

**UConn Health**  
**Chronic Opioid Therapy Pain Management Agreement**

I understand that opioid pain medications can be addicting. I know that it is a crime to give away or sell these medications. I understand that my doctor does not have to prescribe these medicines for me and that there are other options to treat pain. I can die from taking too much opioids. The risks and benefits of opioid pain medications have been discussed with me. Because these medications are dangerous, there are many rules for getting regular opioid prescriptions from my doctor's office, which are described in detail below. I understand and agree to follow all of these rules.

**REASON FOR TREATMENT:**

---

Diagnosis for which opioid is being prescribed

**MY TREATMENT GOAL:**

---

Treatment Goal (e.g. "be able to kneel on the ground and play with kids," "complete PT," "get through an 8 hour work day," "to be able to do enough exercise for weight loss. If unsuccessful with weight loss then opioid medication will be stopped".)

**MY PRESCRIPTION:**

---

Opioid Regimen

I have read (or someone read to me) the **Chronic Opioid Therapy Informed Consent** and I understand the risks, benefits and alternatives for Opioid use

\_\_\_\_\_ (Initials)

I have read (or someone read to me) the **Pain Management Agreement**

\_\_\_\_\_ (Initials)

**SIGNATURE:**

---

Patient Name

DOB

---

Patient Signature

Date

---

Read and reviewed with

Healthcare Team Member Signature

Date

---

Provider Name

Provider Signature

Date

---

Name of translator if applicable

## Chronic Opioid Therapy Informed Consent

### POSSIBLE RISKS:

1. **Overdose:** You can die from an overdose of opioid medications. The risk of dangerous overdose is higher if you take opioids combined with alcohol or other medications that can make you sleepy (See Appendix I). Most overdoses are unintentional and can happen to anyone taking opioid medication.
  - a. There is a medicine called Naloxone (Narcan®) that can save your life. It is available at some pharmacies and does not require a prescription. We recommend you get it, but it is not a requirement of this agreement.
2. **Side Effects:** Such as constipation, nausea, vomiting, sedation, drowsiness, slowed breathing, slowed reaction time, confusion, difficulty thinking, depression, headaches and sexual dysfunction can occur at any time. It may be unsafe for you to operate machinery, drive a car, or be responsible for taking care of other people while using this medication.
  - a. **For men:** Chronic opioid use can cause low testosterone levels in men. This can decrease your stamina, mood, libido and physical and sexual performance.
  - b. **For women:** If you use opioid medications while pregnant, the baby can be born addicted to opioids. I will tell my doctor right away if I am or I become pregnant.
3. **Addiction:** Opioid medications are addictive.  
**Tolerance:** Your body may get used to the opioid medications and their effect on your pain could decrease over time. If this happens, we may need to stop the medicine.  
**Physical Dependence:** You may have withdrawal symptoms such as abdominal cramping, diarrhea, anxiety when you stop the medicine.
4. **Theft:** People may try to steal these medications from you. You should not tell other people you have these medications. You are responsible for keeping these medications safe, for example, keeping them hidden in a lock-box.
5. **CT Law:** Connecticut state law (CGS § 14-227a) prohibits driving while under the influence of alcohol or drugs. If your driving is impaired and you are taking opioid medications, you could get a DUI (Driving Under the Influence) or a DWI (Driving While Intoxicated) offense.

### POSSIBLE BENEFITS:

1. Opioids may help improve your function at home and work
2. You may have improvement of your pain, but will not make you pain free, and the improvement can decrease over time
3. By decreasing pain, you may have improvement in sleep
4. If pain is better controlled, you may be able to take better care of yourself such as exercising, working, and taking care of your home
5. You and your doctor may be able to focus more on your other medical problems once your pain is better controlled
6. Overall, taking opioids may improve your quality of life
7. Setting a treatment goal helps measure how opioids are helping you with your pain

### ALTERNATIVES:

There are many alternative options for treatment of chronic pain other than opioids. Opioids are not the recommended treatment for chronic pain that is not due to cancer. Opioids are not recommended on their own to treat chronic pain. Alternative options will be recommended in addition to opioid medication (See Appendix II).

## **Pain Management Agreement**

### **AGREEMENT:**

1. I understand that treatment with opioids is started as a trial and will only be continued if it is helping.
2. I understand that the goal of treatment is to function better and opioids will not make me pain free.
3. I understand that medication is only one part of my treatment plan and I agree to participate in all recommended treatments and follow up.
4. I agree to have regular visits specifically for the condition I am receiving opioid therapy to treat as well as set yearly clinic visit to re-sign a medication agreement. At a minimum, I will be seen in the office every three months for ongoing care and evaluation.
5. I agree to take the medication only as prescribed. It is my responsibility to call the office no less than 7 days in advance when I need a refill. I understand that refills will never be provided at night or over the weekends. I understand that changes to my prescriptions, including dose adjustments and new medications, will be made only during scheduled office visits and not over the phone or during unscheduled visits.
6. I agree to random drug testing and random pill counts, which may be requested at any time. I understand that the medication will be stopped if I am unreachable or unavailable for this monitoring within 24 hours when requested.
7. I agree to fill all opioid prescriptions at the same pharmacy every time.
8. I understand that providers in CT are limited to a 7 day supply for a new prescription and a 30 day supply script without refills after that.
9. I understand that lost or stolen medications will not be refilled early. It is my responsibility to protect and secure my medications. This includes keeping them out of reach of children.
10. I will not abuse alcohol or use any illegal drugs while taking this medication.
11. I will not take any opioid medications from another provider. I will not take any sedating medications or other controlled substances without prior approval from my provider. Controlled substances can include prescriptions from other doctors, medications borrowed or accepted from family or friends and any illicit or street drugs.
12. I understand that pharmacies report all opioid prescriptions to a database that my prescribers are required by CT law to check.
13. I understand that if my prescriber is unavailable, a covering provider within my UConn Health primary care office may refill my medication.
14. If an unavoidable emergency situation occurs requiring a prescription for sedative or opioid pain medication, I will contact my prescribing provider within 72 hours and discuss with the office.
15. I agree to allow my providers at the UConn Health to speak with other providers (within and outside UConn Health) and pharmacists regarding my use of controlled substances, mental health and pain management as deemed clinically necessary. I agree to have the electronic medical record contain information about the opioid agreement so the other providers at UConn Health are informed.
16. In addition to all of the above, I understand and accept the right of UConn Health to terminate this agreement for the following reasons:
  - a. If I give, sell, or in any way distribute prescribed medications to any other person(s).
  - b. If I, in any way, attempt to forge or alter a prescription.
  - c. If I have violent or aggressive behavior at the clinic or over the phone.
  - d. If my medical condition declines to the point at which, in my doctor's judgment, continuing opioid medications is dangerous for my well-being or safety.

Patient sticker here

- e. If there is evidence that I am no longer receiving a reasonable benefit from the medication or my doctor determines that I am no longer a good candidate to continue the medication.
- f. If I don't follow all of my physician's recommendations.
- g. If I don't follow all of the conditions of this agreement.

**Appendix I. Medications and Substances That May Cause Problems if Taken with Your Opioid(s)**  
**Please note this list is not comprehensive and any medication changes should be discussed with your doctor or pharmacist prior to taking with your opioid.**

-Any medication or substance that makes you feel tired or sedated

-Alcohol

**-Opioids**

<b>Generic</b>	<b>Brand</b>
Buprenorphine	Belbuca, Buprenex, Butrans, Probuphine Implant, Subutex
Butalbital (often combined with acetaminophen or aspirin)	Fioricet, Fiorinal
Butorphanol	Stadol
Codeine	Tylenol #3
Fentanyl	Actiq, Duragesic, Fentora, Lazanda, Sublimaze, Subsys
Hydrocodone	Hydromet, Hysingla, Lortab, Norco, Tussigon, Vicodin, Vicoprofen, Zohydro
Hydromorphone	Dilaudid, Exalgo
Levorphanol	Levo-Dromoran
Meperidine	Demerol
Methadone	Dolophine, Methadose
Morphine	Avinza, Duramorph, Embeda, Kadian, MS Contin, MS-IR,
Nalbuphine	Nubain, Raltrox
Oxycodone	Roxicodone, Endocet, Oxaydo, Oxycontin, Oxy-IR, Percodan, Percocet, Roxicet, Xtampza
Oxymorphone	Opana
Pentazocine	Talwin
Tapentadol	Nucynta
Tramadol	Conzip, Ultram, Ultracet

**-Non-Opioids**

<b>Generic</b>	<b>Brand</b>
Alprazolam	Xanax
Baclofen	Gablofen, Lioresal
Carisoprodol	Soma
Chlorodiazepoxide	Librium
Clonazepam	Klonopin
Cyclobenzaprine	Flexeril
Dantrolene	Dantrium
Diazepam	Valium
Dronabinol	Marinol, Syndros

Patient sticker here

Estazolam	ProSom
Eszopiclone	Lunesta
Gabapentin	Gralise, Horizant, Neurontin
Lorazepam	Ativan
Metaxalone	Metaxall, Skelaxin
Methocarbamol	Robaxin
Orphenadrine	Norflex
Oxazepam	Serax
Pentobarbital	Nembutal
Phenobarbital	Luminal, Phenobarb
Pregabalin	Lyrica
Temazepam	Restoril
Tetrahydrocannabinol	Medical Marijuana
Tizanidine	Zanaflex
Triazolam	Halcion
Zaleplon	Sonata
Zolpidem	Ambien

**-Over The Counter Medications and Herbal Remedies**

Diphenhydramine	Benadryl, Tylenol PM, Advil PM, others
Doxylamine	Unisom
Kava Kava	
St John's Wart	
Valerian	

**Appendix II. Alternatives to Opioid Medications to Care for Pain**

Heat and cold therapy (heating pads, ice packs)

Stretching

Exercise

Weight loss

Massage

Acupuncture

Reiki

Chiropractic therapy

Nerve stimulation

Relaxation or stress reduction training

Music therapy

Physical therapy

Occupational therapy

Mental health treatment

Self-care techniques

Counseling and coaching

Meditation

Rehabilitation

Non-opioid pain medications (Non-steroidal anti-inflammatory drugs, antidepressants, anticonvulsants)

Injections

Specialist pain care

Surgery

Pain classes

Support Groups

Attention to proper sleep