Guidelines for Prescribing for the Treatment of Pain
Optometry Practice

These practice guidelines represent points of reference for authorized optometric prescribers of opioids, other controlled substances and the prescription medication tramadol to focus provider attention on accepted and prevailing standards of care and board rules governing the treatment of pain. These guidelines are not an endorsement by the board to utilize opioids, other controlled substances or tramadol in the treatment of pain.

Ohio professional licensing boards, including the Ohio Board of Optometry, have been active participants in the various working groups led by the Governor's Cabinet Opiate Action Team (GCOAT) in efforts to address public safety concerns associated with inappropriate prescribing of opioids, other controlled substances, and tramadol. These efforts include urging licensing boards to publish prescribing guidelines as an educational tool to supplement, but not replace the individual provider's clinical judgment when treating pain. In addition, House Bill 93 of the 129th General Assembly directed the Optometry Board to adopt a rule on the use of the Ohio Automated Rx Reporting System (OARRS).

Optometrists are in a unique position to provide a point of contact and care when treating acute pain issues on a short term, non-chronic basis. Optometrists who have a **valid DEA license number** may only prescribe when treating pain based on the patient's presenting symptoms, overall condition, clinical examination and risk for addiction. While prevailing standards of care permit the prescription of narcotic medications in the legitimate treatment of severe pain, health care providers are not obligated to use opioids, other controlled substances or tramadol when a favorable risk-benefit balance cannot be documented.

In Ohio Administrative Code Rule 4725-16-03, the Board established that prescriptive treatment for pain may only be initiated if the product's FDA approved labeling contains an indication that it may be used for pain. **The rule is clear in stating that authorized optometric prescribers may *not* prescribe the following medications in the following dosages and in quantities that exceed a four day supply when treating an individual episode of optometric related illness or injury**:

- ✓ any schedule II narcotic;
- ✓ any medication or narcotic preparation that contains more than 60 mg of codeine per dosage unit and that also contains other active non-narcotic ingredients (e.g., acetaminophen or aspirin) in a recognized therapeutic amount consistent with the recognized standard of care;
- ✓ and, any medication or narcotic preparation that contains more than 7.5 mg of hydrocodone per dosage unit and that also contains other active non-narcotic ingredients (e.g., acetaminophen, aspirin or ibuprofen) in a recognized therapeutic amount consistent with the recognized standard of care.

Providers can minimize the potential for prescription drug abuse and misuse and help reduce the number of unintentional complications associated with pain medications by recognizing times at which they may utilize OARRS as an additional check on patient use and compliance with other prescriptive therapies (please see recently proposed Ohio Administrative Code Rule 4725-16-04).

OARRS prescription history reports are an important component of delivering and coordinating patient-centered care. The reports should be interpreted within the context of a patient's on-going medical history. Prescription history reports: (1) assist providers in better management of a patient's prescription regimen; (2) are a screening tool for signs of potential abuse, addiction and diversion; and (3) highlight patient risk for future addiction or abuse when used in conjunction with a patient's medical history.

To register for OARRS and to obtain additional information about OARRS, go to https://www.ohiopmp.gov/Portal/Brochure.pdf.