QUICK REFERENCE TO RHODE ISLAND'S UPDATED PAIN MANAGEMENT REGULATIONS

1. **PATIENTS MUST RECEIVE A COMPREHENSIVE EVALUATION** before receiving treatment for chronic pain.

2. **THE PRESCRIBER MUST OBTAIN, EVALUATE, AND DOCUMENT** a patient's health history and physical exam in the health record prior to treating for chronic pain.

3. **INITIAL OPIOID PRESCRIPTIONS FOR ACUTE PAIN** for an opioid-naïve individual cannot exceed 30 Morphine Milligram Equivalents (MMEs) per day for a maximum of 20 doses.

4. **LONG-ACTING OR EXTENDED-RELEASE OPIOIDS**, including methadone, must not be prescribed for acute pain.

5. **BEFORE PRESCRIBING AN OPIOID**, providers must document in the patient's medical record that a conversation took place with the patient and/or guardian about the associated risks.
This is required for the second and third consecutive prescriptions as well. Conversation topics must include:

   - Risks of developing dependence or addiction and the potential of overdose and/or death;
   - Risks of mixing alcohol or other sedating medications (Valium, Xanax, and/or Ambien) with an opioid;
   - Impaired ability to safely operate any motor vehicle;
   - Safeguarding all opioid medications in a secure location;
   - Non-opioid treatments for managing pain (ibuprofen, acetaminophen, acupuncture, massage, physical therapy, chiropractic care, cognitive behavioral therapy, and/or osteopathic manipulation therapy); and
   - Risks of relapse for those who are in recovery from substance dependence.

6. **THE RHODE ISLAND PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)** must be reviewed prior to starting any patient on an opioid and every three months for patients who are on long-term pain therapy.

7. Patients who are on long-term opioid therapy must have a **WRITTEN PATIENT AGREEMENT** within 90 days of starting treatment. A sample patient agreement can be downloaded from **http://bit.ly/2QbvamZ**

8. An **IN-PERSON, PERIODIC REVIEW** must take place at intervals not to exceed six months.

9. **PRESCRIBERS MUST CO-PRESCRIBE NALOXONE IN THREE DIFFERENT CLINICAL SCENARIOS LISTED HERE.**
If co-prescribing naloxone is not appropriate for the patient, then the prescriber must document the rationale in the patient's medical record.

   1) Prescribing an opioid, individually or in aggregate with other medications, greater than or equal to 50 oral MMEs/day.
   2) Prescribing any dose of an opioid or a benzodiazepine to a patient concurrently, or to a patient who has been co-prescribed either in the past 30 days. Prescribers shall note in a patient's medical record the medical necessity for co-prescribing the opioid and the benzodiazepine and explain why the benefits outweigh the risk.
   3) Prescribing any dose of an opioid to a patient who has a history of opioid use disorder or overdose.

10. **SAFE TRANSITION OF CARE IS REQUIRED FOR ALL PATIENTS WHO ARE ON LONG-TERM OPIOID THERAPY,** including patients who might be referred to a different provider for chronic pain management. Prescribers should be cognizant of not abruptly reducing or removing a patient from chronic pain medication as this poses a serious danger to the patient. Patients must be transitioned via a practitioner-to-practitioner conversation to an acceptable alternative over time in a way that is safe for the patient.

January 2019

PRESCRIBER RESOURCES FOR OPIOID OVERDOSE PREVENTION

TO LEARN MORE ABOUT RHODE ISLAND'S PRESCRIBING REGULATIONS FOR PAIN MANAGEMENT

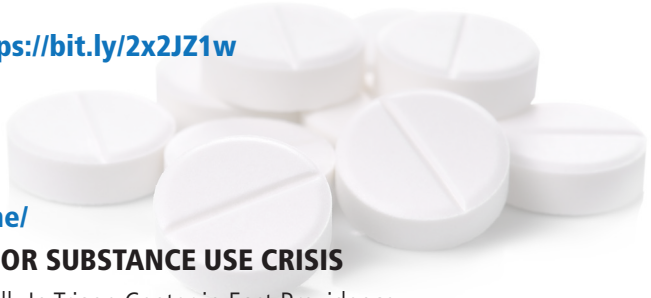
- Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island [R21-28-CSD]: **https://bit.ly/2PiZzzF**
- Frequently Asked Questions (FAQs): **https://bit.ly/2CWjIbe**
- Safe Opioid Prescribing: **http://www.health.ri.gov/healthcare/medicine/about/safeopioidprescribing/**

WHEN CONVERSING WITH PATIENTS AND/OR GUARDIANS ABOUT THE RISKS OF OPIOID PAIN MEDICATIONS

- Recommended Conversation Starters: **https://bit.ly/2F4sF50**
- Knowing the Risks of Opioid Prescription Pain Medications patient education flyer: English **https://bit.ly/2qoo9ns** and **Spanish https://bit.ly/2Qcbr6L**
- Knowing the Risks of Opioid Prescription Pain Medications patient education video for in-office visits: **https://bit.ly/2yJxfQt**

TO SUGGEST NON-OPIOID TREATMENT OPTIONS

- Centers for Disease Control and Prevention (CDC) non-opioid pain therapies: **https://bit.ly/2x2JZ1w**



WHEN CO-PRESCRIBING NALOXONE

- Naloxone co-prescribing recommendations: **https://bit.ly/2QaExn2**
- Naloxone script: **https://bit.ly/2PRxnn2**
- Get naloxone in Rhode Island: **http://preventoverdoseri.org/get-naloxone/**

WHEN HELPING PATIENTS WHO ARE EXPERIENCING A MENTAL HEALTH OR SUBSTANCE USE CRISIS

- Behavioral Health (BH) Link, a 24/7 Hotline **401-414-LINK (5465)** and 24/7 Walk-In Triage Center in East Providence
- Rhode Island Centers of Excellence for the Treatment of Opioid Use Disorder: **http://preventoverdoseri.org/get-help/**
- PreventOverdoseRI.org

Opioid	Brand/Trade Name	MME Per Dose	Maximum Daily Dose	Maximim Daily Units (1 TAB/CAP =1 Unit) Based on 30 MME/Day	Maximum Units Dispensed Per Prescription	Number of Days Prescription Lasts
Oxycodone 5mg	**Roxicodone**	7.5mg	20mg	4	20	5
Oxycodone/APAP 5mg/325mg	**Percocet**	7.5mg	20mg	4	20	5
Hydrocodone/APAP 5mg/325mg	**Norco**	5mg	30mg	6	20	3.3
Hydrocodone/APAP 5mg/300mg	**Vicodin**	5mg	30mg	6	20	3.3
Hydrocodone/APAP 7.5mg/500mg	**Vicodin ES**	7.5mg	30mg	4	20	5
Hydrocodone/Ibuprofen 7.5mg/200mg	**Vicoprofen**	7.5mg	30mg	4	20	5
APAP/Codeine 30mg	**Tylenol #3**	4.5mg	180mg	6	20	3.3
APAP/Codeine 60mg	**Tylenol #4**	9mg	180mg	3	20	6.6
Hydromorphone 2mg	**Dilaudid**	8mg	8mg	4	20	5
Tramadol 50mg	**Ultram**	5mg	300mg	6	20	3.3