

CONTROLLED SUBSTANCES

TREATMENT AGREEMENT WASHINGTON

STATE SPECIFIC

Required by State (For Opioid Prescribing):¹

If the patient is at high risk for medication abuse, or has a history of substance abuse, or psychiatric comorbidities, the prescribing physician shall use a written agreement for treatment with the patient outlining patient responsibilities. This written agreement for treatment shall include:

- The patient's agreement to provide biological samples for urine/serum medical level screening when requested by the physician.
- The patient's agreement to take medications at the dose and frequency prescribed with a specific protocol for lost prescriptions and early refills.
- Reasons for which drug therapy may be discontinued (e.g., violation of agreement).
- The requirement that all chronic pain management prescriptions are provided by a single prescriber or multidisciplinary pain clinic and dispensed by a single pharmacy or pharmacy system.
- The patient's agreement not to abuse alcohol or use other medically unauthorized substances.
- A written authorization for:
 - The physician to release the agreement for treatment to local emergency departments, urgent care facilities, and pharmacies; and
 - Other practitioners to report violations of the agreement back to the physician.
- A written authorization that the physician may notify the proper authorities if he or she has reason to believe the patient has engaged in illegal activities.
- Acknowledgment that a violation of the agreement may result in a tapering or discontinuation of the prescription.
- Acknowledgment that it is the patient's responsibility to safeguard all medications and keep them in a secure location.

- Acknowledgment that if the patient violates the terms of the agreement, the violation and the physician's response to the violation will be documented, as well as the rationale for changes in the treatment plan.

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.
- 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.
- 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 WASHINGTON

STATE SPECIFIC

Required by State (For Opioid Prescribing):²

- The physician shall discuss the risks and benefits of treatment options with:
 - The patient;
 - Persons designated by the patient; or
 - The patient's surrogate or guardian if the patient is without health care decision-making capacity.

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 WAC § 246-919-856. Written Agreement for Treatment.

² WAC § 246-919-855. Informed Consent.

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.