



Medication Management Agreement

The decision to use opioid (narcotic) medications was made because of my specific condition or because other treatments have not helped my pain. Because the Dr/PA-C at CSI are prescribing such medication for me to help manage my pain, when I sign this form I acknowledge that I understand and agree to the following conditions to make my treatment as safe and successful as possible.

1. **I understand an office visit every 4 weeks is required** for management of the medications and refills of the pain medication prescribed and will be given on a monthly basis. Failure to attend office visits will result in slow tapering and ultimate discontinuation of all opioid medications.
2. **I agree to use _____ pharmacy, located at _____**
phone number _____ for all my pain medications. If I change pharmacies for any reason, I agree to notify the doctor at the time I receive a prescription and advise my new pharmacy of my prior pharmacy's address and telephone number. Pharmacy "hopping" is not tolerated.
3. **I understand medications used will be prescribed by a single physician.** I am aware that "doctor shopping" is an unacceptable behavior. The same physician will be managing the possible side effects during use of opioids. This physician will be the only one to decide when and how opioid dosage may be increased. If the physician decides to discontinue the use of the opioids, the physician will follow me through this tapering off period and I will agree to recommendations made by the physician.
4. **I understand the use of the medication is not to completely eliminate pain.** Rather, the medication is used to significantly reduce pain so that I will be able to perform many activities of daily living as well as social activities. It is hoped that the use of these medications will improve the quality of life but it is unexpected that pain relief will be complete.
5. **I understand I must report significant side effects of each of the opioid medications.** For example: over- sedation, nausea, vomiting, constipation, confusion, euphoria (high feelings) and dysphoria (down feelings). Other side effects which may be related to narcotic use also include dizziness; sweating; respiratory depression (difficulty breathing); gastrointestinal upset; quick, sudden jerky movements of the arms or legs; headaches; weakness; tremor; seizure; dreams; musculature rigidity; transient hallucinations; disorientation; visual disturbances; insomnia; dry mouth; diarrhea; stomach cramps; taste alteration; flushing of the face; chills; increased or decreased heart rate; increased or decreased blood pressure; difficulty with urination; itching; skin rashes; and swelling of the skin.
6. **I understand that the use of this medication may result in physical dependence.** This condition is common to many drugs including steroids, blood pressure medications, anti-anxiety medications and anti-seizure medications, as well as opioids. Physical dependency poses no problem to me as long as I avoid abrupt discontinuation of the drug. Medication can be safely discontinued after 2 or 3 weeks of slow tapering.
7. **I understand that psychological addiction is a possible risk of the use of opioid medications.** This has been shown to be an infrequent occurrence in patients who have been diagnosed with an organic disease causing chronic pain. Psychological addiction is recognized when the individual abuses the drug to obtain mental numbness or euphoria, when the patient shows a drug craving behavior or engages in "doctor shopping," when the drug is quickly escalated without correlation with pain relief and when the patient shows a manipulative attitude toward the physician in order to obtain the drug. If I exhibit such behavior, the drug will be tapered; I will not be a candidate for continued opioid usage.

8. **I understand tolerance is also a condition which can occur with use of opioid medications.** It is defined as a need for higher opioid dose to maintain the same pain control. Usually, tolerance to sedation, euphoria, nausea and vomiting occurs more commonly than tolerance to pain relief. This condition may be controlled by switching to a different opioid medication. Tolerance can also be managed by adding a second, different drug to the opioid management. If tolerance to opioids becomes unmanageable, the opioid will be tapered and discontinued.
9. **I understand that driving a motor vehicle may be hazardous while taking controlled substances and that it is my responsibility to comply with the laws of this state and conduct myself safely while taking the medication prescribed.**
10. **I understand the use of the medication is designed and prescribed only for me.** I will never distribute it to others.
11. **I understand I am responsible for contacting the physician if at any time during the use of the opioid medications drowsiness or other major side effects develop.** The phone number to contact is **970-342-2220**.
12. **I understand that I may not stop taking the opioid medications abruptly.** If this happens, withdrawal symptoms usually occur 24-48 hours after the last dose. An individual may experience yawning, sweating, watery eyes, runny nose, anxiety, tremors, aching muscles, hot or cold flashes, "goose flesh", abdominal cramps and diarrhea. The withdrawal symptoms are self-limited but could be life-threatening. It may last a few days. In order to avoid the withdrawal symptoms, I am informed that **I must contact the physician's office 48 hours prior to needing a new prescription and that no refills will be done on Fridays, after office hours or on the weekends.**
13. **I understand that I may not take other drugs such as tranquilizers, sedatives or antihistamines without first consulting with the physician. I may not use alcohol.** The combination of the above drugs, alcohol and opioids may produce profound sedation, respiratory depression, blood pressure drop or death.
14. **I understand I must follow the physician's directions and not increase the opioid dose on my own.** Drug overdose can cause severe sedation, respiratory depression and possible death.
15. **I understand I must take the medication as prescribed by the physician.** Medications should be taken whole, and are not to be broken, chewed or crushed. Possible risk would be rapid absorption of the medication causing anxiety or death.
16. **I understand that if I am a female I should notify the physician if I am pregnant or am at possible risk of becoming pregnant.** Children born when the mother is on opioid maintenance therapy will likely be physically dependent on the opioid at birth.
17. **I understand if there is any evidence of drug hoarding, acquisition of drugs from other physicians, uncontrolled dose escalation or other aberrant behavior, this would be followed by tapering and discontinuation of opioid maintenance therapy and possible discharge from the physician's practice.**
18. **Due to increased regulatory oversight of controlled substance prescribing and associated health risks, we have instituted universal drug testing (UDT) protocol.**
19. I have been given a copy of *Material Risk: Known Side Effects of Chronic Opioid Use* and I have been informed and understand the information contained in the Brochure

I have read this agreement. I fully understand the consequences of violating this agreement. My prescriber _____ has answered my questions and I agree to the terms of the agreement.

Patient name: _____

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____

Copy given to patient



NOTICE OF MATERIAL RISK: KNOWN SIDE EFFECTS of CHRONIC OPIOID USE

The use of opioid medication may be associated with certain risks, some of which may be fatal

GI Complaints:

- Constipation
- Nausea
- Vomiting
- Abdominal cramping and bloating
- The overall risk of gastrointestinal bleeding is similar to non-steroidal anti-inflammatory (NSAID) agents
- May need regular use of Mira Lax and/or Senokot or other means to soften bowel contents and create movement of the gut to facilitate bowel movements regularly

Urinary:

- Urinary retention (difficulty urinating)

Pregnancy:

- Newborn may be dependent on opioids and suffer withdrawal symptoms after birth
- May cause birth defects

Drug Interactions:

- Other medications may interfere with the metabolism (breakdown or elimination) of medications
- In the right setting, this **could cause a potential overdose** without any change to your dose of opioid medications by reducing the excretion of your medication
- In the right setting, this could cause your medications to become less effective and be used up or eliminated quicker than would be expected
- Sometimes, these effects cannot be reliably predicted

Tolerance:

- Increasing doses of medication may be needed over time to achieve the same (pain relieving) effect
- Tolerance is variable and may or may not occur in anyone individual
- Other new, worsening, or different causes of pain may develop and need to be assessed, before any increase in medication can be provided or assigned to tolerance alone

Respiratory effects:

- Chronic opiate use has been shown to be associated with multiple features of sleep-disordered breathing (SDB)
- Central sleep apnea, ataxic breathing, hypoxemia, and carbon dioxide retention
- Among patients on round-the-clock opioid therapy for greater than 6 months, can be significant
- In contrast, in general population samples, sleep-disordered breathing is observed in 3-20% of persons
- Ataxic breathing has been observed in individuals taking opioids
- Among persons on higher opioid doses, the risk of opioid overdose was estimated to be higher.
- Bronchospasm (wheezing) causing difficulty in catching your breath or shortness of breath insusceptible individuals

Cardiovascular System Effects:

- A large cohort study among Medicare patients with arthritis found when opioid therapy was compared with NSAIDs and Celebrex, opioid therapy was associated with an increased risk of cardiovascular events (eg: myocardial infarction, heart failure).

Central Nervous System Effects:

- Opioid neurotoxicity is a significant issue, especially among the elderly
- Excessive sensitivity to pain associated with use has been reported in patients on chronic opioid therapy
- Dizziness and sedation are also central nervous system effects that can lead to unintended consequences among those receiving long-term opioid therapy such as:
 - Falls, fractures, and respiratory depression
 - Higher levels of comorbid clinical depression
 - Use of other central nervous system depressants such as benzodiazepines, barbiturates, and alcohol can:
 - Aggravate respiratory depression
 - Progress to apnea/death
- Sleepiness
- Decreased mental abilities
- Confusion
- You must avoid alcohol while taking opioid pain medication and when driving and operating machinery
- Itching and/or Rash

Musculoskeletal Effects:

- Relative risk of fractures for elderly patients on opiate therapy
- Doses of morphine over 50mg doubled the risk of fractures in the elderly
- Simply having a hip fracture increases odd of death to almost 22% after 1 year

Endocrine system Effects:

- Chronic opioid therapy has been found to have a strong impact on the male and female endocrine system
- Opiates have been shown to affect the release of every hormone from the anterior pituitary: growth hormone, prolactin, thyroid-stimulating hormone, adrenocorticotrophic hormone, and lutein- stimulating hormone

Endocrine system effects-Men:

- Can manifest clinically in males as hypogonadism, known as opiate-induced androgen deficiency
- Sexual dysfunction, infertility, fatigue, and decreased levels of testosterone
- Decreased testosterone is of special concern because of an increased risk of metabolic syndrome and insulin resistance

Endocrine system effects – Women:

- Decreased circulating levels of estrogen, lower follicle-stimulating hormone, and increased prolactin can lead to osteoporosis, no menstrual cycles, and lactation

Immune System Effects:

- Several types of opioids, most notably morphine and fentanyl have been shown to suppress the immune system
- They reduce glucocorticoids release and norepinephrine release
- Increase in pneumonia in elderly patients on chronic opioid therapy

Physical Dependence and Withdrawal:

- Physical dependence develops within 3-4 weeks in most patients receiving daily doses of these drugs
- If your medications are abruptly stopped, symptoms of withdrawal may occur. These include: nausea, vomiting, sweating, generalized malaise (flu-like symptoms), abdominal cramps, palpitations (abnormal heartbeats)
- Withdrawal symptoms may be uncomfortable, but are rarely life threatening
- To avoid withdrawal, controlled substances (narcotics) can be slowly weaned (tapered off) under the direction of your physician

Certain Actions on Your Part May Cause the Immediate Cessation of Prescribing by the Physician's Practice:

- Abuse of illegal drugs
- Suspected sale or distribution of your medications
- Failure to control access to your medications and prevent others from accessing them for illegal use
- Sharing your medications with others
- Violation of any of the provisions of your medication management agreement

Addiction and Abuse:

- This refers to abnormal behavior directed towards acquiring or using drugs in a non-medically supervised manner
- Patients with a history of addiction issues (alcoholism, gambling, tobacco abuse, street drug abuse, or addictions to other prescribed medications i.e. benzodiazepines - Valium like medications) are at increased risk for developing addiction

Allergic Reactions:

- Are possible with any medication
- Usually occurs early after initiation of the medication
- Most side effects are transient and can be controlled by continued therapy or the use of other medications

Other effects:

- Long-term opioid treatment is associated with an increase in mortality
- From a psychiatric standpoint, opioid users:
 - Exhibit a higher prevalence of depression, anxiety disorders, and bipolar disorder
 - Are more than 10 times as likely to use inpatient mental health services

You Could be a Target for Theft and /or Scams to Obtain Access to Your Opioid Medications:

- There are those who will watch what medications you get at the pharmacy, will dumpster dive to find potential targets, or approach you on the street to try to buy your medications or steal them from you
- A common scam is to pose as a serviceman, salesperson, or relator to get access to your home. They could hold you at gunpoint or simply ask to use your bathroom and then behind closed doors steal medications from your medicine cabinet if they are available with or without your knowledge
- Remove all labels from your prescriptions and shred them
- Recycle bottles / boxes your medications came in
- Store all medications in a lockable container to prevent loss or theft
- Do not leave medications in an unsecured area like a kitchen, hall, or medicine cabinet
- You may be approached by others to obtain a urine sample they could use to deceive a drug test