

CLINICAL POLICY
Chronic Opioid Therapy Pain Management Agreement
for Patients with Chronic Pain

A. EFFECTIVE DATE :	July 1, 2018
B. PURPOSE :	To establish uniform standards for the use of the Chronic Opioid Therapy Pain Management Agreement with patients receiving opioid prescriptions for chronic pain for 3 months or longer.
C. POLICY :	<ol style="list-style-type: none"> 1. All patients prescribed opioids for treatment of chronic pain for 3 months or longer will be required to participate in a Medication Agreement. 2. Patients will have been assessed for risk of future addiction. 3. Agreements are valid for 1 year and must be renewed if treatment continues. 4. Practitioners will adhere to all requirements of state law including checking CPMRS prior to the initial prescription and at 3 month intervals. 5. UConn Health Practitioners will not provide long term opioid prescriptions to patients who do not adhere to the terms of the agreement including random urine testing, pill counts, and adjunctive pharmacologic and non-pharmacologic therapies (physiotherapy).
D. SCOPE :	Applies to all UConn Health Providers who prescribe opioids for chronic pain.
E. PROCEDURES, GUIDELINES AND PROTOCOLS :	<ul style="list-style-type: none"> • Procedure – Obtaining a Medication agreement • Procedure – Pill count for Patients with Chronic Opioid Therapy Pain Management Agreements • Procedure – Patients with Cancer Associated Pain • Procedure – Patients with Sickle Cell {pending}
F. OTHER RELATED DOCUMENTS:	<ul style="list-style-type: none"> • Chronic Opioid Therapy Pain Management Agreement • Opioid Risk Tool (ORT)
G. REFERENCES :	CGS §20 – 14o: PA 17 -131; CDC Annual Surveillance Report of Drug Related Risks and Outcomes United States
H. RELATED POLICIES :	None
I. SEARCH WORDS :	Prescriptions, Opioids, Medication Agreement
J. ENFORCEMENT:	Violations of this policy may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in the procedures document related to this policy.
K. APPROVED BY :	<ol style="list-style-type: none"> 1. <u>Andrew Agwunobi, MD (Signed)</u> <u>12/10/18</u> UConn Health Chief Executive Officer Date 2. <u>Anne D. Horbatuck (Signed)</u> <u>12/7/18</u> Policy Committee Chair/Co-Chair Date

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	3. <u>Scott Allen, MD (Signed)</u> <u>12/7/18</u> Policy Committee Chair/Co-Chair Date
L. REVISION HISTORY :	1. Approved: 4/22/2018 by Clinical Council 2. Revised: 10/23/18, 11/28/18

[END OF POLICY]