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Medical Licensing Board makes final changes to opioid prescribing rule

On Sept. 25, the Medical Licensing Board of Indiana (MLB) adopted the final version of the opioid prescribing rule for chronic pain management, which is expected to become effective approximately Nov. 1, 2014. Here are the changes from the prior emergency rule you will need to know.

Morphine-equivalent conversion

To eliminate the need for a morphine-equivalent conversion for one particular opiate, the final rule automatically applies to any patient who receives a transdermal opioid patch for more than three consecutive months. Due to safety concerns, it also applies to any patient who is prescribed a hydrocodone-only extended release medication that is not in an abuse deterrent form (first pill).

Additionally, at ISMA's request pursuant to Resolution 14-45, tramadol is not included in the rule *unless* the patient receives a high dose - more than 60mg of morphine equivalent dose per day - for more than three consecutive months.

Informed consent

Informed consent has been expanded in three ways:

- Discuss with the patient safe storage practices for prescribed opioids.
- Require the patient to disclose if they are drinking alcohol while taking opioids.
- Provide written warning to patients prescribed hydrocodone-only extended release medication that is not in an abuse deterrent form that discloses the risks associated with taking extended release medications.

"The most significant change to the rule is in drug testing," explained Julie Reed, ISMA legal counsel. "As expected, the pressure of a federal lawsuit was too much, and the requirement

to automatically drug test patients initially and annually was softened. Now, the physician is required to perform or order a drug monitoring test, including a confirmatory test any time the physician determines that it is medically necessary. Unlike before, the frequency is not specified."

To determine medical necessity, physicians must consider 17 specific factors and an 18th catch-all provision. The MLB clarified that a confirmatory test must use a method selective enough to differentiate individual drugs within a drug class. The drug testing provision continues to be postponed to Jan. 1, 2015.

Important information about tramadol

According to the Office of the Indiana Attorney General, tramadol is not included in the state chronic opioid prescribing rule even though the federal government made it a scheduled controlled substance in August.

"Although doctors always have to comply with both state and federal law, this state rule is one of those rare instances where state and federal laws do not mirror each other," said Reed. "This rule's definition of controlled substance is the state definition. And, Indiana has not yet scheduled tramadol as a controlled substance."

However, state scheduling was attempted last year, and a bill is expected to be introduced in the Indiana General Assembly again this year. If it is successful, tramadol will become a controlled substance under state law, and will then fall under the scope of the chronic opioid prescribing rule. The ISMA successfully advocated for increasing the dose thresholds that must be reached before the rule's requirements apply to tramadol.

Find the 18 factors that dictate drug testing and other resources at www.ismanet.org/go/CSpage or, contact the ISMA with questions at (317) 261-2060 or (800) 257-4762.

Current emergency rule

Follow current rule until new rule takes effect

The emergency rule applies if a patient has been prescribed for more than three consecutive months:

- >60 opioid-containing pills per month or
- A morphine equivalent dose >15 mg/day

Prescription assistance program helps patients afford their drugs

The Centers for Disease Control and Prevention reports that America outspends any other country on prescription drugs – \$45 billion in out-of-pocket dollars last year alone. However, the Indiana Drug Card can help your patients who aren't insured or who take prescription drugs not covered by a health insurance plan.

The Indiana Drug Card offers discounts of up to 75 percent off the retail price for FDA-approved prescription medications. Both brand and generic medications are eligible for a discount.

Indiana Drug Card was launched to help uninsured and underinsured residents afford their prescription medications. The program also can be used by people who have health insurance coverage with no prescription benefit, which is common in many health savings accounts (HSAs) and high-deductible health plans.

The Indiana Drug Card program has chosen CVS as its preferred pharmacy so that residents who don't have access to a computer to print a card can visit any CVS pharmacy to process their prescriptions through the program. Residents simply need to reference "Indiana Drug Card."

The program has helped save residents over \$52 million since its inception in July 2009. The card is accepted at more than 56,000 participating regional and national pharmacies. Encourage your patients to print a free Indiana Drug Card at www.IndianaDrugCard.com.

Indiana Drug Card is also available as an app for iPhone and Android by searching "Free Rx iCard" in the app store. If you are interested in ordering free cards for your clinic or hospital, email Natalie Meyer, program director, at natalie@indianadrugcard.com.

