



# 2019 Washington State Opioid Prescribing Requirements



for Dentists

## Prescription Monitoring Program (PMP)



- ✓ Dentists who prescribe opioids in Washington State must register with the PMP.
- ✓ Dentists can delegate performance of a required PMP query to an authorized health care designee as described in the rules.
- ✓ PMP query must be completed prior to:
  - First opioid prescription refill or renewal for acute pain
  - Each pain transition treatment phase (acute to subacute and subacute to chronic)
  - Periodically for chronic pain patients based upon the patient's risk assessment

This document provides a synopsis of the opioid prescribing requirements for dentists; for more complete information, see page four for additional resources.

# Opioid Prescription Schedule

<b>Acute Pain</b> <b>0 - 6 weeks</b>	<b>Subacute Pain</b> <b>6 - 12 weeks</b>	<b>Chronic Pain</b> <b>12+ weeks</b>
<b>Prior to prescribing opioids for non-operative and perioperative acute pain:</b>	<b>Prior to prescribing opioids for subacute pain:</b>	<b>When treating chronic pain patients with opioids:</b>
 Conduct and document a patient evaluation	 Conduct and document a patient evaluation	 Conduct and document a patient evaluation
 Query the Prescription Monitoring Program (PMP) and document concerns (first renewal or refill)	 Consider risks and benefits for continued opioid use	 Complete a patient treatment plan with objectives
 Document a patient treatment plan	 Consider tapering, discontinuing, or transitioning patient to chronic pain treatment	 Complete a written agreement for treatment
 Provide patient notification on opioid risks, safe storage, and disposal	 Document transition to chronic pain if planning to treat patient with opioids beyond 12 weeks in duration	 Periodically review the treatment plan and query the PMP quarterly for high-risk, semiannually for moderate-risk, and annually for low-risk patients
 Seven-day opioid supply limit, unless clinically documented	 Fourteen-day opioid supply limit, unless clinically documented	
 Dentists shall include the diagnosis, indication for use, or the International Classification of Diseases (ICD) code on all opioid prescriptions.		



## Exclusions

Rules do not apply to:

- Patients with cancer-related pain
- Palliative, hospice, or other end-of-life care
- Procedural pre-medications
- Admitted inpatient and observation hospital patients



## Co-Prescribing

Opioids shall not be prescribed with the following medications without documentation in patient record, discussion of risks, and consultation with prescribing practitioners of other medications for patient care plan or consideration of tapering:

- Benzodiazepines
- Barbiturates
- Sedatives
- Carisoprodol
- Sleeping Medication (Z drugs)

When co-prescribing opioids to a patient receiving medication assisted treatment (MAT):

- Consult the MAT prescriber or a pain specialist
- Do not discontinue MAT without documentation
- Do not deny necessary operative treatment due to MAT

Confirm or prescribe naloxone or refer to a pharmacist for further counseling when:

- Prescribing opioids to a high-risk patient



## Alternative Modalities

Dentists are encouraged to consider treating pain with multimodal pharmacologic and non-pharmacologic therapy for pain rather than defaulting to the use of opioid therapy alone whenever reasonable, evident-based, clinically appropriate alternatives exist.



## Special Populations

### Patients 24 Years and Under

Treat pain consistent with adults, but account for weight and adjust the dosage prescribed accordingly, an eight to twelve tablet supply will often be sufficient. The dentist may not prescribe beyond twelve tablets without clinical documentation in the patient record.

### Pregnant Patients

Weigh carefully the risks and benefits of opioid detoxification during pregnancy. Do not discontinue MAT without oversight by the MAT prescribing practitioner.

### Patients 65 Years and Older

Consider change in tolerance, metabolism, and distinctive needs that occur with age.



## Consultation Requirements

- Consultation with a Pain Management Specialist is mandatory when prescribing over 120 MED, unless exempt under one of the consultation exemptions. Please review WAC 246-817-950, WAC 246-817-955, and WAC 246-817-960 online at [leg.wa.gov](http://leg.wa.gov).



## Patient Notification

- For initial prescriptions and each transition phase of treatment, dentists must provide patient education on opioid risks, safe and secure storage, and proper disposal of unused medication.
- Patient information handouts are available for download on the DOH website.



## Continuing Education Requirement

- Dentists who prescribe opioids must complete a one-time, three-hour continuing education on state rules and best practices for prescribing of opioids.
- Continuing education hours count towards license renewal requirements.
- Hours must be completed by the end of the first full CE reporting period after January 1, 2019, or during the first full continuing education reporting period after initial licensure, whichever is later.

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[www.doh.wa.gov/opioidprescribing](http://www.doh.wa.gov/opioidprescribing)



## Resources

- **2018 Opioid Prescribing Rules and resources**, best practices, treatment and support data and related resources  
[www.doh.wa.gov/opioidprescribing](http://www.doh.wa.gov/opioidprescribing)
- **Bree Collaborative**  
[www.doh.wa.gov/Portals/1/Documents/2300/2017/BREECollaborative.pdf](http://www.doh.wa.gov/Portals/1/Documents/2300/2017/BREECollaborative.pdf)
- **To register with the Washington State Prescription Monitoring Program**  
[doh.wa.gov/pmp](http://doh.wa.gov/pmp)
- **Opioid prescribing best practices**  
[www.cdc.gov](http://www.cdc.gov)  
[www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov)