

**WHAT YOU NEED TO KNOW:**

Each day in Tennessee, at least 3 people die from an opioid-related overdose, which is more than the number of daily traffic fatalities. Tennessee remains in the top 15 of all states in drug overdose deaths. Each year, more opioid prescriptions are written than there are people living in Tennessee with more than 1 million prescriptions left over. The Tennessee Public Chapter No. 1039, known as TN Together, is meant to combat this epidemic and defines the new opioid prescription requirements for the state of Tennessee.

<p><b>When does the new TN opioid law apply?</b></p>	<p>The prescription and documentation rules in Public Chapter No. 1039 apply to all opioid and benzodiazepine prescriptions of longer than 3 days or 180 MMEs. Some special exemptions do apply in specific patient circumstances and are referenced herein as exemptions.</p>
<p><b>What are the new documentation requirements?</b></p>	<p>In order to meet the new requirements to prescribe an opioid, a clinician must document in the patient’s chart that a thorough evaluation of the patient has occurred. A thorough evaluation includes an assessment of the patient’s baseline pain and function, evaluation of the risk of harm or misuse, realistic goals set, discussion of benefits and risks with the patient, criteria for use of the opioid, and a reassessment is scheduled if necessary. Documentation must also include that non-opioids were considered, why the opioid was then chosen, and that the opioid was started on the lowest possible dose for the patient. For prescriptions of opioids for longer than 10 days, documentation must include why the risk of an adverse outcome exceeds the risk of developing a substance abuse disorder or a potential overdose. The date of the most recent CSMD check must also be included.</p>
<p><b>What are the new prescribing requirements?</b></p>	<p>All prescriptions for opioids must include the ICD-10 code associated with the diagnosis on the patient’s chart. For prescriptions up to 10 days, the maximum dosage is 500 MMEs. No further documentation on the prescription is required. For prescriptions up to 30 days, the maximum dosage is 1200 MMEs, and the prescription must also include the words “Medical Necessity”. The prescription must include the documentation of the failure of a non-opioid or contraindications of alternative therapies exist. The pharmacy can only fill half of an opioid prescription at a time.</p>
<p><b>What are the informed consent requirements?</b></p>	<p>Before prescribing an opioid, a patient must sign an opioid consent form. This must be the VUMC standardized form which includes the risks, expectations, and that possible alternatives may exist. Specifics must be included for women of child-bearing age between 15-44 which describe accessing contraceptives and the risks of neonatal abstinence syndrome. This signed consent form must be included in the patient’s medical file.</p>
<p><b>What are the exemptions to the rule?</b></p>	<p>If one of the following circumstances applies to a patient at the time of prescribing, the opioid prescription may be exempt from the TN Together rule on opioids. In order to be exempt, the prescription must contain the ICD-10 code and the word “Exempt”. These situations trigger an exemption: the patient is in hospice care, is undergoing active or palliative cancer therapy, is treated with an opioid for 90 days or more in the last 365 days, has Sickle Cell Disease, is undergoing treatment in a licensed health care facility, is treated by a pain management specialist, is in medication assisted treatment with methadone, buprenorphine, or naltrexone, or has severe burns or major physical trauma.</p>