

## DMA Opioid PA –STOP Act Comparison Chart - August 2017

<b>SHORT ACTING OPIOIDS</b>	<b><u>DMA Current Opioid Safety Criteria</u></b>	<b><u>DMA Opioid Safety Criteria Implements 8/27/2017</u></b>	<b><u>STOP Act* Enacted 6/29/2017</u></b>
<b>Maximum dose/day</b>	750 mg morphine equivalents	120 mg morphine equivalents	No MME established
<b>PA required</b>	All opioid prescriptions	<ul style="list-style-type: none"> <li>• Opioid prescriptions written for a quantity greater than 14-day supply (preferred &amp; non-preferred opioids)</li> <li>• All non-preferred opioids</li> <li>• Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids)</li> </ul>	NA for PA however initial supply of opioids for acute pain limited to 5 days or 7 days for post-surgical pain <b><i>effective Jan 1, 2018</i></b>
<b>PA not required</b>	N/A	<ul style="list-style-type: none"> <li>• Preferred opioids that are less than/equal to 14-day supply and within the daily dosage limit</li> </ul>	NA
<b>Exemptions</b>	Cancer	Cancer	Cancer, palliative care, hospice care, buprenorphine MAT for SUD
<b>Length of PA</b>	12 months	6 months	After initial Rx for 7 days, subsequent Rx may be issued consistent with good standards of care
<b>LONG ACTING OPIOIDS</b>	<b><u>DMA Current Criteria</u></b>	<b><u>DMA Opioid Safety Criteria Implements 8/27/2017</u></b>	<b><u>STOP Act</u></b>
<b>Maximum dose/day</b>	750 mg morphine equivalents	120 mg morphine equivalents	No MME established

PA required	All opioid prescriptions	<ul style="list-style-type: none"> <li>• Opioid prescriptions written for a quantity greater than 14-day supply (preferred &amp; non-preferred)</li> <li>• All non-preferred opioids</li> <li>• Opioid prescriptions written for a daily dosage greater than the daily dosage limit (preferred and non-preferred opioids)</li> </ul>	NA for PA- however initial supply of opioids for acute pain limited to 5 days or 7 days for post-surgical pain <b>effective Jan 1, 2018</b>
PA not required	N/A	<ul style="list-style-type: none"> <li>• Preferred opioids that are less than/equal to 14-day supply and within the daily dose limit</li> </ul>	NA
Exemptions	Cancer	Cancer	Cancer, palliative care, hospice care, MAT for SUD
Length of PA	12 months	12 months	
Requirements <i>for all</i> Opioid Prescriptions	<b><u>DMA Current Criteria</u></b>	<b><u>DMA Criteria Opioid Safety Implements 8/27/2017</u></b>	<b><u>STOP Act</u></b>
Required of the prescriber	<ul style="list-style-type: none"> <li>• Review NC Medical Board statement on use of controlled substances for treatment of pain</li> <li>• Submit justification for exceeding the daily dosage limit</li> </ul>	<ul style="list-style-type: none"> <li>• Review NC Medical Board statement on use of controlled substances for treatment of pain</li> <li>• Check the CSRS</li> <li>• Review CDC Guideline for Prescribing Opioids for chronic pain</li> <li>• Submit justification for exceeding the quantity and/or daily dosage limit</li> </ul>	Check 12 month CSRS initially and then quarterly for targeted controlled substances <b>(effective date TDB after CSRS upgrades)</b>
Mid-Level Supervision	NA	NA	PA/NP must personally consult with supervising physician prior to prescribing targeted controlled substances when prescribed in a pain clinic setting or if therapy is expected to exceed 30 days- <b>effective July 1, 2017</b>

Electronic Prescribing of targeted controlled substances	NA	NA	<b><i>Effective Jan 1, 2020</i></b> all targeted controlled substances must be prescribed electronically unless an exemption applies
<b><u>Expectations –Implications for Pharmacists</u></b>	<b><u>DMA Current Criteria</u></b>	<b><u>DMA Criteria Opioid Safety Implements 8/27/2017</u></b>	<b><u>STOP Act</u></b>
	<u>NA</u>	<ul style="list-style-type: none"> <li>• Increase the Early Refill Threshold from 75 to 85% for opioids/benzodiazepines effective May 1, 2017</li> </ul>	<ul style="list-style-type: none"> <li>• Must register for CSRS unless exempted upon 2018 licensing renewal</li> <li>• Report <b><u>all</u></b> CS dispensing daily into CSRS data center-<b><u>effective 9/1/2017</u></b></li> <li>• Required 12 month CSRS review and document for patient receiving targeted CS Rx in certain “red flag” circumstances –<b><u>effective date TBD for STOP Act; Use of CSRS is an existing NC BOP expectation**</u></b></li> </ul>

\***Strengthen Opioid Misuse Prevention (STOP) Act, S.L. 2017-74** applies to targeted controlled substances only- including C-II and C-III opioid and opioid combination medications; psychostimulants, barbiturates, and benzodiazepines are not included as targeted controlled substances. The STOP Act is administered via NC-DHHS and Medical/Pharmacy Boards and applies to all providers and pharmacies in North Carolina.

**DMA Opioid Safety Policy** – oversight by NC Division of Medical Assistance and applies to all NC Medicaid medical and pharmacy providers, and NC Medicaid beneficiaries. DMA policy targets “Analgesics, Opioid; Analgesics, Opioid Agonist, NSAID Combination” (C-II and C-III opioids and opioid combination products, including tramadol).

**\*\*NC BOP Statement on Pharmacist Use of CSRS:** <http://www.ncbop.org/PDF/NCBOPStatementConcerningCSRSUseOct2014.pdf>

**Additional resources-** NC Board of Pharmacy and NC Medical Board both have developed FAQ documents on the STOP act (links below)

[https://www.ncmedboard.org/images/uploads/article\\_images/STOPAct-FAQs-OnLetterhead.pdf](https://www.ncmedboard.org/images/uploads/article_images/STOPAct-FAQs-OnLetterhead.pdf)  
<http://www.ncbop.org/PDF/GuidanceImplementationSTOPACTJuly2017.pdf>

**Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain (ctrl click)**