

**VIRGINIA BOARD OF MEDICINE**

**REGULATIONS**

**GOVERNING PRESCRIBING OPIOIDS AND**

**BUPRENORPHINE**

**Effective Date: March 15, 2017**

What are they?

What do they mean?

How do they impact practice and patient care?

# Translation of VA statute Implementation

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# The Big Issues

- “14 days”
- Maximum number of pills
- MME equivalents
- Documentation
- Maximum duration of “acute care”
- At risk co medication
- Naloxone
- Extended release opioids
- When to refer for chronic management
- Who can prescribe for “chronic pain”

7 days, 14 days, maximum number

treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a seven-day supply

An opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 consecutive days

14 days  
maximum number

# per dose x Frequency x 14 days >>> Max Rx

MME compliant

Norco 5/325, 1-2 q6 hr, PRN

2 q 6 = 8/day

8 x 14 = max Rx #

Norco 5/325, 1-2 q6 hr. PRN, disp # 112

this would be the absolute max Rx # for 14 days

MME

Milligrams of Morphine Equivalent

50 MME/day

50-120 MME/day

>120 MME/day

# MME

50 MME/day

50-120 MME/day

Document rationale for > 50

>120 MME/day

Document needs + Referral for Chronic pain care



Medication	Dose (mg)	MME Conversion	Milligrams of Morphine Equivalent (MME)					
			1 tablet q4h	1 tablet q6h	1 tablet q8h	1 tablet q12h	2 tablets q4h	2 tablets q6h
			(tablets per day)					
Hydrocodone/Acetaminophen 325mg (LORTAB)	5	5	6	4	3	2	12	8
	7.5	7.5	30	20	15	10	<b>60</b>	<b>40</b>
	10	10	45	30	22.5	15	<b>90</b>	<b>60</b>
			<b>60</b>	40	30	20	<b>120</b>	<b>80</b>
Hydromorphone (DILAUDID)	1	4	24	16	12	8	48	32
	2	8	48	32	24	16	<b>96</b>	<b>64</b>
Oxycodone	5	7.5	45	30	22.5	15	<b>90</b>	<b>60</b>
	7.5	11.25	<b>67.5</b>	<b>45</b>	33.75	22.5	<b>135</b>	<b>90</b>
	10	15	<b>90</b>	<b>60</b>	45	30	<b>180</b>	<b>120</b>
Codeine	15	2.25	13.5	9	6.75	4.5	27	18
**Note: CRMH has approved the removal of codeine from inpatient formulary	30	4.5	27	18	13.5	9	<b>54</b>	<b>36</b>
	45	6.75	40.5	27	20.25	13.5	<b>81</b>	<b>54</b>
	60	9	<b>54</b>	36	27	18	<b>108</b>	<b>72</b>
<b>Tramadol</b>	<b>50</b>	<b>5</b>	<b>30</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>60</b>	<b>40</b>
Documentation is required for doses >50 MME per day								
Naloxone prescription is required for >120 MME per day								
Note co Rx concerns with Tramadol								

“14 days”

it is not a “cut off”

Rx may be repeated q 14 days

Document need for continuation

Assess dosing (number and frequency)

Up to 90 days

NALOXONE

\*

# Naloxone

shall be prescribed

if risk factors

prior overdose

substance abuse

doses in excess of 120 MME/day

concomitant benzodiazepine use

# “at risk” co –medications

risk of overdose

Benzodiazepines

Sedative hypnotics

Carisoprodol

Tramadol

Extended Prescribing

Extended Release Opioids

Chronic pain management

# Who/What /When

- Who – for mandated referral
  - Pain management
  - Provider with interest and additional training in chronic pain
- When
  - Opioid Rx needs > 90 days
  - Polypharmacy
- What
  - Extended release opioids (OxyContin, MScontin)
  - MME requirements >120/day

# Carilion Clinic Orthopaedics

## Controlled Substance (Narcotic Pain Medication) Policy

- Acute Care or Associated with Surgical Intervention – define the scope of prescribing
- “7 day” non operative, “14 day” operative – explains the regulatory changes and rationale for number of pills and frequency of use
- Combining narcotic pain medication and sedatives - risk of overdose with benzodiazepines, sedative hypnotics, carisoprodol, and tramadol; Use of Naloxone
- **Medications are to be used as prescribed.** – Intervention based pain scale. Timing of refills
- **Additional /alternative pain medication from another provider not permitted.** - We monitor via PMP
- **Obtained from a single pharmacy-** We monitor via PMP
- **Defined refill times: M-F, 8-4**
- **No refills for missed or cancelled appointments.**
- **No refills from On Call Provider**
- **No Rx beyond 90 days – in house review of ALL providers and Rx patterns**



Statute may be found at -

<http://www.dhp.virginia.gov/medicine/leg/>

[PrescribingOpioidsBuprenophine\\_03152017.doc](#)