

medications. Opioid pain medications should be discontinued when the pain severity no longer requires opioid medications.

4. When opioids are prescribed for treatment of acute pain, the patient should be counseled to store the medications securely and never to share with others. In order to prevent non-medical use of the medications, it is also recommended that patients dispose of medications when the pain has resolved.

It is important that patients understand the need to store medications securely. Health care providers should encourage patients to keep medications in a locked environment rather than in easily accessible locations, such as the bathroom or kitchen cabinet, where medications are accessible to children and can be a target for theft. After recovery from pain, leftover medications should be properly disposed of immediately to help protect the medications from being diverted.

Tools to accompany *Recommendation 4*:

- United States Food and Drug Administration (FDA) Guidelines on Proper Disposal of Prescription Drugs <http://www.fda.gov/downloads/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingOver-the-CounterMedicines/ucm107163.pdf>
- Oklahoma Bureau of Narcotics and Dangerous Drugs Take Back Container Locations <http://www.ok.gov/obnodd/documents/TakeBackBoxes.pdf>

5. Long duration-of-action opioids (e.g., methadone, buprenorphine, fentanyl, extended release oxycodone, and morphine) are rarely indicated for treatment of acute pain.

Given the epidemiological data showing a significant increase in mortality associated with long-acting opioids, the inherent difficulty in titrating these medications, and the availability of alternative medications and/or treatment modalities, health care providers are advised to refrain from the routine use of long-acting opioids in the acute pain setting.^{5,9}

6. The use of opioids should be re-evaluated carefully, including assessing the potential for abuse, if persistent pain suggests the need to continue opioids beyond the anticipated time period of acute pain treatment for that condition. Health care providers should query the Oklahoma PMP as part of this re-evaluation process.

Patients with acute pain who fail to recover in a usual timeframe or otherwise deviate from the expected clinical course for their diagnosis should be carefully re-evaluated. The continuation of opioid treatment for acute pain in this setting may represent the initiation of opioid treatment for a chronic pain condition without being recognized as such. At this time, the diagnosis and appropriateness of the treatment plan should be re-evaluated and the patient's medical history should be reviewed for factors that could interfere with treatment and pose a risk for complications during opioid treatment, including substance abuse or history of substance abuse.

Tools to accompany *Recommendation 6*:

- Oklahoma Prescription Monitoring Program http://www.ok.gov/obnodd/Prescription_Monitoring_Program/

7. Health care providers should generally not provide replacement prescriptions for opioids that have been lost, stolen, or destroyed.

Patients misusing controlled substances frequently report their opioid medications as having been lost or stolen. Pain specialists routinely stipulate in pain agreements with patients that lost or stolen controlled substances will not be replaced. Most written agreements between chronic pain patients and pain management physicians, including the Health Resources and Services Administration (HRSA) toolkit sample pain agreement, state that prescriptions for opioids will not be replaced.¹⁰