



Prescription Drug Monitoring Program Training and Technical Assistance Center

# Opioid Prescribing Restrictions for Acute and Chronic Pain

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## ALASKA

<b>Authority</b>	<a href="#">§ 08.68.705</a>
<b>Applicable To</b>	Advanced practice registered nurses
<b>Adult Patient</b>	APRN may not issue an initial prescription for an opioid that exceeds a 7-day supply to an adult patient for outpatient use
<b>Minor Patient</b>	APRN may not issue a prescription for an opioid that exceeds a 7-day supply
<b>Exception*</b>	If, in the professional judgment of the APRN, more than a 7-day supply is necessary for the patient's acute medical condition, chronic pain management, pain associated with cancer, or pain experienced while the patient is in palliative care; or, a patient who is unable to access a practitioner within the time necessary for a refill of the 7-day supply due to a logistical or travel barrier
<b>Authority</b>	<a href="#">§ 08.36.355</a>
<b>Applicable To</b>	Dentists
<b>Adult Patient</b>	Dentist may not issue an initial prescription for an opioid that exceeds a 7-day supply to an adult patient for outpatient use
<b>Minor Patient</b>	Dentist may not issue a prescription for an opioid that exceeds a 7-day supply
<b>Exception*</b>	If, in the professional judgment of the dentist, more than a 7-day supply is necessary for the patient's chronic pain management; must document the condition triggering the prescription and indicate that a non-opioid alternative was not appropriate; or, a patient who is unable to access a practitioner within the time necessary for a refill of the 7-day supply due to a logistical or travel barrier
<b>Authority</b>	<a href="#">§ 08.64.363</a>
<b>Applicable To</b>	Physicians, osteopaths, podiatrists
<b>Adult Patient</b>	Licensee may not issue an initial prescription for an opioid that exceeds a 7-day supply to an adult patient for outpatient use
<b>Minor Patient</b>	Licensee may not issue a prescription for an opioid that exceeds a 7-day supply
<b>Exception*</b>	If, in the professional judgment of the practitioner, more than a 7-day supply is necessary for the patient's acute medical condition, chronic pain management, pain associated with cancer, or pain experienced while the patient is in palliative care; licensee must document the condition triggering the prescription and indicate that a non-opioid alternative was not appropriate; for a patient who is unable to access a practitioner within the time necessary for a refill of the 7-day supply because of a logistical or travel barrier; for the treatment of a patient's substance abuse or opioid dependence
<b>Authority</b>	<a href="#">§ 08.72.276</a>
<b>Applicable To</b>	Optometrists
<b>Adult Patient</b>	Optometrist may not issue an initial prescription for an opioid that exceeds a 4-day supply to an adult patient for outpatient use
<b>Minor Patient</b>	Optometrist may not issue a prescription for an opioid that exceeds a 4-day supply
<b>Exception*</b>	If the licensee determines that more than a 4-day supply is necessary to treat the patient's medical condition or for chronic pain management; must document the condition triggering the prescription and indicate that a non-opioid alternative was not appropriate; or for a patient who is unable to access a practitioner within the time necessary for a refill because of a logistical or travel barrier

**ALASKA (cont'd)**

<b>Authority</b>	<a href="#">§ 08.98.245</a>
<b>Applicable To</b>	Veterinarians
<b>Adult Patient</b>	Veterinarian may not issue an initial prescription for an opioid to the owner of an animal patient for outpatient use that exceeds a 7-day supply
<b>Minor Patient</b>	
<b>Exception*</b>	If the veterinarian determines that more than a 7-day supply is necessary to treat the animal's medical condition or for chronic pain management; must document the condition triggering the prescription and indicate that a non-opioid alternative is not appropriate; for an owner who is unable to access a veterinarian or pharmacist within the time necessary for a refill because of a logistical or travel barrier

**ARKANSAS**

<b>Authority</b>	<a href="#">§ 20-7-703</a>
<b>Applicable To</b>	Emergency departments
<b>Adult Patient</b>	Hospitals with emergency departments must adopt guidelines concerning opioid prescribing in the emergency department which include limits on amounts or duration of opioid prescriptions
<b>Minor Patient</b>	
<b>Exception*</b>	

**CONNECTICUT**

<b>Authority</b>	<a href="#">§ 20-14o</a>
<b>Applicable To</b>	Prescribing practitioners (physicians, dentists, podiatrists, optometrists, physician assistants, APRNs, nurse-midwives, veterinarians)
<b>Adult Patient</b>	May not issue an initial prescription to an adult patient for outpatient use for an opioid in excess of a 7-day supply
<b>Minor Patient</b>	May not issue an opioid prescription in more than a 5-day supply
<b>Exception*</b>	If, in the professional judgment of the practitioner, more than a 7-day or 5-day supply is required to treat the patient's acute medical condition, or is necessary for the treatment of chronic pain, pain associated with a cancer diagnosis, or for palliative care; must document condition triggering the prescription and indicate that a non-opioid alternative was not appropriate; does not apply to medications for the treatment of abuse or dependence on opioids

**DELAWARE**

<b>Authority</b>	<a href="#">24 ADC CSA 9.0</a>
<b>Applicable To</b>	Practitioners
<b>Adult Patient</b>	May not issue a prescription for an opioid to an adult patient for outpatient use for the first time for an acute pain episode for more than a 7-day supply
<b>Minor Patient</b>	May not issue a prescription for an opioid to a minor for more than a 7-day supply at any time
<b>Exception*</b>	If, in the professional judgment of the practitioner, more than a 7-day supply is necessary to treat the patient's acute medical condition; condition triggering the prescription must be documented, the practitioner must query the PMP, and the practitioner shall indicate that a non-opioid alternative was not appropriate; does not apply to hospice care patients, active cancer treatment patients, patients experiencing cancer-related pain, terminally ill/ palliative care patients, and hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as the discharge prescription is for a quantity of a 7-day supply or less

**INDIANA**

<b>Authority</b>	<a href="#">§ 25-1-9.7-2</a>
<b>Applicable To</b>	Prescribers
<b>Adult Patient</b>	Initial prescription may not exceed a 7-day supply
<b>Minor Patient</b>	Prescription may not exceed a 7-day supply
<b>Exception*</b>	Does not apply to patients receiving treatment for cancer, palliative care, medication-assisted treatment for a substance use disorder, any other condition adopted by rule by the medical board to be necessary to be exempted; if, in the professional judgment of a prescriber, a patient requires more than a 7-day supply; the prescriber must document that a non-opioid was not appropriate and that the patient is receiving palliative care or that the prescriber is using his or her professional judgment for the exemption

**KENTUCKY**

<b>Authority</b>	<a href="#">§ 218A.205</a> ; <a href="#">201 KAR 9:260</a>
<b>Applicable To</b>	Practitioners
<b>Adult Patient</b>	For the purpose of treating pain as or related to an acute medical condition, practitioners shall not prescribe more than a 3-day supply of a Schedule II controlled substance
<b>Minor Patient</b>	
<b>Exception*</b>	If the practitioner determines that more than a 3-day supply is necessary; must document the acute medical condition and lack of alternative medical treatment option; does not apply to hospice or end-of-life treatment; treatment of chronic pain; treatment of pain associated with cancer or treatment of cancer; patients in long-term care facilities; if the substance is dispensed or administered directly to a patient in an inpatient setting; during the effective period of disaster or mass casualties; in a single dose to relieve the anxiety, pain, or discomfort experienced by a patient submitting to a diagnostic test or procedure; Schedule II substances as part of a narcotic treatment program; Schedule II substances immediately prior to, during, or within 14 days following a major surgery or significant trauma, being any operative or invasive procedure or a delivery, and the usage does not extend beyond 14 days

LOUISIANA					
Authority	<a href="#">§ 40:978</a>				
Applicable To	Medical practitioners				
Adult Patient	Practitioner shall not issue a first-time prescription for an opioid for treatment of an acute condition for more than a 7-day supply				
Minor Patient	Practitioner shall not issue a prescription for an opioid for more than a 7-day supply at any time				
Exception*	If, in the professional judgment of the practitioner, more than a 7-day supply is necessary to treat the patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care; must document condition that triggered the prescription and indicate a non-opioid was not appropriate; does not apply to medications used to treat substance abuse or opioid dependence				
MAINE					
Authority	<a href="#">32 § 2210</a> ; <a href="#">14-118 Ch. 11, § 6</a>	<a href="#">32 § 2600-C</a>	<a href="#">32 § 3300-F</a>	<a href="#">32 § 3657</a>	<a href="#">32 § 18308</a>
Applicable To	Nurses	Osteopaths	Physicians	Podiatrists	Dentists
Adult Patient	May not prescribe to a patient any combination of opioid medication in an aggregate amount in excess of 100 morphine milligram equivalents of opioid medication per day; on or after Jan. 1, 2017, within a 30-day period, more than a 30-day supply of an opioid to a patient under treatment for chronic pain management; on or after Jan. 1, 2017, within a 7-day period, more than a 7-day supply of an opioid to a patient under treatment for acute pain, unless the medication is labeled by the FDA to be dispensed only in a stock bottle that exceeds a 7-day supply, in which case the amount dispensed may not exceed a 14-day supply				
Minor Patient					
Exception*	Does not apply when prescribing opioids for pain associated with active and aftercare cancer treatment; palliative care in conjunction with serious illness; end-of-life and hospice care; medication-assisted treatment; pregnant individual with a pre-existing prescription for opioids in excess of 100 MMEs for the duration of the pregnancy; individuals pursuing an active taper of opioids, with a maximum taper period of six months, individuals who are prescribed a second opioid after proving unable to tolerate a first opioid, thereby causing the individual to exceed the 100 MME limit for active prescriptions, or other circumstances determined by rule; or when directly ordering or administering a benzodiazepine or opioid to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility, or a residential care facility, or in connection with a surgical procedure				
MARYLAND					
Authority	<a href="#">Health Occ. § 1-223</a>				
Applicable To	Health care providers				
Adult Patient	On treatment for pain, provider must prescribe the lowest effective dose of an opioid and a quantity that is no greater than the quantity needed for the expected duration of pain severe enough to require an opioid				
Minor Patient					
Exception*	Does not apply to opioids prescribed for a substance-related disorder; pain associated with a cancer diagnosis; pain experienced while the patient is receiving end-of-life, hospice, or palliative care; or chronic pain				

<b>MASSACHUSETTS</b>	
<b>Authority</b>	<a href="#">94C § 19D</a>
<b>Applicable To</b>	Practitioners
<b>Adult Patient</b>	Practitioner shall not issue a prescription for an opioid to an adult patient for outpatient use for the first time in excess of a 7-day supply
<b>Minor Patient</b>	Practitioner shall not issue a prescription for an opioid to a minor for more than a 7-day supply at any time
<b>Exception*</b>	If, in the professional judgment of the practitioner more than a 7-day supply is necessary for the treatment of chronic pain management, pain associated with a cancer diagnosis, or for palliative care; must document condition that triggered the prescription and indicate that a non-opioid alternative was not appropriate; does not apply to medications designed for the treatment of substance abuse or opioid dependence
<b>MINNESOTA</b>	
<b>Authority</b>	<a href="#">§ 152.11</a>
<b>Applicable To</b>	Dental and ophthalmic pain
<b>Adult Patient</b>	When used for the treatment of acute dental pain or acute pain associated with refractive surgery, prescriptions for opiate or narcotic pain relievers listed in Schedules II – IV shall not exceed a 4-day supply
<b>Minor Patient</b>	
<b>Exception*</b>	Does not apply to chronic pain, or pain being treated as part of cancer care, palliative care, or hospice or end-of-life care; if, in the professional judgment of a practitioner more than a 4-day supply is required, the practitioner may issue a prescription for the amount needed
<b>NEW HAMPSHIRE</b>	
<b>Authority</b>	<a href="#">Den. 503.04</a> <a href="#">Med. 502.04</a> <a href="#">Nat. 501.04</a> <a href="#">Nur. 502.04</a>
<b>Applicable To</b>	Dentists      Physicians and physician assistants      Naturopaths      Nurses
<b>Adult Patient</b>	In an emergency department, urgent care setting, or walk-in clinic, may not prescribe more than the minimum amount of opioids necessary to treat the patient's condition; in most cases, an opioid prescription of 3 or fewer days is sufficient, but may not prescribe more than a 7-day supply
<b>Minor Patient</b>	
<b>Exception*</b>	
<b>NEW JERSEY</b>	
<b>Authority</b>	<a href="#">§ 24:21-15.2</a> <a href="#">ADC 13:37-7.9A</a> <a href="#">ADC 13:38-2.5</a>
<b>Applicable To</b>	Practitioners      Nurses      Optometrists
<b>Adult Patient</b>	Shall not issue an initial prescription for an opioid in a quantity exceeding a 5-day supply for the treatment of acute pain; initial prescriptions may not be for an extended-release or long-lasting opioid
<b>Minor Patient</b>	
<b>Exception*</b>	

**NEW YORK**

<b>Authority</b>	<a href="#">Public Health § 3331</a>
<b>Applicable To</b>	Practitioners
<b>Adult Patient</b>	Practitioner may not issue an initial prescription for more than a 7-day supply of any Schedule II – IV opioid to a patient upon the initial consultation or treatment of such patient for acute pain
<b>Minor Patient</b>	
<b>Exception*</b>	Does not include chronic pain, pain being treated as part of cancer care, hospice or end-of-life care, or pain being treated as part of palliative care practices

**NORTH CAROLINA**

<b>Authority</b>	<a href="#">§ 90-106</a>
<b>Applicable To</b>	Practitioners
<b>Adult Patient</b>	Practitioner may not prescribe more than a 5-day supply of a targeted controlled substance upon the initial consultation and treatment of a patient for acute pain; shall not prescribe more than a 7-day supply of a targeted controlled substance for post-operative acute pain relief for use immediately following a surgical procedure (eff. Jan. 1, 2018)
<b>Minor Patient</b>	
<b>Exception*</b>	Does not apply to prescriptions for controlled substances issued by a practitioner who orders such substance to be administered in a hospital, nursing home, hospice facility, or residential care facility

**PENNSYLVANIA**

<b>Authority</b>	<a href="#">35 § 52A03</a> ; <a href="#">§ 52A04</a>
<b>Applicable To</b>	Prescribers
<b>Adult Patient</b>	
<b>Minor Patient</b>	Prescriber may not prescribe more than a 7-day supply of an opioid; prior to prescribing for a minor, the prescriber must obtain written consent from the minor's parent, guardian, or an authorized adult; if consent is obtained from an authorized adult, prescriber may not issue a prescription for more than a 72-hour supply
<b>Exception*</b>	Does not apply: 1) if the patient is undergoing treatment associated with or incident to a medical emergency as documented in the minor's medical record; 2) if, in the professional judgment of the prescriber, compliance would be detrimental to the minor's health or safety; 3) if, in the professional judgment of the prescriber, more than a 7-day supply is required to stabilize the minor's acute medical condition; must document the acute medical condition in the record and indicate why a non-opioid alternative was not appropriate; 4) if the prescription is for management of pain associated with cancer, use in palliative or hospice care, or management of chronic pain not associated with cancer

<b>OHIO</b>			
<b>Authority</b>	<a href="#">ADC 4731-11-13</a>	<a href="#">ADC 4723-9-10</a>	<a href="#">ADC 4715-6-02</a>
<b>Applicable To</b>	Physicians	Nurses	Dentists
<b>Adult Patient</b>	Initial prescriptions of an opioid analgesic for the treatment of an episode of acute pain shall not exceed a 7-day supply with no refills; total morphine equivalent dose shall not exceed an average of 30 MED per day unless certain specific parameters are met; extended release or long-acting opioids shall not be prescribed for the treatment of acute pain		
<b>Minor Patient</b>	Initial prescriptions of an opioid analgesic for the treatment of an episode of acute pain shall not exceed a 5-day supply with no refills; total morphine equivalent dose shall not exceed an average of 30 MED per day unless certain specific parameters are met; extended release or long-acting opioids shall not be prescribed for the treatment of acute pain		
<b>Exception*</b>	May exceed the limits if the pain is expected to last longer than seven days based on the pathology causing the pain; must document the condition and the reason that a non-opioid medication was not appropriate; does not apply to patients in hospice care or in a hospice program, patients receiving palliative care, patients diagnosed with a terminal condition, or to an individual who has cancer or another condition associated with the individual's cancer or history of cancer; does not apply to prescriptions used for the treatment of opioid addiction or to inpatient prescriptions		
<b>RHODE ISLAND</b>			
<b>Authority</b>	<a href="#">§ 21-28-3.20</a> ; <a href="#">ADC 31-2-6:4.4</a>		
<b>Applicable To</b>	Prescribing practitioners		
<b>Adult Patient</b>	Initial prescriptions of opioids for acute pain management of outpatient adults shall not exceed 30 MMEs total daily dose for a maximum of 20 doses; long acting or extended release opioids, including methadone, shall not be prescribed for acute pain		
<b>Minor Patient</b>			
<b>Exception*</b>	Does not include chronic pain management, pain associated with a cancer diagnosis, palliative or nursing home care, or other exception in accordance with Dept. of Health regulations; does not apply to medications designed for the treatment of substance abuse or opioid dependence		

<b>VERMONT</b>	
<b>Authority</b>	<a href="#">ADC 12-5-53:5.0</a>
<b>Applicable To</b>	Providers
<b>Adult Patient</b>	The following limitations apply to initial prescriptions for opioid naïve patients: 1) minor pain – no opioids; 2) moderate pain – limited to 24 MME/day for a total of 71 MMEs for 0-3 days and 120 MMEs for 1-5 days; moderate pain includes treatment for non-compound bone fractures, most soft tissue injuries, most outpatient laparoscopic surgeries, and shoulder arthroscopy; 3) severe pain – limited to 32 MME/day for a total of 96 MMEs for 0-3 days and 160 MMEs for 1-5 days; severe pain includes treatment for many non-laparoscopic surgeries, maxillofacial surgery, total joint replacement, compound fracture repair; for patients with severe pain and extreme circumstances, providers may use their professional judgment to prescribe 50 MME/day with a 7-day maximum of 350 MMEs
<b>Minor Patient</b>	The following limitations apply to initial prescriptions for minors: 1) minor pain – no opioids; 2) moderate to severe pain – limited to 24 MME/day for a total of 72 MMEs for 0-3 days
<b>Exception*</b>	Does not apply to patients in skilled and intermediate care nursing facilities; pain associated with significant or severe trauma; pain associated with complex surgical interventions, such as spinal surgery; pain associated with prolonged inpatient care due to post-operative complications; medication-assisted treatment for substance use disorders; patients who are not opioid naïve; other circumstances as determined by the Commissioner of Health
<b>VIRGINIA</b>	
<b>Authority</b>	<a href="#">18 VAC 85-21-40</a>
<b>Applicable To</b>	Prescribers
<b>Adult Patient</b>	Prescriber providing treatment for acute pain shall not prescribe a controlled substance containing an opioid in a quantity that exceeds a 7-day supply; includes prescriptions issued on discharge from an emergency department; an opioid prescribed as part of treatment for a surgical procedure shall be for no more than 14 days and within the immediate perioperative period
<b>Minor Patient</b>	
<b>Exception*</b>	Does not apply if there are extenuating circumstances which are clearly documented in the patient’s medical record
<b>WEST VIRGINIA</b>	
<b>Authority</b>	<a href="#">ADC § 85-20-53</a>
<b>Applicable To</b>	
<b>Adult Patient</b>	Schedule II drugs should be prescribed on an outpatient basis for no more than two weeks after initial injury or following a subsequent operative procedure; Schedule III drugs and Schedule IV opioid drugs should be prescribed on an outpatient basis for no more than six weeks after initial injury or following a subsequent operative procedure; Schedule IV sedative and anxiolytic drugs should be prescribed on an outpatient basis for no longer than six months after initial injury or following a subsequent operative procedure
<b>Minor Patient</b>	
<b>Exception*</b>	

\* Exceptions apply to both adult and minor patients unless otherwise indicated