



Resources for Safe Prescribing of Opioids and Non-Opiates Alternatives

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A Message to our Members

As the opioid public health crisis in Nebraska continues, we as dentists have the opportunity to serve a key role in educating our communities and our patients about the potential devastation of opioids, both by reducing the number of prescriptions written and by offering non-opiate alternatives for acute dental pain.

As ethical providers of healthcare, we have an obligation to educate ourselves about safe prescribing protocols, about how to have a frank discussion with patients or, in the case of minors, their parents or caregivers, as well as how to identify possible abuse and recommend help.

While these guidelines help to address the alleviation of acute dental pain, they are not intended to supersede an individual practitioner's assessment of their patient's condition or level of pain.

The 2018 Legislature passed new laws related to opiates, prescribing, and continuing education requirements that will impact providers. Specifically, **LB 931**, signed by the Governor on April 4, creates new requirements providers must consider when prescribing opiates. And secondly, **LB 788**, amended into **LB 731**, was signed into law on April 19. LB 788 requires continuing education for health care professionals regarding opiate prescriptions. Below is a brief overview of the new laws, which will go into effect July 19, 2018.

The text of LB 931 is shown on page 6.

Summary of LB 931:

1. Prior to Dentist issuing an initial prescription for a controlled substance, the Dentist shall discuss with the patient, or the patient's parent or guardian if the patient is younger than eighteen years of age and is not emancipated, the risks of addiction and overdose associated with the controlled substance or opiate being prescribed.
2. A Dentist prescribing an opiate for a patient younger than eighteen years of shall not prescribe more than a seven-day supply except as otherwise provided in the statute, and shall discuss with a parent or guardian of such patient, or with the patient if the patient is an emancipated minor, the risks associated with use of opiates and the reasons why the prescription is necessary.
3. If, in the professional judgment of the Dentist, more than a seven-day supply of an opiate is required to treat such patient's medical condition the Dentist shall document the medical condition triggering the prescription of more than a seven day supply of an opiate in the patient's medical record and shall indicate that a non opiate alternative was not appropriate to address the medical condition.

Sincerely,

Brett Thomsen, DDS
President, NDA



Scott Morrison, DDS
Chair, NDA Legislative Council



NDA Opioid Guideline Subcommittee - Monte Zysset, DDS, Jeri Rush, DDS

Overview

There is a documented epidemic of opioid and heroin abuse in Nebraska. The NDA is committed to informing our members of the latest research. We want to keep you abreast of the latest findings on the efficacy of analgesics and responsible dosing.

As Dentists, we share a special rapport with our patients. We are in an excellent position to educate them about the addictive potential of prescribed opiates. According to the Centers for Disease Control & Prevention (CDC), “More people died from drug overdoses in 2014 than in any year on record. The majority of drug overdose deaths (more than six out of ten) involve an opioid. And since 1999, the number of overdose deaths involving opioids (including prescription opioid pain relievers and heroin) nearly quadrupled. From 2000 to 2014 nearly half a million people died from drug overdoses. 78 Americans die every day from an opioid overdose.” In Nebraska, the numbers are as sobering. During 2016, 120 Nebraskans died from opioid overdose.

While many dentists may believe their patients are not likely to be abusers, the fact is that drug abuse and overdose are on the rise across all demographic groups, regardless of income, ethnicity and age. Abuse among 18 to 25 year olds in the US has jumped dramatically – by 109% -- in the past ten years. Among new heroin users, 80 percent of reported using prescription opioids prior to heroin abuse. 1

The greatest percentage increase in opioid-prescribing rates during 2007-2012 occurred among physical medicine/rehabilitation specialists (+12.0%). The largest percentage drops in opioid-prescribing rates occurred in emergency medicine (-8.9%) and dentistry (-5.7%). *Am J Prev Med. 2015 Sep;49(3):409-13. doi: 10.1016/j.amepre.2015.02.020. Epub 2015 Apr 18.*

In the following section, the efficacy of opioids and non-opiate alternatives in the treatment of acute pain will be discussed. We respect our members’ judgment when prescribing and making health decisions with their patients and offer this information only as guidance. It is with this in mind that NDA urges its membership to review the data.

1 - <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>



Efficacy of Opioids & Non-Opiates in Acute Pain

Dentists have the choice of three different classes of medications when treating pain. We decide based on the perceived effectiveness of each medicine, its side effects, and the physical status of the patient. Acetaminophen can exacerbate pre-existing liver disease. NSAIDs are contraindicated with a history of kidney disease or stomach ulcers. Opioids pose a potential risk to anyone with a personal or family history of addiction.

Many have long believed that opioids are the strongest pain medications and should be used for more severe pain. Scientific literature does not support that belief. Studies have shown NSAIDs are just as efficacious as opioids. Postoperative pain is most often studied. It is acute pain due to tissue trauma. It also occurs in a controlled environment (hospital or medical office) where rigorous study protocols can be followed.

The Number Needed to Treat for Benefit (NNTB) offers a measurement of the impact of a medicine or therapy by estimating the number of patients that need to be treated in order to have an impact on one person. The concept is statistical, but intuitive, for we know that not everyone is helped by a medicine or intervention — some benefit, some are harmed, and some are unaffected. The NNTB tells us how many of each. The data below tells us about the NNTB as it relates to the number of patients that are helped. **A lower number means a more effective treatment.**

A review article in the 2013 Journal of the American Dental Association addressed the treatment of dental pain following wisdom tooth extraction. It concluded that 325 mg of acetaminophen (APAP) taken with 200 mg of ibuprofen provides better pain relief than oral opioids. Moore et al. concluded: “The results of the quantitative systematic reviews indicated that the ibuprofen-APAP combination may be a more effective analgesic, with fewer untoward effects, than are many of the currently available opioid-containing formulations.” **Combining ibuprofen and acetaminophen for acute pain management after third-molar extractions**, Paul A. Moore, Elliot V. Hersh, The Journal of the American Dental Association, Vol. 144, Issue 8, p.898–908 (August 2013)

- **Oxycodone 15 mg: NNTB is 4.6.** Since it is hard to conceptualize 4.6 people, consider that you would have to treat 46 people for 10 to get 50 percent relief of their pain. Thirty-six of those 46 people would not get adequate pain relief. (Gaskell, Derry, Moore, & McQuay, 2009)

- **Ibuprofen 200 mg + acetaminophen 500 mg:** The combination of these two OTC medicines provided the best pain relief of all, with an **NNTB of 1.6.** (CJ Derry, Derry, & Moore, 2013)

The above recommendations were confirmed in the April 2018 Journal of the American Dental Association article, **Benefits and harms associated with analgesic medications used in the management of acute dental pain**, Paul A. Moore, DMD, PhD, MPH; Kathleen M. Ziegler, PharmD; Ruth D. Lipman, PhD; Anita Aminoshariae, DDS, MS; Alonso Carrasco-Labra, DDS, MSc; Angelo Mariotti, DDS, PhD, JADA 2018:149(4):256-268.

Ibuprofen Plus Acetaminophen, 400 Milligrams/1,000 mg - **NNTB 1.5**

Ibuprofen Plus Acetaminophen, 200 mg/500 mg 1.6 - **NNTB 1.6**

“When comparing the efficacy of nonsteroidal anti-inflammatory medications with opioids in relation to the magnitude of pain relief, the combination of 400 mg of ibuprofen plus 1,000 mg of acetaminophen was found to be superior to any opioid-containing medication or medication combination studied. In addition, the opioid-containing medications or medication combinations studied were all found to have higher risk of inducing acute adverse events than 400 mg of ibuprofen plus 1,000 mg of acetaminophen.” JADA 2018:149(4):264.



2018 Legislation - LB 931

Addition to § 28-401.01 - Uniform Controlled Substances Act

Below are the relevant excerpts of LB 931, passed on March 29, 2018, signed by the Governor on April 4, 2014 and *effective July 4, 2018*

Patient Communication

The best way to understand the importance of your patients' experience in your practice is to put yourself in their shoes. No one likes pain and if they will be facing a procedure that involves a few days of acute pain, more communication is always better.

Sec. 3.

(1) When prescribing a controlled substance listed in Schedule II of section 28-405 or any other opiate not listed in Schedule II, prior to issuing the practitioner's initial prescription for a course of treatment for acute or chronic pain and again prior to the practitioner's third prescription for such course of treatment, *a practitioner shall discuss with the patient, or the patient's parent or guardian if the patient is younger than eighteen years of age and is not emancipated:*

(a) The risks of addiction and overdose associated with the controlled substance or opiate being prescribed, including, but not limited to:

- (i) Controlled substances and opiates are highly addictive even when taken as prescribed;
- (ii) There is a risk of developing a physical or psychological dependence on the controlled substance or opiate; and
- (iii) Taking more controlled substances or opiates than prescribed, or mixing sedatives, benzodiazepines, or alcohol with controlled substances or opiates, can result in fatal respiratory depression;

(b) The reasons why the prescription is necessary; and

(c) Alternative treatments that may be available.

(2) This section terminates on January 1, 2029.

Acute Pain Protocol

Section 4 below aligns with the research reported by the ADA: *In most cases, acute pain can be treated effectively with non opiate or non-pharmacological options.* If opiates are indicated, short term scripts are suggested and supported by state law.

Sec. 4.

(1) The Legislature finds that:

(a) In most cases, acute pain can be treated effectively with non opiate or non-pharmacological options;

(b) With a more severe or acute injury, short-term use of opiates may be appropriate;

(c) Initial opiate prescriptions for children should not exceed seven days for most situations, and two or three days of opiates will often be sufficient;

(d) If a patient needs medication beyond three days, the prescriber should reevaluate the patient prior to issuing another prescription for opiates; and

(e) Physical dependence on opiates can occur within only a few weeks of continuous use, so great caution needs to be exercised during this critical recovery period.

(2) A practitioner who is prescribing an opiate for a patient younger than eighteen years of age for out-patient use for an acute condition shall not prescribe more than a seven-day supply except as otherwise provided in subsection (3) of this section and, if the practitioner has not previously prescribed an opiate for such patient, shall discuss with a parent or guardian of such patient, or with the patient if the patient is an emancipated minor, the risks associated with use of opiates and the reasons why the prescription is necessary.

(3) If, in the professional medical judgment of the practitioner, more than a seven-day supply of an opiate is required to treat such patient's medical condition or is necessary for the treatment of pain associated with a cancer diagnosis or for palliative care, the practitioner may issue a prescription for the quantity needed to treat such patient's medical condition or pain. The practitioner shall document the medical condition triggering the prescription of more than a seven day supply of an opiate in the patient's medical record and shall indicate that a non opiate alternative was not appropriate to address the medical condition.

(4) This section does not apply to controlled substances prescribed pursuant to section 28-412.

(5) This section terminates on January 1, 2029.

Picking Up an Opioid Prescription Requires a Photo I.D.

Sec. 5. (1) Unless the individual taking receipt of dispensed opiates listed in Schedule II, III, or IV of section 28-405, is personally and positively known to the pharmacist or dispensing 8 practitioner, the individual shall display a valid driver's or operator's license, a state identification card, a military identification card, an alien registration card, or a passport as proof of identification.


(2) This section does not apply to a patient who is a resident of a health care facility licensed pursuant to the Health Care Facility Licensure Act.



Acute Post-Op Pain Protocol

Rx Guidelines

Purpose: To establish guidelines for safe postoperative acute pain opioid Rx and are intended to supplement and not replace individual Prescriber's clinical judgment.

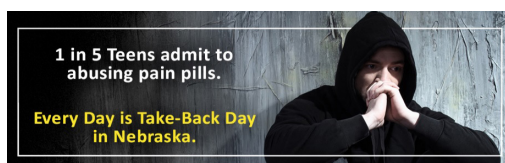
- **Patient Education:** In most cases, acute pain can be treated effectively with nonopiate or nonpharmacological options. Research indicates that the combination of **Ibuprofen + acetaminophen** provided the best pain relief of under local anesthesia.
- 
- Explain new analgesic entities, tapentadol immediate release (Nucynta) diclofenac potassium soft gelatin capsules (Zipsor), and bupivacaine liposome injectable suspension (EXPAREL) as possible alternatives to treat acute pain.
 - Pre-emptive use of IV Toradol prior to dental procedures under IV.
 - With a more severe or acute injury, short-term use of opiates may be appropriate; All opioid Rx must be documented in the Patient's record as to the indications ie. allergy, inadequate pain management from NSAIDS etc. **Nebraska State law now requires:**
 1. Initial opiate prescriptions for children should not exceed seven days for most situations, and two or three days of opiates will often be sufficient;
 2. If a patient needs medication beyond three days, the prescriber should reevaluate the patient prior to issuing another prescription for opiates
 - Check the patient against the **PDMP - Prescription Monitoring Program database** and consult with appropriate MD or DDS with hx of addiction tx and or on chronic opioid Rx
 - Develop a treatment plan and prepare a detailed dental record supplied with:
 - Medical history
 - Examination of findings
 - Relevant PDMP data with notations
 - Name of Opioid or Schedule II, dosage, strength, and quantity
 - Instructions on use frequency
 - Explain the proper storage for opioids or Schedule II prescription drugs as well as information to properly dispose of them by returning them to a participating pharmacy or calling 1-800-222-1222.

Safe Disposal of Unused Medications

The **Nebraska MEDS Coalition** is a coalition of state and community partners dedicated to educating patients about safe disposal of prescription and over-the-counter medications. Nebraska MEDS implements educational efforts and supports a pharmacy-based medication disposal program utilizing the Sharps Compliance TakeAway Environmental Return System. The program promotes



safe medication disposal by allowing patients to turn in expired or unused medications at participating pharmacies.



If you have questions or would like more information, please call the Nebraska Pharmacists Association at 402-420-1500.

Patient Communication & Informed Consent

Having a open discussion with your patient and parent or guardian is vital to safe prescribing. When the decision to prescribe an opiate-based medication is determined, dentists should:

1. Discuss the possible side effects, including addiction and misuse, with the patient and parent or guardian. The NDA has developed an informed consent (see p. 11) that can be used or adapted for use by the clinician.
2. Explain to the patient the dosage and scheduling of the medication.
3. Further explain how you will dispense refills if needed. Refill by phone absent a follow-up examination is discouraged.
4. Refer to the PDMP Prescription Monitoring Program before prescribing and if/when a refill is requested or needed. Explain the PDMP to your patient.
5. Provide information on safe disposal of unused medications (see p.8)
6. If you suspect a patient is misusing prescription medications, the American College of Preventive Medicine (search “drug abuse”) offers tips on how to talk to your patients about misuse of prescriptions.

Continuing Education Requirement

LB 778 requires **all dentists who prescribe** opioids or Schedule II drugs to take **at least three hours** of continuing education biennially regarding prescribing opiates. The continuing education may include, but is not limited to, education regarding prescribing and administering opiates, the risks and indicators regarding development of addiction to opiates, and emergency opiate situations. **One-half hour** of the three hours of continuing education must cover the **PDMP**.

This requirement is not effective until the next licensure renewal cycle which begins on or after October 1, 2018.





Prescription Drug Monitoring Program (PDMP)

The PDMP is a statewide database that collects prescription data on Controlled Dangerous Substances (CDS) dispensed in outpatient settings. Beginning Jan. 1, 2017, all dispensed controlled substances are required to be submitted on a daily basis to the PDMP. Starting January 1, 2018, all dispensed prescriptions will be reported to the PDMP. The PDMP stores the information in a secure database and makes it available to healthcare professionals as authorized by law.



PRESCRIPTION DRUG MONITORING PROGRAM



The purpose of the Nebraska Prescription Drug Monitoring Program is to:

- 1) Prevent the misuse of controlled substances that are prescribed, and
- 2) Allow prescribers and dispensers to monitor the care and treatment of patients for whom such a prescription drug is prescribed to ensure that such prescription drugs are used for medically appropriate purposes.

The database is updated daily. PDMP is able to generate reports on unusual prescribing patterns related to specific patients. These reports are intended to help practitioners and pharmacists discuss drug misuse and abuse with the patient and refer the individual for help. The NDA strongly recommends accessing the database prior to every Schedule II prescription written or dispensed.

Delegation of PDMP Look Up

In 2017, **LB 223**, was passed that amended **Section 71-2454(7)(a)** to allow licensed or registered health care professionals credentialed under the Uniform Credentialing Act to be designated by a prescriber or dispenser to act as an agent for the purpose of submitting or accessing data in the PDMP when supervised by such prescriber or dispenser. Dentists in NE may, at their discretion, identify licensed dental hygienists or licensed dental assistants to review the PDMP database on their behalf.

Resources

Centers for Disease Control and Prevention: www.cdc.gov

PDMP: <http://dhhs.ne.gov/publichealth/PDMP/Pages/Home.aspx>

Nebraska Medication Education for Disposal Strategies (MEDS) Coalition- <http://www.leftovermeds.com/>

ADA: www.ada.org/en/advocacy/advocacy-issues/prescription-drug-abuse

Conversations about abuse with patients: www.acpm.org/ (Search drug abuse)



Informed Consent for Opioid Use

I have agreed to use opioids as part of my treatment to manage dental related chronic or post operative pain. I understand that these drugs are useful in managing my pain, but have a high potential for addiction and/or dependency.

I understand that I can discuss possible alternatives for this opioid prescription with my dental prescriber and have furnished a complete and accurate medical history (including pregnancy, if applicable) and list of the medications I currently am taking or have taken in the last 6 months, including information about mental history and drug and/or alcohol use by me and members of my family.

Because my dental provider is prescribing such medication to manage my pain, I acknowledge that I have been made aware of the following information and agree to the following conditions:

1. I am responsible for my pain medications and agree to take the medication not more frequently than as prescribed and only if needed to manage pain. I understand that increasing my dose without my dentist's knowledge could lead to a drug overdose causing severe sedation and respiratory depression and possibly death.
2. Without prior disclosure to my dental provider, I will not request or accept controlled substance medication from any other healthcare provider or individual while I am receiving such medication from my dental provider.
3. There are side effects with opioid medications, which may include, but not be limited to, skin rash, constipation, sexual dysfunction, sleeping abnormalities, sweating, edema, sedation, confusion, depression, increased sensitivity to pain or the possibility of impaired motor ability. As a result, when I take these medications, it may not be safe for me to drive a car, operate machinery, or take care of other people.
4. I have been made aware that I may become addicted to these medications (opioids) and may require addiction treatment. Overuse of this class of medication can lead to physical dependence and the experience of withdrawal sickness if I stop use or cut back too quickly. Withdrawal symptoms feel like having the flu and may include: abdominal pain, nausea, vomiting, diarrhea, sweating, body aches, muscle cramps, runny nose, yawning, anxiety and sleep problems.
5. I understand that the opioid prescription I have been given is for my own use and attest that I will not give or sell any portion of the prescription to another individual.

Patient, Parent or Guardian Signature

Date

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