

## Opioid Prescribing Rules FAQs

The following Frequently Asked Questions (FAQs) have been developed by the New Hampshire Medical Society and New Hampshire Hospital Association (and vetted through appropriate NH agencies) to assist practitioners and administrators in implementing the [Part Med 502 opioid prescribing final rules](#) for the management or treatment of non-cancer and non-terminal pain developed by the [New Hampshire Board of Medicine](#) (BoM), as well as the [New Hampshire Prescription Drug Monitoring Program use requirements](#) and [PDMP revised fact sheet](#), based on the adoption of [HB 1423](#) in late June.

In recognition of the complexity of trying to implement these regulations, an updated [Opioid and Substance Use Disorders Resources](#) webpage has been developed, along with an updated [Patient Check List for Med 502 Opioid Prescribing Rules](#) (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](mailto: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.

### **2. 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 "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.

**3. 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.

**4. 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.

**5. 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.

**6. 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.

**7. 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.nh.gov/medicine/>.

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](mailto:penny.taylor@nh.gov).

**8. 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](#).