

CONTROLLED SUBSTANCES

TREATMENT AGREEMENT MAINE

STATE SPECIFIC

Required by State (For Opioid Prescribing):

If the patient is at high risk for medication abuse or has a history of substance abuse or substance dependence, the clinician should use a written agreement between clinician and patient outlining patient responsibilities, including:

- The patient should receive prescriptions from one clinician and one pharmacy whenever possible.¹
- Urine/serum medication levels screening when requested.¹
- Pill count when requested.¹
- Number and frequency of all prescription refills.¹
- Reasons for which drug therapy may be discontinued (e.g., violation of agreement).¹
- Provides written, informed consent to release contract to local emergency departments and pharmacies.²
- If written consent is given for release to local emergency departments and/or pharmacies, consent is also being given to the other clinicians and providers such as pharmacists to report violations of the contract back to the prescribing clinician.²
- Specifies that if the clinician becomes concerned that there has been illegal activity, the clinician may notify the proper authorities.²
- Provides that if the clinician has obtained a written release, ER personnel and other providers shall report violations of the contract back to the doctor who prescribed the controlled substance(s).²
- It is the responsibility of the patient to be discreet about possessing narcotics and keeping medications in an inaccessible place so that they may not be stolen.²
- If the patient violates the terms of the contract, the violation should be documented. The clinician response to the violation should be documented, as well as the rationale of and changes in the treatment plan.²

- The clinician may consider “fill only at _____ pharmacy” on the prescription form.²

Recommended by State:

No recommendations.

TO CONSIDER FROM OTHER STATES

Considerations:

- The goals of treatment.
- 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.
- The patient is prohibited from sharing, giving, or selling any medication to others.
- 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.

INFORMED CONSENT MAINE

STATE SPECIFIC

Required by State (For Opioid Prescribing):

- The clinician should discuss the risks and benefits of the use of controlled substances with:¹
 - The patient;
 - Persons designated by the patient; or
 - The patient’s surrogate or guardian if the patient is without medical decision-making capacity.
- A risk of chronic narcotics treatment is physical dependence.²
- A risk of chronic narcotics treatment is addiction.²

Recommended by State:

No recommendations.

TO CONSIDER FROM OTHER STATES

Considerations:

- Inform the patient of potential side effects (short- and long-term) of the prescribed medication.
- The patient's diagnosis.
- Inform the patient of the risk of the prescribed medication interacting with other drugs and of over-sedation.
- Inform the patient of the risks of impaired motor skills that affect driving among other tasks.
- Inform the patient of the limited evidence as to the benefit of long-term opioid therapy.
- Inform the patient of the likelihood that tolerance to the prescribed medication will develop.
- 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.
- Inform the patient of the risks of opioid misuse and overdose.
- Inform the patient of the risks of withdrawal.
- 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.
- 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.
- 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 02-373 CMR Ch. 21, § III. Principles of Proper Pain Management.

² 02-373 CMR Ch. 21, § IV Controlled Substances Contract.

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