The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a description of the actions of the Board.

AGENDA

1:00 P.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1)

B. Controlled Substances Guidelines – Discussion and Consideration (2-3)
   1) Draft Guidelines

C. Public Comments

ADJOURNMENT
Dentistry Examining Board  
Best Practices for Prescribing Controlled Substances Guidelines

2015 Wisconsin Act 269 granted authority to the Dentistry Examining Board to issue guidelines regarding best practices in prescribing controlled substances, as defined in s. 961.01 (4), Stats., for persons credentialed by the Dentistry Examining Board who are authorized to prescribe controlled substances.

The purpose of these guidelines is to provide guidance to dentists for prescribing controlled substances. These guidelines are intended to supplement and not replace the individual dentist’s professional judgment.

These guidelines address acute pain as defined normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. If a dentist is prescribing controlled substances for chronic pain, refer to the latest version of the Medical Examining Board Opioid Prescribing Guideline.

Before Prescribing or Dispensing

1. Diagnose – Dentists should establish a diagnosis and legitimate dental purpose appropriate for controlled substance therapy, through a history, physical exam, laboratory, imaging or other studies. A bona fide dental-patient relationship must exist.
2. Assess Risk – Dentists should conduct a risk assessment prior to prescribing controlled substances. Risk assessment is defined as identification of factors that may lead to adverse outcomes and include the following:
   a. Patient history should include questions regarding alcohol, tobacco and other drug usage.
   b. Patient medication history (avoid unsafe combinations of opioids with benzodiazepines).
   c. Mental health/psychological conditions and history.
   d. Health conditions that could aggravate adverse reactions (including COPD, CHF, sleep apnea, elderly, or history of renal or hepatic dysfunction).
   e. Observe the patient for any aberrant drug-related behavior and follow-up appropriate when aberrant drug-related behavior is presented.

If the assessment identifies risk factors, dentists should exercise greater caution before prescribing controlled substances, consult a specialist or put in place additional safeguards as part of the treatment plan.
3. Assess Pain – An appropriate pain assessment should include an evaluation of the patient’s pain. Patients feel pain differently. Evaluate the nature, intensity, type and duration.
4. Review PDMP – Dentists should always utilize the Prescription Drug Monitoring Program prior to prescribing or dispensing controlled substances. As of April, 2017, Wisconsin state law requires prescribers to review the PDMP before prescribing any controlled substance for greater than a three day supply.
5. Collaborate within the healthcare team to prevent under-prescribing, over-prescribing, misuse and abuse of controlled substances.
When Prescribing or Dispensing

1. Verify a dentist-patient relationship – A bona fide dentist-patient relationship must exist. The dentist should verify the patient’s identification prior to prescribing or dispensing controlled substances to a new or unknown patient.

2. Controlled Substances Office Policy – Have a dental office controlled substances policy of how controlled substances should be prescribed with general rules to apply to everyone.

3. Dosage – Avoid prescribing opioid doses >120 mg morphine equivalents per day.

4. Quantity – The quantity prescribed should be the minimum amount necessary and no greater than the expected duration of need. If controlled substances are required beyond the expected duration, the patient should be re-evaluated or referred to a specialist.

5. If the acute pain lasts longer than 5 days, the dentist should reassess or refer to a specialist prior to re-prescribing.

Patient Education

1. Dentists should provide patients with specific directions for use and educate patients about risks of addiction, and alternatives. Risks include: overdose, misuse, diversion, addiction, physical dependence and tolerance, interactions with other medications or substances and death. Patients can make better informed decision about healthcare treatment when alerted to risk factors.

2. Dentists should discuss with patients the effect controlled substances may have on their ability to make decisions and to safely operate machinery or a vehicle in any mode of transportation.

3. Dentists should explain to patients how to store controlled substances. Ensure that they are not readily accessible to other family members including adolescents and children or to visitors.

4. Dentists should education patients about proper disposal of the controlled substance. The best method for disposal of controlled substances is take-back events and permanent drop box locations. If take-back and drop box is not available, then take the drugs out of the original container and mix with an undesirable substance such as used coffee grounds or kitty litter and put in a sealable bag or container to prevent from leaking out of a garbage bag.

5. Dentists should education patient that prescriptions are patient specific and should not be shared with friends, family or others. Sharing may pose serious health risks including death.