

CONTROLLED SUBSTANCES

TREATMENT AGREEMENT OHIO

STATE SPECIFIC

Required by State:

No requirements.

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 patient should receive prescriptions from one physician/practice, with that physician/practice designated in the agreement.
- The patient should have prescriptions filled at one pharmacy, with the name and phone number of the pharmacy designated in the agreement.
- The patient agrees to periodic drug testing (blood, urine, hair, or saliva).
- 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 the 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

OHIO

STATE SPECIFIC

Required by State:

No requirements.

Recommended by State:

No recommendations.

ADDITIONAL CONSIDERATIONS COMMON IN OTHER STATES

Considerations:

- The physician should discuss the risks and anticipated benefits of opioid therapy with:
 - The patient;
 - Persons designated by the patient; or
 - The patient's surrogate or guardian (if patient is incompetent or without medical decision-making capacity).

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.

MINORS: ADDITIONAL REQUIREMENTS

OHIO

Required by State (ORC § 3719.061):

- Before issuing for a minor the first prescription in a single course of treatment for an opioid analgesic, a prescriber shall:
 - As part of the prescriber's examination of the minor, assess whether the minor has ever suffered, or is currently suffering, from mental health or substance abuse disorders and whether the minor has taken or is currently taking prescription drugs for treatment of those disorders.
 - Discuss with the minor and the minor's parent, guardian, or another adult authorized to consent to the minor's medical treatment all of the following:
 - The risks of addiction and overdose associated with opioid analgesics.
 - The increased risk of addiction to controlled substances of individuals suffering from both mental and substance abuse disorders.
 - The dangers of taking opioid analgesics with benzodiazepines, alcohol, or other central nervous system depressants.
 - Any other information in the patient counseling information section of the labeling for the opioid analgesic.
 - Obtain written consent for the prescription from the minor's parent, guardian, or another adult authorized to consent to the minor's medical treatment.

- Record on a consent form, called the "Start Talking!" consent form (separate from other informed consent documents and kept in the minor's medical record):
 - The name and quantity of the opioid analgesic being prescribed and the amount of the initial dose.
 - A statement indicating that a controlled substance is a drug or other substance that the United States drug enforcement administration has identified as having a potential for abuse.
 - A statement certifying that the prescriber discussed with the minor and the minor's parent, guardian, or other adult authorized to consent to the minor's medical treatment.
 - The number of refills, if any, authorized by the prescription.
 - The signature of the minor's parent, guardian, or another adult authorized to consent to the minor's medical treatment and the date of signing.

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.

Compliments of:



Call (800) 245-3333
Email TheProgram@prms.com
Visit us www.psychprogram.com
Twitter @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.