

Changes to Opioid Prescribing and Monitoring



WASHINGTON
**Medical
Commission**
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Purpose: The Washington Medical Commission has revised and updated opioid prescribing rules. This one sheet provides high level information regarding these changes that will assist you in providing appropriate medical care for patients.

Important Terms:

For the purpose of these rules:

- Inappropriate treatment of pain includes non-treatment, under treatment, overtreatment and the continued use of ineffective treatments.
- Pain includes: acute, perioperative, subacute and chronic. These rules do not apply to palliative, in-patient hospital care, procedural medications and cancer related treatments.
- Children and adolescent patients should be treated based on weight of the patient and adjust the dosage accordingly.

What you need to know:

- These rules will be effective January 1, 2019.
- Prescriptions must not be written for more than is needed for effective pain control. The rules provide specific timelines for each phase of pain, you must document the justification for such a quantity.
- [PMP](#) checks are required at first refill/renewal, during a pain phase transition and periodically based on the patients risk level.
- Prescribing opioids must be based on clear documentation of unrelieved pain.

What you need to do to prescribe opioids:

- Give the patient resources regarding the risks associated with opioids as well as the safe storage and disposal of opioids, at the first issuance of an opioid prescription and when the patient transitions to another pain phase.
- Complete 1 hour of opioid prescribing CME by the end of your next full CME reporting period after January 1, 2019.

Additional resources:

[Agency Medical Director's Group](#)

[The Centers for Disease Control and Prevention](#)

[Bree Collaborative](#)

[WMC Pain Info](#)

Rumor Busting

Rumor: You will no longer be able to prescribe opioids for chronic pain patients.

Fact: These rules do not change your ability to prescribe opioids to chronic pain patients. These rules do not impose a prescribing limit. In fact, you can prescribe up to 120 MED without the need to consult a pain management specialist. As in the [2012 Pain Management Rules](#), when prescribing in excess of 120 MED first consult with a pain management specialist and document such in the patient record.