicates the format in which dispensing information must be reported to the Board (4729-37-05).

- The Pharmacy Board's rule (4729-5-30(B)(14) requires prescribers to include the first four characters of the medical diagnosis code (ICD-10) on all prescriptions for controlled substances, which will then be entered by the pharmacy inter Ohio's prescription monitoring program, OARRS.

The above requirement is the most troubling aspect of the Pharmacy Board’s rules for the provider community, as it presents significant implementation challenges.

Despite repeated efforts by OHA to communicate the significant challenges associated with including the ICD-10 code on all prescriptions for controlled substances, the Pharmacy Board passed the rule with this provision intact. OHA’s comment letters on these rules as they went through the process can be found here, here and here.

After passing the rules, the Pharmacy Board issued a resolution regarding the effective dates of the ICD-10 requirement:

- For opioid prescriptions, the ICD-10 requirement will be effective December 29, 2017;
- For non-opioid controlled substance prescriptions, the ICD-10 requirement will be effective June 1, 2018.

OHA, in partnership with the OSMA, intends to keep working on this issue with the Boards and policymakers to try to alleviate the disruption in care that this requirement will impose on prescribers and patients.

The Pharmacy Board recently issued a bulletin regarding these issues.