

Mississippi Toxicology Bulletin

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SPECIAL POINTS OF INTEREST:

- **New Prescribing Regulations**
- **UMMC Opioid Task Force**
- **Fentanyl Deaths**

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New Prescribing Regulations

The Mississippi State Board of Medical Licensure recently added additional prescribing regulations to the Mississippi Code, Regulation Title, 30:2640 Prescribing, Administering and Dispensing, Rule 1.1-1.16 (1). The new rules are similar to the CDC's Prescribing Opioids for Chronic Pain (2) and were implemented in an effort to decrease the morbidity and mortality associated with opioid use disorder and misuse. Prescribers should note the following key points to the new regulations.

1. Review the Mississippi Prescription Monitoring Program database (MPMP) prior to each outpatient opioid prescription; Document MPMP review in the patient's chart.
2. For all other controlled substance prescriptions, document MPMP review upon initial patient encounter and every 3 months thereafter. Exceptions include: amphetamines for patients <16 y/o, Lomotil®, Lyrica®, pseudoephedrine, and testosterone.
3. Order point of service drug testing 3 times per year if prescribing Schedule II opioids for chronic noncancerous/nonterminal pain, or benzodiazepines for chronic psychiatric or medical conditions.
4. Limit each individual prescription for acute pain opioid treatment to 3-10 days.
5. Strive to keep opioid total below 50 Morphine Milligram Equivalent (MME)/day and avoid 90 MME/day or greater for chronic noncancerous/nonterminal pain.
6. Refer patient for a consultation with a pain specialist if 100 MME/day or greater is indicated for chronic noncancerous/nonterminal pain in order to verify or optimize the current treatment plan.
7. Avoid prescribing benzodiazepines, opioids and/or carisoprodol together.

Clinicians should note that the electronic MPMP only includes prescriptions and not medications administered by medical personnel. Medications administered in methadone clinics, emergency departments or inpatient settings will not appear in the patient's MPMP record.

As noted in point #3 above, routine drug testing is required for individuals receiving chronic benzodiazepines or opioids for chronic nonterminal pain. Testing must be performed at the point of service (physical address) and should include testing for: amphetamines, benzodiazepines, cannabis, cocaine, and opiates. Drug testing should be used to a) verify prescription compliance as well as b) detect the use of other controlled substances and illicit drugs not prescribed by the clinician. The method of testing is not specified by the MSBML, but several guidelines (continued)

Find more at: <https://umc.edu/Toxicology>

New Prescribing Regulations (continued)

recommend the combined use of immunoassay drug screening and mass spectrometry testing (3). Mass spectrometry may be used for targeted identification (confirmation) after a positive immunoassay screen as well as for broad spectrum analysis in comprehensive drug testing, and is the reference gold standard methodology for drug identification.

It should be noted in point #6 that patients requiring 100 MME/day should be referred for a consultation with a pain specialist. The intent of this requirement is simply for a consultative visit to verify or optimize the patient's treatment plan, not for the patient to be discharged or transferred from the clinician's practice.

References

1. Rules pertaining to prescribing, administering and dispensing medication. Mississippi Code 1972 as amended. Part 2640, Chapter 1. https://www.msbl.ms.gov/sites/default/files/Rules_Laws_Policies/Part2640_Pertaining_to_Prescribing_Administering_and_Dispensing_of_Medication.pdf Accessed March 1, 2019.
2. Dowell D, Haegerich TM, Chou R. CDC guideline for prescribing opioids for chronic pain - United States, 2016. *MMWR Recomm Rep*. 2016;65(No. RR-1):1-49.
3. Jannetto PJ, Bratanow N, Clark WA, et al. Executive Summary: American Association of Clinical Chemistry Laboratory Medicine Practice Guideline-Using clinical laboratory tests to monitor drug therapy in pain management patients. *J Applied Lab Med*. 2018;2:489-526.

UMMC Opioid Task Force

In 2018 the University of Mississippi Medical Centre assembled an opioid task force (OTF) composed of specialists in addiction medicine, anesthesiology, clinical toxicology, family medicine, laboratory medicine, medical education, pain management, and other specialties. Objectives of the group are to educate healthcare professionals and learners on best practices for prescribing, pain management treatment, substance use disorders, laboratory testing and Mississippi prescribing regulations. The OTF also seeks to establish recommendations that provide guidance to educators and practitioners seeking to respond to the changing health care environment. The following work groups are functioning within the OTF in order to achieve defined goals: Education Work Group, Guidelines Work Group, Research Work Group and the Services Work Group.

Fentanyl Deaths

Overdose deaths from fentanyl/fentanyl analogues continue to occur in Mississippi. Fentanyl is 80x more potent than morphine (50x heroin) and is often added to heroin because it is less expensive. Deaths from counterfeit Percocet® and Xanax® tablets/bars containing fentanyl are now more common. Pill presses are illegal to purchase without a license, but continue to be smuggled into the United States. They have even been found on common e-commerce sites. Individuals should be reminded to only consume the medications they are prescribed.



Dies for counterfeit Xanax® bars

The Mississippi Toxicology Bulletin is a semiannual newsletter published by the Analytical Toxicology Laboratory at The University of Mississippi Medical Center. Articles, reports or case studies for publication may be submitted to Dr. Patrick Kyle at pkyle@umc.edu. Find more information at <https://umc.edu/Toxicology>