



Guide for Pharmacists

Pharmacy Related Highlights

- Engrossed Substitute House Bill 1427
 passed in 2017, and Substitute Senate bill
 5380 passed in 2019, requiring opioid
 prescribing requirements be written in
 response to the statewide opioid crisis.
- The new opioid prescribing rules do not apply to treatment for cancer-related pain, inpatient hospital patients, procedural pre-medications, or palliative, hospice, or other end-of-life care.
- Health care practitioners must confirm or provide naloxone when prescribing opioids to a high risk patient or as clinically indicated (ARNP requirement for naloxone when 50 MED or above)

- Pharmacists with a Collaborative Drug
 Therapy Agreement for pain management prescriptions should consider the appropriate prescribing rules for their partnering practitioner.
- Beginning January 1, 2021 all control substance prescriptions need to be electronically transmitted. A pharmacist that receives a valid written, oral, or faxed prescription may continue to dispense and deliver medication.
- Pharmacists may dispense overdose reversal medications pursuant to a CDTA, Standing Order, or Protocol. At the time of dispensing the pharmacist shall provide written instructions on the proper response to an opioid related overdose.

Washington State Board and Commission

Provider Requirements	Board of Osteopathic Medicine and Surgery	Dental Commission
Acute Pain Prescribing Limits (0-6 weeks)	Seven-day limit for acute non-operative and fourteen-day limit for acute perioperative unless clinically documented	Seven-day limit for acute non-operative and acute perioperative pain unless clinically documented
Subacute Pain Prescribing Limits (6-12 weeks)	Fourteen-day limit unless clinically documented	Fourteen-day limit unless clinically documented
Chronic Pain Requirements (Applies to All Five)	 Mandatory consultation when prescribing over 120 MED Complete a written agreement for treatment Confirm or provide naloxone when prescribing opioids to a high risk patient or as clinically indicated (ARNP requirement for naloxone when 50 MED or above) 	
PMP Requirements	PMP check prior to every opioid or Benzodiazepine prescription	PMP check prior to first refill or renewal for all acute pain and when transitioning to another pain phase
ICD Code, Diagnosis, or Indication for Use Included on Prescription	Not required	Diagnosis, indication, or ICD Code must be included on all opioid prescriptions

Opioid Prescribing Requirement Comparison

Medical **Nursing Podiatric** Commission Commission **Medical Board** Seven-day limit for Seven-day limit for Seven-day limit for acute non-operative acute non-operative acute non-operative and fourteen-day and fourteen-day and fourteen-day limit for acute limit for acute limit for acute perioperative unless perioperative unless perioperative unless clinically clinically clinically documented documented documented Fourteen-day limit Fourteen-day limit Fourteen-day limit unless clinically unless clinically unless clinically documented documented documented • Periodical review of the treatment plan and query the PMP: Quarterly for high-risk, semiannually for moderate-risk, and annually for low-risk patients Mandatory co-prescribing provider requirements for prescribing opioids in combination with benzodiazepines, barbiturates, sedatives, Carisoprodol, and z-drugs PMP check prior First prescription, or PMP check prior to first refill or first refill or renewal for to second refill or all acute pain if renewal for all renewal for all clinical exception acute pain and acute pain and when transitioning documented and when transitioning to another pain when transitioning to to another pain another pain phase phase phase ICD Code or diagnosis must Not required be included on Not required all opioid prescriptions

Frequently Asked Questions



Are patients being provided with education on opioid risk, safe storage, and proper disposal?

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. This should also be a part of the pharmacist counseling when dispensing a prescription. Patient notification handouts are available for download on the DOH website.



What is the responsibility of a pharmacist if a patient comes in with a prescription that exceeds the prescribing limit?

The practitioners may exceed the prescribing limits if they have documented the clinical necessity. This should be an exception rather than the norm. A pharmacist should use professional judgment to determine if further actions such as contacting the prescriber, checking the PMP or others are appropriate.



What is the responsibility of a pharmacist if suspicious that the provider did not check the PMP?

Practitioners have a responsibility to follow the prescribing requirements in their rules around documentation, PMP checks, limits or others. However, pharmacists do have a corresponding responsibility for patient safety to use their professional judgment to determine what steps they should take to verify a prescription is for a legitimate medical purpose and legitimate patient.



Are partial fills of C-II prescriptions allowed with these new rules?

Yes, if a patient or prescriber request a partial fill can be provided as long as any remaining amount if needed does not exceed the original quantity. A Patient can refuse an opioid medication at any time. The prescriber must honor this request unless revoked by the patient.

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Resources

- 2019 Opioid Prescribing Rules www.doh.wa.gov/opioidprescribing
- Department of Health resources on opioid prescribing, treatment and support, data, and other related resources
 www.doh.wa.gov/opioids
- Who can prescribe and administer prescriptions? Department of Health website, www.doh.wa.gov/LicensesPermitsandCertificates/
 ProfessionsNewReneworUpdate/PharmacyCommission