

# Opioid Prescribing Rules

The legislature enacted HB 1427 in 2017, directing five health care prescribing boards and commissions (medical, dental, nursing, osteopathic and podiatric) to adopt opioid prescribing rules by January 1, 2019. Each of these boards and commissions has independent authority to adopt rules. To promote consistency, Department of Health (DOH) convened a task force with representation from each to develop a common set of recommendations for rule-making.

Two members from each board or commission, including two ex officio members from the Pharmacy Quality Assurance Commission, held seven all-day meetings around the state between September 2017 and March 2018. At the conclusion of its work, the task force approved draft language for each board and commission to consider for adoption.

The rules adopted by the boards and commissions are substantially similar, although there are some differences. The information below highlights the task force recommendations and board/commission decisions regarding rules in two key areas: (1) required checks of the Prescription Monitoring Program (PMP) system when prescribing opioids and (2) limits on the number of days opioids can be prescribed without clinical documentation.

## Task Force Recommendations

### Prescription Monitoring Program

Registration is required for a prescriber who intends to prescribe opioids. The PMP must be checked in the following situations:

- 2nd refill during acute or perioperative phase
- Transition between acute and sub-acute phases
- Transition between sub-acute and chronic phases
- During the chronic phase, at least quarterly for high risk patients, semi-annually for moderate risk patients, and annually for low risk patients
- For any aberrant behavior during the chronic phase
- During episodic care of a patient being treated with opioids for chronic pain
- For all opioid and sedative hypnotic prescriptions during the acute phase if the practitioner has PMP data integrated into their electronic medical record



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## Prescribing Limits

Prescribers may only exceed the following limits with clinical documentation in the patient record:

- 7 days for acute prescribing, with 3 days being sufficient in most cases
- 14 days for perioperative prescribing, again with 3 days being sufficient for many non-major surgeries
- 14 days for sub-acute prescribing

Comparison of Rules Adopted by Boards and Commissions			
Board or Commission	Prescription Monitoring Program	Prescribing Limits	CE
<b>Dental Commission</b>  <i>Adopted 12/7/18</i>  <i>Effective 1/26/19</i>	PMP checks are consistent with the recommendations of the task force, except that first check comes at first refill/renewal.	Combined acute and perioperative limits: 3 day supply generally sufficient, 7 day maximum without clinical documentation.  The prescribing limits (in days) in the rules are consistent with the recommendations of the task force. Added language in Special Populations consistent with Bree Collaborative for patients 24 years of age or less: 8-12 tablets generally sufficient, 12 tablet maximum without clinical documentation in patient record.	3 HRS
<b>Medical Commission</b>  <i>Adopted 8/22/18</i>  <i>Effective 1/1/19</i>	PMP checks are consistent with the recommendations of the task force, except that first check comes at first refill/renewal.  All providers prescribing schedule II-V medications are required to register for the PMP which is more comprehensive than the task force recommendation.	The prescribing limits (in days) in the rules are consistent with the recommendations of the task force.	1 HR
<b>Nursing Commission</b>  <i>Adopted 8/10/18</i>  <i>Effective 11/1/18</i>	PMP checks are more comprehensive than task force recommendations.  Required to query at first prescription unless clinical exception is documented. If not checked at initial prescription, then first refill/renewal; at time of transition between pain phases; and during pre-operative assessment or at post-operative discharge.	The prescribing limits (in days) in the rules are consistent with the recommendations of the task force.	4 HRS
<b>Osteopathic Board</b>  <i>Adopted 8/22/18</i>  <i>Effective 11/1/18</i>	PMP checks are more comprehensive than task force recommendations.  Required to query prior to every opioid or benzodiazepine prescription.	The prescribing limits (in days) in the rules are consistent with the recommendations of the task force.	1 HR
<b>Podiatric Medical Board</b>  <i>Adopted 9/6/2018</i>  <i>Effective 11/1/18</i>	PMP checks are consistent with the recommendations of the task force.  Committed to new rule-making in 2019.	The prescribing limits (in days) in the rules are consistent with the recommendations of the task force.	1 HR



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