



2018 Washington State Opioid Prescribing Requirements



for Podiatric Physicians

Prescription Monitoring Program (PMP)



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



Podiatric physicians are permitted to delegate performance of a required PMP query to an authorized health care designee



PMP query must be completed prior to:

- Second opioid prescription refill or renewal for acute pain
 - If the podiatric physician works in a practice, group, or institution that integrates access to the PMP in the workflow of the electronic medical record, the podiatric physician must ensure a PMP query is performed for all opioid prescriptions and co-prescribed medications listed in WAC 246-922-775(1) for acute pain.
- At each pain transition treatment phase (acute to subacute and subacute to chronic)
- Periodically for chronic pain patients based upon the patient's risk assessment

This document provides a synopsis of the opioid prescribing requirements for podiatric physicians; for more complete information, see page four for additional resources.

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 for subacute pain:	When treating chronic pain patients with opioids:
 Conduct and document a patient evaluation	 Conduct and document a patient evaluation	 Conduct a patient evaluation and document in the patient record
 Query the Prescription Monitoring Program (PMP) and document concerns (second renewal or refill)	 Consider risks and benefits for continued opioid use	 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 high-risk, semiannually for moderate-risk, and annually for low-risk patients
 Seven-day opioid supply limit, unless clinically documented	 Fourteen-day opioid supply limit, unless clinically documented	
 Podiatric physicians must inform the patient of their right to refuse an opioid prescription. Podiatric physicians must document a refusal in the patient record, and avoid prescribing, unless revoked by the patient.		



Exclusions

Rules do not apply to:

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



Co-Prescribing

Opioids shall not be prescribed with the following medications without documentation in patient record, discussion of risks, and consultation with prescribing practitioners 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 are prescribed to a high-risk patient
- Consider for general opioid prescribing when clinically indicated



Alternative Modalities

Podiatric physicians must discuss pain management alternatives to opioids with each patient. Podiatric physicians are encouraged to consider treating pain with opioid alternatives including, but not limited to:

- Acetaminophen
- Antidepressants
- Anticonvulsants
- Anti-inflammatory medications
- Interventional procedures
- Nonpharmacological pain treatment



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

- Consultation with a Pain Management Specialist is mandatory when prescribing over 120 MED, unless exempt under one of the consultation exemptions. Please review WAC 246-922-740 and WAC 246-922-745 online at leg.wa.gov.



Patient Notification

- For initial prescriptions and each transition phase of treatment, Podiatric physicians 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.



Continuing Education Requirement

- All podiatric physicians who prescribe opioids must complete a one-time one hour continuing education on best practices in the prescribing of opioids and the rules on opioid prescribing.
- Continuing education hours count towards license renewal requirements for Category 1 and must be complete after the first full license renewal period after January 1, 2019.

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

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www.doh.wa.gov/opioidprescribing



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