

BEFORE I CAN WRITE AN INITIAL PRESCRIPTION, I MUST:

_____ Have I established a bona fide relationship with the patient?

_____ Have I established a preliminary diagnosis? What is that diagnosis?

_____ Have I conducted a check of the patient's prescription history with the PMP?
What is that history? Have I documented this review of the PMP in patient chart?

_____ Have I discussed a non-opioid treatment with the patient/ Why was the non-opioid treatment not prescribed?

_____ Is there reason to believe that the patient is not using the controlled substance as prescribed or is diverting the controlled substance for use by another person?

_____ Has the previously prescribed controlled substance had the expected effect on the symptoms of the patient?

_____ Is there reason to believe that the patient is using other drugs, including, without limitation, alcohol, controlled substances listed in schedule I or prescription drugs, that:

_____ May interact negatively with the controlled substance prescribed by the practitioner? or

_____ Have not been prescribed by me?

_____ The number of attempts by the patient to obtain an early refill of the prescription?

_____ Has the patient ever claimed that the controlled substance has been lost or stolen?
How many times? _____

_____ Is there information from the Prescription Monitoring Report that is irregular or inconsistent or indicates that the patient is inappropriately using a controlled substance?

_____ Did a previous blood or urine tests have indicated inappropriate use of controlled substances by the patient?

_____ Is it necessary to verify that controlled substances, other than those authorized under the treatment plan, are not present in the body of the patient?

_____ Has the patient demonstrated aberrant behavior or intoxication?

_____ Has the patient increased his or her dose of the controlled substance without authorization from the practitioner?

_____ Has the patient been reluctant to stop using the controlled substance or has requested or demanded a controlled substance that is likely to be abused or cause dependency or addiction?

_____ Has the patient been reluctant to cooperate with any examination, analysis or test recommended by the practitioner?

_____ Does the patient have a history of substance abuse?

_____ Are there any major change in the health of the patient, including, without limitation, pregnancy, or any diagnosis concerning the mental health of the patient that would affect the medical appropriateness of prescribing the controlled substance for the patient?

_____ Is there any other evidence that the patient is chronically using opioids, misusing, abusing, illegally using or addicted to any drug or failing to comply with the instructions of the practitioner concerning the use of the controlled substance?

_____ Is there any other factor that the practitioner determines is necessary to make an informed professional judgment concerning the medical appropriateness of the prescription?

BEFORE I WRITE THAT INITIAL PRESCRIPTION,

_____ What type of prescription do I propose writing? For what duration?

_____ This prescription is for no more than 14 days

_____ I have considered the 90 MME limit for opiate naïve patients

_____ I have completed the Patient Risk Assessment

_____ The patient has completed the Informed Consent

SAMPLE

PATIENT RISK ASSESSMENT

_____ I have obtained and reviewed a medical history of the patient.

_____ I have conducted a physical examination of the patient.

_____ I have made a good faith effort to obtain and review the medical records of the patient from any other provider of health care who has provided care to the patient.

_____ I have documented the efforts to obtain such medical records and the conclusions from reviewing any such medical records in the medical record of the patient.

_____ I have completed an assessment of the mental health and risk of abuse, dependency and addiction of the patient using methods supported by peer reviewed scientific research and validated by a nationally recognized organization.

INFORMED CONSENT FORM

By initialing in the spaces below, patient _____ agrees to the statements provided.

_____ I have discussed with my practitioner the potential risks and benefits of treatment using the controlled substance, including if a form of the controlled substance that is designed to deter abuse is available, the risks and benefits of using that form.

_____ I have discussed with my practitioner the proper use of the controlled substance.

_____ I have discussed with my practitioner alternative means of treating the symptoms of the patient and the cause of such symptoms.

_____ I have discussed with my practitioner the important provisions of the treatment plan established for me in a clear and simple manner.

_____ I have discussed with my practitioner the risks of dependency, addiction and overdose during treatment using the controlled substance.

_____ I have discussed with my practitioner the methods to safely store and legally dispose of the controlled substance.

_____ I have discussed with my practitioner the manner in which the practitioner will address requests for refills of the prescription, including, without limitation, an explanation of the provisions of section 55 of this act, if applicable;

_____ If I am a woman between 15 and 45 years of age, I have discussed with my practitioner the risk to a fetus of chronic exposure to controlled substances during pregnancy, including, without limitation, the risks of fetal dependency on the controlled substance and neonatal abstinence syndrome.

_____ If the controlled substance is an opioid, I have discussed with my practitioner the availability of an opioid antagonist, without a prescription.

_____ If I am an unemancipated minor, I have discussed with my practitioner the risks that the minor will abuse or misuse the controlled substance or divert the controlled substance for use by another person and ways to detect such abuse, misuse or diversion.

IF THE PATIENT RETURNS AFTER 30 DAYS

_____ The patient and I have completed the prescription medication agreement

SAMPLE

PRESCRIPTION MEDICATION AGREEMENT

What are the goals of the treatment of the patient?

By initialing in the spaces below, patient _____ agrees to the requirements provided.

_____ The patient agrees to testing to monitor drug use when deemed medically necessary by the practitioner.

_____ The patient agrees to take the controlled substance only as prescribed.

_____ The patient agrees that sharing medication with any other person is prohibited.

_____ The patient agrees to inform the practitioner:

_____ Of any other controlled substances prescribed to or taken by the patient;

_____ Whether the patient drinks alcohol or uses marijuana or any other cannabinoid compound while using the controlled substance;

_____ Whether the patient has been treated for side effects or complications relating to the use of the controlled substance, including, without limitation, whether the patient has experienced an overdose; and

_____ Each state in which the patient has previously resided or had a prescription for a controlled substance filled.

_____ The patient authorizes the practitioner to conduct random counts of the amount of the controlled substance in the possession of the patient.

_____ There might be reasons the practitioner may change or discontinue treatment of the patient using the controlled substance.

_____ There might be other requirements that the practitioner may impose.

IF THE PATIENT RETURNS AFTER 90 DAYS

_____ The continuing treatment by controlled substances is appropriate.

_____ I have completed an evidence-based diagnosis for the cause of the pain.

_____ I have completed the risk of abuse assessment.

_____ I have completed a check of the PMP every 90 days.

_____ I have considered referring the patient to a specialist.

SAMPLE

RISK OF ABUSE ASSESSMENT

SAMPLE

IF THE PATIENT RETURNS AFTER 365 DAYS

_____ The continuing treatment by controlled substances is appropriate. And the rationale for the continued treatment is:

_____ I have completed a check of the PMP every 90 days

SAMPLE