

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

- constipation
- confusion
- depression
- drowsiness
- dry mouth
- itching
- lowered testosterone levels
- nausea or vomiting

Serious

- addiction
- physical dependence
- tolerance
- unexpected increased pain

Life-threatening

- breathing problems during sleep
- intestinal blockage
- overdose

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:

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.....

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

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PCP signature and date (if not the prescriber)