

Board of Dental Examiners of Alabama
Administrative Rule 270-X-2-.23
Risk and Abuse Mitigation Strategies by
Prescribing Dentists

(1) The Board recognizes that the best available research demonstrates that the risk of adverse events occurring in patients who use controlled substances to treat pain increases as dosage increases. The Board adopts the "Morphine Milligram Equivalency" ("MME") daily standard as set out by the Centers for Disease Control and Prevention ("CDC") for calculating the morphine equivalence of opioid dosages.

(2) It is the opinion of the Board that the best practice when prescribing controlled substances for the treatment of pain shall include medically appropriate risk and abuse mitigation strategies, which will vary from patient to patient. Examples of risk and abuse mitigation strategies include, but are not limited to:

- (a) Pill counts (where applicable);
- (b) PDMP checks;
- (c) Monitoring the patient for aberrant behavior; and/or
- (d) Providing a patient with opiate risk education prior to prescribing controlled substances.

(3) The Board recognizes that all controlled substances, including but not limited to, opiates, benzodiazepines, stimulants, anticonvulsants, and sedative hypnotics, have a risk of addiction, misuse, and diversion. Dentists are expected to use risk and abuse mitigation strategies when prescribing any controlled substance. Additional care should be used by the dentist when prescribing a patient's medications from multiple controlled substance drug classes. Chronic pain medicines are any sustained narcotic for the treatment of pain for greater than 30 days. It would be unusual for a dentist to prescribe chronic pain medicines such as buprenorphine (Suboxone), methadone, oxycodone HCL sustained release (OxyContin), or similar medications.

(4) For the purpose of preventing controlled substance diversion, abuse, misuse, addiction, and doctor-shopping, the prescribing dentist shall utilize Alabama's Prescription Drug Monitoring Program (PDMP) to review the patient's prescription history and shall document the use of risk and mitigation strategies under the following circumstances:

(a) For the continuation of controlled substance therapy greater than seven (7) days for any patient;

(b) Prior to prescribing any controlled substance of more than 50 MME/day;

(c) For any patient that is prescribed three (3) or more acute pain medicine prescriptions by the dentist in any ninety (90) day period; or

(d) For any patient who gives a history of chronic pain medicines and/or benzodiazepines, so that the dentist may coordinate therapy with the patient's other prescribing medical providers and verify the specifics of the chronic medications. Due to the heightened risk of adverse events associated with the concurrent use of opioids and benzodiazepines, dentists should consider alternative forms of treatment.

(5) A violation of this rule is grounds for the suspension, restriction, or revocation of a dentist's Controlled Substances Permit or license to practice dentistry.

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Statutory Authority: Code of Ala. 1975, §§ 20-2-54.1, 20-2-214(b), 34-9-43(a)(10).

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