



Title: Opioid Prescribing Guidelines for USF Health
Responsible Office: USF Health Care Chief Medical Officer
USF Health College of Pharmacy Dean

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I. PURPOSE & INTENT

Opioid medications have the legitimate clinical purpose of providing adequate pain relief to patients suffering from a variety of acute and chronic conditions. However, the potential for misuse of and widespread addiction to these controlled substances necessitates development of specific policies and guidelines to assist practitioners when prescribing appropriate pain management therapy.

The intent of these guidelines is to provide access to safe and effective pain control for legitimate patients in need of treatment, while minimizing the risk for development of addiction in patients through improved prescribing and dispensing practices. Improvement of patient outcomes and quality of life is sought through reduction of under treatment, overtreatment, and inappropriate use of opioids. Advancement of evidence-based approaches to identify, monitor, treat, and follow up with patients suffering from addiction, in addition to focused education and training of practitioners in recommended controlled substance prescribing and dispensing practices and administration of rescue medication (i.e. naloxone) are all critical aspects to patient treatment.

Patient empowerment through improved communication and education from practitioners on the importance of compliance with therapeutic regimens, the dangers of deviation from a treatment plan, realistic expectations of opioid treatment, proper storage and disposal of medications, and use of rescue medications as necessary are other goals of the guidelines. Due to the increased scrutiny and regulation of opioid use, practitioners may be apprehensive to prescribe or dispense needed medication and these policies are intended to provide guidance to remain within established standards. Practitioner awareness and attention to signs of diversion, DEA established red flags, and consultation of the Florida prescription drug monitoring program (PDMP) E-FORSCE are included to aid the practitioner with an informed holistic approach to opioid prescribing and dispensing.

The policies of the university are in compliance with the Florida Boards of Medicine, Nursing and Pharmacy and take into consideration the recommendations of the CDC, DEA, and model policies on the use of opioid analgesics from the Federation of State Medical Boards. As of July 2017, there are twenty-three states that have passed legislation placing prescribing limits, setting specific requirements, or establishing a guidance for opioid prescriptions and our guidelines closely parallels the Massachusetts law, the very first legislation of this type passed in the country.

II. STATEMENT OF GUIDELINES

A. General Prescribing and Dispensing Practices

1. Standards for Use of Controlled Substances for the Treatment of Pain

USF Health realizes controlled substances, including opioid analgesics, may be essential in the treatment of acute pain due to trauma or surgery and chronic pain due to cancer. There is growing awareness that utility of opioids in other common chronic conditions, such as back pain, is questionable. The medical management of pain including intractable pain should be based on current knowledge and research and includes the use of both pharmacologic and non-pharmacologic modalities. Pain should be assessed and treated promptly, and the quantity and frequency of medication doses should be adjusted according to the intensity and duration of the pain. Prescribers (physicians and other licensed providers with prescriptive authority) should recognize that tolerance and physical dependence are normal consequences of sustained use of opioid analgesics and are not synonymous with addiction. Additionally, all prescribers should become knowledgeable about effective methods of pain treatment as well as statutory requirements for prescribing controlled substances.

Inappropriate prescribing of controlled substances, including opioid analgesics, may lead to drug diversion and abuse by individuals who seek them for other than legitimate medical use. Prescribing, ordering, administering, or dispensing controlled substances for pain is considered to be for a legitimate medical purpose if based on accepted scientific knowledge of the treatment of pain or if based on sound clinical grounds. All such prescribing should be based on an assessment of pain etiology, appropriate clinical management, and clear documentation of unrelieved pain and in compliance with applicable state or federal law.

Each case of prescribing for pain will be evaluated on an individual basis. Disciplinary action will not be taken against a prescriber for failing to adhere strictly to the provisions of these standards, if good cause is shown for such deviation. The prescriber's conduct will be evaluated to a great extent by the treatment outcome, taking into account whether the drug used is medically and/or pharmacologically recognized to be appropriate for the diagnosis, the patient's individual needs including any improvement in functioning, and recognizing that some types of pain cannot be completely relieved.

The validity of prescribing is based on the provider's treatment of the patient and on available documentation, rather than on the quantity and chronicity of prescribing. The goal is to control the patient's acute or chronic pain, prevent the progression from acute to chronic pain, while effectively addressing other aspects of the patient's functioning, including physical, psychological, social, and work-related factors. The following standards are not intended to define complete or best practice, but rather to communicate what the Florida professional licensing boards considers to be within the boundaries of professional practice.

Effective **February 8 2018**, USF Health is adopting the following evidence-based standards for the use of controlled substances for pain control:

(a) **Evaluation of the Patient.** A medical history and physical examination will be conducted and documented in the medical record. The medical record shall document the nature and intensity of

the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function (unless occurring in the immediate (< 72 hour) post-operative/post-procedure period), and history of substance abuse. The medical record also shall document the presence of one or more recognized medical indications for the use of a controlled substance.

(b) **Treatment Plan.** The written treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the prescriber shall adjust drug therapy, if necessary, to the individual medical needs of each patient. Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

(c) **Informed Consent and Agreement for Treatment.** The prescriber shall discuss the risks and benefits of the use of controlled substances with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is incompetent. The patient shall receive prescriptions from only one prescriber and one pharmacy where possible. For all patients requiring chronic opioids (greater than 3 months) or those patients determined to be at high risk for medication abuse or have a history of substance abuse, the prescriber shall employ the use of a written agreement between themselves and patient outlining patient responsibilities, including, but not limited to:

1. Urine/serum medication levels screening when requested,
2. Number and frequency of all prescription refills; and,
3. Reasons for which drug therapy may be discontinued (i.e., violation of agreement).

A sample treatment agreement is included as an appendix to these guidelines.

(d) **Periodic Review.** Based on the individual circumstances of the patient, the prescriber shall review the course of treatment and any new information about the etiology of the pain. Continuation or modification of therapy shall depend on the prescriber's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the prescriber shall reevaluate the appropriateness of continued treatment. The prescriber shall monitor patient compliance in medication usage and related treatment plans.

(e) **Consultation.** The prescriber shall be willing to refer the patient as necessary for additional evaluation and treatment to achieve treatment objectives. Special attention should be given to those pain patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation, and may require consultation with or referral to an expert in the management of such patients.

(f) **Medical Records.** The prescriber is required to keep accurate and complete records to include, but not be limited to:

1. The complete medical history and a physical examination, including history of drug abuse or dependence, as appropriate,
2. Diagnostic, therapeutic, and laboratory results,
3. Evaluations and consultations,
4. Treatment objectives,
5. Discussion of risks and benefits,
6. Treatments,
7. Medications (including date, type, dosage, and quantity prescribed),
8. Instructions and agreements,
9. Drug testing results; and,
10. Periodic reviews. Records will remain current, maintained in an accessible manner, readily available for review, and must be in full compliance with state and federal statutes and regulations.

(g) **Compliance with Controlled Substances Laws and Regulations.** To prescribe, dispense, or administer controlled substances, the prescriber must be licensed in the state and comply with applicable federal and state regulations. Physicians are referred to the Physicians Manual: An Informational Outline of the Controlled Substances Act of 1970, published by the U.S. Drug Enforcement Agency, for specific rules governing controlled substances as well as applicable state regulations. In addition, non-physician prescribers are referred to Barbara Lumpkin Prescribing Act of 2016; the Florida statute which outlines the specific registration and standards required by respective designations for controlled substance prescribing by non-physicians.

(h) **Continuing Education.** Applicable with state and federal requirements, licensure bodies, board certification, or other appropriate educational mandates, prescribing practitioners are strongly encouraged to complete continuing medical education activity on the safe and effective prescribing of controlled substances.

2. Standards for Dispensing of Controlled Substances

USF Health recognizes that it is important for the patients of the State of Florida to be able to fill valid prescriptions for controlled substances. In filling these prescriptions, pharmacists are not expected to take any specific action beyond exercising sound professional judgment. Pharmacists should not fear disciplinary action from the Board or other regulatory or enforcement agencies for dispensing controlled substances for a legitimate medical purpose in the usual course of professional practice. Every patient's situation is unique and prescriptions for controlled substances shall be reviewed with each patient's unique situation in mind. Pharmacists shall attempt to work with the patient and the prescriber to assist in determining the validity of the prescription.

Effective **February 8, 2018** USF Health Pharmacy Plus is adopting the following standards for dispensing of controlled substances:

(a) **General Standards for Validating a Prescription.** Each prescription may require a different validation process and no singular process can fit each situation that may be presented to the pharmacist. There are circumstances that may cause a pharmacist to question the validity of a prescription for a controlled substance; however, a concern with the validity of a prescription does not mean the prescription shall not be filled. Rather, when a pharmacist is presented with a prescription for a controlled substance, the pharmacist shall attempt to determine the validity of the prescription and shall attempt to resolve any concerns about the validity of the prescription by exercising his or her independent professional judgment.

(1) When validating a prescription, neither a person nor a licensee shall interfere with the exercise of the pharmacist's independent professional judgment.

(2) When validating a prescription, the pharmacist shall ensure that all communication with the patient is not overheard by others.

(3) When validating a prescription, if at any time the pharmacist determines that in his or her professional judgment, concerns with the validity of the prescription cannot be resolved, the pharmacist shall refuse to fill or dispense the prescription.

(b) **Minimum Standards Before Refusing to Fill a Prescription.**

(1) Before a pharmacist can refuse to fill a prescription based solely upon a concern with the validity of the prescription, the pharmacist shall attempt to resolve those concerns and shall attempt to validate the prescription by performing the following:

a. Initiate communication with the patient or the patient's representative to acquire information relevant to the concern with the validity of the prescription,

b. Initiate communication with the prescriber or the prescriber's agent to acquire information relevant to the pharmacist's concern with the validity of the prescription.

(2) In lieu of either subparagraph a. or b., the pharmacist may elect to access the Prescription Drug Monitoring Program's Database to acquire information relevant to the pharmacist's concern with the validity of the prescription.

(3) In the event that a pharmacist is unable to comply with paragraph (1), due to a refusal to cooperate with the pharmacist, the minimum standards for refusing to fill a prescription shall not be required.

(c) **Duty to Report.** If a pharmacist has reason to believe that a prescriber is involved in the diversion of controlled substances, the pharmacist shall report such prescriber to the Department of Health (www.flhealthcomplaint.gov).

(d) **Mandatory Continuing Education.** All pharmacists shall complete a Board-approved 2-hour continuing education course on the Validation of Prescriptions for Controlled Substances. The course content shall include the following:

- (1) Ensuring access to controlled substances for all patients with a valid prescription;
- (2) Use of the Prescription Drug Monitoring Program's Database;
- (3) Assessment of prescriptions for appropriate therapeutic value;
- (4) Detection of prescriptions not based on a legitimate medical purpose; and,
- (5) The laws and rules related to the prescribing and dispensing of controlled substances. All licensed pharmacists shall complete the required course upon license renewal.

(e) **Summary Record.** Every pharmacy permit holder shall maintain a computerized record of controlled substance prescriptions dispensed. A hard copy printout summary of such record, covering the previous 60 day period, shall be made available within 72 hours following a request for it by any law enforcement personnel entitled to request such summary under authority of Section 893.07(4), F.S. Such summary shall include information from which it is possible to determine the volume and identity of controlled substances being dispensed under the prescription of a specific prescriber, and the volume and identity of controlled substances being dispensed to a specific patient.

(f) **Patient Counseling.** All patients will be offered counseling by a pharmacist for new and refill prescriptions for all opioid medications.

B. Emergency Administration of Naloxone

All USF Health physicians, nurses, physician's assistants, and pharmacists involved in the prescribing, administration, and dispensing of controlled substances should be knowledgeable and receive training on emergency naloxone administration for use in their practice to provide direct care and education to patients. As an example, SAMHSA, in conjunction with the Boston University School of Medicine, offers a free online training program for prescribers and pharmacists that meets this recommendation (www.opioidprescribing.com).

Authorized health care practitioners may prescribe and dispense an emergency opioid antagonist to a patient or caregiver for use in accordance with these guidelines, and pharmacists may dispense an emergency opioid antagonist pursuant to such a prescription or pursuant to a non-patient-specific standing order for an auto-injection delivery system or intranasal application delivery system, which should be appropriately labeled with instructions for use. Such patient or caregiver is authorized to store and possess approved emergency opioid antagonists and, in an emergency situation when a provider is not immediately available, administer the emergency opioid antagonist to a person believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

Authorized health care practitioners, dispensing health care practitioners, or pharmacists, who possess, administer, prescribe, dispense, or store an approved emergency opioid antagonist in compliance with Florida law are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated and are afforded civil liability immunity protections provided under Florida's Good Samaritan statute 768.13.

An authorized health care practitioner, or a dispensing health care provider of pharmacists, acting in good faith and exercising reasonable care, is not subject to discipline or other adverse action under university policies and is immune from any civil or criminal liability as a result of prescribing an emergency opioid antagonist in accordance with this section.

This section does not create a duty or standard of care for a person to prescribe or administer an emergency opioid antagonist.

C. Accessing and Reporting to E-FORSCE, Florida's Prescription Drug Monitoring Program (PDMP)

Prescribers within USF Health will be required to access E-FORSCE prior to prescribing medications in Schedules II to IV as part of the patient evaluation process and to monitor for DEA Red Flag violations (e.g., provider shopping, over prescribing, early fills, cash payment for scripts, patients traveling long distances or across state lines to obtain medications, etc). Access to the database may be delegated to designees of the prescriber who have received training and taken the security and privacy course as specified in Fla. Admin. Code 64K-1.003(3).

Dispensers of controlled substances within USF Health in Schedules II to IV will be required to access the E-FORSCE database prior to dispensing controlled substance medications to monitor for DEA Red Flag violations (e.g. doctor shopping, over prescribing, early fills, etc).

Dispensers of controlled substances in Schedules II to IV must maintain mandatory post dispensing reporting requirements (i.e. must report dispensing as soon as possible, but not more than 7 days after) as provided under Florida law.

Please see appropriate access and utilization of the PDMP as elucidated in:

http://www.hidesigns.com/assets/files/flpdms/2016/Training_Guide_for_Florida_Practitioners_and_Pharmacists_-_Designee_Update_Final.pdf

D. Focused Training on Pain Management and Addiction

All practitioners within USF Health who prescribe, administer, or dispense controlled substances are strongly encouraged to complete an appropriate training module/course on pain management and addiction approved by ACCME, ANCC, or other USF Health approved courses.

USF Health students will receive training on pain management and addiction. Students will receive didactic content covering the pain physiology, pathology, assessment and interventions as well as content on evidence based safe prescribing practices in accordance with their future professional standards.

E. Specific Prescribing Recommendation Limits and Exceptions

Seven Day Supply Limit for Outpatient First Time Prescriptions

When issuing a prescription for an opiate to an adult patient for outpatient use for the first time, a practitioner should issue the minimum amount required for the management of the patient's pain related condition. Patients requiring opiates for a new, acute painful condition should receive no more than a 7-day supply. A practitioner shall not issue an opiate prescription to a minor for more

than a 7-day supply at any time and shall discuss with the parent or guardian of the minor the risks associated with opiate use and the reasons why the prescription is necessary. Concurrent prescriptions for controlled substances like benzodiazepines with opioids should only be done under significant caution, limited duration, and with close clinical monitoring.

Exceptions to Seven-Day Limit

If in the professional medical judgment of a practitioner, more than a 7-day supply of an opiate is required to treat the adult or minor patient's acute medical condition or is necessary for the treatment of chronic pain management, pain associated with a cancer diagnoses or for palliative care, then the practitioner may issue a prescription for the quantity needed to treat such acute medical condition, chronic pain, pain associated with a cancer diagnosis or pain experienced while the patient is in palliative care. The condition triggering the prescription of an opiate for more than a 7-day supply shall be documented in the patient's medical record and the practitioner shall indicate that a non-opiate alternative was not appropriate to address the medical condition. These limits do not apply to medications designed for the treatment of substance abuse or opioid dependence.

Evaluation and Written Pain Management Treatment Plan for Issuance of Extended-Release Long-Acting Opioids

Prior to issuing an extended-release long-acting opioid in a non-abuse deterrent form for outpatient use for the first time, a practitioner is required to evaluate the patient's current condition, risk factors, history of substance abuse, if any, and current medications; and inform the patient and note in the patient's medical record that the prescribed medication, in the prescriber's medical opinion, is an appropriate course of treatment based on the medical need of the patient.

In the event that a practitioner recommends that an extended-release long-acting opioid be utilized during the course of long-term pain management, the practitioner shall enter into a written pain management treatment agreement with the patient that appropriately addresses the benefits as well as the risk factors for abuse or misuse of the prescribed substance under guidelines published by the department. Such an agreement shall be filed in the patient's medical record or included in the patient's electronic health record. [See example in Appendix]

Required Consultation & Disclosure to Patient of Opioid Risks & Options to Fill a Lesser Quantity

Prior to issuing a prescription for an opioid contained in Schedule II, a practitioner is required to consult with the patient regarding the quantity of the opioid and a patient's option to fill the prescription in a lesser quantity; and inform the patient of the risks associated with the opioid prescribed.

Substance Abuse Evaluation for Overdose Patients in Emergency Departments

Overdose patients requiring naloxone administration and transport to an emergency department are strongly encouraged to undergo a substance abuse evaluation by a licensed mental health professional or through an emergency service program. When applicable, overdose patients and their families should be educated about naloxone and provided information about overdose reversal (including helping them obtain naloxone for emergent home administration). Parents of overdosed minors should be notified and consideration for contacting child protective services for abuse and neglect concerns consistent with mandatory reporting requirements under state law.

F. CONSERVATIVE AND NON-PHARMACOLOGICAL MANAGEMENT OF NON-CANCER PAIN

Before initiating opioid therapy for non-cancer pain management, the practitioner should consider offering the patient any combination of evidence-based approaches by a licensed practitioner when available and appropriate, such as treatment by a physical therapist licensed under chapter 486 or a chiropractic physician licensed under chapter 460. If the patient has failed to improve as assessed by evidence-based outcome measures, the physical therapist or chiropractic physician should refer the patient back to the referring practitioner to explore other treatment options.

III. DEFINITIONS

Terms included in the USF Health guidelines are as follows:

Acute Pain. The normal, predicted physiological response to an adverse chemical, thermal, or mechanical stimulus and is associated with surgery, trauma, and acute illness. It is generally time-limited and is responsive to opioid therapy, among other therapies.

Addiction. A neurobehavioral syndrome with genetic and environmental influences that results in psychological dependence on the use of substances for their psychic effects and is characterized by compulsive use despite harm. Addiction may also be referred to by terms such as “drug dependence” and “psychological dependence.” Physical dependence and tolerance are normal physiological consequences of extended opioid therapy for pain and should not be considered addiction.

Analgesic Tolerance. The need to increase the dose of opioid to achieve the same level of analgesia. Analgesic tolerance may or may not be evident during opioid treatment and does not equate with addiction.

Authorized Health Care Practitioner. A licensed practitioner authorized by Florida law to prescribe drugs.

Chronic Pain. A pain state which is persistent.

Controlled Substance. Any substance named or described in Schedules I-V of the Florida Drug Abuse Prevention and Control Act in Section 893.03 or in the federal Controlled Substances Act of 1970.

Emergency Opioid Antagonist: “Emergency opioid antagonist” means naloxone hydrochloride or any similarly acting drug that blocks the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

Invalid Prescription: A prescription is invalid if the pharmacist knows or has reason to know that the prescription was not issued for a legitimate medical purpose.

Opioid. A naturally occurring and synthetic or semi-synthetic medication that binds to an opioid receptor in the central nervous system.

Pain. An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.

Physical Dependence. “Physical dependence” on a controlled substance is defined as a physiologic state of neuro-adaptation which is characterized by the emergence of a withdrawal syndrome if drug use is stopped or decreased abruptly, or if an antagonist is administered. Physical dependence is an expected result of opioid use. Physical dependence, by itself, does not equate with addiction.

Pseudo-addiction. A pattern of drug-seeking behavior of pain patients who are receiving inadequate pain management that can be mistaken for addiction.

Substance Abuse. The use of any substances for non-therapeutic purposes or use of medication for purposes other than those for which it is prescribed.

Tolerance. A physiologic state resulting from regular use of a drug in which an increased dosage is needed to produce the same effect, or a reduced effect is observed with a constant dose.

Valid Prescription: A prescription is valid when it is based on a practitioner-patient relationship and when it has been issued for a legitimate medical purpose.

Validating a Prescription: Validating a prescription means the process implemented by the pharmacist to determine that the prescription was issued for a legitimate medical purpose.

IV. REFERENCES

National Conference of State Legislatures. Prescribing Policies: States Confront Opioid Overdose Epidemic. Aug 2017. Accessed online at: http://www.ncsl.org/Portals/1/Documents/Health/prescribingOpioids_final01-web.pdf.

Dowell D, Haegerich T, Chou, R. CDC. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain. Accessible at online at: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>.

Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain. Federation of State Medical Boards. July 2013.

Fla. Admin. Code 64B8-9.013 – Standards for the Use of Controlled Substances for the Treatment of Pain.

Fla. Admin. Code 64B16-27.831 – Standards of Practice for the Filling of Controlled Substance Prescriptions

Fla. Stat. §381.887 – Emergency treatment for suspected opioid overdose.

Fla. Admin. Code. 64K-1.001-1.007 – Prescription Drug Monitoring Program

HB 4056. General Court of the Commonwealth of Massachusetts. An Act relative to substance use, treatment, education, and prevention. (Mass. 2016)

History: Initial Draft 10/31/17

USF Sample Opiate/Pain Management Agreement

The purpose of this Agreement is to prevent misunderstandings about certain medications you will be taking for pain management. This Agreement is to help you and your provider to comply with the law regarding controlled pharmaceuticals.

_____ I understand that there is a risk of psychological and/or physical dependence and addiction associated with chronic use of controlled substances.

_____ I understand that this Agreement is essential to the trust and confidence necessary in a provider/patient relationship and that my provider undertakes to treat me based on this Agreement.

_____ I understand that if I break this Agreement, my provider will stop prescribing these pain control medicines.

_____ In this case, my provider will taper off the medicine over a period of several days, as necessary, to avoid withdrawal symptoms. Also, a drug-dependence treatment program may be recommended.

_____ I would also be amenable to seek psychiatric treatment, psychotherapy, and/or psychological treatment if my provider deems necessary.

_____ I will communicate fully with my provider about the character and intensity of my pain, the effect of the pain on my daily life, and how well the medicine is helping to relieve the pain.

_____ I will not use any illegal controlled substances, including marijuana, cocaine, etc., nor will I misuse or self-prescribe/medicate with legal controlled substances. Use of alcohol will be limited to times when I am not driving or operating machinery and will be infrequent.

_____ I will not share my medication with anyone.

_____ I will not attempt to obtain any controlled medications, including opioid pain medications, controlled stimulants, or anti-anxiety medications from any other provider.

_____ I will safeguard my pain medication from loss, theft, or unintentional use by others, including youth. Lost or stolen medications will not be replaced.

_____ I agree that refills of my prescriptions for pain medications will be made only at the time of an office visit or during regular office hours. No refills will be available during evenings or on weekends.

_____ I agree to use this pharmacy _____ located at this address _____ with the telephone number of _____ for filling my prescriptions for all of my pain medicine.

_____ I authorize the provider and my pharmacy to cooperate fully with any city, state or federal law enforcement agency, including this state's Board of Pharmacy, in the investigation of any possible misuse, sale, or other diversion of my pain medication. I authorize my provider to provide a copy of this Agreement to my pharmacy, primary care provider and local emergency room. I agree to waive any applicable privilege or right of privacy or confidentiality with respect to these authorizations.

_____ I agree that I will submit to a blood or urine test if requested by my provider to determine my compliance with my program of pain control medications.

_____ I understand that my provider will be verifying that I am receiving controlled substances from only one prescriber and only one pharmacy by checking the Prescription Monitoring Program web site periodically throughout my treatment period.

_____ I agree that I will use my medicine at a rate no greater than the prescribed rate and that use of my medicine at a greater rate will result in my being without medication for a period of time.

_____ I will bring unused pain medicine to every office visit.

_____ I agree to follow these guidelines that have been fully explained to me. All of my questions and concerns regarding treatment have been adequately answered. A copy of this document has been given to me.

This Agreement is entered into on this _____ day of _____, 201_.

Patient Signature: _____

Patient Name (printed): _____

Provider signature: _____

Provider Name (printed): _____

Witnessed by: Signature: _____

Name (printed): _____