

Opioid Prescribing Guidelines for Dentists

1. Be aware of patients' substance abuse history.
 - Use the Prescription Drug Monitoring Program (PDMP).
 - Consult patients' other providers as needed.
2. You are discouraged from prescribing by phone. This is especially true for patients you have not met.
3. If you prescribe an opioid, prescribe only in small dosages. Usually, the dosage should not exceed three days or 10 tablets.
4. Be cautious with refills. Assess the patient in the clinic before prescribing again for a narcotic.
5. Use guidelines for acute pain management. (Recommended in *Principles of Pain Management in Dentistry* in *ADA Practical Guide to Substance Use Disorders and Safe Prescribing, 2015* (<http://ebusiness.ada.org/productcatalog/product.aspx?ID=8349>)):
 - Mild to moderate pain: ibuprofen
 - Moderate to severe pain: ibuprofen and acetyl-para-aminophenol (APAP)
 - Severe pain: ibuprofen and hydrocodone/APAP
6. Use combination opioids (e.g., hydrocodone/APAP, rather than plain hydrocodone) when an opioid is necessary.
7. The patient's primary care provider should manage or coordinate prolonged pain management (while they await specialty care).
8. Tell patients how to secure medication against diversion. Also, let them know how to dispose of leftover medication safely. You may use the Drug Enforcement Administration's (DEA) website to find out where to dispose of medications safely. Go to <https://apps.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e1s1>.

Find these guidelines online:

<http://bit.ly/2sZtdhz>

Use the Prescription Drug Monitoring Program: <http://www.orpdmp.com/>