

Final Opioid Prescribing Rules – Key Elements

Board/ Commission	PMP Checks	Pill Limits – Acute, nonoperative	Pill Limits - Perioperative	Pill Limits – Youth-specific
Dental Effective 1/26/19	– First refill and other times as outlined below	– 7 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 7-day supply will rarely be needed.		– 8 to 12 tablets (less than 3 days), unless clinical documentation justifies more
Medical effective 1/1/19	– First refill and other times as outlined below	– 7 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient.	– 14 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient.	– None
Nursing effective 11/1/18	– First prescription and other times as outlined below – Removed requirement to check every time for acute pain when integrated.	– 7 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 7-day supply will rarely be needed.	– 14 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 14-day supply will rarely be needed.	– None
Osteopathic effective 11/1/18	– Every prescription of opioid or benzodiazepine	– 7 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 7-day supply will rarely be needed.	– 14 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 14-day supply will rarely be needed.	– None
Podiatric effective 11/1/18	– Second refill and other times as outlined below	– 7 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 7-day supply will rarely be needed.	– 14 days , unless clinical documentation justifies more – Guidance: A 3-day supply or less will often be sufficient; more than a 7-day supply will rarely be needed.	– None

Prescription Monitoring Program (PMP) Check Details

Medical and Dental

At a minimum, the practitioner shall ensure a PMP query is performed prior to the prescription of an opioid or of a medication listed in WAC 246-919-970 at the following times:

- Upon the first refill or renewal of an opioid prescription for acute nonoperative pain or acute perioperative pain;
- The time of transition from acute to subacute pain; and
- The time of transition from subacute to chronic pain.

For chronic pain management, the practitioner shall ensure a PMP query is performed at a minimum frequency determined by the patient's risk assessment, as follows:

- For a high-risk patient, a PMP query shall be completed at least quarterly;
- For a moderate-risk patient, a PMP query shall be completed at least semiannually; and
- For a low-risk patient, a PMP query shall be completed at least annually.
- The physician shall ensure a PMP query is performed for any chronic pain patient immediately upon identification of aberrant behavior.
- The practitioner shall ensure a PMP query is performed when providing episodic care to a patient who the physician knows to be receiving opioids for chronic pain, in accordance with WAC 246-919-965.
- If the practitioner is using an electronic medical record (EMR) that integrates access to the PMP into the workflow of the EMR, the physician shall ensure a PMP query is performed for all prescriptions of opioids and medications listed in WAC 246-919-970.

Nursing

At a minimum, the advanced registered nurse practitioner shall ensure a PMP query is performed prior to the prescription of an opioid at the following times:

- First opioid prescription for acute pain unless clinical exception is documented; such exceptions should be rare, occurring in less than ten percent of the first prescriptions;
- First refill for acute pain if not checked with initial prescription due to documented clinical exception;
- Time of transition from acute to subacute pain;
- Time of transition from subacute to chronic pain; and
- Time of preoperative assessment for any elective surgery or prior to discharge for nonelective surgery.

For chronic pain management, the advanced registered nurse practitioner shall ensure a PMP query is performed at a minimum frequency determined by the patient's risk assessment, as follows:

- For a high-risk patient, a PMP query shall be completed at least quarterly.
- For a moderate-risk patient, a PMP query shall be completed at least semiannually.
- For a low-risk patient, a PMP query shall be completed at least annually.

- The advanced registered nurse practitioner shall ensure a PMP query is performed for any chronic pain patient immediately upon identification of aberrant behavior.
- The advanced registered nurse practitioner shall ensure a PMP query is performed when providing episodic care to a patient who the advanced registered nurse practitioner knows to be receiving opioids for chronic pain, in accordance with WAC 246-840-4955.

Podiatric

At a minimum, the podiatric physician shall ensure a PMP query is performed prior to the prescription of an opioid at the following times:

- Upon the second refill or renewal of an opioid prescription for acute nonoperative pain or acute perioperative pain;
- Time of transition from acute to subacute pain;
- Time of transition from subacute to chronic pain; and

For chronic pain management, the podiatric physician shall ensure a PMP query is performed at a minimum frequency determined by the patient's risk assessment, as follows:

- For a high-risk patient, a PMP query shall be completed at least quarterly.
- For a moderate-risk patient, a PMP query shall be completed at least semiannually.
- For a low-risk patient, a PMP query shall be completed at least annually.
- The podiatric physician shall ensure a PMP query is performed for any chronic pain patient immediately upon identification of aberrant behavior.
- The podiatric physician shall ensure a PMP query is performed when providing episodic care to a patient who the podiatric physician knows to be receiving opioids for chronic pain, in accordance with WAC 246-922-770.
- If the podiatric physician is working in a practice, group, or institution that integrates access to the PMP into the workflow of the EMR, the podiatric physician shall ensure a PMP query is performed for all prescriptions of opioids and coprescribed medications listed in WAC 246-922-755(1) for acute pain.