

~~forming and addiction-sustaining liability~~~~other abusable drugs~~ before a prior prescription should have been consumed according to the treating physicianlicensee's directions. This requirement will not be enforced in cases where a patient has legitimately temporarily escalated a dose of ~~their pain medication~~ due to an acute exacerbation of ~~their condition~~ but have maintained a therapeutic dose level; however, it will be required of ~~if~~ the treating physicianlicensee to document in the patient record that such increase in dose level documents that the escalation was due to a recognized indication and was within appropriate therapeutic dose ranges. Repetitive or continuing escalations should be a reason for concern and a re-evaluation of the present treatment plan ~~shall~~must be undertaken by the physicianlicensee.

- F. No physicianlicensee shall order, prescribe, administer, or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability to a patient who is a drug addict for the purpose of "detoxification treatment" or "maintenance treatment" and no physicianlicensee shall order, prescribe, administer, or dispense any narcotic controlled substance for the purpose of "detoxification treatment" or "maintenance treatment" unless they the physicianlicensee isare properly registered in accordance with Section 303(g)-21 U.S.C. 823(g). Nothing in this paragraph shall prohibit a physicianlicensee from administering narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one (1) day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three (3) days. Nothing in this paragraph shall prohibit a physicianlicensee from ordering, prescribing, administering, or dispensing ~~administering or dispensing~~ narcotic-controlled substances in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction.
- G. When initiating opioid therapy for chronic pain, the licensee ~~shall~~must first run a MPMP on the patient. The licensee ~~shall~~must prescribe the lowest effective dosage. While there is no single dosage threshold identified below which the risk of overdose is eliminated, licensees ~~should~~must strive to keep daily opioid doses less than or equal to 50 mg of morphine equivalence (mEq), as dosages larger than 50 mEq per day increases risk without adding benefits for pain control or function. Licensees ~~should~~must avoid dosages greater than or equal to 90 mg of morphine equivalence per day and must provide significant justification for exceeding the 90 mg ceiling stated herein. If the licensee determines that a patient requires greater than 100 mg of morphine equivalence per day, the licensee must refer the patient to a pain specialist for further treatment.
- H. When opioids are prescribed for acute pain, the licensee ~~should~~must prescribe the lowest effective dose of immediate release opioids, as the use of long acting opioids for acute non-cancer pain is prohibited. and ~~should~~Licensees must prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less should be sufficient and more than 7 days should be avoided in absence of significant justification (Example: Postsurgical pain stemming from a significant procedure). Licensees are discouraged from prescribing or dispensing more than a three (3) day supply of opioids for acute non-cancer pain, and must not provide greater than a seven (7) day supply for acute non-cancer pain. Licensees may issue an additional seven