

Act 651 of 2021 mandated the coprescription of an opioid antagonist under certain conditions. It also required the Arkansas State Medical Board and the Arkansas State Board of Pharmacy to develop and publish guidance that address the circumstances in which a healthcare professional is required to prescribe or dispense, or both, an opioid antagonist to the patient when prescribing or dispensing an opioid. The Arkansas State Medical Board approved the following guidelines on December 3, 2021.

Act 651 of 2021:

<https://www.arkleg.state.ar.us/Acts/FTPDocument?path=%2FACTS%2F2021R%2FPublic%2F&file=651.pdf&ddBienniumSession=2021%2F2021R>

Guidelines for Coprescribing an Opioid Antagonist

1. Except as provided below, a healthcare professional shall coprescribe an opioid antagonist to a patient who does not have an existing prescription for an opioid antagonist when prescribing or dispensing an opioid if:
 - i. The opioid dosage prescribed or dispensed is equal to or in excess of fifty morphine milligram equivalents (50 MME) per day for 5 days or longer;
 - ii. A benzodiazepine has been prescribed or dispensed for the patient in the past year or will be prescribed or dispensed at the same time as the opioid; or
 - iii. The patient has a history of opioid use disorder, substance use disorder or drug overdose.
2. If a healthcare professional does not believe that it is in the best interest of a patient to coprescribe an opioid antagonist, the healthcare professional shall make documentation to that effect as provided in the guidance or rules of the appropriate licensing entity.
3. A healthcare professional who coprescribes an opioid antagonist as required shall provide counseling and patient education to a patient, or a patient's parent or guardian if the patient is less than eighteen (18) years of age, as provided in the guidance or rules of the appropriate licensing entity.
4. A healthcare professional who fails to coprescribe an opioid antagonist as required under this guidance and Arkansas Statutes may be referred to the appropriate licensing board for administrative sanctions or disciplinary action.
5. This guidance does not apply to a patient receiving hospice or other end-of-life care.