Compliance and Best Practice
For Laws Regulating the Use of Opioid Drugs
Oklahoma Senate Bills 1446, 848 and Subsequent Laws

Continuing Medical Education: Prescribers are required to complete CME in pain management every year. **MDs** - 59 O.S. § 495a.1(C), **DOs** - 59 O.S. § 641(C)(2), **PAs** - 59 O.S. § 519.8(A), **Optometrists** - 59 O.S. § 604 and **Veterinarians** - 59 O.S. § 698.7(19): one (1) hour in pain management or opioid use/addiction; **Podiatrists** - 59 O.S. § 145.1(A), **Advanced Practice Registered Nurses with prescriptive authority** - 59 O.S. § 567.4a(3)(b), and **Registered Veterinary Technicians** - 59 O.S. § 698.7(19): two (2) hours; **Dentists** - 59 O.S. § 328.41(B)(1.c): one (1) hour annually.

OBNDD: May provide licensing boards with unsolicited referrals of prescribers if a patient receives one (1) or more prescriptions in quantities or frequency inconsistent with accepted standards of safe practice. 63 O.S. § 2-309D(M)

Prescription Monitoring Program - PMP: Failure to check PMP is grounds for disciplinary action by the respective licensing board of each prescriber. PMP must be checked at the initial prescription and then at least every 180 days. 63 O.S. § 2-309D(G)

Acute Pain Prescription Limits: For acute pain, prescriber shall not issue an initial prescription for an opioid drug in a quantity exceeding a seven (7) day supply. Prescription shall be for the lowest effective dose of an immediate-release opioid drug and must state "acute pain" on the face of the prescription. 63 O.S. § 2-309I(A) & (G). Following the initial seven (7) days, after consultation* (in person or by telephone), a subsequent 7-day prescription may be issued if prescriber determines the prescription is necessary and appropriate, documents the rationale for prescribing, and determines and documents the prescription does not present undue risk of abuse, addiction or diversion. A second 7-day prescription of an immediate-release opioid drug in a quantity not to exceed seven (7) days may be issued on the same day as the initial prescription if: (i) the subsequent prescription is due to a major surgical procedure and/or "confined to home" status as defined in 42 U.S.C. 1395n(a); (ii) the practitioner provides the subsequent prescription on the same day as the initial prescription; (iii) the practitioner provides written instruction on the subsequent prescription indicating the earliest date on which the prescription may be filled (i.e. "do not fill until" date); and (iv) the subsequent prescription is dispensed no more than five (5) days after the "do not fill until" date indicated on the prescription. 63 O.S. § 2-309(I)(B)(5).

* For best practice, the 7-day consultation should be performed by the physician; however, it does not appear to be required. If a medication needs to be changed due to allergy, ineffective dose or other medical condition, document thoroughly in the record the need and rationale for change.

Chronic Pain Prescriptions: If continuing treatment for three months or more, practitioner shall: (1) review every three (3) 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. 63 O.S. § 2-309I(F)(2).

Note: Assessment may be performed by a mid-level PA/APRN. Face-to-face assessment is recommended but not required. For best practice, the PMP should be checked more frequently than 180 days, but it is not required by 63 O.S. § 2-309(D).

Morphine Milligram Equivalent - MME: If the prescriber chooses to prescribe greater than 100 MME, the rationale should be documented thoroughly. 63 O.S § 2-309I(J)(3)

Prior to an Initial Prescription for any Opioid: Practitioner shall: (1) take and document a thorough medical history; (2) conduct and document a physical exam; (3) develop a treatment plan; (4) access the PMP; (5) limit supply to no more than seven (7) days for acute pain; (6) if the patient is under 18, enter into a patient/provider agreement with the parent or legal guardian; (7) if the patient is a pregnant woman enter into a patient/provider agreement. 63 O.S. § 2-309I(A) & (B)

Informed Consent & Risk Discussions: Prior to initial prescription and again prior to third prescription, practitioner must discuss risks including: (1) risks of addiction and overdose, dangers of taking opioids with alcohol, benzodiazepines and other central nervous system depressants; (2) reason the prescription is necessary; (3) alternative treatment available; (4) risks can include fatal respiratory depression. Practitioner shall document the discussion in the medical record. 63 O.S. § 2-309I(D)

Patient/Provider Agreement: Practitioner shall enter into a patient/provider agreement with a patient: (1) at the time of the third prescription for opioid drug; (2) if patient requires more than three months of pain management; (3) if patient is prescribed benzodiazepines and opioids together; (4) if patient requires more than 100 MME; (5) if patient is pregnant; or (6) with the parent or legal guardian if the patient is a minor. 63 O.S. § 2-309I(J); 63 O.S. § 2-309I(B)(6)(7); 63 O.S. § 2-101v1(45)

Excluded: The requirements of SB 1446 and SB 848 do not apply to a patient who has sickle cell disease, is in treatment of cancer or receiving aftercare cancer treatment, hospice, palliative care, or residents of a long-term care facility, or to medications for treatment of substance abuse or opioid dependence. 63 O.S. § 2-309I(H)

Written Policy: Any provider authorized to prescribe opioids shall adopt and maintain a written policy including execution of patient/provider agreement between practitioner and *qualifying opioid therapy patient. 63 O.S. § 2-309I(J)

* (1) Patient requiring opioid therapy for more than three (3) months; (2) a patient who is prescribed benzodiazepines and opioids together for more than one 24-hour period; (3) a patient who is prescribed a dose that exceeds one hundred (100) MME.

Standard of Care: This law shall not be construed to require a practitioner to limit or forcibly taper a patient on opioid therapy. The standard of care requires effective and individualized treatment for each patient as deemed appropriate by the prescribing practitioner without an administrative or codified limit on dose or quantity that is more restrictive than approved by the Food and Drug Administration (FDA). 63 O.S. § 2-309I(K)

Disclaimer: This Compliance and Best Practice document is subject to change without notice and is made available to facilitate understanding of SB 1446, SB 848 and subsequent laws. This is not intended to be an official interpretation or commentary on the intent of the law.