The new opioid prescribing rules for allopathic physicians and physician assistants will be effective January 1, 2019. We have begun our education efforts regarding the changes to opioid prescribing. I encourage you to contact me with any questions you may have about these new rules.

Most of the questions I have received so far are about the changes for chronic pain patients. Prescribing opioids for chronic pain patients has only minor changes:

- Checking the Prescription Monitoring Program (PMP) is required either:
  - at first refill/renewal;
  - periodically based on patient risk level;
  - when co-prescribing with certain medications; or
  - at every prescription if the PMP is integrated into the EHR.
- If a patient is considered high-risk, which is defined in the rule, then a prescription for naloxone must also be written for the patient.

As far as the chronic pain patient is concerned, nothing has changed for them. You can still prescribe over 120 MED if you document the reason in the patient record.

Some other important changes:

- To prescribe opioids you must register for the PMP unless you can provide proof you have access to the PMP through your EHR.
- There is a new requirement to complete one hour of CME on opioid prescribing best practices. This requirement can also be fulfilled if you review the new rules.
- In the 2012 Pain Management rules, when prescribing in episodic care, there is a requirement to include the ICD code on the prescription. This will no longer be required as of January 1, 2019. However, keep in mind that if you don’t include the ICD code you may receive a call from the pharmacy asking for the code. You can provide it to them but it is no longer a requirement after January 1, 2019 and it’s only currently a requirement for episodic care prescriptions.

I welcome your feedback and questions about these rules. Please contact me at (360) 236-2727 or medical.rules@doh.wa.gov.