

# Medication Management Agreement



Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Provider name: \_\_\_\_\_

PATIENT LABEL

## *I understand that:*

- Medication to manage my pain is being ordered by my provider, to allow me to do things that I can't do now because of pain.
- Pain medication may make my pain better, but may not take away all of my pain.
- My provider may change or stop my pain medication if it does not help me do the things I cannot do now.
- There is a risk that I could get addicted to pain medicine. If this happens, or if I am not using the medicine as told, my doctor may stop giving it to me.
- Active substance abuse is a contraindication to chronic narcotics for chronic pain. Active substance abuse is defined as clean and sober less than 1 year. If patient is clean and sober for greater than one year, s/he must be actively involved in a recovery program in order to be considered for chronic narcotic treatment.
- Narcotics will NOT be prescribed on the first visit with any LCH provider, as medical records must be obtained prior to prescribing. Benzodiazepines will only be prescribed on a first visit if clinically indicated (for example, the provider fears seizure due to abrupt withdrawal).
- Other medications such as tricyclic antidepressants (TCA's) or gabapentin may be used, prior to escalating narcotic doses.
- If the provider terminates the medication management agreement, I will receive a letter stating they will no longer receive controlled medications from ANY provider within the LCH system. All other medical care will continue.
- The medication management agreement will be considered violated and will be terminated when any of the following occur:
  - a. Two inconsistent or failed urine drug screens
  - b. Suicide attempt
  - c. Drug seeking behavior as evidenced by multiple controlled prescriptions from multiple providers or clinics, or inconsistent CURES report, or repeated requests for early refills
  - d. Non adherence to any portion of this policy
- LCH providers will **NOT** prescribe any of the following: Ambien (zolpidem)
  - Fentanyl
  - Hydromorphone (Dilaudid) Methadone
  - Oxycodone OxyContin
  - Oxymorphone
  - Promethazine with codeine Soma
  - (Carisoprodol)
  - Xanax (alprazolam)
- Any decision to reinstate controlled medications for a patient with a terminated medication management agreement will be made by the pain management and controlled substance committee, in conjunction with LCH's Chief Medical Officer.

# Medication Management Agreement



***I will:***

- Only get my pain medicine from \_\_\_\_\_ 's office and from \_\_\_\_\_ pharmacy.
- Take the medication exactly as directed by my doctor.
- Allow my doctor to talk with other doctors about my health problems.
- Only call/ask for refills during office hours (Monday to Friday from 8:00 am to 5:00 pm).
- Understand that controlled medications will NOT be refilled early, even in the event of a suspected or confirmed theft.
- Tell my doctor if I get pain medicine from another doctor or an emergency room.
- Keep all medications stored in a safe place AND away from children.
- Bring all pain medication I have not taken yet to every office visit.
- Inform my doctor of all medications and visits to other clinicians; such as specialists and emergency departments.
- Participate in all therapies and modalities recommended by the doctor, including but not limited to; exercise, physical therapy, lifestyle modifications, and attending all visits and consultations as ordered and recommended.
- Attend one initial behavioral health counseling consultation, and follow up with further counseling as recommended by the behavioral health clinician.
- See a dentist within the first two months of starting a medication management agreement. If patient sees a non-LCH dentist, I will provide proof of consultation such as a dental note.
- Agree to a psychiatry or psychology consultation referral if taking benzodiazepines greater than 90 days and/or with a history of mental illness.
- Allow my doctor to check my urine "pee" and/or blood RANDOMLY for inconsistencies.
- Agree that an inconsistent or failed urine drug screen occurs when:
  - a. Controlled medication prescribed by LCH provider is NOT found on urine drug screen, and/or
  - b. Controlled medication(s) NOT prescribed by LCH provider are found on urine drug screen, and/or
  - c. Illicit drugs are found on urine drug screen, and/or
  - d. Marijuana found on urine drug screen obtained any time after 60 days of the initial consultation.
- See a behavioral health clinician within two weeks of the first inconsistent or failed urine drug screen.

The medications covered by this agreement: **(Please print clearly)**

Medication	Dose	How I Take It	Monthly Amount

***I will NOT:***

- Use someone else's medicine, share, sell, or trade my pain medicine with anyone.
- Use illegal drugs (such as crystal meth, heroin, cocaine, etc.).
- Change how I take my medicine without asking my doctor.
- Ask my doctor for extra refills if I use my supply or lose my medicine before my next visit with my doctor.

***I understand that if I do not follow these rules, my doctor:***

- Will stop prescribing pain medicine for me and may ask me to see another doctor for my care.
- May refer me to any drug or alcohol abuse programs for further treatment.

Patient signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider name: \_\_\_\_\_

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_