Mississippi Regulations Regarding Prescribing Opioids and Opioid Alternatives

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Mississippi Nurses Association

2023 Virtual APRN Spring Conference

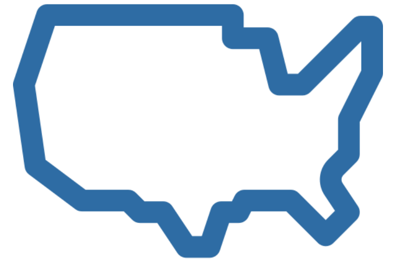
About Me

- MSBHLN Manager, Mississippi Public Health Institute
- 12 years in substance use prevention
- MBA

AGENDA

1 Background

2 CDC Guidelines



3 Mississippi Guidelines

AGENDA

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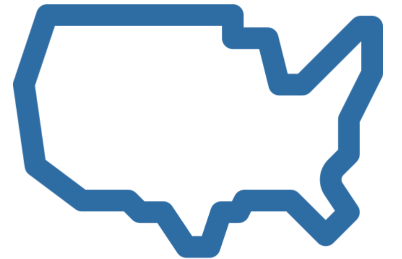
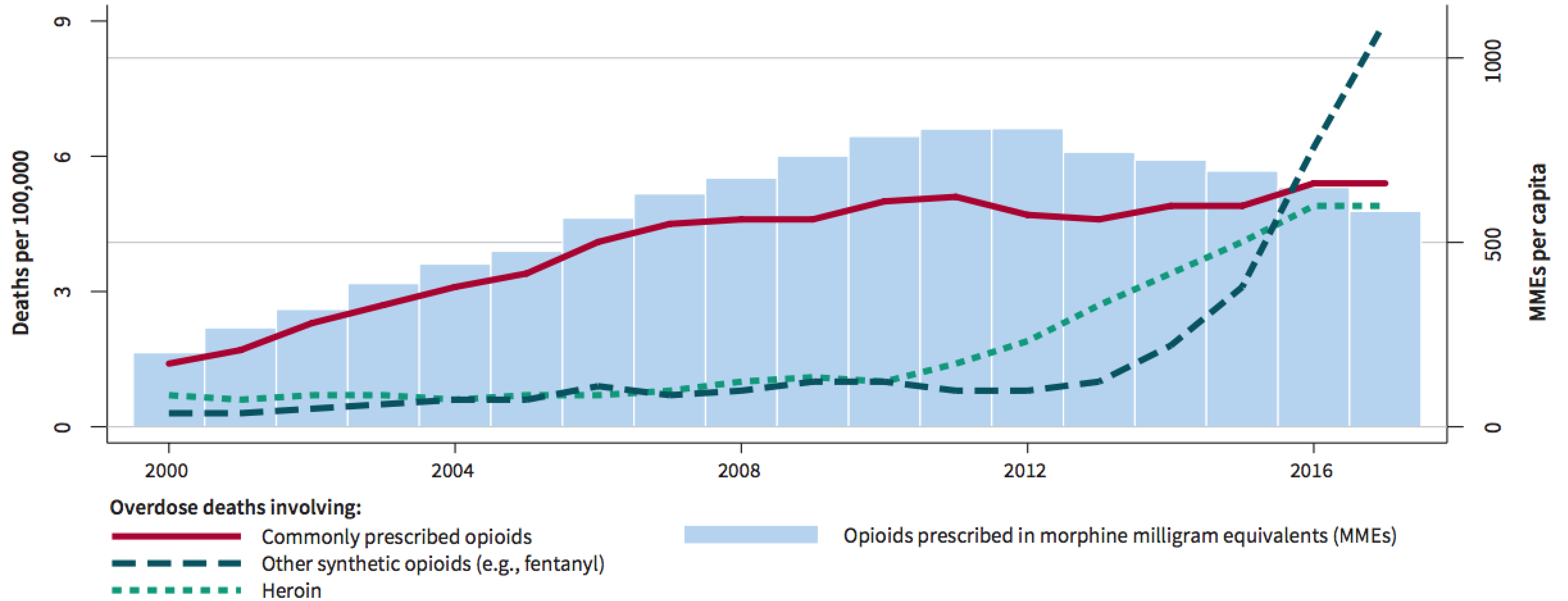
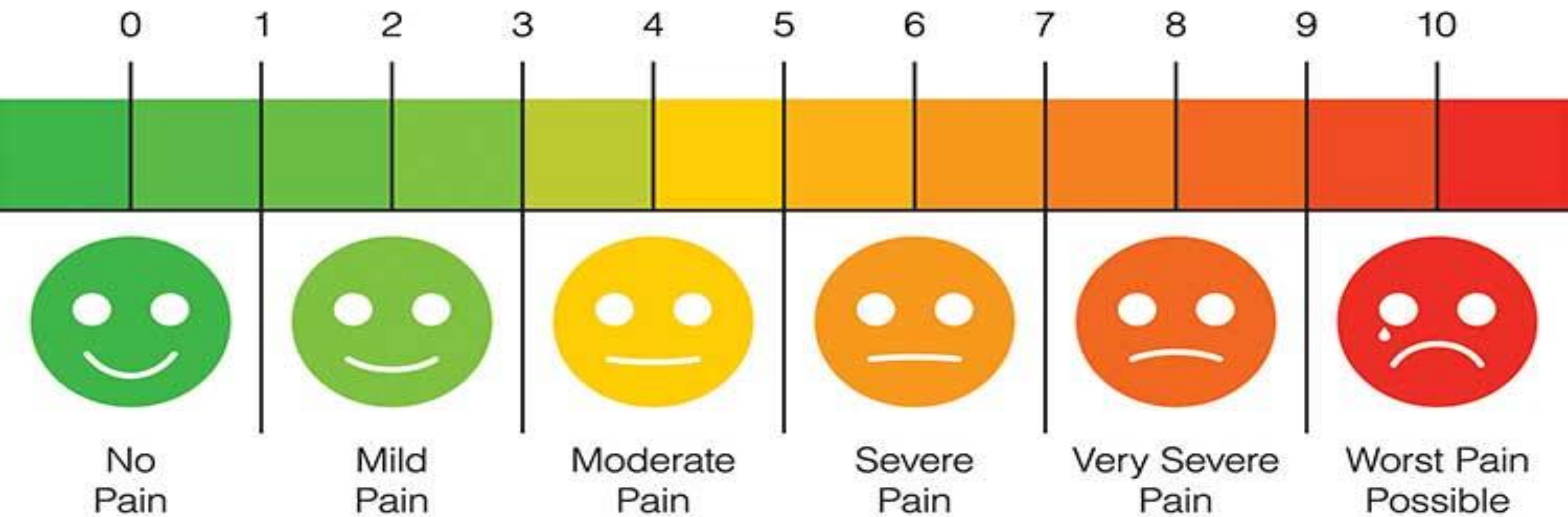


3 Mississippi Guidelines

Figure 1: Opioid prescriptions and overdose deaths between 2000 and 2017



PAIN SCALE

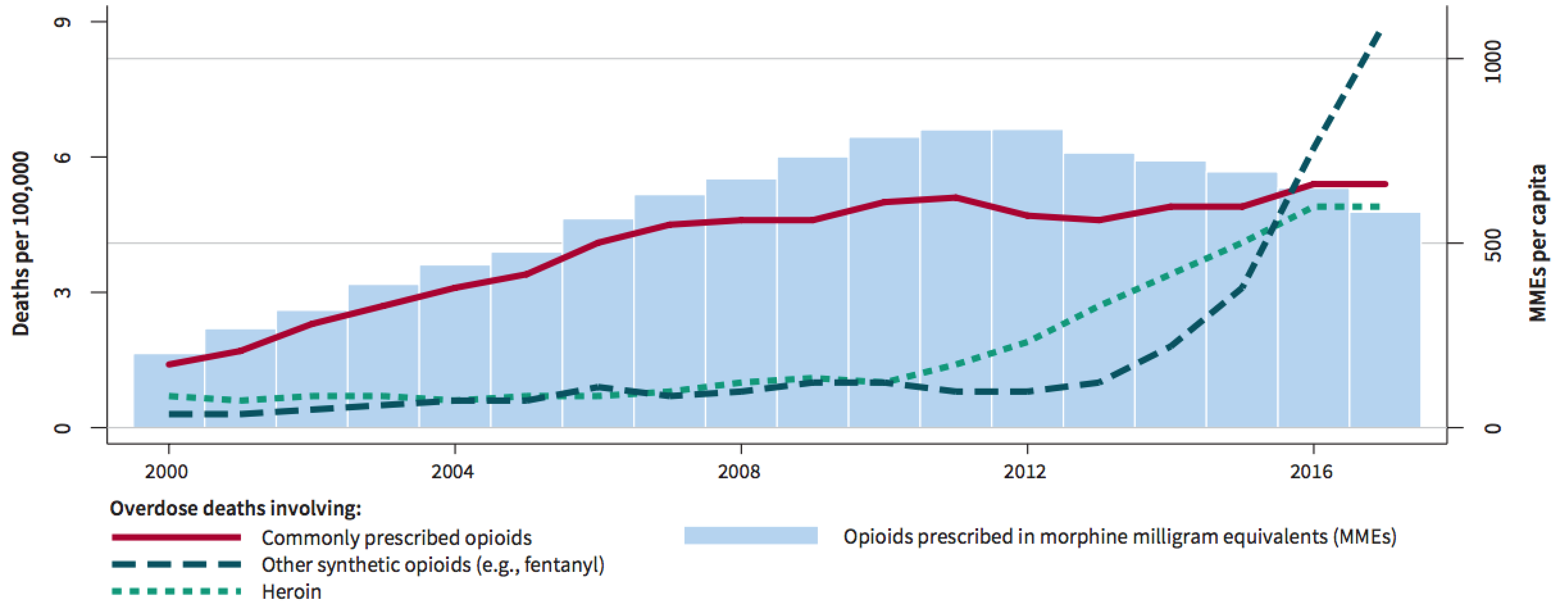


NDC 59011-415-10
OxyContin®
(oxycodone hydrochloride
extended-release tablets)

OxyContin
(oxycodone hydrochloride
extended-release tablets)

South Florida Pain Clinic
PAIN MANAGMENT
TESTOSTERONE
WEIGHT LOSS
HGH
WALK INS
WELCOME
500

Figure 1: Opioid prescriptions and overdose deaths between 2000 and 2017



Rx
Prescription
Name
Address
Directions:

Potential Side Effects of Opioid Medication

To the person

- Misuse
- Substance use disorder
- Overdose death
- Respiratory depression
- Somnolence and sedation
- Withdrawal
- Constipation
- Androgen deficiency
- Depression and anxiety
- Opioid-induced hyperalgesia
- Urinary retention
- Nausea and vomiting
- Hypotension
- Liver toxicity
- Pruritus

- Physicians reduce exposure to investigation by adhering to best practices when treating pain.
- "Legitimate medical purpose" required.

General Pain Management

- Individualized and multimodal
- History and physical examination required
- Tailored using multiple tools

Pain Management Tools

- Nonpharmacologic
- Pharmacologic
- Opioids
- Procedures
- Devices

Acute and chronic pain are not identical in etiology, evaluation, and management, although overlap exists.

RED FLAGS

Early Refills

> 35 Years Old

Multiple Pharmacies

Doctor Shopping

Excessive Drug Combinations

Illegal Purchasing

Illegal Dispensing

Use of Alcohol/ Drugs

Marijuana Use

Drug Culture/Lingo

Inconsistent Reports

Long Distance Visits

Living with those with similar susbtances

Similar or Identical Prescribing

Failure to Improve

Drug Overdose

Key Elements of Opioid Prescribing Guidelines

- History
- Goals
- Informed Consent
- Management Plan
- Documentation and Record Keeping
- Controlled Substance Agreement
- Periodic Review and Follow-up Visits
- Monitoring
- Consultation
- Morphine Equivalent Dosing

Special Prescribing Circumstances

- Patients with SUD
- Potentially Aberrant Behavior
- Kidney, Liver, Heart, and Lung Disease
- Dangerous Drug Combinations

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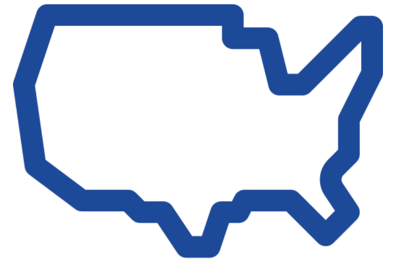

3 Mississippi Guidelines

CDC Prescribing Guidelines

Determining to Initiate or Continue Opioids

Opioid selection, dosage, duration, follow-up, and discontinuation

Assessing Risk and Addressing Harms

Determining When to Initiate or Continue Opioids for Chronic Pain

Opioids Are Not The First Line of Therapy

Determining When to Initiate or Continue Opioids for Chronic Pain

Establish Goals for Pain and Function

Determining When to Initiate or Continue Opioids for Chronic Pain

Discuss Risks and Benefits

Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

Use Immediate-Release Opioids When Starting

Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

Use the Lowest Effective Dose

Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

Prescribe Short Durations for Acute Pain

Opioid Selection, Dosage, Duration, Follow-up, and Discontinuation

Evaluate Benefits and Harms Frequently

Assessing Risk and Addressing Harms

Use Strategies to Mitigate Risk

Assessing Risk and Addressing Harms

Review PDMP Date

Assessing Risk and Addressing Harms

Use Urine Drug Testing

Assessing Risk and Addressing Harms

Avoid Concurrent Opioid and Benzodiazepine Prescribing

Assessing Risk and Addressing Harms

Offer Treatment for Opioid Use Disorder

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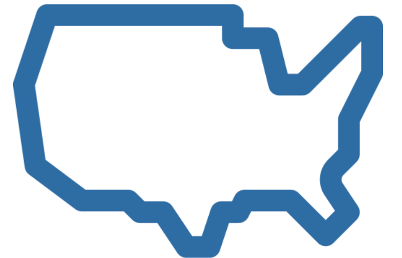

3 **Mississippi Guidelines**

Mississippi's Guidelines

Mississippi Prescription Monitoring Program

A DIVISION OF THE MISSISSIPPI BOARD OF PHARMACY

https://pmp.mbp.ms.gov/

MS PMP Guidelines

MS PMP Guidelines

- All licensees must register with MSPMP
- Must check on all opioid prescriptions for acute and/or chronic non-cancerous non-terminal pain upon issuance.
- Must utilize the MSPMP upon initial contact with new patients and at least every 3 months thereafter for all controlled medications other than opioids.
- Must document MSPMP review
- PMP check not required for inpatients but must be checked if discharged on opioids.

Controlled Substance Prescribing Requirements (Opioids)

Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer/non-terminal pain, and must not provide greater than a ten (10) day supply for acute non-cancer/non-terminal pain.

Rule 1.7 (H)

When prescribing opioids for acute pain, licensees must prescribe the lowest effective dose of immediate release opioids.

Rule 1.7 (H)

- Opioids may be prescribed on a very short term basis when an acute injury requiring opioids occurs.
- Caution and care should be taken to prescribe the lowest effective dose of each medication if unable to discontinue one or the other completely.

Rule 1.7 (J)

Use of Methadone to treat acute non-cancer/non-terminal pain is prohibited.

Rule 1.7 (M)

Use of Methadone to treat chronic non-cancer/non-terminal pain is permissible within a registered pain management practice or when resulting from a referral to a certified pain specialist.

Rule 1.7 (M)

Prior to the issuance of an opioid or benzodiazepine for the treatment of chronic noncancer/non-terminal pain, each patient in a pain management practice must have an in-person evaluation by a registered pain management physician.

Rule 1.7 (M)

Opioid prescriptions are now reviewed against the daily Milligrams of Morphine Equivalence (mEq) scale.

Rule 1.7 (G)

Rule 1.7 (G)

While patients prescribed greater than 100mg mEq must be referred to a pain specialist, not all patients will need to remain with said pain specialist long term.

CDC Prescribing Guidelines Updates

CDC Guidelines Update

- New Guidelines released November 4th, 2022
- Biggest change is an emphasis to treat the individual person, not to use the guideline recommendations as ultra rigid rules with no flexibility

Joseph H, Gabay M. CDC Opioid Prescribing Guideline: Clinical Concerns Lead to Revision. Pract Pain Manag. 2021;21(6).

Overall CDC Recommendations

Non-opioid therapy is preferred for chronic pain

When using an opioid, use lowest possible effective dose

Exercise caution with opioid prescribing & monitor patients closely

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. MMWR Recomm Rep 2016;65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1external icon

Overall CDC Recommendations

Mitigate Overdose Risk with Naloxone

Check PDMP Data

Urine Drug Testing

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DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

Overall CDC Recommendations

Avoid combo of opioid + benzodiazepine

Offer treatment for opioid use disorder

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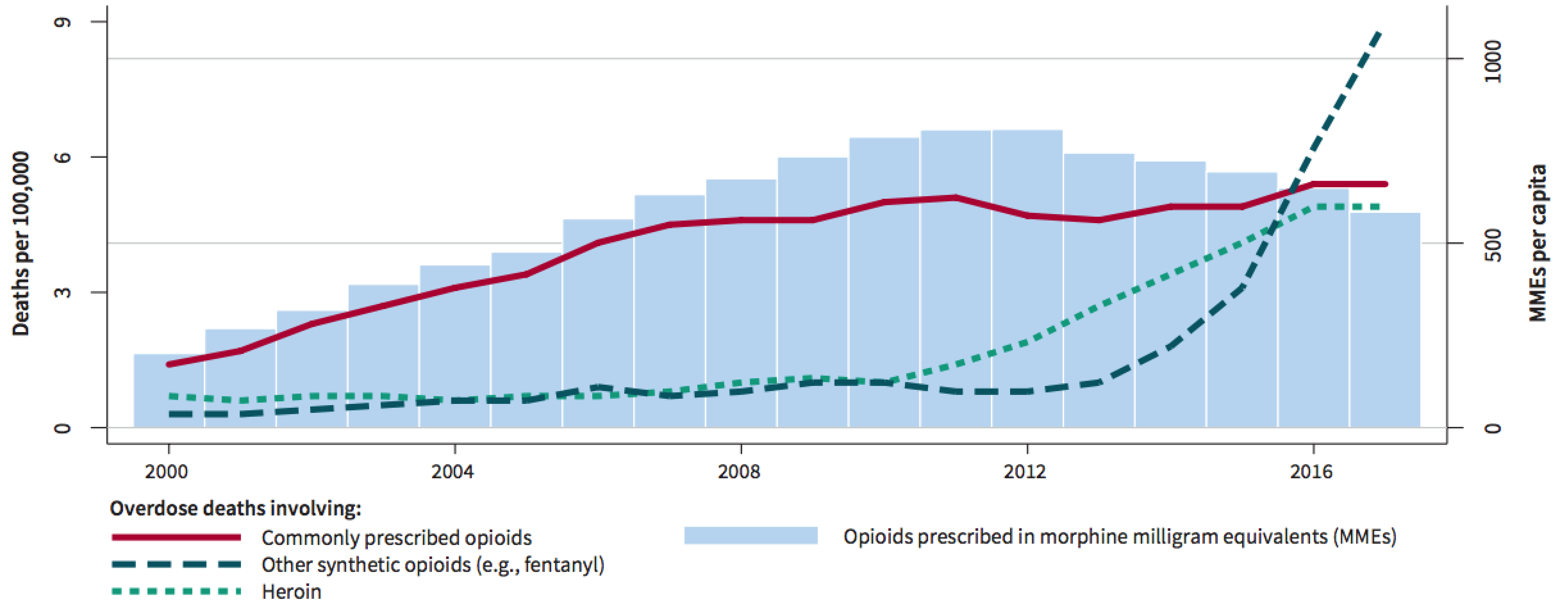
Actions APRNs Can Take

- Recognize that the opioid crisis is ravaging families and communities.
- Avoid opioid pain medications whenever possible
- Follow the CDC opioid prescribing guidelines for new patients with pain and for patients with chronic pain when possible.

Actions APRNs Can Take

- Ensure that the opioid prescriptions are truly for medically legitimate purposes, with vigilance for red flags.
- Carefully follow in substantial compliance the Opioid Prescribing Guidelines.

Figure 1: Opioid prescriptions and overdose deaths between 2000 and 2017



END THE OPIOID CRISIS

THANK YOU!

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References

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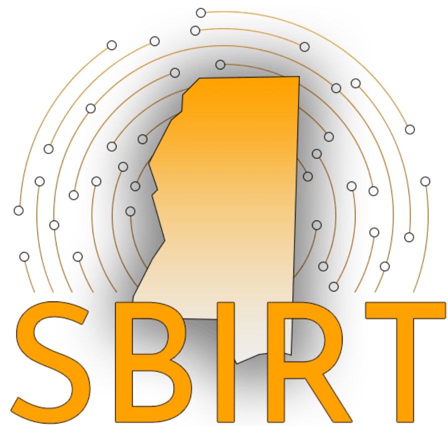
FREE Resources Provided by MSPHI (Click on picture)



THE MISSISSIPPI OPIOID AND HEROIN DATA COLLABORATIVE

Third Quarter 2022

THE MISSISSIPPI OPIOID AND HEROIN DATA COLLABORATIVE

Provisional Data Report
July - September 2022

Mississippi Board of Pharmacy
Mississippi Bureau of Narcotics
Mississippi State Department of Health
Mississippi Department of Mental Health
Mississippi Public Health Institute
10/28/2022

MAKE MISSISSIPPI
ODFREE.org