

CONTROLLED SUBSTANCES

TREATMENT AGREEMENT CALIFORNIA

STATE SPECIFIC

Required by State:

No statutory or regulatory requirements.

Recommended by State (For Opioid Prescribing):

Treatment agreements are recommended for patients on short-acting opioids at the time of third visit within two months, on long-acting opioids, or for patients expected to require more than three months of opioids, and should include:¹

- The physician should provide reasons for which drug therapy may be discontinued, such as violation of the treatment agreement.²
- The patient should receive prescriptions from one physician/practice, with that physician/practice designated in the agreement.¹
- The patient should have the prescriptions filled at one pharmacy, with the name and phone number of the pharmacy designated in the agreement.¹
- The patient agrees to drug testing (blood, urine, hair, or saliva).¹
- The patient is responsible for safely using medication, meaning that the patient should store the medication in a secure location and safely dispose of any unused medication.¹
- The patient's agreement to share information with family members and other close contacts regarding recognition and response to overdose, including administration of an opioid antagonist, if necessary.¹
- The physician will be available during emergencies or otherwise have a covering physician available in the event that unforeseen problems arise and to prescribe scheduled refills.¹

TO CONSIDER FROM OTHER STATES

Considerations:

- The goals of treatment.

- Discuss any monitoring tools that the physician wishes to use, such as pill counts.
- The patient is prohibited from sharing, giving, or selling any medication to others.
- If the physician becomes concerned that there has been illegal activity, the physician may notify the authorities.
- The patient provides informed, written consent for release of the agreement to local emergency departments and/or pharmacies, therefore, other providers such as ER personnel or pharmacists may report violations of the agreement back to the prescribing physician.
- The prescriber's responsibility to provide referrals to substance abuse counseling when the abuse potential is present and also for failed drug screens.
- The patient may be responsible for keeping a pain diary or a diary of daily accomplishments.
- If the patient violates the terms of the agreement, those violations and the physician's response to them will be documented along with the rationale for changes in the treatment plan.

INFORMED CONSENT CALIFORNIA

STATE SPECIFIC

Required by State:

No statutory or regulatory requirements.

Recommended by State (For Opioid Prescribing):

- The physician should discuss the risks and benefits of the treatment plan with:¹
 - The patient;
 - Persons designated by the patient; or
 - The patient's conservator if the patient is without medical decision-making capacity.
- Inform the patient of potential side effects (short- and long-term) of the prescribed medication.¹
- Inform the patient of the likelihood that tolerance and/or physical dependence on the prescribed medication will develop.¹

- Inform the patient of the risk of the prescribed medication interacting with other drugs and of over-sedation.¹
- Inform the patient of the risks of impaired motor skills that affect driving among other tasks.¹
- Inform the patient of the limited evidence as to the benefit of long-term opioid therapy.¹
- Inform the patient of the risks of opioid misuse, dependence, addiction, and overdose.¹
- Inform the patient of the risks of withdrawal.²
- Educate the patient and caregivers about the danger signs of respiratory depression and that someone should summon medical help immediately if a person demonstrates signs of respiratory depression while on opioids.¹

TO CONSIDER FROM OTHER STATES

Considerations:

- The patient's diagnosis.
- Inform female patients of the risks during pregnancy and after delivery.
- Inform the patient of alternative treatment options to opioid therapy.
- Inform the patient that one of the risks of opioid therapy is death.
- Alcohol should not be used in combination with the prescribed opioid.
- All medications from other sources, including over the counters and medical marijuana, should be discussed and documented in the medical record.
- Note that compliance with all components of the overall treatment plan is expected.
- Periodic re-evaluation of treatment is needed.
- The patient has the option to consent to the sharing of information with family members and other providers, as necessary.
- Ensure the patient does not have any absolute contraindications and review risks and benefits related to any relative contraindications with the patient.

NOTE: This resource covers only informed consent and treatment plan requirements; there may be many other requirements, such as limitations on the quantity of medication prescribed, etc.

¹ Medical Board of California, *Guidelines for Prescribing Controlled Substances for Pain*, http://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf (Accessed January 2017).

² California Medical Association, *Prescribing Opioids: Care Amid Controversy*, <https://www.cmanet.org/resource-library/detail?item=prescribing-opioids-care-amid-controversy> (Accessed January 2017).



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