

# 2018 Washington State Opioid Prescribing Requirements



#### for Advanced Registered Nurse Practitioners



### Prescription Monitoring Program (PMP)



ARNPs who prescribe opioids in Washington State are required to register with the PMP



The ARNP is permitted to delegate performance of a required PMP query to an authorized health care designee



PMP query must be completed at:

- First opioid prescription
- First opioid prescription refill or renewal
- At each pain transition treatment phase (acute to subacute and subacute to chronic)
- Periodic intervals for patient with chronic non-cancer pain

#### **Opioid Prescription Schedule**

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 and PMP query	Conduct and document a patient evaluation and PMP query
Query the Prescription Monitoring Program (PMP) and document concerns	Consider risks and benefits for continued opioid use. Document a patient treatment plan.	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 highrisk, semiannually for moderate-risk, and annually for low-risk patients
Include the diagnosis or International Classification of Disease (ICD)		

code on all opioid prescriptions



Rules do not apply to:

- Patients with cancer-related pain
- Palliative, hospice, or other end-of-life care
- Inpatient hospital patients
- Procedural pre-medications



#### **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
- Non-benzodiazepine hypnotics (Z drugs)

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 prescription is 50 MED or above
- Opioids prescribed to a high-risk patient
- As clinically indicated



ARNPs 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



#### 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 with a Pain Management Specialist is mandatory when prescribing over 120 MED.
- For information on consultation exemptions, please review WAC 246-840-487 and WAC 246-840-490 online at the Washington Administrative Code website.



#### **Patient Notification**

- ARNPs must provide patient education on the risks, safe and secure storage, and proper disposal of opioids upon the initiation of treatment which is acute, and if it becomes subacute or chronic.
- Patient notification handouts are available for download on the DOH website.



## Continuing Education Requirement

- All ARNPs who prescribe opioids in Washington State must complete a one-time four hour continuing education on best practices in the prescribing of opioids.
- Continuing education hours count towards license renewal requirement and must be completed no later than the first full license renewal period beginning January 1, 2019.

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#### 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