

	Title: Pain Medication Policy	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To establish a guide for Dental Care Organization (DCO) providers to use in managing an enrollee's pain medication.

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions: n/a

Forms: n/a

References: 42 CFR 438.236; OAR 410-141-3070

Policy:

1. It is the intent of DCO to be conservative and compassionate regarding prescription of medication. Medication is prescribed precisely; each prescription is not to exceed more than is needed for the immediate dental condition.
2. It is the responsibility of Primary Care Dentist (PCD) to manage the pain medication needs of the enrollee unless they are under the care of a specialist.
3. The DCO's Customer Service Department cannot phone in prescriptions for the PCD.
4. Each PCD prescribes medication for his/her enrollees for treatment during a weekend, if necessary. Prescriptions prescribed during the weekends by the on-call dentist should suffice. These prescriptions are tracked and charted for each enrollee.
5. In general, narcotics are not prescribed arbitrarily. Such a prescription is to be written judiciously.
 - a. Ask if patients are getting medications from other doctors and use the Oregon Prescription Drug Monitoring Program (PDMP) prior to prescribing opioids whenever possible.
 - b. Do not prescribe opioids to patients in substance abuse treatment programs without consulting the program's medical staff.
 - c. Do not offer prescriptions with refills and use caution if replacing prescriptions that were lost, destroyed or stolen.
 - d. Schedule II drug, prescriptions cannot be called in or faxed.
 - e. Initial prescriptions or refills for Health Care Providers must be paper or electronic prescription signed by the prescribing practitioner.
 - f. Prescribers with a proper DEA registration may phone in a prescription to a pharmacy to provide the patient with enough medication to adequately treat the patient during an emergency period.



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- g. It is recommended that the medication prescribed for an emergency will last for no more than 72 hours.
- h. Prescriber must, within 7 days after authorizing an emergency oral prescription, either by mail or personally deliver to the dispensing pharmacist a written prescription. The written prescription must state: “Authorization for Emergency Dispensing” and the date of the oral order.
 - i. Failing to file a written prescription to the dispensing pharmacist within 7 days, will result in the pharmacist notifying the local DEA office.
- 6. For State of Oregon, Department of Human Services, Division of Medical Assistance Programs (MAP), OHP, enrollees living in residential facilities, or homes providing on going care, medications are provided in a manner consistent with the appropriate medication dispensing system of the facility. Medically necessary emergency prescriptions are available on a twenty-four (24) hour, seven (7) day a week basis and provide for a three (3) day supply of any medication, deemed appropriate by the enrollee’s PCD, or the on-call dentist (other than Class 7 & 11 and those carved out from capitation), to be dispensed if the prescription requires a pre-authorization which cannot be obtained before the date the prescription is to be filled.
- 7. If on referral to a specialist, once the treatment is completed by the specialist, the enrollee will be referred back to the PCD for any further prescribed pain medications. The purpose of this is to help manage the behavior of pain medication seeking enrollees.
- 8. The treating provider will notify the Case Management Department, via the Online Case Management System or by contacting the Customer Service Department, when an enrollee exhibits pain medication seeking behavior.
- 9. The Case Management Department will then place the enrollee on case management and notify the enrollee in writing.

The DCO has developed an Advantage Dental Prescribing Formulary for prescribing medication to patients. This prescribing formulary is merely a suggestion, not a requirement. Each provider is required to prescribe based on their own professional judgment, diagnosis, and evaluation of the patient.



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Approvals:

Date: 03/22/2018

Approved by:

Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

06/14/2012					
06/06/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio	
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02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Dr. Gary Allen	
03/17/2017	QI/UR Committee				
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