



“First Do No Harm...”



The New Indiana Laws for Safer Opioid Use in Chronic Pain Management*

*As of Dec. 15, 2013, at the start of chronic opioid treatment, a **provider must...***

- Perform **detailed history** and **physical**
- Review **records** from previous healthcare providers
- Have the patient complete an objective **pain assessment tool**
- Do a **Risk Assessment**, including both
 - Mental Health assessment – use validated tool
 - Risk of substance abuse assessment – use validated tool
- Tailor a **diagnosis & treatment plan** with functional goals
- When appropriate, use **non-opioid options**
- Counsel women on neonatal abstinence syndrome
- Perform **urine drug screens** to screen for illicit or un-prescribed drugs
- Query **INSPECT**
- Meet with patient **quarterly**
- If the patient's opioid dose reaches a morphine equivalent of 60 milligrams/day, **face to face review** of the treatment plan is required, including consideration of **consultation and counseling** of risk of therapy, including death
- Sign a **Treatment Agreement** including...
 - Goals of treatment
 - Consent to drug monitoring / Permission to conduct random pill counts
 - Prescribing policies, including prohibition of sharing medications & requirement to take medications as prescribed
 - Information on pain medications prescribed by other physicians
 - Reasons that opioid therapy may be changed or discontinued

*Any patient on ≥60 opioid pills X3mo or >15 Morphine Equivalent Dose Daily X3mo (exclusions include terminally ill, nursing home, palliative care & hospice patients)

Source: Indiana Medical Licensing Board Prescribing rules:
http://www.in.gov/pla/files/Emergency_Rules_Adopted_10.24.2013.pdf

Ten Key Prescribing Recommendations

1. Do your own evaluation and establish a working diagnosis
2. Assess mental health status; ask about alcohol and substance abuse
3. Set functional goals with your patients and outline expectations for treatment
4. When prescribing opioids, obtain informed consent and review/sign treatment agreement
5. Use non-pharmacologic treatments and non-opioid medications initially for treatment
6. Run an INSPECT report at least every 3-6 months and more often as needed
7. Perform urine drug monitoring to check for unexpected drug use and to ensure compliance
8. Avoid dangerous medication combinations, such as opioids and benzodiazepines or other sedating products
9. Limit opioid dose to 30-50 mg per day (morphine equivalent) to minimize risk and adverse effects
10. See patients at least every 3-4 months and obtain a pain management consult if pain is poorly controlled or if multiple co-morbidities are present

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