

CONTROLLED SUBSTANCES

TREATMENT AGREEMENT MISSISSIPPI

STATE SPECIFIC

Required by State (For Opioid Prescribing):¹

- The patient should use one physician and one pharmacy if possible.
- The physician may request urine/serum medication level monitoring.

Recommended by State:

No recommendations.

ADDITIONAL CONSIDERATIONS COMMON IN OTHER STATES

Considerations:

- The physician should provide reasons for which drug therapy may be discontinued, such as violation of the treatment agreement.
- The physician's prescribing policies, including, for example, the number and frequency of prescription refills, a policy regarding early or urgent refills, and a policy regarding replacement of lost or stolen medication, etc.

TO CONSIDER FROM OTHER STATES

Considerations:

- 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.
- 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.
- 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

MISSISSIPPI

STATE SPECIFIC

Required by State (For Opioid Prescribing):¹

- Detail the relative risks and benefits of the treatment course.

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.
- Inform the patient of the likelihood that tolerance and/or physical dependence on the prescribed medication will develop.
- 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 risks of opioid misuse, dependence, addiction, and overdose.
- 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 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 Miss. Admin. Code 30-17-2640:1.7. Use of Controlled Substances for Chronic (Non-Terminal) Pain.

Compliments of:



Call (800) 245-3333
Email TheProgram@prms.com
Visit us www.psychprogram.com
Twitter [@PsychProgram](https://twitter.com/PsychProgram)

The content of this resource ("Content") is for informational purposes only. The Content is not intended to be a substitute for professional legal advice or judgment, or for other professional advice. Always seek the advice of your attorney with any questions you may have regarding the Content. Never disregard professional legal advice or delay in seeking it because of the Content.

Copyright 2015 PRMS, Inc.
All Rights Reserved