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.

This document provides a synopsis of the opioid prescribing requirements for Osteopathic Physicians and Osteopathic Physician Assistants for more complete information, see page four for additional resources.
# Opioid Prescription Schedule

<table>
<thead>
<tr>
<th></th>
<th>Acute Pain 0 - 6 weeks</th>
<th>Subacute Pain 6 - 12 weeks</th>
<th>Chronic Pain 12+ weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prior to prescribing opioids for non-operative and perioperative acute pain:</strong></td>
<td><strong>Prior to prescribing opioids for subacute pain:</strong></td>
<td><strong>When treating chronic pain patients with opioids:</strong></td>
<td></td>
</tr>
<tr>
<td>✅ At each phase, conduct and document a patient evaluation, and always consider alternative modalities for the treatment of pain</td>
<td>✅ Consider risks and benefits for continued opioid use</td>
<td>✅ Complete a patient treatment plan with objectives</td>
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<tr>
<td>✅ Consider alternative modalities for the treatment of pain</td>
<td>✅ Consider tapering, discontinuing, or transitioning patient to chronic pain treatment</td>
<td>✅ Complete a written agreement for treatment</td>
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<tr>
<td>✅ Document a patient treatment plan</td>
<td>✅ Document transition to chronic pain if planning to treat patient with opioids beyond 12 weeks in duration</td>
<td>✅ Periodically review the treatment plan quarterly for high-risk, semiannually for moderate-risk, and annually for low-risk patients</td>
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<tr>
<td>✅ Provide patient notification on opioid risks, safe storage, and disposal</td>
<td>✅ Fourteen-day opioid supply limit, unless clinically documented</td>
<td>✅ Seven-day opioid supply limit, unless clinically documented</td>
<td></td>
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<td>✅ For all opioid prescriptions, query the Prescription Monitoring Program (PMP) and document concerns</td>
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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

Alternative Modalities
Practitioners must discuss pain management alternatives to opioids with each patient. 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

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

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.

Patient Notification

- For initial prescriptions and each transition phase of treatment, practitioners must provide patient education on opioid risks, including risk of dependence and overdose, safe and secure storage, the right to refuse an opioid prescription, and proper disposal of unused medication.

Patient notification handouts are available for download on the DOH website.

Continuing Education Requirement

- All osteopathic physicians and osteopathic physician assistants who prescribe opioids 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.

Resources

- 2018 Opioid Prescribing Rules
  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
- To register with the Washington State Prescription Monitoring Program
  www.wapmp.org
- Opioid prescribing best practices
  www.cdc.gov
  www.agencymeddirectors.wa.gov

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