

Virginia Board of Medicine

Dear Prescriber,

In response to the escalating opioid crisis in Virginia – and recently passed legislation – the Board of Medicine has promulgated regulations on the prescribing of opioids for pain. These regulations, which take effect March 15th, will:

- Provide clear, evidence-based guidance on the proper prescribing for acute and chronic pain.
- Decrease the number of patients who abuse or develop an addiction to opioids.
- Rein in intentional and indiscriminate overprescribing by practitioners who treat pain.

The Board worked diligently with pain experts, addiction experts and stakeholders to develop regulations that will not hinder the good practice of medicine but will prevent the diversion of opioids for non-medical use.

As you consider these regulations, make sure that the needs of patients currently receiving opioids for chronic pain are taken into account. It is critically important that no patients in Virginia find themselves looking for narcotics outside of the medical system – ie, on the street.

Here is a [link to the new regulations](#). Please take the time to review them. Some of the key provisions are listed below.

Acute Pain

- Treatment with opioids for acute pain must be with short-acting opioids, and for a seven-day supply or less (unless extenuating circumstances are clearly documented in the medical record).
- Treatment with opioids as part of treatment for a surgical procedure must be for a fourteen-day supply or less (unless extenuating circumstances are clearly documented in the medical record).
- An appropriate history and examination must be performed, including a check of the PMP in accordance with state law.
- Morphine Milligram Equivalent (MME) should be considered, and naloxone must be co-prescribed if the MME exceeds 120 MME/day. Here is a link to the CDC calculator for MME.

Chronic Pain

- An appropriate history and examination must be performed, as detailed in the regulations.
- The practitioner must discuss risks, benefits, proper storage and disposal with the patient.
- Naloxone must be prescribed for any patient when one or more of the following risk factors is present: prior overdose, substance abuse, doses in excess of 120 MME/day, or concomitant benzodiazepine.
- Urine drug screen or serum medication levels shall be conducted at the initiation of chronic pain management and at least every three months for the first year of treatment and at least every six months thereafter.

In addition, Part IV of these regulations covers the treatment of addiction with buprenorphine. Medication Assisted Treatment (MAT) is an essential part of recovery for many individuals but unfortunately the mono-product form (Subutex) is increasingly being diverted and abused. Key provisions of the buprenorphine regulations include:

- Practitioners engaged in office-based opioid addiction treatment with buprenorphine shall have obtained a SAMHSA waiver and the appropriate Drug Enforcement Administration registration.
- Buprenorphine without naloxone (ie, the mono-product) shall only be prescribed when a patient is pregnant, when converting a patient from methadone, and in formulations other than tablet form for indications approved by the FDA.

Although the final numbers are not yet in, in 2016 approximately 1100 Virginians died of an opioid overdose – a 30% increase over 2015. Even for those who died of a heroin overdose, their addiction often began with a legitimate prescription for pain.

Thank you for your help as we work together to end the opioid crisis in Virginia.

William L. Harp, MD
Executive Director
Virginia Board of Medicine