Washington State Department of Health

DOH 600-071 November 2020

Washington Health Professional Services
Prescription Information Letter

Dear Medical Provider:

The nurse providing this letter is enrolled in the Washington Health Professional Services (WHPS) program and their medications must be monitored to ensure a healthy recovery and safety to practice.
Nurses who are taking **potentially dependence producing medication(s)** are required to:

- Sign a Release of Information with the provider allowing two-way communication between the provider and WHPS.
- Allow for the sharing of medical records requested by WHPS for evaluation of medication necessity and appropriateness.
- Allow for consultation between the prescriber and WHPS. Consultations are collaborative and consultative in nature.
- Ensure the submission of the WHPS Prescription Information Form at least every three months for all potentially dependence producing medications, including OTC medications.
- Please complete the entire Prescription Information Form (ex: Dosage, frequency, signature, etc.).

Potentially dependence producing medication(s) include medications listed in the Talbott Medication Guide http://www.talbottcampus.com/index.php/medication-guide/, such as: Opioids, stimulants, amphetamines, barbiturates, sedative-hypnotics, addiction treatments (ex: Naltrexone, Suboxone, Methadone, etc.), muscle relaxants, neuropathic pain medications (ex: Gabapentin), and cough, cold, and/or allergy medication(s).
Please contact WHPS at 360-236-2880 to discuss program requirements or assistance to complete the Prescription Information Form.
WHPS requests that you:

1. Review the nurse's Prescription Monitoring Program (PMP) report before prescribing any new or existing medications. Directions for accessing the PMP database can be found at www.doh.wa.gov/hsqa/PMP
2. Be familiar with opioid prescribing practice requirements in your licensing authority laws and regulations.

_____ _____

Healthcare Practitioner Name (please print) Date

_____ _____

Healthcare Practitioner Signature Facility/Name of Practice

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Washington Health Professional Services (WHPS) Prescription Information Form

As the nurse's healthcare provider, document all **potentially dependence producing medication(s)** the nurse is taking and submit this form to WHPS every three months. Examples include: Opioids, stimulants, amphetamines, barbiturates, sedative-hypnotics, addiction treatments (ex: Naltrexone, Suboxone, Methadone, etc.), muscle relaxants, neuropathic pain medications (ex: Gabapentin), and cough, cold and/or allergy medication(s).

Please complete the entire form (ex: Dosage, frequency, signature, etc.) and fax to 360-359-7956 or email whps@doh.wa.gov.

Patient Name (print name) _____

Prescription Information Form						
Last Date Prescribed	Name of Medication	Dosage	Frequency	Quantity	Expiration Date	Diagnosis/Reason for Medication

Healthcare Provider Report:

Appointment frequency: _____ Date of next appointment: _____

Y_____N_____ I have been informed this nurse is in recovery for substance use disorder.
Y_____N_____ Is the nurse compliant with keeping appointments?
Y_____N_____ Is the nurse compliant with taking medications?
Y_____N_____ The nurse demonstrates insight, awareness, and judgment necessary to manage medication(s).
Y_____ N ____ I have reviewed the nurse's Prescription Monitoring Program report.
Y_____N_____ Based on the above information and provider's clinical judgment, is the nurse safe to practice at this time?
(If you answered "no" to any of the questions above, please explain below)

Additional comments: _____

_____

_____

Healthcare Provider Information (please print)

Healthcare Practitioner Name:_____ Credentials: _____
Facility/Name of Practice: _____
Address:_____City:_____State:_____Zip code:_____
Phone (enter 10 digit#):_____Fax (enter 10 digit #): _____
Healthcare Provider Signature:_____Date: _____

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.