WASHINGTON
Medical Commission
Licensing. Accountability. Leadership.

OPIOID PRESCRIBING IN WASHINGTON

WHAT YOU NEED TO KNOW

GENERAL INFORMATION ABOUT THE CHANGE TO THE RULES

INTENT AND SCOPE

These rules govern the prescribing of opioids in the treatment of pain. The Washington Medical Commission (WMC) will consider the inappropriate treatment of pain to be a departure from standards of practice. For the purposes of these rules, the inappropriate treatment of pain includes:

- Nontreatment;
- Undertreatment;
- Overtreatment, and
- The continued use of ineffective treatments.

The medical management of pain should consider current clinical knowledge, scientific research and the use of pharmacologic and nonpharmacological modalities according to the judgment of the physician (MD) or physician assistant (PA). Accordingly, the WMC expects that MDs and PAs incorporate safeguards into their practices to minimize the potential for the abuse and diversion of controlled substances.

The following treatments are **EXCLUDED** from these rules:

1. The treatment of patients with cancer-related pain;
2. The provision of palliative, hospice, or other end-of-life care;
3. The treatment of inpatient hospital patients;
4. The provision of procedural pre-medications;

CONTINUING MEDICAL EDUCATION REQUIREMENTS

If you are licensed to prescribe opioids you must complete a one-time continuing medical education (CME) regarding best practices in the prescribing of opioids.

- The CME must be at least one hour in length and be completed by the end of your first full CME reporting period after January 1, 2019 or during the first full CME reporting period after initially being licensed, whichever is later.
- The WMC is developing a free webinar that meets this requirement. Visit wmc.wa.gov for more information.

PRESCRIPTION MONITORING PROGRAM (PMP)

If you prescribe opioids in Washington you must register with the PMP or demonstrate proof of having access to the PMP. You may delegate performance of a required PMP query to an authorized healthcare designee. PMP query must be completed:

- Before the first refill or renewal of an opioid prescription;
- At each pain transition phase;
- Periodically based on the patient's risk level;
- When providing episodic care to a patient who you know to be receiving opioids for chronic pain.

Pertinent concerns discovered in the PMP must be documented in the patient record.

The PMP requirement does not apply when the PMP or EMR cannot be accessed due to temporary technological failure. If your EMR system is integrated with the PMP you do not need to register with the PMP, but you are required to check the PMP with every prescription.

CONSULTATION REQUIREMENTS (NO CHANGE FROM 2012 RULE)

Consultation with a Pain Management Specialist is mandatory when prescribing over 120 Morphine Equivalent Dose (MED). This mandatory threshold and requirements remain unchanged since 2012. Further information on consultation requirements and exemptions can be found by reviewing WAC 246-919-860 through 862 (MDs) and WAC 246-918-810 through 812 (PAs).

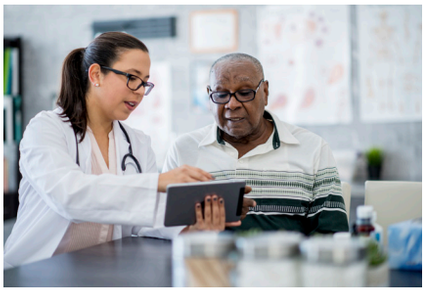
SPECIAL POPULATIONS

CHILDREN OR ADOLESCENT PATIENTS

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 medication assisted treatment (MAT) without oversight by the MAT prescribing practitioner.



PATIENTS 65 YEARS AND OLDER

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

Acute Pain 0-6 Weeks	Subacute Pain 6-12 Weeks	Chronic Pain 12+ Weeks
Prior to prescribing opioids for non-operative and perioperative acute pain:	**Prior to prescribing opioids:**	**When treating chronic pain patients with opioids:**
Conduct and document a patient evaluation.	Conduct and document a patient evaluation.	Conduct a patient evaluation and document in the patient record.
If authorizing a refill, query the Prescription Monitoring Program (PMP). Document any concerns.	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.

CO-PRESCRIBING

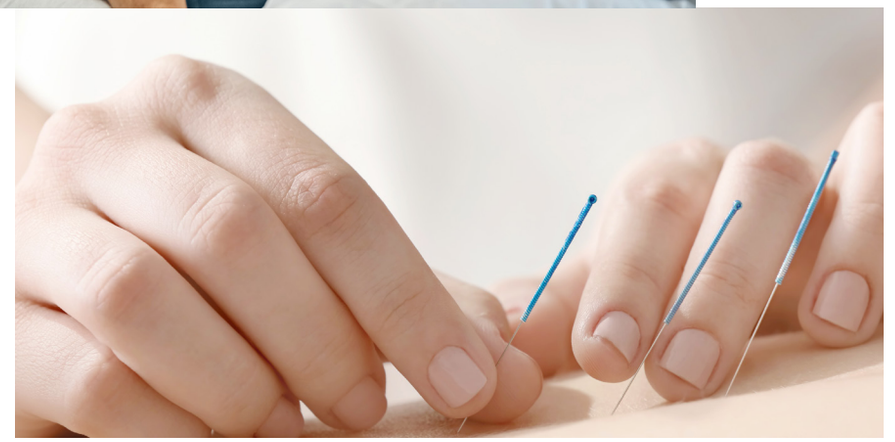
Opioids shall not be prescribed with the following medications without documentation in the patient record, discussion of risks and consultation with prescribers of other medications for the patient care plan or consideration of tapering:

- Benzodiazepines;
- Barbiturates;
- Sedatives;
- Carisoprodol; or
- Nonbenzodiazepine hypnotics;

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 when opioids are prescribed to a high-risk patient



ALTERNATIVE MODALITIES

You are encouraged to consider alternative treatments whenever reasonable, clinically appropriate and evidence based alternatives exist. Some examples of alternative modalities for pain treatment include:

- Acupuncture;
- Chiropractic massage;
- Cognitive behavior therapy;
- Heat and Ice;
- Massage therapy;
- Medical Marijuana/Cannabis;
- Nonsteroidal anti-inflammatory drugs;
- Physical therapy;

PATIENT NOTIFICATION, SECURE STORAGE AND DISPOSAL

You must provide materials to the patient educating them of the risks associated with the use of opioids, secure storage and the availability and location of disposal sites for unused opioid medications. You must document the notification in the patient record.

OPIOID PRESCRIBING FOR ACUTE NON-OPERATIVE AND PERIOPERATIVE PAIN

Prior to writing an opioid prescription for acute non-operative pain or perioperative pain, you must:

1. Conduct and document an appropriate history and physical examination, including screening for risk factors for overdose and severe postoperative pain.
2. Evaluate the nature and intensity of the pain or anticipated pain following surgery.
3. Inquire about any other medications the patient is prescribed or is taking, including date, type, dosage and quantity prescribed.
4. Acute (non-operative) Pain: You must not prescribe beyond a seven-day supply for acute pain unless you believe that a prescription for a longer duration is necessary and document the justification of need of such a quantity in the patient record.
5. Acute Perioperative Pain: You must not prescribe beyond a fourteen-day supply for acute perioperative pain without documenting the justification of need of such a quantity in the patient record.
6. Follow-up visits for pain control must include objectives or metrics to be used to determine treatment success if opioids are to be continued. This may include:
    a. Change in pain level;
    b. Change in physical function;
    c. Change in psychosocial function; and
    d. Additional indicated diagnostic evaluations.

If you elect to treat a patient with opioids beyond the six week time period of acute non-operative pain and acute perioperative pain, you must document in the record that the patient is transitioning from acute pain to subacute pain. Rules governing the treatment of subacute pain shall apply.

OPIOID PRESCRIBING FOR SUBACUTE PAIN

Prior to issuing an opioid prescription for subacute pain, you must assess the rationale for continuing opioid therapy as follows:

1. Conduct an appropriate history and physical examination;
2. Reevaluate the nature and intensity of the pain;
3. Conduct a query of the PMP;
4. Screen the patient's level of risk for aberrant behavior and adverse events related to opioid therapy;
5. Obtain a biological specimen test if the patient's functional status is deteriorating or if pain is escalating; and
6. Screen the patient for further consultation for psychosocial factors if the patient's functional status is deteriorating or if the pain is escalating.

You must ensure that, at a minimum, the following is documented in the patient record:

1. Recognized diagnoses or indications for the use of opioids;
2. Effect on function or pain control justifying the continuation of opioids beyond the acute pain episode;
3. A pain treatment plan;
4. The response to any aberrant biological specimen testing;
5. Results of psychosocial screening or consultation;
6. Results of screening for the patient's level of risk for aberrant behavior.

During the subacute phase you must not prescribe beyond a fourteen day supply of opioids without documentation to justify the need for such a quantity.

If you elect to treat a patient with opioids beyond the six- to twelve-week subacute phase, you must document that the patient is transitioning from subacute pain to chronic pain.

OPIOID PRESCRIBING FOR CHRONIC PAIN MANAGEMENT

When the patient enters the chronic pain phase, they must be reevaluated as if presenting with a new disease and a review of the PMP to identify any medications received must be conducted. You must periodically review the course of treatment for chronic pain. The frequency of visits, biological testing, and PMP queries must be determined based on the patient's risk category:

- For a high-risk patient, at least quarterly;
- For a moderate-risk patient, at least semiannually;
- For a low-risk patient, at least annually;

You must include in the patient's record **(no changes from 2012 rule)**:

1. A history and physical examination;
2. Ancillary information and tools including:
   a. Pertinent diagnostic, therapeutic, and laboratory results;
   b. Pertinent consultations;
   c. Use of a risk assessment tool to assign the patient to a high-, moderate-, or low-risk category.
3. Pain related diagnosis;
4. Consideration of the risks and benefits of chronic opioid treatment;
5. The observed effect on function or pain control;
6. A treatment plan including:
   a. Documentation of any medication prescribed;
   b. Biologic specimen testing ordered;
   c. Any labs, diagnostic evaluations, referrals, or imaging ordered;
   d. Other planned treatments;
7. Written agreement that outlines the patient's responsibilities including:
   a. Agreement to provide samples for biological specimen testing when requested;
   b. Agreement to take medications at the dose and frequency prescribed with a specific protocol for lost prescriptions and early refills;
   c. Agreement to not abuse alcohol or use other medically unauthorized substances;
   d. All opioid prescriptions for chronic pain are provided by a single prescriber or a single clinic;
   e. All opioid prescriptions for chronic pain are to be dispensed by a single pharmacy or pharmacy system whenever possible;
   f. Safeguarding all medications and keep them in a secure location;
   g. Reasons for which opioid therapy may be discontinued.

ADDITIONAL INFORMATION AND RESOURCES

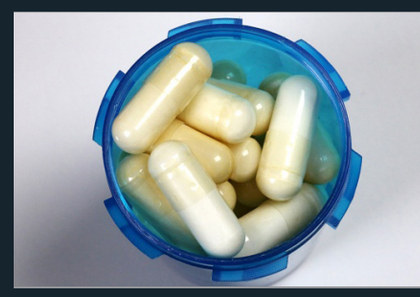
- Agency Medical Director's Group (AMDG)
- American Medical Director Association (AMDA)
- Dr. Robert Bree Collaborative
- Center for Disease Control and Prevention
- Washington Department of Health
- Pain Management WAC 246-919-860 through 862 (MDs)
- Pain Management WAC 246-918-810 through 812 (PAs)
- ESHB 1427 Concerning opioid treatment programs
- Full rules language

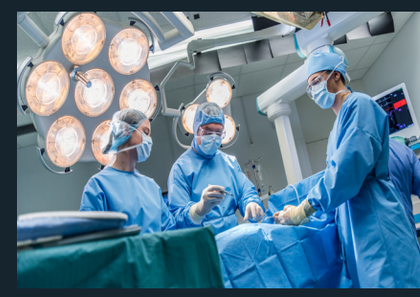
WE WILL COME TO YOU

The Medical Commission is looking for opportunities to speak directly to your organization. If you are part of a health care organization, hospital, association or patient group, we are happy to come speak to you in person and answer any questions you may have. Email us to set up a date and time.

Follow us on Facebook and Twitter to be notified when and where we will be speaking.

We will email you any and all updates to the rules and its implementation when you sign up for our email list.





Do You Know What The New Opioid Prescribing And Monitoring Rules Mean For You? This Booklet Has Answers.

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