



## Revised Rules for Use of OARRS, and Prescribing of Opioids to Treat Sub-acute and Chronic Pain

Revised Rules affecting APRN prescribing are now in effect. The Board of Nursing revised Rule 4723-9-12 (standards and procedures for review of OARRS) and Rule 4723-9-10 (the formulary/standards of prescribing for APRNs designated as CNPs, CNMs, or CNSs).

[Rule 4723-9-12\(D\)](#) was updated effective November 5, 2018 to reflect the OARRS report check triggered by opioid analgesic related to treatment of sub-acute or chronic pain. It is important to note that the sub-acute/chronic pain rule language does not apply to hospice care patients, terminal conditions including terminal cancer, or inpatient prescriptions.

[Rule 4723-9-10](#), effective December 22, 2018, establishes parameters for opioid analgesic prescriptions for the treatment of sub-acute and chronic pain.

"Chronic pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for twelve or more weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. "Chronic pain" does not include pain associated with a terminal condition or with a progressive disease that, in the normal course of progression, may reasonably be expected to result in a terminal condition.

"Sub-acute pain" means pain that has persisted after reasonable medical efforts have been made to relieve it and continues either episodically or continuously for more than six weeks but less than twelve weeks following initial onset of pain. It may be the result of an underlying medical disease or condition, injury, medical or surgical treatment, inflammation, or unknown cause.

Section 4723.481, ORC, requires that APRNs prescribe in a manner that does not exceed the authority of the collaborating physician or podiatrist, including requirements for chronic pain prescribing. [Rule 4723-9-10](#) has been amended to require prescribers to first explore non-medication treatment options, create "safety checkpoints" for patient assessment depending on the potency of the medication (i.e., the level of Morphine Equivalent Daily Dose or MED), and consult with a pain management specialist at extremely potent dosage levels associated with overdose.

Paragraph (M) of Rule 4723-9-10, OAC, is included below for ease of reference, or click on the hyperlink above to access the Rule in its entirety.

**Rule 4723-9-10(M), OAC, Sub-acute and chronic pain.** As specified in section [4723.481](#) of the Revised Code, for treatment of sub-acute and chronic pain, a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner shall prescribe in a manner not exceeding the prescriptive authority of the collaborating physician or podiatrist. Prescribing parameters specifically include, but are not limited to, the following requirements set forth in rule 4731-11-14 of the Administrative Code:

(1) Prior to treating, or continuing to treat sub-acute or chronic pain with an opioid analgesic, the advanced practice registered nurse shall first consider and document non-medication options. If opioid analgesic medications are required as determined by a history and physical examination, the advanced practice registered nurse shall prescribe the minimum quantity and potency needed to treat the expected duration of pain and improve the patient's ability to function;

(2) Before prescribing an opioid analgesic for sub-acute or chronic pain, the advanced practice registered nurse shall complete or update and document in the patient record assessment activities to assure the appropriateness and safety of the medication, as required by rule 4731-11-14 of the Administrative Code, including but not limited to:

(a) Completing an OARRS check in compliance with rule [4723-9-12](#) of the Administrative Code;

(b) Offering the patient a prescription for naloxone if the following circumstances exist:

(i) The patient has a prior history of opioid overdose;

(ii) The patient is co-prescribed a benzodiazepine, sedative hypnotic drug, carisprodal, tramadol, or gabapentin;

(iii) The patient has a concurrent substance use disorder; or

(iv) The dosage exceeds eighty MED as discussed in paragraph (M)(5) of this rule;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph (M)(4) of this rule.

(3) During the course of treatment with an opioid analgesic at doses below the average of fifty MED per day, the advanced practice registered nurse shall provide periodic follow-up assessment and documentation of the patient's functional status, the patient's progress toward treatment objectives, indicators of possible addiction, drug abuse or diversion, and any adverse drug effects.

(4) Fifty MED. Prior to increasing the opioid dosage to a daily average of fifty MED or greater, the advanced practice registered nurse shall complete and document in the

patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:

(a) Review and update the assessment completed in paragraph (M)(2) of this rule if needed. The advanced practice registered nurse may rely on an appropriate assessment completed within a reasonable time if the advanced practice registered nurse is satisfied that he or she may rely on that information for purposes of meeting the requirements of Chapter 4723-8 and Chapter 4723-9 of the Administrative Code;

(b) Except when the patient was prescribed an average daily dosage that exceeded fifty MED before the effective date of this rule, document consideration of:

(i) Consultation with a specialist in the area of the body affected by the pain;

(ii) Consultation with a pain management specialist;

(iii) Obtaining a medication therapy management review by a pharmacist;

(iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted;

(c) The advanced practice registered nurse shall consider offering the patient a prescription for naloxone if the dosage exceeds fifty MED as discussed in paragraph (M)(4) of this rule;

(d) During the course of treatment with an opioid analgesic at doses at or above the average of fifty MED per day, the advanced practice registered nurse shall complete and document in the patient record all of the information and activities required by rule 4731-11-14 of the Administrative Code not less than every three months.

(5) Eighty MED. Prior to increasing the opioid dosage to a daily average of eighty MED or greater, the advanced practice registered nurse shall complete and document in the patient record the activities and information set forth in rule 4731-11-14 of the Administrative Code, including but not limited to the following:

(a) A written pain management agreement shall be entered with the patient that outlines the advanced practice registered nurse's and patient's responsibilities during treatment, which requires the patient or patient guardian's agreement to all of the provisions set forth in rule 4731-11-14 of the Administrative Code;

(b) The advanced practice registered nurse shall offer the patient a prescription for naloxone;

(c) Except when the patient was prescribed an average daily dosage that exceeded eighty MED before the effective date of this rule, the advanced practice registered nurse shall obtain at least one of the following based upon the patient's clinical presentation:

- (i) Consultation with a specialist in the area of the body affected by the pain;
  - (ii) Consultation with a pain management specialist;
  - (iii) A medication therapy management review by a pharmacist; or
  - (iv) Consultation with a specialist in addiction medicine or addiction psychiatry, if aberrant behaviors indicating medication misuse or substance use disorder are noted.
- (6) One hundred twenty MED. The advanced practice registered nurse shall not prescribe a dosage that exceeds an average of one hundred twenty MED per day. This prohibition shall not apply under the following circumstances:
- (a) The advanced practice registered nurse holds national certification in pain management or hospice and palliative care by a national certifying organization approved according to section [4723.46](#) of the Revised Code;
  - (b) The advanced practice registered nurse has received a written recommendation for a dosage exceeding an average of one hundred twenty MED per day from a board certified pain medicine physician, or board certified hospice and palliative care physician, who based the recommendation on a face-to-face visit and examination of the patient. The advanced practice registered nurse shall maintain the written recommendation in the patient's record; or
  - (c) The patient was receiving an average daily dose of one hundred twenty MED or more prior to the effective date of this rule. However, prior to escalating the patient's dose, the advanced practice registered nurse shall receive a written recommendation as set forth in paragraph (M)(6)(b) of this rule.
- (7) The requirements of paragraph (M) of this rule do not apply when an opioid analgesic is prescribed:
- (a) To an individual who is in a hospice care program;
  - (b) To an individual who has terminal cancer or another terminal condition; or
  - (c) As an inpatient prescription as defined in rules adopted by agency 4729.