



OPIOID
EDUCATION FOUNDATION
OF AMERICA

A Guide to Safer Prescribing



Oklahoma's Prescribing Law

Prior to issuing the initial prescription of an opioid drug in a course of treatment for acute or chronic pain and again prior to issuing the third prescription of the course of treatment, a practitioner shall discuss with the patient or the parent or guardian of the patient if the patient is under eighteen (18) years of age and is not an emancipated minor, the risks associated with the drugs being prescribed, including but not limited to:

1. The risks of addiction and overdose associated with opioid drugs and the dangers of taking opioid drugs with alcohol, benzodiazepines and other central nervous system depressants;
2. The reasons why the prescription is necessary;
3. Alternative treatments that may be available; and
4. Risks associated with the use of the drugs being prescribed, specifically that opioids are highly addictive, even when taken as prescribed, that there is a risk of developing a physical or psychological dependence on the controlled dangerous substance, and that the risks of taking more opioids than prescribed or mixing sedatives, benzodiazepines or alcohol with opioids can result in fatal respiratory depression.

The practitioner shall include a note in the medical record of the patient that the patient or the parent or guardian of the patient, as applicable, has discussed with the practitioner the risks of developing a physical or psychological dependence on the controlled dangerous substance and alternative treatments that may be available. The applicable state licensing board of the practitioner shall develop and make available to practitioners guidelines for the discussion required pursuant to this subsection.

- E. At the time of the issuance of the third prescription for an opioid drug, the practitioner shall enter into a patient-provider agreement with the patient.
- F. When an opioid drug is continuously prescribed for three (3) months or more for chronic pain, the practitioner shall:
 1. Review, at a minimum of every three (3) months, the course of treatment, any new information about the etiology of the pain, and the progress of the patient toward treatment objectives and document the results of that review;
 2. In the first year of the patient-provider agreement, assess the patient prior to every renewal to determine whether the patient is experiencing problems associated with an opioid use disorder as defined by the American Psychiatric Association and document the results of that assessment. Following one (1) year of compliance with the patient-provider agreement, the practitioner shall assess the patient at a minimum of every six (6) months;

3. Periodically make reasonable efforts, unless clinically contraindicated, to either stop the use of the controlled substance, decrease the dosage, try other drugs or treatment modalities in an effort to reduce the potential for abuse or the development of an opioid use disorder as defined by the American Psychiatric Association and document with specificity the efforts undertaken;
4. Review the central repository information in accordance with Section 2-309D of this title; and
5. Monitor compliance with the patient-provider agreement and any recommendations that the patient seek a referral.

G.

1. Any prescription for acute pain pursuant to this section shall have the words "acute pain" notated on the face of the prescription by the practitioner.
2. Any prescription for chronic pain pursuant to this section shall have the words "chronic pain" notated on the face of the prescription by the practitioner.

H. This section shall not apply to a prescription for a patient:

1. Who has sickle cell disease;
2. Who is in treatment for cancer or receiving aftercare cancer treatment;
3. Who is receiving hospice care from a licensed hospice;
4. Who is receiving palliative care in conjunction with a serious illness;
5. Who is a resident of a long-term care facility; or
6. For any medications that are being prescribed for use in the treatment of substance abuse or opioid dependence.