Advancing Short-Term Prescribing for Dental Patients

Understand...
1. Prescribing patterns for acute dental pain
2. Evidence-based recommendations for dental prescribing
3. Oregon prescribing guidelines for dentists
4. Initiatives to reduce dental opioid prescribing

Gary W. Allen, DMD,MS
Vice President of Dental Services
Advantage Dental
garya@advantagedental.com
Gary W. Allen, DMD, MS

I have nothing to disclose relevant to this discussion.
Opioid Prescriptions by Age and Physician Specialty

JAMA 2011, Characteristics of Opioid Prescriptions in 2009
Dentist Opioid Prescribing Practices

• 85% oral surgeons almost always prescribe opioid analgesics
• Average Rx = 20 tabs prn pain (range 10 – 40)
• 24% prescribe more than would generally be necessary

Journal of Oral and Maxillofacial Surgery, September 2013

• 2010 Survey West Virginia dentists: 36% expect their patients to have leftover drugs

JADA 2011, Prevention of prescription opioid abuse: The role of the dentist
Unused opioid analgesics and drug disposal following outpatient dental surgery: A randomized controlled trial

- 79 patients had wisdom teeth removed
- 94% received opioid prescription
- Average prescription = 28 opioid pills
- After 24 hrs pain scale = 5
- After 2 days pain scale = 3
- After 3 weeks, average pills remaining = 15
- Extrapolate to U.S. population: 100 million unused opioid pills

Providing information about drug disposal programs led to 22 percent increase in number of patients who disposed of unused medication
Why do we prescribe Vicodin?

If nonsteroidal anti-inflammatory analgesics are at least as effective as acetaminophen-opioid pain relievers and have lower incidences of adverse effects, why do we prescribe acetaminophen-opioid pain relievers for patients?

- Established prescribing behaviors
- Prescribing for the most severe outcome
- Patient expectations and demands
- Unaware or disregard of the evidence for NSAID/APAP in combination
Benefits and harms associated with analgesic medications used in the management of acute dental pain

An overview of systematic reviews

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

Practical Implications. Combining ibuprofen with APAP provides dentists with an additional therapeutic strategy for managing acute postoperative dental pain. This combination has been reported to provide greater analgesia without significantly increasing the adverse effects that often are associated with opioid-containing analgesic combinations. *JADA* 2013;144(8):898-908.
Initiatives to Reduce Opioid Abuse

• Oregon Health Authority & CCOs
  – Develop & communicate guidelines
  – Opioid prescribing reports & monitoring

• National & State Policies & Legislatures
  – Prescribing limits
  – PDMP registration (Oregon HB 4143)

• Professional Organizations
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.

   - 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:

Use the Prescription Drug Monitoring Program: http://www.orpdmp.com/
Your role in reducing addiction and deaths from opioids

Dentists are the leading prescribers of narcotics to young people (10-19 year-olds, in 2011).

Opioid addiction commonly begins with wisdom teeth extractions.

Less than half of opioids prescribed after surgical extractions are used.

Some dentists are part of the opioid problem. You can be part of the solution!

Dental patients should be encouraged to seek emergency dental care in dental offices. They should not seek it in emergency departments.

Many dental narcotic prescriptions come from patient expectations and traditions.

Nonsteroidal anti-inflammatory drugs (NSAIDs) can be at least as effective as opioid combinations, with fewer side effects.*

How to register and access the Oregon PDMP

- The Oregon PDMP is a web-based data system that contains information on Schedule II–IV controlled prescriptions dispensed by Oregon-licensed retail pharmacies.

- Register online: [http://www.orpdmp.com](http://www.orpdmp.com)

- All system users must apply individually. This includes dental providers and their staff applying as delegates. Only individuals can get access. Dental clinics cannot.

- If you need help registering, please contact the PDMP help desk at 1-866-205-1222 or orpdmp-info@apprishealth.com.

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Current Issue
ADA adopts interim opioids policy
March 26, 2018

In the interim policy, the Association says it supports the following:

• Mandatory continuing education on prescribing opioids
• Prescribing limits on opioid dosage and duration of no more than seven days for the treatment of acute pain
• Dentists registering with and utilizing prescription drug monitoring programs

• Providers should prescribe NSAIDs as first-line analgesic therapy
• When indicated for acute breakthrough pain, consider short-acting opioid analgesics (start with lowest effective dose and the shortest duration)
• If suspicion of patient drug misuse, the OMS should access the PDMP
• Limit the prescriptions of opioid analgesics to patients taking benzodiazepines and/or other opioids
Aetna targets dentist 'superprescribers' in latest opioid initiative

By Shelby Livingston | May 18, 2017

Using claims data, Aetna pinpointed dentists and oral surgeons who prescribed a greater than seven-day supply of opioids at least four times over a two-year period. Earlier this year, Aetna sent personal letters to the 480 dentists and 249 oral and maxillofacial surgeons who fit the bill and warned them they are in the top 1% of high opioid prescribers among their peers. Aetna also sent prescribing guidelines to help those "superprescribers" right the course.
Law Limiting Opioid Prescriptions Signed in West Virginia

West Virginia's governor has signed legislation to limit painkiller prescriptions that doctors can prescribe for acute pain. March 28, 2018, at 8:37 a.m.

The measure has even tighter controls for opioid prescriptions issued at emergency rooms and urgent care facilities — a four-day supply.

✓ Dentists and optometrists will be restricted to prescribing a three-day supply of pain pills.
Best Drugs for Dental Pain

Forget about Vicodin, Percocet, and other potentially dangerous, addictive opioids. Over-the-counter painkillers may work better.

By Teresa Carr
January 24, 2017

To find an authorized medication take-back program near you, go to DisposeMyMeds.org or DEAdversion.usdoj.gov and search for "drug disposal." Or call the DEA’s Registration Call Center at 800-882-9539.

Countless Opioid Pills Unused by Dental-Surgery Patients

Sept. 27, 2016
Dentist stresses prescriber education, shares personal story during Senate opioids hearing

Accidental activist: life changes lead dentist to speak on opioid harms