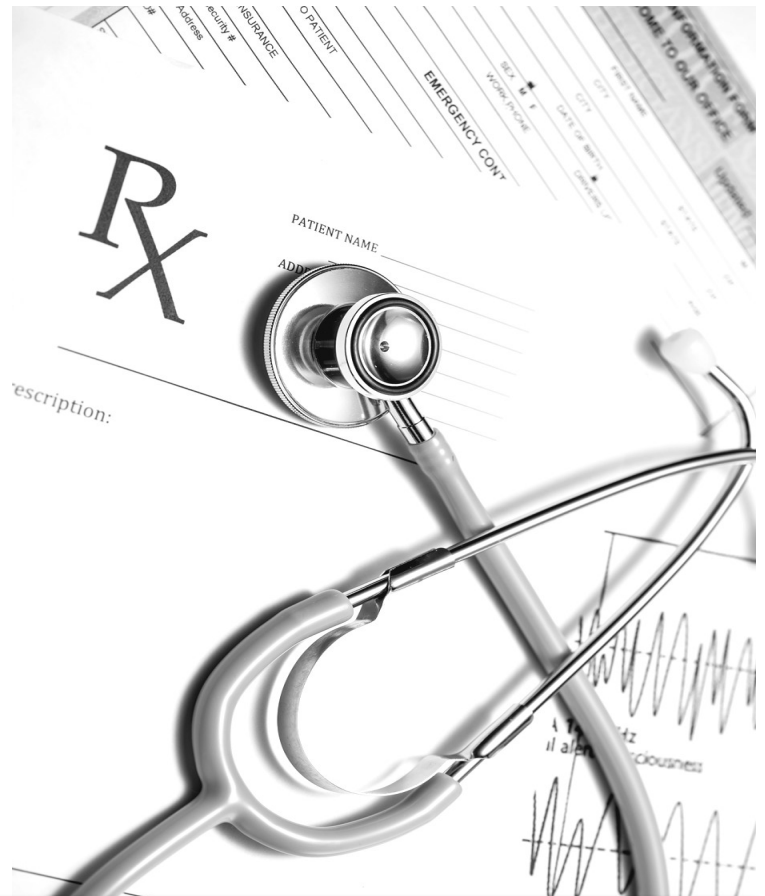




# 2018 Washington State Opioid Prescribing Requirements



for Osteopathic Physicians & Osteopathic Physician Assistants



## Prescription Monitoring Program (PMP)

- ✓ Practitioners who prescribe opioids in Washington State are required to register with the PMP
- ✓ Practitioners are permitted to delegate performance of a required PMP query to an authorized health care designee
- ✓ PMP query must be completed prior to all opioid or benzodiazepine prescriptions

# 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>
 At each phase, conduct and document a patient evaluation, and always consider alternative modalities for the treatment of pain		
 Consider alternative modalities for the treatment of pain	 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 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	
 For all opioid prescriptions, query the Prescription Monitoring Program (PMP) and document concerns		



## Exclusions

Rules do not apply to:

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



## Co-Prescribing

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

- Benzodiazepines
- Barbiturates
- Sedatives
- Carisoprodol
- Sleeping medications

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 intervention due to MAT

Confirm or prescribe naloxone when:

- Opioids are prescribed to a high-risk patient
- As clinically indicated



## Alternative Modalities

Practitioners are encouraged to consider treating pain with:

- Acetaminophen
- Acupuncture
- Chiropractic medicine
- Cognitive behavior therapy
- Nonsteroidal anti-inflammatory drugs
- Osteopathic manipulative treatment
- Physical therapy
- Massage therapy
- Sleep hygiene



## Special Populations

### Patients 25 Years and Under

Treat pain consistent with adults, but account for weight and adjust accordingly.

### 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

- Unless qualified as a pain management specialist or an exemption applies, consultation with a pain management specialist is mandatory when prescribing over 120 Morphine Equivalent Dose (MED). For example four 10mg Oxycodone tablets = 60 MED.
- For information on consultation exemptions and pain management specialist qualifications, please review online [www.leg.wa.gov](http://www.leg.wa.gov).



## Continuing Education Requirement

- All osteopathic physicians and osteopathic physician assistants must complete a **one-time one hour** continuing education on best practices in the prescribing of opioids and the current opioid prescribing rules.
- Continuing education hours count towards license renewal requirement and must be completed after the first full license renewal period after January 1, 2019.



## Patient Notification

- Practitioners must provide patient education on the risks, safe and secure storage, and proper disposal of opioids upon the initial prescriptions and at each transition phase of treatment.
- Patient notification handouts are available for download on the DOH website.

[osteopathic@doh.wa.gov](mailto:osteopathic@doh.wa.gov)

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



## Resources

- 2018 Opioid Prescribing Rules  
[www.doh.wa.gov/opioidprescribing](http://www.doh.wa.gov/opioidprescribing)
- Department of Health resources on opioid prescribing best practices, treatment and support, data, and other related resources  
[www.doh.wa.gov/opioids](http://www.doh.wa.gov/opioids)
- To register with the Washington State Prescription Monitoring Program  
[www.wapmp.org](http://www.wapmp.org)
- Opioid prescribing best practices  
[www.cdc.gov](http://www.cdc.gov)  
[www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov)