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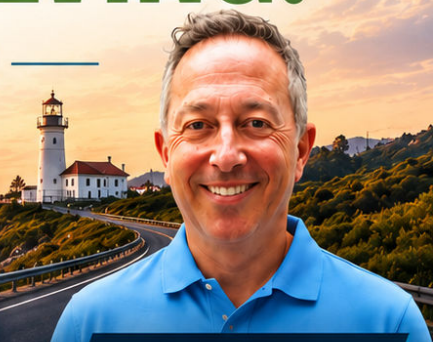
THE MATE ACT HAS SUNSET! | THE OPIOID EPIDEMIC IS EVOLVING.

WHATS NEW & WHAT COMES NEXT

A timely discussion on opioids, regulation, and what may lie ahead for dental professionals.

David Lambert, DDS

- WHY SEDATION IS GETTING HARDER
- THE CONTINUING IMPACT OF OPIOID EXPOSURE
- PRACTICAL STRATEGIES FOR SAFER SEDATION
- REGULATORY UPDATES AND WHATS NEXT



Sean Kurdys

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MEETING THE ANNUAL OPIOID MANDATE

SAFE PRESCRIBING AND THE STATE OF THE CRISIS IN 2026

2 CES
FEE: $80 per DDS

Presented by Dr. David MH Lambert, DDS, a board-certified oral and maxillofacial surgeon and pharmacist, and Sean Kurdys, 22-year lead investigator for the North Carolina Board of Dental Examiners, this session looks at the opioid crisis in the rear-view mirror. Clinicians have largely succeeded in cutting how much and how often opioids are prescribed, and today's crisis is driven mostly by illicit fentanyl. It takes the same look back at the MATE Act and questions how it was applied to dentistry against its original intent: Medication Access and Training Expansion. It then reviews CSRS, a new rule giving hygienists CSRS access, and opioid prescribing within North Carolina's 5-day acute and 7-day post-surgical limits.

Clinically, it makes the case for multimodal non-opioid analgesia. Scheduled ibuprofen and acetaminophen, including Advil Dual Action, outperform an opioid with acetaminophen, and dosing patients will actually follow matters as much as the drug. It also covers what the new non-opioid suzetrigine (Journavx) can and can't do, and why tramadol and codeine are poor picks.

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COURSE TITLE: Meeting the Annual Opioid Mandate: Safe Prescribing and the State of the Crisis in 2026

COURSE DIRECTOR: Dr. David MH Lambert, DDS

PRESENTERS: Dr. David MH Lambert, DDS, and Sean Kurdys

AUDIENCE: Dentists

CONTACT HOURS: 2

MEDIUM: Recorded Program

PRESENTERS

Dr. David MH Lambert, DDS, is a Diplomate of the American Board of Oral and Maxillofacial Surgery and a pharmacist with a BS from the University of Michigan College of Pharmacy. He continues to practice as an oral and maxillofacial surgeon, writes extensively about healthcare policy, and is the chief informatics officer of CE Dojo, responsible for its platform and day-to-day operations. During the COVID vaccine rollout, CVS recruited him as a vaccinator, which gave him a direct look at how opioids were being prescribed in his community.

Sean Kurdys spent 22 years as lead investigator for the North Carolina Board of Dental Examiners. He has deep case experience and knows how the board works, both organizationally and politically. Through Old Well Consulting, he now provides pre-hearing coaching and compliance auditing.

COURSE OBJECTIVES

1. Explain what the federal MATE Act required of DEA registrants. Assess whether its 8-hour training added anything for dentists already taking annual NC opioid CE.
2. Describe North Carolina's CSRS rules: you must query CSRS before prescribing a controlled substance; you can name a staff designee to run queries; hygienists can now hold their own registration; the state now matches each dispensed prescription to your query history and reports gaps to the board.
3. Recognize that opioid treatment programs don't report to CSRS because federal privacy rules take precedence. A clean CSRS report doesn't rule out a patient in treatment.
4. State North Carolina's e-prescribing requirement for controlled substances and its 5-day (acute) and 7-day (post-surgical) supply limits.
5. Apply why multimodal non-opioid analgesia is superior to opioids alone or in combination with acetaminophen.
6. Explain how polypharmacy and frequent dosing reduce compliance. Use scheduled rather than PRN dosing, a written handout, and repeated instruction, and add long-acting local anesthesia such as bupivacaine or liposomal bupivacaine.

7. Describe suzetrigine (Journavx): mechanism and indication; fasting loading dose, then 50 mg every 12 hours; dose adjustment for kidney or liver impairment; CYP3A interactions; known adverse effects; lack of a dental pain trial; cost and prior-authorization barriers.
8. Identify patients who can't take NSAIDs (kidney disease, peptic ulcer disease) or acetaminophen (liver dysfunction). Weigh the fall risk that opioids pose to older adults.
9. Compare the opioids used in dentistry: hydrocodone (MME 1); oxycodone (MME 1.5, with kappa-receptor dysphoria); tramadol and codeine (variable CYP2D6 metabolism, and cases of respiratory arrest in children); meperidine (why to avoid it).
10. Interpret CDC and NC DHHS data on opioid dispensing, prescription size, and overdose deaths, including the shift to illicitly manufactured fentanyl. Explain the CDC's 2016 guideline and its 2022 revision.
11. Recognize current risk-management issues: most recent board discipline involves sedation and anesthesia; charting marijuana odor and then treating the patient anyway raises a consent problem; some malpractice policies carry opioid exclusion riders; you may not need a DEA registration at all.

DATES & TIMES

Streamable ON DEMAND

WHAT YOU NEED TO PARTICIPATE

- A Windows or Mac PC, Apple or Android tablet, or smartphone
- A compatible web browser (Google Chrome, Mozilla Firefox, Apple Safari, or MS Edge)
- An internet connection
- Register for the event
- Pay your registration fee

Successful registration includes payment of the $80 course fee. In order to receive CE credit and certification of participation for re-licensure, you must pay the event fee, attend the course, and successfully complete a cognitive assessment and survey. Full refund within 48 hours of the event.

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