

Washington Controlled Substance Prescription Requirements

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Agenda

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Washington Controlled Substance Prescription Requirements

- Washington regulates controlled substance prescribing through a combination of the Revised Code of Washington (RCW), the Washington Administrative Code (WAC), and federal rules enforced by the DEA. The framework touches every step from who can write a prescription to how pharmacists verify it, and the state imposes specific opioid limits that go beyond federal minimums. Rules vary by drug schedule, prescriber type, and whether the patient's pain is acute or chronic.

- Physicians (MDs and DOs) hold the broadest prescribing authority in Washington, covering all five schedules of controlled substances. Advanced registered nurse practitioners (ARNPs) and physician assistants (PAs) also prescribe controlled substances, though their authority is governed by their own practice-specific WAC chapters and may involve additional documentation or collaborative arrangements.

Who Can Prescribe Controlled Substances

Scope- Limited Prescribers

- Dentists, podiatrists, and veterinarians may prescribe controlled substances only within the boundaries of their licensed practice. A dentist can prescribe opioids for post-extraction pain, for instance, but not for a patient's unrelated back injury. Veterinarians prescribe exclusively for animal patients.

Optometrist Prescribing Authority

- Optometrists have the narrowest controlled substance authority. Under Washington rules, their Schedule II prescribing is limited to hydrocodone combination products, and Schedule III and IV prescriptions carry a cap of 30 dosage units per prescription. That's a much tighter lane than most people expect from the word 'prescriber.'

DEA and PMP Requirements

- Every prescriber who writes controlled substance prescriptions in Washington must hold a current DEA registration, which costs \$888 for a three-year period. They must also register with Washington's Prescription Monitoring Program (PMP).

Chronic Pain Management Rules

- Longer-term opioid therapy for chronic pain triggers additional obligations. The prescriber must develop a comprehensive pain management plan with periodic reassessments, including urine drug screening and ongoing risk evaluation.

120 MED Consultation Requirement

- If a patient's daily opioid dose reaches or exceeds 120 morphine milligram equivalents (MED), Washington requires the prescriber to consult a pain management specialist.

Consultation Exemptions

- There are exemptions from the mandatory consultation requirement. A physician treating a new high-dose chronic pain patient may skip the consultation if the patient has documented history of compliance with treatment plans, supported by medical records and PMP queries. But the exemption isn't a blanket pass; the prescriber must still verify compliance through the PMP and maintain thorough documentation.