

Opioid Patient-Prescriber Agreement (PPA)

Opioid medicines are a type of pain relieving medicine (analgesic) used to reduce pain that is severe enough to need this type of treatment. This Opioid Patient-Prescriber Agreement (PPA) is a tool for becoming informed about the benefits, risks, limitations, and safe use of opioid medicines. It is designed to help create an open conversation between patient and prescriber.

Part 1

deciding whether
to use opioid
medicines for pain

I understand that pain and pain treatment are different for each person. Opioid medicines can reduce some, but not all, types of pain and can even make some pain worse. **It is impossible to predict how much my pain will decrease or how much my quality of life will increase from using opioid medications.** Science has not proven the clear long-term benefits from using opioids for chronic pain but has shown clear and serious risks from using these medications.

Goals of therapy

I hope opioid medicines may reduce my pain, making it easier to:

.....

.....

.....

Other treatment options

My prescriber and I may also try **other treatment options**, including (but not limited to):

- Over-the-counter medicines, such as acetaminophen (Tylenol®), ibuprofen (Motrin®), or naproxen (Aleve®)
- Other prescription medicines, such as muscle relaxants
- Physical therapy and appropriate exercise
- Acupuncture
- Dietary changes and weight loss
- Self-management techniques and coping strategies, such as meditation, stress reduction, counseling and coaching, massage therapy, social support groups, and attention to proper sleep
- Other medical procedures

Opioid side effects

I am aware and will remain mindful of the following **side effects** of using opioid medicines:

Physical dependence

My body gets used to the opioid medication. If I suddenly stop taking an opioid medicine, I can have withdrawal symptoms such as diarrhea, sweating, nervousness, nausea, and vomiting. I may need help from my provider with gradually lowering the dosage.

Tolerance

Over time, I might need more opioid medicine to get the same level of pain relief.

Misuse, abuse, and addiction

I understand that I may develop an intense craving for the opioid medicine, even if I take it as prescribed. When a person is not able to control their opioid medicine use and continues using the medicine despite the problems it causes, this is

called **addiction**. If I am using opioids in a way that was not prescribed by my doctor, I may be misusing, abusing, and/or addicted to opioids. I will need medical supervision to gradually lower the dose and stop the opioid medicine.

Other opioid side effects

Other common and potential **opioid side effects** include:

- | Common | Serious | Life-threatening |
|--|--|--|
| <input type="checkbox"/> constipation | <input type="checkbox"/> addiction | <input type="checkbox"/> breathing problems during sleep |
| <input type="checkbox"/> confusion | <input type="checkbox"/> physical dependence | <input type="checkbox"/> intestinal blockage |
| <input type="checkbox"/> depression | <input type="checkbox"/> tolerance | <input type="checkbox"/> overdose |
| <input type="checkbox"/> drowsiness | <input type="checkbox"/> unexpected increased pain | |
| <input type="checkbox"/> dry mouth | | |
| <input type="checkbox"/> itching | | |
| <input type="checkbox"/> lowered testosterone levels | | |
| <input type="checkbox"/> nausea or vomiting | | |

Increased risk of side effects

I understand that **some medicines**, such as

- sleeping aids
- allergy medicines
- anti-anxiety medicines
- and other substances such as alcohol

can seriously increase the chance of opioid medicine side effects. These side effects can be life-threatening due to slowed breathing, increased drowsiness, and decreased alertness.

Impaired ability + changes in alertness

I understand that use of **opioid medications may impair my ability** to:

- drive a vehicle
- ride a bike
- operate dangerous machinery
- make important decisions

and I will be **cautious** if I do any of these activities, or any activity that requires me to be alert, until I am sure I can perform such activities safely.

Medication history and updates

I have told my prescriber about all the medicines I am taking, including any prescription, over-the-counter, and herbal medicines. I will discuss with my prescriber any new medicine that I take in the future, and I will keep my medications list up to date.

I agree to **discuss with my prescriber my and my family’s past and present use of any habit-forming substances** before we decide to try to treat my condition with an opioid medicine. These include:

- tobacco
- alcohol
- prescription drugs
- street drugs



Part 2

promising to use
opioid medicines
safely

I understand that I need to take an active role in my own health care to get the most benefit and reduce the risks from using an opioid medicine.

I agree to take opioid medications only as prescribed by my provider.

I understand that taking more than the prescribed dosage of opioid medications without my physician's approval may result in severe side effects and/or in tapering or discontinuing my opioid prescriptions.

Sticking to the plan

I understand that failure to adhere to my doctor's recommendations regarding other forms of treatment—such as physical therapy, psychological counseling, or other medications—may interfere with the efficacy of opioid treatment. **Continued prescription of opioid medications may depend on my adherence to other therapies prescribed by my physician.**

I will not obtain opioid medications from any other health care professional other than my provider, as this constitutes grounds for discontinuing my opioid prescription.

Filling your prescription

I understand that forging or altering prescriptions constitutes grounds for discontinuing my opioid prescription. It is also against the law.

Other substances + drug testing

I agree **not to drink alcohol** at the same time I'm using prescribed opioid medications.

I agree **not to use any illegal substance** (such as cocaine, heroin, methamphetamines, ecstasy, etc.), or other people's prescription pain or anxiety medicines, at any time while I am on an opioid agreement. Violation of this agreement may result in tapering or discontinuing my opioid prescriptions.

I agree to **routinely provide a sample** (such as urine, saliva, or blood) before or while I am taking opioid medicine for purposes of monitoring.

Keeping medications safe

I agree to **keep my opioid medicine in a locked cabinet or secure place** where other people cannot reach it.

I understand that **I must promptly report any lost or stolen prescriptions to law enforcement** and to my provider. I understand that my lost or stolen medication cannot be replaced.

I understand that it is illegal to sell, give away, or otherwise share my medication with others, including family members—this constitutes grounds for weaning off and discontinuing my opioid prescription.

I understand that it is **my obligation to safely dispose of any unused supply of my opioid medication**. I will talk to my provider about how to do this.

Females only**I will tell my prescriber if I am pregnant or planning to become pregnant.**

I understand that taking opioid medicine during pregnancy can harm my unborn baby.



Precautions

I will make myself, and those close to me, **aware of the signs and symptoms of early overdose**, which include slowed or troubled breathing. If someone accidentally takes some of my opioid medicine or I accidentally take too many doses, I will call 911 or instruct those around me to call 911.

If I start to have more pain or other unusual or bothersome side effects, **I will contact my prescriber right away**. I will not make any changes to the opioid medicine without first communicating with my prescriber.

I understand that individuals using long-term opioid therapy may benefit from **having a naloxone kit to use in the event of overdose**. My prescriber can provide further information about this kit, which may or may not be covered by my medical insurance.

Contingency for continued opioids

Additional things I need to do to continue getting my opioid medication:

.....
.....

Medication details

Medication 1	Dose	Quantity	Date
.....

Directions

Medication 2	Dose	Quantity	Date
.....

Directions

Medication 3	Dose	Quantity	Date
.....

Directions

Part 3

for the patient and the prescriber

- My prescriber and I have discussed all the items on this checklist.
- We **both agree that an opioid pain medicine is the best choice** for my condition at this time.
- My prescriber and I agree that we will **periodically go over this checklist** again in the future.
- My prescriber and I agree that we will **periodically review my goals** of therapy to assess if my goals are being met, or when my goals have changed.

Signatures

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Patient signature and date

.....
MD/DO/NP signature and date

.....
PCP signature and date (if not the prescriber)