

# PHYSICIAN POCKET GUIDE:

## Opioid Prescribing for Chronic Nonmalignant Pain

**Arkansas State Medical Board rules and regulations for licensed prescribers who prescribe opioids and/or benzodiazepines for chronic nonmalignant pain:**

- Prescriber or prescriber's designated delegate must check the information in the Prescription Drug Monitoring Program (PDMP) every time when prescribing a Schedule II or Schedule III opioid and the first time a benzodiazepine is prescribed to a patient.
- Prescriber must document in the patient record that the PDMP was checked before prescribing. (Example: **PDMP** ☒)
- Written informed consent must be obtained from patients with a risk of substance abuse and the risk and benefits of opioids must be discussed with the patient, guardian or authorized representative.
- A signed pain contract must be obtained with the expectations for the behavior of the patient, which may include random urine drug screens and random pill counts.
- Patient must be evaluated at least once every six months by a physician who is licensed by the Arkansas State Medical Board.
- Periodical reviews of the schedule drug treatment should be conducted with the patient and any new information about etiology of the pain and appropriateness of continuing medications.
- Accurate records should be kept of medical history, physical examination, evaluations and consultations, treatment plan objective, informed consents, agreements, and medications prescribed.

**Arkansas State Medical Board continuing education prescriber requirements:**

- Minimum of 3 hours of approved education within the first two years of being granted a license
- Each year physicians and physician assistants must obtain 1 hour of CME credit specific to prescribing opioids and benzodiazepines



**Note:** Advanced practice registered nurses have specific prescribing guidelines

# Chronic Nonmalignant Pain Opioid Prescribing Checklist

<input type="checkbox"/>	Check PDMP every time prescribing a Schedule II or Schedule III opioid and the first time a benzodiazepine is prescribed.
<input type="checkbox"/>	Document in the patient record that the PDMP was checked.
<input type="checkbox"/>	Get informed consent with discussion of benefits and risks of opioid therapy noted in patient record.
<input type="checkbox"/>	Document medical history, physicals, evaluations and consultations, treatment plan, informed consents, agreements, and prescribed medications in the patient record.
<input type="checkbox"/>	Get signed pain contract and baseline urine drug screen.
<input type="checkbox"/>	Use the lowest effective dose. Use caution and reassess before increasing dosage to $\geq 50$ morphine milligram equivalent (MME) per day. Avoid increasing dosage to $\geq 90$ MME/day.
<input type="checkbox"/>	Conduct random urine drug screens and pill counts.
<input type="checkbox"/>	Evaluate the patient at least every six months.
<input type="checkbox"/>	Review treatment plan with assessment of appropriateness.
<input type="checkbox"/>	Consider multimodal therapies such as superficial cold/heat therapy, spinal manipulation, physical therapy, psychotherapy, acupuncture, massage, etc.
<input type="checkbox"/>	Consider prescribing Naloxone when clinically appropriate.
<input type="checkbox"/>	Advise how to properly secure all medications.
<input type="checkbox"/>	Advise where and how to safely dispose of all unused, unwanted or expired medications <a href="http://www.artakeback.org">www.artakeback.org</a>



Resources: [afmc.org/opioids/](http://afmc.org/opioids/)

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**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**