

Sample Opioid Medication Treatment Agreement

I understand that I am receiving opioid medication from Dr. _____ to treat my pain condition. I agree to the following:

1. I will not seek opioid medications from another physician. Only Dr. _____ will prescribe opioids for me.
2. I will not take opioid medications in larger amounts or more frequently than is prescribed by Dr. _____.
3. I will not give or sell my medication to anyone else, including family members; nor will I accept any opioid medication from anyone else.
4. I will not use over-the-counter opioid medications such as 222s and Tylenol® No. 1.
5. I understand that if my prescription runs out early for any reason (for example, if I lose the medication, or take more than prescribed), Dr. _____ will not prescribe extra medications for me; I will have to wait until the next prescription is due.
6. I will fill my prescriptions at one pharmacy of my choice; pharmacy name: _____.
7. I will store my medication in a secured location.

I understand that if I break these conditions, Dr. _____ may choose to cease writing opioid prescriptions for me.

THIS AGREEMENT MADE the _____ day of _____, 20__.

Patient Signature

Physician Signature

— adapted from the Canadian Guideline for Safe and Effective Use of Opioids in Chronic Non-Cancer Pain

Opioid Treatment Agreement Information

Opioids are an important part of a comprehensive pain treatment program. Ideally, a treatment agreement should be discussed prior to initiation of a long term opioid trial after evaluation of opioid risk with your patient. Opioid treatment agreements may not be necessary for all long-term opioid patients, however, they should be considered for those patients at high risk of misuse or abuse.

The purpose of a treatment agreement is to:

- Promote communication between the physician and patient.
- Improve patient safety.
- Clarify possible prescribing issues and how they will be managed.
- Avoid misunderstandings.
- Improve practice efficiency.
- Assist the physician in dealing with aberrant behaviours.

The sample treatment agreement provided can be modified to reflect physician prescribing practices and individual patient circumstances. Some options to consider if appropriate are:

1. I may be required to have part-fills of my prescriptions to improve safety.
2. I may be required to do urine drug screening and/or blood testing as part of my medication management.
3. I will not use any mood-altering drugs or medications while being prescribed opioids.
4. I agree to participate in other treatment modalities recommended by Dr. _____.
5. For my opioid trial to be a success, I would like to achieve:

	Now	Goal
Pain (0-10)	_____	_____
Activity	_____	_____

Setting realistic treatment goals with your patient is important and this can be incorporated in your treatment agreement to guide care. Physicians should have firm boundaries around opioid prescribing in their practices. Physicians should be consistent but exercise judgement for unusual circumstances. Repeated aberrant behaviour is more worrisome than a one-time situation with a reasonable explanation.

It is important to ensure informed consent prior to initiating long-term opioid therapy. A discussion about potential benefits, side effects, complications, and risks is important to have with your patient. Setting realistic goals with your patient about pain reduction and/or functional improvement can be helpful to determine optimal dose and manage expectations. Patient educational materials are provided in the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* in Appendix B-4.

For more information about the *Canadian Guideline for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain* go to: <http://nationalpaincentre.mcmaster.ca/opioid/> .