|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **State-by-State Opioid Prescribing Laws** | | | | |
|  | **Legislation regarding Opioid Quantity and/or Duration Limit** | |  |  |
| **State** | **No** | **Yes** | **Pill Dose and/or duration limit** | **Exceptions** |
| Alabama | x |  |  |  |
| Alaska | x |  |  |  |
| Arizona | *x* |  |  |  |
| Arkansas | x |  |  |  |
| California | x |  |  |  |
| Colorado | x |  |  |  |
| [Connecticut](#Connecticut) |  | x | - limit Rx to 7 days for 1st time Rx to adults  - limit Rx to 7 days for all Rx to minors | - if in professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required, then the practitioner may issue a prescription for the quantity needed and rationale must be documented |
| [Delaware](#Delaware) |  | x | - limit Rx to 7 days for 1st time Rx to adults  - limit Rx to 7 days for all Rx to minors | - if in professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required, then the practitioner may issue a prescription for the quantity needed and rationale must be documented. |
| District of Columbia |  | X | - Prescription limited to 7 day supply |  |
| Florida | x |  |  |  |
| Georgia | x |  |  |  |
| Hawaii |  | x | - Opioids limited to 30 days |  |
| Idaho | x |  |  |  |
| [Illinois](#Illinois) |  | x | - Rx limited to 30 day supply |  |
| Indiana | x |  |  |  |
| Iowa | x |  |  |  |
| Kansas | x |  |  |  |
| Kentucky | x |  |  |  |
| Louisiana | x |  |  |  |
| [Maine](#Maine) |  | x | - Limit to 100 Morphine Milligram Equivalents (MME) per day | May exceed 100MME/day for:   * Active cancer * Palliative care * End of life care * Hospice Care * Part of substance abuse treatment * When directly administered in Emergency Room, Inpatient setting, long-term care or residential treatment facility |
| [Maryland](#Maryland) (eff. July 1, 2018) |  | x | - lowest effective dose of an opioid; and a quantity that is no greater than the quantity needed for the expected duration of pain |  |
| [Massachusetts](#Massachusetts) |  | x | - maximum 7 day supply on prescriptions for opioids when issued to an adult for the first time.  - maximum 7 day supply on all opioid prescriptions for minors. | May Exceed 7 day supply of an opioid to adult or minor patients if:   * in the prescriber’s medical judgment, a greater supply is necessary. * In such a case, the condition must be documented in the patient’s medical record and the prescriber must indicate that a non-opioid alternative was not appropriate to address the medical condition. * law does not apply to opioid medications that are designed for the treatment of substance abuse or opioid dependence. |
| Michigan | x |  |  |  |
| Minnesota | x |  |  |  |
| Mississippi | x |  |  |  |
| [Missouri](#Missouri) |  | x | - Schedule II prescriptions to a 30-day supply, except that the amount may be increased to a three-month supply if the prescriber describes on the prescription form or otherwise indicates the medical reason for requiring a larger supply. |  |
| Montana | x |  |  |  |
| Nebraska | x |  |  |  |
| Nevada | x |  |  |  |
| [New Hampshire](#NewHampshire) |  | x | * - Restrict prescription to less than or equal to 7 days unless the medical condition is documented and appropriate clinical rationale is included in the patient’s medical record |  |
| [New Jersey](#NewJersey) |  | x | * - Prescription limited to 5 day supply for treatment of acute pain |  |
| New Mexico | x |  |  |  |
| [New York](#NewYork) |  | x | * - Limit prescription to 7 day supply | * May Exceed 7 day supply: * - chronic pain * - cancer care * - hospice * - end-of-life * - palliative care. |
| North Carolina | x |  |  |  |
| North Dakota | x |  |  |  |
| Ohio | x |  |  |  |
| Oklahoma | x |  |  |  |
| Oregon | x |  |  |  |
| [Pennsylvania](#Pennsylvania) |  | x | - Limit Rx to 7 days, specifically applies to Urgent Cares, Emergency Providers or Observation Status in Hospital  - Limit Rx to 7 days for minors  - Must get written consent when prescribing opioids to minors | - May exceed 7 day supply when:   * necessary for acute medical condition * when treating cancer pain or palliative care. * Rationale must be documented in chart |
| [Rhode Island](#RhodeIsland) |  | x | - limit initial prescription for opioid in acute pain management on an outpatient basis to 30 morphine milligram equivalents (MME) total daily dose per day for a maximum total of 20 doses. | Exceptions:   * Cancer pain * nursing home patients * palliative care * Medications prescribed in the treatment of substance abuse or opioid dependence |
| [South Carolina](#SouthCarolina) |  | x | - Schedule II limited to 31 day supply |  |
| South Dakota | x |  |  |  |
| [Tennessee](#Tennessee) |  | x | - Pharmacies may dispense no more than a 30-day supply of schedule II substances. No restriction on the amount prescribed |  |
| Texas | x |  |  |  |
| [Utah](#Utah) |  | x | - Schedule II and III opiates for acute pain may not exceed 7 days.  - Schedule II drugs cannot be prescribed greater than a 1 month supply |  |
| [Vermont](#vermont) |  | x | - Mild pain: 24 MME/day  - Moderate pain: 32 MME/day  - Extreme pain: 50 MME/day |  |
| Virginia | x |  |  |  |
| Washington | x |  |  |  |
| West Virginia | x |  |  |  |
| Wisconsin | x |  |  |  |
| Wyoming | x |  |  |  |

**Table 2**

|  |  |
| --- | --- |
| **State** | **Excerpts of State Laws/Regulations Pertaining to Opioid Prescription Limits** |
| Connecticut  Public Act No. 16-43  2016 | Section 1. Section 17a-714a  …  b) When issuing a prescription for an opioid drug to an adult patient for the first time for outpatient use, a prescribing practitioner who is authorized to prescribe an opioid drug shall not issue a prescription for more than a **seven-day supply** of such drug, as recommended in the National Centers for Disease Control and Prevention's Guideline for Prescribing Opioids for Chronic Pain.  (c) A prescribing practitioner shall not issue a prescription for an opioid drug to a minor for more than a seven-day supply of such drug at any time. When issuing a prescription for an opioid drug to a minor for less than a seven-day supply of such drug, the prescribing practitioner shall discuss the risks associated with use of an opioid drug, including, but not limited to, the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants, and the reasons why the prescription is necessary with (1) the minor, and (2) the custodial parent, guardian or other person having legal custody of the minor if such parent, guardian or other person is present at the time of issuance.  (d) Notwithstanding the provisions of subsections (b) and (c) of this section, if, in the professional medical judgment of a prescribing practitioner, more than a seven-day supply of an opioid drug is required to treat an adult patient's or minor patient's acute medical condition, as determined by the prescribing practitioner, or is necessary for the treatment of chronic pain, pain associated with a cancer diagnoses or for palliative care, then the prescribing practitioner may issue a prescription for the quantity needed to treat the acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opioid drug for more than a seven-day supply shall be documented in the patient's medical record and the practitioner shall indicate that an alternative to the opioid drug was not appropriate to address the medical condition.  (e) The provisions of subsections (b), (c) and (d) of this section shall not apply to medications designed for the treatment of abuse of or dependence on an opioid drug, including, but not limited to, opioid agonists and opioid antagonists. |
| Delaware  16 Del.C. §4731  Eff: 4/1/2017 | 9.5.1 When issuing a prescription for an opioid analgesic to an adult patient for outpatient use for the first time, for an Acute Pain Episode, a practitioner may not issue a prescription for more than a **seven-day supply**.  9.5.2 A practitioner may not issue a prescription for an opioid analgesic to a minor for more than a seven-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opioid use and the reasons why the prescription is necessary.  9.5.3 Notwithstanding subsections 9.5.1 and 9.5.2, if, in the professional medical judgment of a practitioner, more than a seven-day supply of an opiate is required to treat the adult or minor patient's acute medical condition, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition. The condition triggering the prescription of an opiate for more than a seven-day supply shall be documented in the patient's medical record, the practitioner shall query the PMP to obtain a prescription history, and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition and comply with subsections 9.6.4 and 9.6.5.  9.6 Subsequent prescriptions. After the first time outpatient prescription, or after the patient has been issued outpatient prescription(s) totaling up to a seven day supply, prior to issuing a subsequent prescription for an opioid analgesic for Acute Pain, the practitioner must perform an appropriate evaluation of the patient's medical history and condition, including the following:  9.6.1 Query the PMP to obtain a prescription history for the first subsequent prescription that goes beyond the initial 7-day period and, for any subsequent prescriptions after that, the PMP shall be queried at the discretion of the practitioner unless otherwise required;  9.6.2 Administer a fluid drug screen, at the discretion of the practitioner;  9.6.3 Conduct a physical examination which must include a documented discussion between the practitioner and patient to: Elicit relevant history, explain the risks and benefits of opioid analgesics and possible alternatives to the use of opioid analgesics, identify other treatments tried or considered, and determine whether opioid analgesics are contra-indicated;  9.6.4 Obtain an Informed Consent form, signed by the patient (or the patient's proxy), that must include information regarding the drug's potential for addiction, abuse, and misuse; and the risks associated with the drug of life-threatening respiratory depression; overdose as a result of accidental exposure potentially fatal, especially in children; neonatal opioid withdrawal symptoms; and potentially fatal overdose when interacting with alcohol; and other potentially fatal drug/drug interactions, such as benzodiazepines; and  9.6.5 Schedule and undertake periodic follow-up visits and evaluations of the patient to monitor and assess progress toward goals in the treatment plan and modify the treatment plan, as necessary. The practitioner must determine whether to continue the treatment of pain with an opioid analgesic, whether there is an available alternative, whether to refer the patient for a pain management or substance abuse consultation.  9.8 Practitioners treating the following patients are exempted from the requirements of this Regulation:  9.8.1 Hospice care patients;  9.8.2 Active cancer treatment patients;  9.8.3 Patients experiencing cancer-related pain;  9.8.4 Terminally ill/palliative care patients; and  9.8.5 Hospital patients, during the hospital stay, including any prescription issued at the time of discharge, so long as that discharge prescription is for a quantity of a 7-day supply or less. |
| Illinois  720 ILCS 570/312 | 720 ILCS 570/312) (from Ch. 56 1/2, par. 1312)      Sec. 312. Requirements for dispensing controlled substances.   1. A practitioner, in good faith, may dispense a Schedule II controlled substance, which is a narcotic drug listed in Section 206 of this Act; or which contains any quantity of amphetamine or methamphetamine, their salts, optical isomers or salts of optical isomers; phenmetrazine and its salts; or pentazocine; and Schedule III, IV, or V controlled substances to any person upon a written or electronic prescription of any prescriber, dated and signed by the person prescribing (or electronically validated in compliance with Section 311.5) on the day when issued and bearing the name and address of the patient for whom, or the owner of the animal for which the controlled substance is dispensed, and the full name, address and registry number under the laws of the United States relating to controlled substances of the prescriber, if he or she is required by those laws to be registered.   …  A prescription for a Schedule II controlled substance shall not be issued for more than **a 30 day supply**, except as provided in subsection (a-5), and shall be valid for up to 90 days after the date of issuance. A written prescription for Schedule III, IV or V controlled substances shall not be filled or refilled more than 6 months after the date thereof or refilled more than 5 times unless renewed, in writing, by the prescriber. |
| Maine  §7246  2017 | Sec. 13.  32 MRSA §2210  is enacted to read: Requirements regarding prescription of opioid medication  1.  Limits on opioid medication prescribing**.**   Except as provided in subsection 2, an individual licensed under this chapter whose scope of practice includes prescribing opioid medication may not prescribe:  A.  To a patient any combination of opioid medication in an aggregate amount in excess of **100 morphine milligram equivalents of opioid medication per day**;  B.  To a patient who, on the effective date of this section, has an active prescription for opioid medication in excess of 100 morphine milligram equivalents of an opioid medication per day, an opioid medication in an amount that would cause that patient's total amount of opioid medication to exceed 300 morphine milligram equivalents of opioid medication per day; except that, on or after July 1, 2017, the aggregate amount of opioid medication prescribed may not be in excess of 100 morphine milligram equivalents of opioid medication per day;  C.  On or after January 1, 2017, within a 30-day period, more than a 30-day supply of an opioid medication to a patient under treatment for chronic pain. "Chronic pain" has the same meaning as in Title 22, section 7246, subsection 1-C; or  D.  On or after January 1, 2017, within a 7-day period, more than a 7-day supply of an opioid medication to a patient under treatment for acute pain. "Acute pain" has the same meaning as in Title 22, section 7246, subsection 1-A.  2.  Exceptions.    An individual licensed under this chapter whose scope of practice includes prescribing opioid medication is exempt from the limits on opioid medication prescribing established in subsection 1 only:  A.  When prescribing opioid medication to a patient for:  (1) Pain associated with active and aftercare cancer treatment;  (2) Palliative care, as defined in Title 22, section 1726, subsection 1, paragraph A, in conjunction with a serious illness, as defined in Title 22, section 1726, subsection 1, paragraph B;  (3) End-of-life and hospice care;  (4) Medication-assisted treatment for substance use disorder; or  (5) Other circumstances determined in rule by the Department of Health and Human Services pursuant to Title 22, section 7254, subsection 2; and  B.  When directly ordering or administering a benzodiazepine or opioid medication to a person in an emergency room setting, an inpatient hospital setting, a long-term care facility or a residential care facility.  As used in this paragraph, "administer" has the same meaning as in Title 22, section 7246, subsection 1-B. |
| Maryland  House Bill 1432  May, 2017 | (B) On treatment for pain, a health care provider, based on the clinical judgment of the health care provider, shall prescribe:  (1) The **lowest effective dose of an opioid**; and  (2) A **quantity that is no greater than the quantity needed** for the expected duration of pain severe enough to require an opioid that is a controlled dangerous substance unless the opioid is prescribed to treat:  (I) A substance-related disorder;  (II) Pain associated with a cancer diagnosis;  (III) Pain experienced while the patient is receiving end of life, hospice, or palliative care services, or  (IV) chronic pain  (B) The dosage, quantity, and duration of an opioid prescribed under subsection (B) of this section shall be based on an evidence-based clinical guidelines for prescribing controlled dangerous substances that is appropriate for:  (1) The health care service delivery setting for the patient;  (2) The type of health care services required by the patient; and  (3) The age and health status of the patient  (D) Violation of subsection (B) of this section is grounds for disciplinary action by the health occupations board that regulates the health care provider who commits the violation. |
| Massachusetts  House, No. 4056  2016 | Section 19D. (a) When issuing a prescription for an opiate to an adult patient for outpatient use for the first time, a practitioner shall not issue a prescription for more than a **7-day supply**. A practitioner shall not issue an opiate prescription to a minor for more than a 7-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opiate use and the reasons why the prescription is necessary.  (b) Notwithstanding subsection (a), if, in the professional medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat the adult or minor patient’s acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opiate for more than a 7-day supply shall be  documented in the patient’s medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition.  c) Notwithstanding subsections (a) and subsection (b), this section shall not apply to  medications designed for the treatment of substance abuse or opioid dependence. |
| Missouri  HB 1563  2012 | Section 195.080.2(1) The quantity of Schedule II controlled substances prescribed or dispensed at any one time shall be limited to a **thirty- day supply**. The quantity of Schedule III, IV or V controlled substances prescribed or dispensed at any one time shall be limited to a ninety-day supply and shall be prescribed and dispensed in compliance with the general provisions of sections 195.005 to 195.425. The supply limitations provided in this subsection may be increased up to three months if the physician describes on the prescription form or indicates via telephone, fax, or electronic communication to the pharmacy to be entered on or attached to the prescription form the medical reason for requiring the larger supply |
| New Hampshire  HB 1423  2016 | (b)  Standards for the use of OPIOIDs for the management or treatment of acute pain:  (1)  Limiting the amount of days for an OPIOID prescription issued in an emergency department, urgent care setting, or walk-in clinic.  This specific duration limit shall be set by each board no later than August 1, 2016 taking into consideration the recommendation from a majority vote of a policy group consisting of the chief medical officer of the department of health and human services, a physician designated by the New Hampshire chapter of the American College of Emergency Physicians, a physician designated by the New Hampshire Hospital Association, an advanced practice registered nurse designated by the New Hampshire Nurse Practitioner Association, a physician or advanced practice registered nurse designated by the governor, a board certified surgeon designated by the New Hampshire Medical Society, and an oral surgeon designated by the New Hampshire Dental Society.  Five members of the policy group shall constitute a quorum.  All policy group meetings shall be open to the public and noticed in the house and senate calendars.  (2)  In settings where continuity of care is anticipated, each board shall establish finite limits considering dose and duration of OPIOID prescriptions for treatment of acute pain and appropriate timing of office follow up for persistent, unresolved acute pain.  ……………………………………………………………………………………………………  Final NH Board of Medicine Opioid Prescribing Rules  After being approved by the Joint Legislative Committee on Administrative Rules (JLCAR), the New Hampshire Board of Medicine (BoM) adopted on November 2, 2016, final rules for opioid prescribing for the management or treatment of non-cancer and non-terminal pain, as well as requirements to use the state prescription drug monitoring program (PDMP) based on the adoption of HB 1423. …  ED Prescription Limits: A new provision required by HB 1423 is for **acute pain in an emergency department, urgent care setting or walk-in clinic**. The rule states that licensees shall not prescribe for more than **7 days**, unless the medical condition is documented and appropriate clinical rationale is included in the patient’s medical record. |
| New Jersey  Assembly #3  2017 | 11. (New section) a. A practitioner shall not issue an initial prescription for an opioid drug which is a prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41) in a quantity exceeding a **five-day supply for treatment of acute pain**.  b. Prior to issuing an initial prescription of a course of treatment that includes a Schedule II controlled dangerous substance or any other opioid drug which is a prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41) for acute or chronic pain, a practitioner shall: (1) take and document the results of a thorough medical history, including the patient’s experience with non-opioid medication and non-pharmacological pain management approaches and substance abuse history; (2) conduct, as appropriate, and document the results of a physical examination; (3) develop a treatment plan, with particular attention focused on determining the cause of the patient’s pain; (4) access relevant prescription monitoring information under the Prescription Monitoring Program pursuant to section 8 of P.L.2015, c.74 (C. 45:1-46.1); and (5) limit the supply of any opioid drug prescribed for acute pain to a duration of no more than five days as determined by the directed dosage and frequency of dosage.  c. No less than four days after issuing the initial prescription, the practitioner, after consultation with the patient, may issue a subsequent prescription for the drug to the patient in any quantity that complies with applicable State and federal laws, provided that: (1) the subsequent prescription would not be deemed an initial prescription under this section; (2) the practitioner determines the prescription is necessary and appropriate to the patient’s treatment needs and documents the rationale for the issuance of the subsequent prescription; and (3) the practitioner determines that issuance of the subsequent prescription does not present an undue risk of abuse, addiction, or diversion and documents that determination.  d. Prior to issuing the initial prescription of a course of treatment that includes a Schedule II controlled dangerous substance or any other opioid drug which is a prescription drug as defined in section 2 of P.L.2003, c.280 (C.45:14-41) and again prior to issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient, or the patient’s parent or guardian if the patient is under 18 years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including but not limited to: (1) the risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants; (2) the reasons why the prescription is necessary;(3) alternative treatments that may be available; and 4) risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed, or mixing sedatives, benzodiazepines or alcohol with opioids, can result in fatal respiratory depression. The practitioner shall obtain a written acknowledgement, on a form developed and made available by the Division of Consumer Affairs, that the patient or the patient’s parent or guardian, as applicable, has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available. The Division of Consumer Affairs shall develop and make available to practitioners guidelines for the discussion required pursuant to this subsection. At the time of the issuance of the third prescription for a prescription opioid drug, the practitioner shall enter into a pain management agreement with the patient.  “Acute pain” means pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. “Acute pain” does not include chronic pain, pain being treated as part of cancer care, hospice or other end of life care, or pain being treated as part of palliative care. |
| New York  Public Health Law 3331  2016 | Section 3331  5. (a) No more than a thirty day supply or, pursuant to regulations of the commissioner enumerating conditions warranting specified greater supplies, no more than a three month supply of a schedule II, III or IV substance, as determined by the directed dosage and frequency of dosage, may be dispensed by an authorized practitioner at one time.  (b) Notwithstanding the provisions of paragraph (a) of this subdivision, a practitioner, within the scope of his or her professional opinion or discretion, may not prescribe more than a seven-day supply of any schedule II, III, or IV opioid to an ultimate user upon the initial consultation or treatment of such user for acute pain. Upon any subsequent consultations for the same pain, the practitioner may issue, in accordance with paragraph (a) of this subdivision, any appropriate renewal, refill, or new prescription for the opioid or any other drug.  (c) For the purposes of this subdivision, "acute pain" shall mean pain, whether resulting from disease, accidental or intentional trauma, or other cause, that the practitioner reasonably expects to last only a short period of time. Such term shall not include chronic pain, pain being treated as part of cancer care, hospice or other end-of-life care,or pain being treated as part of palliative care practices. |
| Pennsylvania  Act 126 SB1367  2015  HB 1699  2015 | **Act 126 SB1367: Chapter 52 Prescribing Opioids to Minors**  (a) Prescriber: a Prescriber may not do any of the following:  (1) Prescribe to a minor a controlled substance containing an opioid unless the prescriber complies with (a) section 5204 (relating to procedure).  (2) Except as set forth in subsection (b) and subject to section 5204(c)(1), prescribe to a minor more than a **seven-day supply** of a controlled substance containing an opioid. (b) Exception.--Notwithstanding subsection (a)(1), a prescriber may prescribe to a minor more than a seven-day supply of a controlled substance containing an opioid if any of the following apply: (1) In the professional medical judgment of the prescriber, more than a seven-day supply of a controlled substance containing an opioid is required to stabilize the minor's acute medical condition. In order for this paragraph to apply, the prescriber must: (i) document the acute medical condition in the minor's record with the prescriber; and (ii) indicate the reason why a non-opioid alternative is not appropriate to address the acute medical condition. (2) the prescription is for: (i) management of pain associated with cancer; (ii) use in palliative or hospice care; or (iii) management of chronic pain associated with cancer.  Section 5204. Procedure.  (a) Requirements.--Except as set forth in subsection (b), before issuing a minor the first prescription in a single course of treatment for a controlled substance containing an opioid, regardless of whether the dosage is modified during that course of treatment, a prescriber shall do all of the following:  (1) Assess whether the minor has taken or is currently taking prescription drugs for treatment of a substance abuse disorder .  (2) Discuss with the minor and the minor's parent or guardian or with an authorized adult all of the following:  (i) The risks of addiction and overdose associated with the controlled substance containing an opioid.  (ii) The increased risk of addiction to controlled substances to individuals suffering from mental or substance abuse disorders .  (iii) The dangers of taking a controlled substance containing an opioid with benzodiazepines, alcohol or other central nervous system depressants.  (iv) Other information in the patient counseling information section of the labeling for controlled substances containing an opioid required under 21 C.F.R.  201.57(c)(18) (relating to specific requirements on content and format of labeling for human prescription drug and biological products described in § 201.56(b)(1)) DEEMED NECESSARY BY THE PRESCRIBER .  (3) Obtain written consent for the prescription from the minor's parent or guardian or from an authorized adult. The prescriber shall record the consent on the form under section 5202(b)(1) (relating to administration). The following apply:  (i) The form must contain all of the following:  (A) The brand name or generic name and quantity of the controlled substance containing an opioid being prescribed and the amount of the initial dose.  (B) A statement indicating that a controlled substance is a drug or other substance that the United States Drug Enforcement Administration has  identified as having a potential for abuse.  (C) A statement certifying that the prescriber engaged in the discussion under paragraph (2).  (D) The number of refills authorized  (E) The signature of the minor's parent or guardian or of an authorized adult and the date of signing.  (ii) The form shall be maintained in the minor's record with the prescriber.  (b) Exception.--Subsection (a) does not apply if the minor's treatment with a controlled substance containing an opioid meets any of the following criteria:  (1) The treatment is associated with or incident to a medical emergency as documented in the minor's medical record.  (2) In the prescriber's professional judgment, complying with subsection (a) with respect to the minor's treatment would be detrimental to the minor's health or safety. The prescriber shall document in the minor's medical record the factor or factors which the prescriber believed constituted cause for not fulfilling the requirements of subsection (a).  (c) Limited prescription.--If the individual who signs the consent form under subsection (a)(3) is an authorized adult, the prescriber:  (1) may prescribe not more than a single, 72-hour supply; and  (2) shall indicate on the prescription the quantity that is to be dispensed pursuant to the prescription.  Section 5205. Penalties.  A violation of this chapter subjects a prescriber to administrative sanctions by the provider' s PRESCRIBER' S licensing board under the applicable statute .  ---------------------------------------------------------------------------------------------------------------  **HB 1699 Emergency Prescribing Act**  (a) Limitation on quantity of opioid drug products. (1) Except as set forth in paragraph (2), a health care practitioner may not prescribe an opioid drug product to an individual seeking treatment in an emergency department or urgent care center, OR WHO IS IN OBSERVATION STATUS IN A HOSPITAL, in a quantity sufficient to treat that individual for more than **seven days**. (2) Notwithstanding paragraph (1), if, in the professional medical judgment of a health care practitioner, more than a seven-day supply of an opioid drug product is required to treat a patient's acute medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, then the health care practitioner may issue a prescription for the quantity needed to treat such acute medical condition or pain associated with a cancer diagnosis or for palliative care. The condition triggering prescription of the opioid drug product under this paragraph shall be documented in the patient's medical record, and the health care practitioner must indicate that a non-opioid drug product alternative was not appropriate to treat the medical condition and that the health care practitioner provided the patient with a pain management referral.  (b) Refills.--A health care practitioner in an emergency department or urgent care center may not authorize the refilling of a prescription for an opioid drug product that has been lost, stolen or destroyed., OR WHO IS CARING FOR A PATIENT IN 29 OBSERVATION STATUS, MAY NOT WRITE A PRESCRIPTION REFILL FOR AN OPIOID DRUG PRODUCT.  Section 7: Penalty: A health care practitioner who violates any provision of this act shall be subject to REVIEW AND disciplinary action under the licensure certification, registration or permit provisions of law and regulation governing the respective health care practitioner  Section 8 Liability: A health care practitioner who complies with the provisions of this act shall be presumed to be acting in good faith and have immunity from criminal liability |
| Rhode Island  S 2823  2016 | Chapter 180  21-28-3.20. Authority of practitioner to prescribe, administer, and dispense.   |  | | --- | | (c) The director of health shall develop regulations for prescribing practitioners on | | appropriate limits of opioid use in acute pain management. Initial prescriptions of opioids for acute pain management of outpatient adults shall not exceed **thirty (30) morphine milligram equivalents (MMEs) total daily dose per day** for a maximum total of twenty (2) doses, and, for pediatric patients, the appropriate opioid dosage maximum per the department of health. | | (d) For the purposes of this section, acute pain management shall not include chronic pain management, pain associated with cancer diagnosis, palliative or nursing care, or other exception in accordance with department of health regulations. | | (e) Subsection (c) of this section shall not apply to medications designed for the treatment of substance abuse or opioid dependence. | |  | |
| South Carolina  2016 | State Register Volume and Issue: 36/9 Document 4296  1102. Limitations on Prescriptions for Schedule II Substances.  Prescriptions for schedule II controlled substances shall not be issued for more than a **thirty-one day supply** of the substance. No prescription for schedule II controlled substances shall be dispensed later than 90 days from the date of issue |
| Tennessee  TN Code § 53-11-308  (2014) | Title 53 - Food, Drugs And Cosmetics Chapter 11 - Narcotic Drugs and Drug Control Part 3 - Regulations and Registration § 53-11-308 - Prescription requirements  (a) Except when dispensed directly by a practitioner other than a pharmacy to an ultimate user, no controlled substance in Schedule II may be dispensed without the written prescription of a practitioner.  (b) In emergency situations, Schedule II drugs may be dispensed upon oral prescription of a practitioner, reduced promptly to writing and filed by the pharmacy. Prescriptions shall be retained in conformity with the requirements of § 53-11-305. No prescription for a Schedule II substance may be refilled.  (c) Except when dispensed directly by a practitioner other than a pharmacy to an ultimate user, a controlled substance included in Schedule III or IV that is a prescription drug shall not be dispensed without a written or oral prescription of a practitioner. The prescription shall not be filled or refilled more than six (6) months after the date of the written or oral prescription or be refilled more than five (5) times, unless renewed by the practitioner.  (d) A controlled substance included in Schedule V shall not be distributed or dispensed other than for a medical purpose.  (e) No prescription for any opioids or benzodiazepines may be dispensed in quantities greater than a **thirty-day supply**.  (f) If a prescriber dispenses any opioids, benzodiazepines, barbiturates, or carisoprodol, then the prescriber shall submit the transaction to the controlled substances monitoring database operated under chapter 10, part 3 of this title.  (g) Any prescribers of opioids, benzodiazepines, barbiturates or carisoprodol, either alone, concurrently, or sequentially with any other opioids, benzodiazepines, barbiturates, or carisoprodol to patients who are in chronic, long-term drug therapy for ninety (90) days or longer shall consider mandatory urine drug testing. This subsection (g) shall not supercede any rules promulgated by the commissioner for urine drug testing by registered pain management clinics. |
| Utah  H.B. 50  2017 | HB 50 Section 58-37-6  (7) …  (c) (i) A controlled substance may not be dispensed without the written prescription of a practitioner, if the written prescription is required by the federal Controlled Substances Act.  (ii) That written prescription shall be made in accordance with Subsection (7)(a) and in conformity with Subsection (7)(d).  (iii) In emergency situations, as defined by division rule, controlled substances may be dispensed upon oral prescription of a practitioner, if reduced promptly to writing on forms designated by the division and filed by the pharmacy.  (iv) Prescriptions reduced to writing by a pharmacist shall be in conformity with Subsection (7)(d).  (d) Except for emergency situations designated by the division, a person may not issue, fill, compound, or dispense a prescription for a controlled substance unless the prescription is signed by the prescriber in ink or indelible pencil or is signed with an electronic signature of the prescriber as authorized by division rule, and contains the following information:  (i) the name, address, and registry number of the prescriber;  (ii) the name, address, and age of the person to whom or for whom the prescription is issued;  (iii) the date of issuance of the prescription; and  (iv) the name, quantity, and specific directions for use by the ultimate user of the controlled substance.  (e) A prescription may not be written, issued, filled, or dispensed for a Schedule I controlled substance unless:  (i) the person who writes the prescription is licensed under Subsection (2); and (ii) the prescribed controlled substance is to be used in research. (f) Except when administered directly to an ultimate user by a licensed practitioner, controlled substances are subject to the [following] restrictions[:] of this Subsection (7)(f).  (i) [(A)] A prescription for a Schedule II substance may not be refilled.  (ii) A Schedule II controlled substance may not be filled in a quantity to exceed a **one-month's supply**, as directed on the daily dosage rate of the prescriptions.  (iii) (A) Except as provided in Subsection (7)(f)(iii)(B), a prescription for a **Schedule II or Schedule III controlled substance that is an opiate and that is issued for an acute condition shall be completely or partially filled in a quantity not to exceed a seven-day supply** as directed on the daily dosage rate of the prescription.  (B) Subsection (7)(f)(iii)(A) does not apply to a prescription issued for a surgery when the practitioner determined that a quantity exceeding seven days is needed, in which case the practitioner may prescribe up to a 30-day supply, with a partial fill at the discretion of the practitioner.  (C) Subsection (7)(f)(iii)(A) does not apply to prescriptions issued for complex or chronic conditions which are documented as being complex or chronic in the medical record.  (D) A pharmacist is not required to verify that a prescription is in compliance with Subsection (7)(f)(iii).  [(ii)] (iv) A Schedule III or IV controlled substance may be filled only within six months of issuance, and may not be refilled more than six months after the date of its original issuance or be refilled more than five times after the date of the prescription unless renewed by the practitioner.  [(iii)] (v) All other controlled substances in Schedule V may be refilled as the prescriber's prescription directs, but they may not be refilled one year after the date the prescription was issued unless renewed by the practitioner.  [(iv)] (vi) Any prescription for a Schedule II substance may not be dispensed if it is not presented to a pharmacist for dispensing by a pharmacist or a pharmacy intern within 30 days after the date the prescription was issued, or 30 days after the dispensing date, if that date is specified separately from the date of issue.  [(v)] (vii) A practitioner may issue more than one prescription at the same time for the same Schedule II controlled substance, but only under the following conditions:  (A) no more than three prescriptions for the same Schedule II controlled substance may be issued at the same time; (B) no one prescription may exceed a 30-day supply; and (C) a second or third prescription shall include the date of issuance and the date for dispensing[; and]. [(D) unless the practitioner determines there is a valid medical reason to the contrary, the date for dispensing a second or third prescription may not be fewer than 30 days from the dispensing date of the previous prescription.]  (g) An order for a controlled substance in Schedules II through V for use by an inpatient or an outpatient of a licensed hospital is exempt from all requirements of this Subsection (7) if the order is:  (i) issued or made by a prescribing practitioner who holds an unrestricted registration with the federal Drug Enforcement Administration, and an active Utah controlled substance license in good standing issued by the division under this section, or a medical resident who is exempted from licensure under Subsection 58-1-307(1)(c);  (ii) authorized by the prescribing practitioner treating the patient and the prescribing practitioner designates the quantity ordered;  (iii) entered upon the record of the patient, the record is signed by the prescriber affirming the prescriber's authorization of the order within 48 hours after filling or administering the order, and the patient's record reflects the quantity actually administered; and  (iv) filled and dispensed by a pharmacist practicing the pharmacist's profession within the physical structure of the hospital, or the order is taken from a supply lawfully maintained by the hospital and the amount taken from the supply is administered directly to the patient authorized to receive it.  (h) A practitioner licensed under this chapter may not prescribe, administer, or dispense a controlled substance to a child, without first obtaining the consent required in Section 78B-3-406 of a parent, guardian, or person standing in loco parentis of the child except in cases of an emergency. For purposes of this Subsection (7)(h), "child" has the same meaning as defined in Section 78A-6-105, and "emergency" means any physical condition requiring the administration of a controlled substance for immediate relief of pain or suffering. (i) A practitioner licensed under this chapter may not prescribe or administer dosages of a controlled substance in excess of medically recognized quantities necessary to treat the ailment, malady, or condition of the ultimate user.  (j) A practitioner licensed under this chapter may not prescribe, administer, or dispense any controlled substance to another person knowing that the other person is using a false name, address, or other personal information for the purpose of securing the controlled substance.  (k) A person who is licensed under this chapter to manufacture, distribute, or dispense a controlled substance may not manufacture, distribute, or dispense a controlled substance to another licensee or any other authorized person not authorized by this license.  (l) A person licensed under this chapter may not omit, remove, alter, or obliterate a symbol required by this chapter or by a rule issued under this chapter.  (m) A person licensed under this chapter may not refuse or fail to make, keep, or furnish any record notification, order form, statement, invoice, or information required under this chapter.  (n) A person licensed under this chapter may not refuse entry into any premises for inspection as authorized by this chapter.  (o) A person licensed under this chapter may not furnish false or fraudulent material information in any application, report, or other document required to be kept by this chapter or willfully make any false statement in any prescription, order, report, or record required by this chapter. |
| Vermont  Act 173  2016 | **Vermont Dept. of Health: Rule Governing the Prescribing of Opioids for Pain**  This rule is adopted pursuant to Sections 14(e) Act 75 (2013) Sections 2(e) and 2a of Act 173 (2016). This rule provides legal requirements for the appropriate use of opioids in treating pain in order to minimize opportunities for misuse, abuse, and diversion, and optimize prevention of addiction and overdose. The prescription limits for acute pain only apply to the first prescription written for a given course of treatment, and do not apply to renewals or refills.   1. 4.3.1  Discussion of Risks: Prior to prescribing an opioid, a prescriber shall have an in-person discussion with the patient regarding potential side effects, risks of dependence and overdose, alternative treatments, appropriate tapering and safe storage and disposal. If the patient is a minor, or lacks legal competence, then the in-person discussion shall take place between the prescriber and the patient’s parent, guardian, or legal representative. 2. 4.3.2  Patient Education Sheet: Prior to prescribing an opioid, the prescriber shall provide the patient with the Department of Health patient education sheet published on the Department website, or a written alternative provided that the sheet contains all of the topics found in the Department-published sheet and is written in a fifth-grade reading level or lower. 3. 4.3.3  Informed Consent: Prior to prescribing an opioid, a prescriber shall receive a signed informed consent from the patient. If the patient is a minor or lacks the capacity to provide informed consent, then the patient’s parent, guardian, or legal representative may do so on the patient’s behalf.   4.3.3.1 The consent form shall include: Information regarding the drug’s potential for misuse, abuse, diversion, and addiction; potential side effects; tolerance; the risks associated with the drug for life-threatening respiratory depression; potentially fatal overdose as a result of accidental exposure, especially in children; neonatal opioid withdrawal syndrome; and potentially fatal overdose when combining with alcohol and/or other psychoactive medication including but not limited to benzodiazepines and barbiturates. |