**Opioid Prescribing Rules FAQs**

The following Frequently Asked Questions (FAQs) have developed by the New Hampshire Medical Society and New Hampshire Hospital Association (and vetted through appropriate NH agencies) to assist practitioners and administrators to implement the [Part Med 502 opioid prescribing final rules](http://www.oplc.nh.gov/medicine/documents/med502-adopted.pdf) for the management or treatment of non-cancer and non-terminal pain developed by the [New Hampshire Board of Medicine](http://www.oplc.nh.gov/medicine/index.htm) (BoM) , as well as the [New Hampshire Prescription Drug Monitoring Program use requirements](http://www.oplc.nh.gov/pharmacy/drug-monitoring.htm) and [PDMP revised fact sheet](http://www.oplc.nh.gov/pharmacy/documents/pdmp-fact-sheet.pdf), based on the adoption of [HB 1423](http://www.gencourt.state.nh.us/bill_status/billText.aspx?sy=2016&id=850&txtFormat=pdf&v=current) in late June.

In recognition of the complexity of trying to implement these regulations, an [Opioid and Substance Use Disorders Resources](https://www.nhms.org/resources/opioid) webpage also has been developed along with an updated [Patient Check List for Med 502 Opioid Prescribing Rules](http://www.nhms.org/sites/default/files/Pdfs/Opioid_Patient_Check_List_for_use_with_Med_502_Opioid_Prescribing_Rules_11-16.docx) (in MSWord format) based on the final rules for licensees to utilize to ensure that they are following all of the components required for all pain, acute pain and chronic pain. Please note that these resources and checklist are meant to be tools only and should not replace your responsibility for reviewing and understanding the complete set of rules.

Please send additional questions concerning the NH opioid prescribing rules that you would like see posted to this site to nhmedicalsociety@nhms.org, or for direct assistance, please contact the Medical Society at 603-224-1909.

1. **What restrictions are there on the quantity of pills prescribed in the post-operative period for acute pain?**

In brief, the rules dictate that given the patient’s acute pain condition, licensed practitioners should prescribe opioids for the “lowest effective dose for the shortest duration.” The rules are silent on the quantity, but instead refer to the length of time the prescription is issued. If opioids are indicated and appropriate for persistent, unresolved acute pain that extends beyond a period of 30 days, the licensed prescriber is expected to conduct an in-office follow-up with the patient prior to issuing a new opioid prescription.

1. **How many providers can delegate access to an individual? Can one person be a delegate for multiple physicians? And, if so, can they use just one login? Or do they have to log in differently each time they are working with a different physician?**

A delegate can be registered to multiple master account holders.

Each time the delegate logs in to query they must select the master account holder they are querying for.

For each query, they must select a master account holder. If they are looking up a number of patients and only pick say “one” master account holder, but this master account holder is not the individual who will be seeing the patient and ultimately prescribing the prescription, then there will be no evidence or tracking in the audit log for that master account holder that a query was done for their patient.

All delegates are linked to the master account holders so if the master account holder has to show evidence at some point that they queried the system prior to writing a prescription for a schedule II, III or IV opioid, then the delegate needs to be sure to be querying under each master account so the audit report has record of it.

1. **If multiple providers delegate to an individual, does that impact how frequently they (the provider and/or the person selected as a delegate) need to update their password?**

The NH PDMP recently lengthened its required change password frequency for each account holder and delegate to at least every 6 months.

1. **When can the consent or patient education, risk assessment and PDMP check take place before a planned surgery or procedure if an opioid analgesic prescription is anticipated post-operatively?**

There are no specific restrictions written in the opioid prescribing rules. In general, if it is anticipated that the patient will likely need a prescription for post-operative pain, then the informed consent, risk assessment, patient education and PDMP check should be part of the facility/office pre-operative work flow procedures, documenting that these steps have been completed.

1. **Is Tramadol (Ultram) considered an opiate under this policy?**

Yes, Tramadol (Ultram) is listed by the DEA as a Schedule IV opioid, effective July 9, 2014.

1. **Is Lyrica (Pregabalin) considered an opiate under this policy?**

No, although Lyrica (Pregabalin) is a Schedule V controlled substance typically prescribed for neuropathic pain and anxiety, it is not an opioid and therefore opioid prescribing rules do not apply.

1. **How do I obtain the required opioid-related CME credits?**

Beginning with the 2016-2017 reporting cycle, physicians who possess a DEA license number are required to complete 3 hours of Board-approved opioid-related CME, per cycle. The list of approved courses can be found on the NH Board of Medicine website: <http://www.oplc.nh.gov/medicine/opioid-prescribing.htm>.

If you believe a course should be added to the approved list, you may submit your request along with a course outline to Penny Taylor, Board Administrator, NH Board of Medicine, 121 South Fruit Street, Suite 301, Concord, NH, 03301 or via email to penny.taylor@nh.gov.

1. **How do I query the PDMP for an out-of-state patient?**

Licensed practitioners and their delegates can access through the NH PDMP their patients’ controlled substance history reports from the following states:

*Massachusetts, Maine, Vermont, Connecticut, New York, Rhode Island and New Jersey*

1. Log in to RxSentry
2. Click “Multiple State Query”
3. Select the check box indicating that you accept the terms and conditions
4. Utilize the query fields to identify the patient.

For more information, please consult the [NH PDMP Multi-State Data Sharing Summary](http://www.oplc.nh.gov/pharmacy/documents/pdmp-multi-state-query.pdf).

1. **Can we make up our own risk assessment tool?**

*No. The intent of the opioid prescribing enabling statute and subsequent rules by the NH Board of Medicine are to provide established risk assessment tools that have been reviewed and validated. The current* [*approved risk assessment tools*](https://www.oplc.nh.gov/medicine/opioid-prescribing.htm) *include the SOAPP, ORT and DAST.*

1. **Do we have to include the sexual abuse question from the risk assessment tool?**

*The prescribing rules are silent on whether slight modifications can be made to the approved risk assessment tools. Should your practice or facility have serious objections to a particular question in the risk assessment tool, it is suggested that an alternative risk assessment tool be utilized, or the risk assessment scale be adjusted appropriately to compensate for the removal of the question.*

1. **Can there be more clarity on the timing of when assessment can / should be done?  For example, pre-op can sometimes be days or weeks before the actual procedure.  If they do the assessment and PDMP lookup at pre-op, does it need to be done again on day or procedure?  Should it be done with history and physical examinations are refreshed?**

*The rules are silent on specifically when the risk assessment and PDMP lookup should occur prior to the prescription of a Schedule II-IV opioid for the management and treatment of pain to allow the prescriber clinical flexibility in obtaining this information prior to prescribing an opioid. Both reports offer the prescriber the opportunity to have further insights as to the appropriate use of opioids for the individual patient and to help facilitate shared decision making with the patient on the risks and benefits of opioids. In general, the risk assessment and PDMP lookup can be done during the pre-operative workup in close proximity, but not necessarily on the day, of the opioid prescription.*

1. **How should we handle pediatric patients and risk assessment tools?**

*In general, the parent or guardian can assist or complete the risk assessment. Adolescents should complete the assessment if they understand why the risk assessment tool is being requested. But ultimately as with other medical-legal documents, the parent should at minimum review and sign off of the completed risk assessment tool. The goal of the risk assessment is to help enable a conversation with the patient, parent/guardian and the prescriber on the potential risks and benefits of using an opioid for the management and treatment of pain.*

1. **For the PDMP, what if the ultimate prescriber was not the person who did the PDMP lookup?**

*Yes, the DEA licensed prescriber (as known as PDMP master account holder) can delegate PDMP queries to a registered delegate (Please see FAQ on delegate queries.). In addition, if the licensed prescriber reviewed the PDMP report before prescribing, it should be noted in the patient’s medical record that the report was used. (Please see FAQ on delegate queries.)*

1. **Can the medical record document that the prescriber reviewed the PDMP report done by someone else?**

*The NH Board of Pharmacy (who oversees the implementation of the PDMP) will be issuing an advisory and a subsequent rules change request to allow prescribers to both print and include in the practice/facility’s EHR a copy of the PDMP query.*