TENNESSEE BOARD OF DENTISTRY MINIMUM OPIOID PRESCRIBING GUIDELINES

From a risk/benefit standpoint, acetaminophen, an NSAID or a combination of both should be the first analgesics to consider and are usually sufficient for mild to moderate pain. Studies of acute pain in dentistry demonstrate that an appropriate dose of an NSAID should manage the vast majority of moderate to severe pain experienced by dental patients. There is some evidence that suggests alternating acetaminophen with an NSAID may be beneficial for managing moderate to severe pain.
Only in a ***minority*** of situations is an opioid required for patient pain. The following guidelines should be considered prior to prescribing an opioid.

1. Check the CSMD to determine if the patient has an existing prescription for the same diagnosis over the same period OR if the patient is currently taking any type of opioid?

- Yes
  - Do not prescribe.
- No
  - Evaluate risk factors:
    - Does the patient's medical history suggest signs of substance abuse and/or diversion?
    - Given the efficiency of non-opioids, do the benefits of prescribing an opioid outweigh the risks?
    - Consider alternatives to controlled substances and document in dental record.
    - Establish preliminary diagnosis, treatment plan and document in dental record.
      - Is the prescription for pain?
        - Mild to moderate pain
          - First consider an NSAID or an adult dose of 1,000 mg acetaminophen q4h.
          - If NSAID insufficient, then consider a combination of acetaminophen or an NSAID with codeine 15-30 mg.
          - If insufficient consider a combination of acetaminophen or an NSAID with codeine 30-60 mg.

2. If the use of an opioid is determined to be appropriate, then:

- Limit the number of tablets dispensed for any opioid prescription. For example:
  - For codeine 15 mg combinations (e.g., Tylenol #2) maximum of 36 tablets
  - For codeine 30 mg combinations maximum of 12 tablets
  - For hydrocodone 5 mg or 7.5 mg combinations maximum of 12 tablets

3. If the patient returns complaining of unmanaged pain, and this is confirmed by history and clinical examination, then:

- Reassess the accuracy of the diagnosis and/or source of the patient's pain.
- Consider non-pharmacologic management of the patient's pain, including direct treatment (e.g., pulpectomy, incision and drainage, extraction)
- Consider recommending or prescribing the maximal dose of the NSAID or acetaminophen and discontinuing the opioid.
- **<u>Prescribing an increased dose of the opioid should be considered last.</u>**

4. If the patient returns after a second prescription for an opioid:

- Advise the patient that no further prescriptions for an opioid will be issued without consulting with the patient's primary care provider and/or a dental specialist with expertise in pain management and referring as appropriate.