

## **STATEMENT ON SAFE PRESCRIBING AND THE USE OF OPIOIDS IN DENTAL SETTINGS**

Model policies across the country have been updated to address changes in prescribing practices with emphasis on appropriate prescribing. Current policies consider multi-modalities, informed consent, and a balanced approach for managing pain and improving patient functionality. The Board considered the relevant literature, model policies, and other local and national resources when preparing the statement.

The statement is meant to offer guidance to dental providers in the management of pain and is not intended to set a standard of care or replace state and federal statutes. The Board promotes appropriate prescribing, dispensing, and administration of controlled substance medications and encourage dental providers to work cooperatively and effectively to manage the dimensions of pain and minimize prescription drug abuse and diversion. Towards that end, and in the interest of public protection, the Minnesota Board of Dentistry issues the following guidance statement.

To effectively assist dental patients in the management of acute dental pain, dental professionals should consider the following:

1. Before initiating pain therapy- conduct and document medical and dental history, including documentation of current medications and appropriate diagnostic imaging and testing. If opioids are to be prescribed, providers should include information gathered from patient interview, physician documentation, and/or any screening tools used regarding the patient's psychiatric status and substance use history and record in the dental record.
2. Dental providers should administer non-steroidal, anti-inflammatory drugs (NSAIDs) as first-line analgesic therapy, unless contraindicated. NSAIDs have been demonstrated to be very effective for the treatment of dental pain, and can be more effective than opioids.
3. Considerations should be given to initiating NSAID therapy, unless contraindicated, immediately before the procedure, then continue dosing on a schedule basis immediately following the procedure. If patient is taking anticoagulant or has a history of hepatic or renal impairment, cautions must be taken and provider must assess risks and consult with treating physician when indicated.

4. Acetaminophen has been shown to be synergistic with NSAIDs, with the efficacy of low dose opioids. When providers administer acetaminophen, it should be on a scheduled basis, unless contraindicated.

5. Providers should consider the use of local anesthetic techniques, including local infiltration of dental local anesthetics and regional nerve blocks whenever possible to assist in pain management.

6. If an opioid is to be administered, the dose and duration of therapy should be for a short period of time, and for conditions that typically are expected to be associated with more severe pain. Do not prescribe doses or amounts that are in excess to the expected need or requirement for effective pain management.

- When opioids are indicated, the provider should choose the lowest potency opioid necessary to manage patient's pain. Preferably, no more than a three day supply for acute dental pain.
- Long-acting opioids or extended-release preparations are contraindicated for the treatment of acute procedural pain.
- Providers should be aware of patient's concurrent medications and the potential for drug interactions. Assess the patient's risk for drug interactions. Involve the patient, physician and pharmacist when indicated. Use of anti-depressants, concurrent use of other opioids, or benzodiazepines can increase the risk of adverse events and even result in death.
- Care should be used when prescribing opioid combination product medications (eg. Vicodin), to ensure that the total does of Acetaminophen does not exceed 3,000 mg daily in adult patients.
- Care should be used when administering opioids to patients with obstructive sleep apnea, as these patients are at an increased risk for opioid- induced adverse events.
- Query the Minnesota Prescription Monitoring Program for patient history of all [Schedules II, III, IV and V controlled substances](#), butalbital and gabapentin dispensed to your patient in the last 12 months.
- Extreme caution should be exercised when responding to requests for opioid analgesics, especially from patients who are new to the practice or who have not been recently seen or evaluated. In general, prescribing opioids absent a face-to-face evaluation is not indicated.

- As a reminder, in Minnesota it is illegal is a person procures, attempts to procure, possesses, or has control over a controlled substance by any of the following means:
  - (i) fraud, deceit, misrepresentation, or subterfuge;
  - (ii) using a false name or giving false credit; or
  - (iii) falsely assuming the title of, or falsely representing any person to be, a manufacturer, wholesaler, pharmacist, physician, doctor of osteopathic medicine licensed to practice medicine, dentist, podiatrist, veterinarian, or other authorized person for the purpose of obtaining a controlled substance.

**See Minnesota Statutes 152.025 [CONTROLLED SUBSTANCE CRIME IN THE FIFTH DEGREE.](#)**

8. Providers should provide patients with instructions on safe storage and disposal of unused medications, including opioids, to ensure these medications are not available for possible misuse or diversion.

9. Providers should understand and comply with any current federal and state laws, regulatory guidelines and policies that govern the prescribing of controlled substances.

10. Providers who prescribe opioids for pain management should seek appropriate training and educational resources for themselves, clinical staff and patients to help address the growing opioid epidemic that has affected both Minnesota and the United States.

Resources for Prescribing

[Evidence for Efficacy of Pain Medication](#)

[NSAIDs are Stronger Pain Medications](#)

[Ibuprofen and Acetaminophen Step-Wise Guidelines for Pain Management](#)

[MDA Protocol for Assessment and Non-Opioid Management of Oral/Facial Pain](#)

**Chronic Pain Considerations:**

- Unless the provider has training and experience in the use of opioids for the treatment of non- cancer pain or chronic facial pain, long-acting or extended release opioids should not be prescribed.
- Patients reporting unexpectedly prolonged pain, especially patients who do not have clear evidence of ongoing pathology, should not be prescribed opioids. The provider should consider referral to appropriate dental, orofacial pain or chronic pain specialist in patients who request continuation of opioid medications beyond the normal, expected recovery period.
- A patient whose behavior raises the providers concern for the presence of a substance use disorder should be encouraged to seek evaluation and possible treatment for the condition through primary care provider, substance treatment programs, or other appropriate referral sources.
- Provider should coordinate pain therapy with other providers before the procedure whenever possible in patients who are receiving chronic opioids, who have a history of substance use disorder, or who are at high risk for aberrant drug-related behavior. The use of a written agreement with the patient may be indicated and appropriate.

## References

American Dental Association [Statement on the Use of Opioids in the Treatment of Dental Pain](#) 2016

Centers for Medicare and Medicaid Services [What Is a Prescriber's Role in Preventing Prescription Drug Diversion?](#)

Institute for Clinical Systems Improvement [Pain: Assessment, Non-Opioid Treatment Approaches and Opioid Management](#) 2016

Minnesota Boards of Nursing, Medical Practice and Pharmacy [Joint Statement on Pain Management](#) 2015

Minnesota Opioid Prescribing Work Group DRAFT [Acute Pain Prescribing Recommendations](#) 2017

State of Pennsylvania [Guidelines on Opioids in Dental Practice](#) 2015 Content modified