

Oklahoma Opioid Prescribing Guidelines

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, nor are they meant for patients in palliative care programs or with cancer pain. The recommendations are an educational tool based on the expert opinion 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}

Opioid Treatment for Acute Pain

1. Health care providers are encouraged to consider non-pharmacological therapies and/or non-opioid pain medications. Opioids should only be used for treatment of acute pain when the severity of the pain warrants that choice.
2. By Oklahoma law, it is mandatory that providers check the Oklahoma Prescription Monitoring Program (PMP) prior to prescribing and every 180 days prior to authorizing refills for opiates, synthetic opiates, semi-synthetic opiates, benzodiazepines, or carisoprodol. More frequent checks of the PMP are recommended.
3. When opioids are started, providers should prescribe the lowest possible effective dose. Prescribe no more than a short course; most patients require opioids for no more than three days.
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 pain.
7. Providers should provide screening, brief intervention, and referral to treatment, if indicated.
8. Continued opioid use should be evaluated carefully, including assessing the potential for abuse, if pain persists beyond the anticipated period of acute pain.
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 providers check the Oklahoma Prescription Monitoring Program (PMP) prior to prescribing and every 180 days prior to authorizing refills for opiates, synthetic opiates, semi-synthetic opiates, 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. The health care provider should screen for risk of abuse or addiction before initiating opioid treatment.
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.

