Department of Health

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Dear Colleague:

As we continue statewide efforts to battle the opioid epidemic, the Rhode Island Department of Health (RIDOH) shares these *Rules and Regulations for Pain Management, Opioid Use, and the Registration of Distributors of Controlled Substances in Rhode Island [R21-28-CSD]*. These regulations, originally promulgated in March 2015, have been recently updated. It is incumbent upon clinicians who prescribe controlled substances to familiarize themselves with the new regulations in their entirety. Below are some highlights:

Section 3.3: Initial Prescription for Acute Pain

An important concept of the updated regulations is that **acute pain and chronic pain are treated differently**. The new regulations apply to patients considered "initiates," individuals who have not had an opioid in the last 30 days.

- Section 3.3 (b) limits the initial prescription to 20 doses and no more than 30 morphine milligram equivalents (MME) per day.
- Section 3.3 (c) prohibits the prescribing of long-acting or extended-release opioids; like methadone, for acute pain.

Section 3.14: Training Requirement for Prescribers of Schedule II Opioids

There is a training requirement of eight hours of continuing education on topics such as appropriate prescribing for pain, pharmacology, potential for dependence, and alternatives to opioids for pain management.

- Those who have taken DATA 2000 training to prescribe buprenorphine will be exempt from the eight-hour continuing education requirement.
- Training must be completed at least once per career and must occur before the next renewal of your controlled substance registration in June of 2018.

Continuation of Care for Patients with Chronic Pain

These prescribing limitations do not apply to patients receiving opioids for chronic pain; these cases should be treated differently. Patients with a cancer-associated pain diagnosis, on palliative/nursing home care, or other patients on chronic pain management should continue to have access to treatment according to their specific chronic pain needs. **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**. Just as a patient with diabetes would not be abruptly removed from diabetes medication, a patient receiving opioids for chronic pain should not be removed too abruptly from pain medication, but transitioned in a way that is safe for the patient to an acceptable alternative over time. Chronic pain management regulations are addressed separately in other sections of [R21-28-CSD].

Prescribing Patterns to Reflect New Regulations

It is expected that prescribers will change prescribing patterns to reflect the new regulations. Limiting the dose of the initial prescription for acute pain based on morphine milligram equivalents allows for provider flexibility, while focusing on prescribing the lowest effective dose for acute pain and prescribing for no longer than the expected duration of pain. Please review the Morphine Equivalent Dosage Converter Table for Commonly Prescribed Opioids when writing an initial prescription for common, short-acting opioids.

Prior to issuing an initial prescription for acute pain, prescribers must document the results of a thorough medical history, develop a treatment plan, and access the Rhode Island Prescription Drug Monitoring Program (PDMP) for relevant prescription monitoring information.

To support the implementation of these regulations for prescribers of Schedule II opioids, RIDOH's Academic Center and the Warren Alpert Medical School of Brown University, Office of Continuing Medical Education will offer two Continuing Medical Education (CME) opportunities on Thursday, May 11 and 18, 2017. Providers will learn more about how to appropriately prescribe opioids and consider interdisciplinary approaches to treating patients with pain.

It is important that prescribers recognize that addiction should be treated as a life-long disease, and addiction related to opioid-use is no different. A greater level of compassion and understanding are called for in cases when patients with opioid use disorder transition from pain management medication to alternative treatment. Rhode Island offers Medication Assisted Treatment (MAT) options for opioid use disorder, including outpatient programs through the Rhode Island Centers of Excellence. The six Centers throughout the state provide MAT, counseling, peer support, and vocational counseling. A local recovery hotline is also available to connect individuals in crisis with treatment and recovery support. Those seeking help can call 401-942-STOP (7867) to speak with English and Spanish-speaking counselors who are licensed in chemical-dependency 24 hours a day, 7 days a week.

I call upon each of you to embrace these responsible prescribing measures to decrease the incidence of opioid dependence and accidental overdose across our state. Your continued efforts will save the lives of many fellow Rhode Islanders.

Thank you,

Nicole E. Alexander-Scott, MD, MPH
Director of Health