

Guidance on Chronic Pain Management Medications during the COVID-19 Pandemic

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During the COVID-19 pandemic, and [our current state of emergency](#) in Washington, it is more important than ever that high-risk populations do not put themselves in harm's way. Many in the high-risk category also need Schedule II medications; therefore, the Department of Health is issuing this guidance for healthcare workers and patients.

This information is for healthcare workers and patients with chronic pain on long-term opioid therapy in order to maintain good public health practices during the COVID-19 pandemic and Washington's state of emergency order. It is important to note that protocol changes made at this time will return to those that were previously in place prior to state of emergency.

Telemedicine

The Drug Enforcement Administration (DEA) has [adopted policies](#) to allow DEA-registered practitioners to prescribe controlled substances without mandated in-person contact with patients. The Department of Health supports this shift in DEA policy for Schedule II medications. The DEA's guidance will remain in effect for the duration of the federal public health emergency.

According to current DEA policy, existing patients do not need to physically be seen in the office for refill verification. A practitioner may use their discretion to conduct any needed follow-up evaluation by *any method to that patient*: in person, telemedicine, telephone, and email for an established patient. Additionally, new patients may, at the prescriber's discretion, be prescribed Schedule II medications after an evaluation via telemedicine using a real-time, two-way, audio-visual communications device.

COVID-19 has quickly changed the trajectory of telemedicine acceptance on a state and national level. Centers for Medicare and Medicaid Services has [broadened access to Medicare telehealth services](#) so that beneficiaries can receive a wider range of services from their doctors through telemedicine. Most insurers either already cover telehealth visits, or have expanded their coverage of telehealth visits at this time. Additionally, the Governor signed a [proclamation](#) in March that allows parity for telemedicine services.

The state Health Care Authority has [Zoom licenses](#) and [laptops](#) available for prescribing health care professionals who do not have access to these resources during the COVID-19 pandemic.

Filling Prescriptions

Additionally, the DOH, through the Pharmacy Quality Assurance Commission, has [adopted emergency rules](#) to reduce burdens on practitioners prescribing Schedule II medications. After

authorizing an emergency oral prescription for Schedule II medications, practitioners have 15 days to deliver a signed prescription and can accomplish this through paper, electronic transmission, facsimile, photograph, or scanned copy. In the event of any questions about authenticity of prescriptions, pharmacists and prescribers are encouraged, as always, to proactively consult with each other. These alternative methodologies support patients', practitioners', and pharmacists' efforts to practice social distancing and to help mitigate communal spread of COVID-19.

Medication Refill Schedules

The Office of the Insurance Commissioner has also filed an [emergency order](#) that allows enrollees to obtain a one-time refill of their covered prescription medications prior to the expiration of the waiting period between refills in order to maintain an adequate supply of necessary medication.

NOTE: This document contains links to guidance material from other organizations. In order to ensure that this document reflects the most up-to-date information on prescribing opioids for chronic pain during the COVID-19 pandemic, it will be reviewed for continued accuracy in six months from issue date, or sooner as needed. It may be reissued, revised, or expired, depending upon more current circumstances and any changes in direction from other organizations.

More COVID-19 Information and Resources

Stay up-to-date on the [current COVID-19 situation in Washington](#), [Governor Inslee's proclamations](#), [symptoms](#), [how it spreads](#), and [how and when people should get tested](#). See our [Frequently Asked Questions](#) for more information.

The risk of COVID-19 is not connected to race, ethnicity or nationality. [Stigma will not help to fight the illness](#). Share accurate information with others to keep rumors and misinformation from spreading.

- [WA State Department of Health 2019 Novel Coronavirus Outbreak \(COVID-19\)](#)
- [WA State Coronavirus Response \(COVID-19\)](#)
- [Find Your Local Health Department or District](#)
- [CDC Coronavirus \(COVID-19\)](#)
- [Stigma Reduction Resources](#)

Have more questions about COVID-19? Call our hotline: **1-800-525-0127**. For interpretative services, **press #** when they answer and **say your language**. (Open from 6 a.m. to 10 p.m.) For questions about your own health, COVID-19 testing, or testing results, please contact your health care provider.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 ([Washington Relay](#)) or email civil.rights@doh.wa.gov.