OKLAHOMA OPIOID PRESCRIBING GUIDELINES

2024

Note: These guidelines do not replace clinical judgment in the appropriate care of patients. They are not intended as standards of care or as templates for legislation and do not apply to pain related to sickle cell disease or cancer, patients receiving palliative or end-of-life care, or residents of long-term care facilities. The recommendations are an educational tool for clinicians providing pain care to patients 18 years and older based on the expert opinions of numerous physicians and other health care providers, medical/nursing boards, mental and public health officials, and law enforcement personnel in Oklahoma and throughout the United States[1,2,3,4]. For details on Oklahoma's opioid prescribing laws, visit okmedicalboard.org/download/884/Opioid_Best_Practices.pdf.

Opioid Treatment for Acute and Subacute Pain

1. Consider non-pharmacological therapies and/or non-opioid pain medications. Opioids should only be used for the treatment of acute and subacute pain when the severity of the pain warrants that choice. *By Oklahoma law, prior to the initial prescription, health care providers must discuss and document risks associated with opioid use.*
2. *By Oklahoma law, it is mandatory that health care providers check the Oklahoma Prescription Monitoring Program (PMP) prior to prescribing and every 180 days prior to authorizing refills for opioids, synthetic opioids, semi-synthetic opioids, benzodiazepines, or carisoprodol. More frequent checks of the PMP are recommended.*
3. When opioids are started, consider the lowest possible effective dose. Prescribe no more than a short course; most patients require immediate-release opioids for no more than three days. By Oklahoma law, the quantity shall not exceed a seven-day supply.
4. Avoid prescribing opioids to patients currently taking benzodiazepines and/or other opioids.
5. Patients should be counseled to store medications securely, never to share them with others, and to dispose of medications when the pain has resolved.
6. Long-acting or extended-release opioids should not be prescribed for acute or subacute pain.
7. Consider screening patients (using a validated screening tool) for opioid use disorder and provide brief intervention and referral to treatment, if indicated.
8. Continued opioid use should be evaluated carefully, including assessing the potential for misuse, if pain persists beyond the anticipated period of acute or subacute pain. By Oklahoma law, at the time of the third opioid prescription, the health care provider shall enter into a patient-provider agreement with the patient.
9. In general, health care providers should not provide replacement prescriptions for opioids that have been lost, stolen, or destroyed.

Opioid Treatment for Chronic Pain

1. Alternatives to opioid treatment should be tried, or previous attempts documented, before initiating opioid treatment for chronic pain.
2. *By Oklahoma law, it is mandatory that health care providers check the Oklahoma Prescription Monitoring Program (PMP) prior to prescribing and every 180 days prior to authorizing refills for opioids, synthetic opioids, semi-synthetic opiods, benzodiazepines, or carisoprodol. More frequent checks of the PMP are recommended.*
3. A comprehensive evaluation should be performed before initiating opioid treatment for chronic pain.
4. Screen all patients (using a validated screening tool) for opioid use disorder and provide brief intervention and referral to treatment, if indicated.
5. Patients should be counseled to store medications securely, never to share them with others, and to dispose of medications when pain has resolved.
6. Long-acting or extended-release opioids are associated with an increased risk of overdose death and should only be prescribed by health care providers familiar with their indications, risks, and need for careful monitoring.
7. A written treatment plan should be established that includes measurable goals for the reduction of pain and improvement of function. *By Oklahoma law, at the time of the third opioid prescription, the health care provider shall enter into a patient-provider agreement with the patient.*

8. The patient should be informed of the risks, benefits, and terms for continuation of opioid treatment, ideally using a written and signed treatment agreement. Consider co-prescribing naloxone for patients with increased risk of opioid overdose. *By Oklahoma law, prior to the initial prescription, health care providers must discuss and document risks associated with opioid use.*

9. Opioids should be initiated as a short-term trial to assess the effects of opioid treatment on pain intensity, function, and quality of life. The trial should begin with a short-acting opioid medication.

10. During the titration period, regular visits for evaluation of progress toward goals should be scheduled and the PMP should be checked more frequently.

11. Continuing opioid treatment should be a deliberate decision that takes into consideration the risks and benefits of chronic opioid treatment for that patient. Patients and health care providers should periodically reassess the need for continued opioid treatment, tapering whenever possible. A second opinion or consultation may be useful in making that decision. *By Oklahoma law, if opioid treatment is continued for three or more months, the health care provider must: (1) review every three months the course of treatment, any new information regarding etiology of pain and progress toward treatment objectives; (2) assess patient prior to every renewal to determine if patient is experiencing dependency and document assessment; (3) periodically make reasonable efforts, unless clinically contraindicated to stop, decrease dosage, or try other treatment modalities; (4) review PMP; (5) monitor compliance with patient/provider agreement, and state "chronic pain" on the face of the prescription. After one year of compliance with the patient/provider agreement, physician may review treatment plan and assess patient at six-month intervals.*

12. Opioid treatment should be tapered or gradually discontinued if adverse effects outweigh benefits or if aberrant, dangerous, or illegal behaviors are demonstrated. Care should be taken when tapering opioid treatment, particularly in patients on higher dosages, the elderly, and patients who are pregnant. Abrupt discontinuation of opioids should be avoided. *By Oklahoma law, the health care provider must periodically make reasonable efforts, unless clinically contradicted, to stop, decrease dosage, or try other treatment modalities.*

13. Consider consultation for patients with complex pain conditions, serious comorbidities, mental illness, or a history or evidence of substance use disorder or misuse.

14. In general, health care providers should not provide replacement prescriptions for opioids that have been lost, stolen, or destroyed.

15. Health care providers should offer or refer to evidence-based treatment (usually medication for opioid use disorder in combination with behavioral therapies) for patients with opioid use disorder. Detoxification on its own, without medication for opioid use disorder, is not recommended for opioid use disorder because of increased risk of resuming drug use, overdose, and overdose death.

OKLAHOMA BOARD OF NURSING

Resources

1. **Centers for Disease Control and Prevention. (2022).** *CDC Clinical Practice Guideline for Prescribing Opioids for Pain.* Retrieved from cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm. Accessed June 19, 2024.
2. **Oklahoma State Department of Health. (2017).** *Oklahoma Opioid Prescribing Guidelines.* Retrieved from oklahoma.gov/content/dam/ok/en/health/health2/documents/oklahoma-opioid-prescribing-guidelines-2017.pdf. Accessed June 19, 2024.
3. **Oklahoma State Department of Health. (2013).** *Oklahoma Emergency Department (ED) and Urgent Care Clinic (UCC) Opioid Prescribing Guidelines.* Retrieved from oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/injury-prevention/drug-overdose/Oklahoma_ED_Guidelines_FINAL%20with%20logos%20v4.pdf. Accessed June 19, 2024.
4. **Oklahoma State Department of Health. (2014).** *Opioid Prescribing Guidelines for Oklahoma Health Care Providers in the Office-Based Setting.* Retrieved from oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/prevention-and-preparedness/injury-prevention/drug-overdose/Oklahoma_Office%20Based_Guidelines_FINAL.pdf. Accessed June 19, 2024.

Learn more: oklahoma.gov/health/overdose

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