

Summary: Progressive Opioid Prescribing Guidelines for a Safer Ohio

	From Emergency Department & Acute Care Facilities	For Chronic, Non-Terminal Pain	For Acute Pain Outside of Emergency Department
Release Date	April 2012	October 2013	January 2016
Specific Goals	Stop inappropriate prescribing from ED & Urgent Care Centers	Ensure long-term patient safety	Limit first use of opioids and decrease availability of unused opioid medications
Prescribing Limitations	<ul style="list-style-type: none"> No more than 3 days No long-acting opioids 	<ul style="list-style-type: none"> “Press pause” at ≥ 80 mg MED Caution with co-prescribing of benzodiazepines 	<ul style="list-style-type: none"> Consider non-pharmacologic and non-opioid therapies Limit pills per script No long-acting opioids
OARRS Recommendations	Check prior to prescribing	<ul style="list-style-type: none"> Check every patient at ≥ 80mg MED By law, OARRS check required for >12 weeks 	<ul style="list-style-type: none"> Check prior to prescribing By law, OARRS check required in most cases for ≥ 7 days of use (<i>As of April 2015</i>)
Key Additional Clinical Steps	Referral to Primary Care	12 weeks a trigger for re-evaluation of pain, function, medication effectiveness & SBIRT	2 weeks a trigger for re-evaluation
Associated Metrics	<ul style="list-style-type: none"> TBD: Survey by ODH; Additional data & trends through OARRS 	<ul style="list-style-type: none"> # patients at ≥ 80mg MED Proportion of prescriptions ≥ 120 pills/prescription Proportion and # patients on both opioid & benzodiazepines 	<ul style="list-style-type: none"> # patients receiving <i>new</i> opioid prescription for acute pain See aggregate quarterly measures
Aggregate Quarterly Measures for all guidelines	<ul style="list-style-type: none"> % of prescriptions with associated OARRS check # patients receiving opioids per quarter Total opioid pills prescribed per quarter; Average MED per prescription 		
Sample Patient Vignette	Patients who are narcotic-seeking, doctor shopping and/or diverting opioids	Patients with addiction or tolerance to medications; those at greater risk for harm	Patients seeking pain relief following injuries or procedures

Acronyms: ED=Emergency Department; MED=Morphine Equivalent Daily Dose; OARRS=Ohio Automated Rx Reporting System (prescription drug monitoring program);

SBIRT=Screening, Brief Intervention, and Referral to Treatment for substance abuse

Created December, 2015