



# Controlled Substance Prescription Agreement Medication Management Refill Policies

(Revised 24 February 2012)

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*The purpose of this agreement is to protect your access to controlled substances and to protect our ability to prescribe them for you.*

The long-term use of such substances as opioids (narcotic analgesics), benzodiazepine tranquilizers, and barbiturate sedatives is controversial because of uncertainty regarding the extent to which they provide long-term benefit. There is also the risk of an addictive disorder developing or of relapse occurring in a person with a prior addiction. The extent of this risk is not certain.

**Because these drugs have potential for abuse or diversion, strict accountability is necessary when use is prolonged.** Providers in Washington are bound by strict prescribing rules and regulations. Recent legislation enacted and effective January 2012 defines “prolonged” or “chronic” as three months. For this reason the following policies are agreed to by you, the patient, as consideration for, and a condition of, the willingness of the physician whose signature appears on the last page, to consider the initial and/or continued prescription of controlled substances to treat your pain.

1. All controlled substances must come from the physician whose signature appears on the last page (physician signature) or, during his or her absence, by the covering provider, unless specific authorization is obtained for an exception. (Multiple sources can lead to untoward drug interactions or poor coordination of treatment.) **PATIENT’S INITIALS** \_\_\_\_\_
2. All controlled substances must be obtained at the same pharmacy. Should the need arise to change pharmacies, our office must be informed. **PATIENT’S INITIALS** \_\_\_\_\_
3. The prescribing physician has permission to discuss all diagnostic and treatment details with dispensing pharmacists or other professionals who provide your health care for purposes of maintaining accountability. **PATIENT’S INITIALS** \_\_\_\_\_
4. You must take the prescribed medications **ONLY** at the dose and frequency prescribed. You may **NOT** increase or change medications without the approval of this doctor or, in his or her absence, by the covering provider. **PATIENT’S INITIALS** \_\_\_\_\_
5. You are expected to inform our office of any and **ALL** medications you are currently taking and medical conditions that you may have, and of any adverse effects you experience from any of the medications that you take. **PATIENT’S INITIALS** \_\_\_\_\_
6. You may **NOT** share, sell, or otherwise permit others to have access to these medications. **PATIENT’S INITIALS** \_\_\_\_\_



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7. Under no circumstances should you combine alcohol or other recreational drugs with the use of controlled prescription medications: **serious harm or death may result. PATIENT'S INITIALS \_\_\_\_\_**
8. You should be aware of potential side effects of opioids such as decreased reaction time, clouded judgment, drowsiness, tolerance and physical dependence. There is also potential and possible danger associated with the use of opioids while operating any equipment or driving. **PATIENT'S INITIALS \_\_\_\_\_**
9. Prescriptions and bottles of these medications may be sought by other individuals with chemical dependency and should be closely safeguarded. It is expected that you will take the highest possible degree of care with your medication and prescription. They should not be left where others might see or obtain access to them. **PATIENT'S INITIALS \_\_\_\_\_**
10. The prescribing physician, or his designee, may require that original containers of medications be brought in to each office visit. **PATIENT'S INITIALS \_\_\_\_\_**
11. Unannounced urine or serum toxicology screens, and random pill counts may be requested, and **your cooperation is required. Refusal to cooperate, or presence of unauthorized substances** may result in the discontinuation of prescribing benefits from this office and/or prompt referral for assessment for addictive disorder. **PATIENT'S INITIALS \_\_\_\_\_**
12. Since opioid and other controlled sedative drugs may be hazardous or lethal to a person who is not tolerant to their effects, especially a child, you must keep them out of reach of such people. **PATIENT'S INITIALS \_\_\_\_\_**
13. Controlled substance use can result in a variety of side effects including but by no means limited to: drowsiness, confusion, constipation, nausea, vomiting, diarrhea, headaches, disorientation or vertigo, problems with coordination or balance, difficulty sleeping, decreased breathing, aggravation of depression, dry mouth and many more. **PATIENT'S INITIALS \_\_\_\_\_**
14. **Evidence of behavior consistent with or suggestive of addictive behavior may result in the termination of further controlled substance prescriptions from this office.** One of the main signs of a prescription drug addiction is that the user develops an increased tolerance for the drug. See the section on "**tolerance**" below. "**Physical dependence**" is another prescription drug addiction symptom. See section on physical dependence below.

**Such behavior includes but is not limited to:**

- a. **Rude or obnoxious behavior** while present in our office whether directed at our staff or otherwise.



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- b. **Treatment of any member of our staff in a non-professional manner** because a prescription for a controlled medication has not been completed or for any other reason. There is never a justification for treating any member of this office in a rude, impolite, or otherwise unprofessional manner.
- c. **Use of profanity** within the confines of our office or while engaged in a telephone conversation with any member of this office.

PATIENT'S INITIALS \_\_\_\_\_

15. **TOLERANCE** to controlled substances can develop over time, even a couple of weeks. Tolerance is a physiologic response which is manifested by a need for increasing the dosage of medications in order to achieve the therapeutic effect. This means that the individual needs an increased amount of the drug to get the same effects that used to result from a smaller amount of the drug. When a person increases their tolerance for a prescription drug, more and more of the drug is required to get the desired effects. For example a person may need to take four times as much of a drug to get the same effect. This is a problem for a number of reasons. It can lead to death or hospitalization due to an overdose, it can cause the tolerance to continue to rise, and it can cause serious financial problems if a larger amount of the drug must be purchased. If tolerance develops, or if this office perceives that tolerance is developing, you may be referred to a pain management clinic. **PATIENT'S INITIALS** \_\_\_\_\_
16. **PHYSICAL DEPENDENCE** is when a person needs a certain amount of a prescription drug in their system in order to function normally. The body adapts to the drug and needs it to perform. Withdrawal symptoms (see #17: abstinence syndrome) often occur when an individual who has developed physical dependence stops using the drug. Some withdrawal symptoms include runny nose, diarrhea, sweating, rapid heart rate, difficulty sleeping for several days, abdominal cramping, "goose bumps", nervousness, feeling physically ill, temporary loss of memory, and wild mood swings, which can sometimes culminate in physical aggression. If you develop symptoms consistent with physical dependence or if this office perceives that you are developing symptoms consistent with physical dependence, you may be referred to a pain management specialist. **PATIENT'S INITIALS** \_\_\_\_\_
17. Controlled medications should generally not be stopped abruptly, as an **ABSTINENCE SYNDROME** will likely develop. However, an abstinence syndrome may develop despite careful cessation of the medication through tapered reduction. Abstinence syndrome is an inherent risk with controlled substance usage, even on a short term basis. It is possible that you will develop an abstinence syndrome when the time comes to discontinue your controlled substance medication. Abstinence syndrome symptoms include all symptoms listed above under physical dependence. Abstinence syndromes are rarely serious or life



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threatening but are quite uncomfortable and can be temporarily debilitating. **PATIENT'S INITIALS** \_\_\_\_\_

18. **If Dr. Cartwright refers you to a pain management specialist, it will be your responsibility to secure an appointment.** Although we will assist as much as possible, failure to obtain a pain management appointment within 30 days from the date you are informed that Dr. Cartwright is planning to refer you to a pain management specialist may result in the cessation of future prescription(s) of controlled substances from this office. The recently enacted legislation January 2012 in the State of Washington no longer affords any "wiggle room" on this issue. If referred to a pain management specialist by this office, **YOU MUST IMMEDIATELY SECURE AN APPOINTMENT OR YOU WILL BE TAPERED OFF THE MEDICATION.** **PATIENT'S INITIALS** \_\_\_\_\_
19. Medications will not be refilled outside of normal business hours. **Please do not phone for prescriptions after hours or on weekends unless you are within two weeks of surgery.** If you have a sudden worsening of pain outside of normal business hours, you should visit the nearest emergency room. **REQUESTING PAIN MEDICATIONS OUTSIDE OF NORMAL BUSINESS HOURS (TUE - FRI 0900 TO 1700) FOR ANY REASON, UNLESS WITHIN TWO WEEKS OF SURGERY, WILL LIKELY RESULT IN LOSS OF CONTROLLED SUBSTANCE PRESCRIPTION BENEFITS FROM THIS OFFICE, AND MAY RESULT IN THE DISCHARGE FROM THIS OFFICE AS A PATIENT.** The recently enacted legislation January 2012 in the State of Washington no longer affords any "wiggle room" on this issue. **PATIENT'S INITIALS** \_\_\_\_\_
20. Medications may not be replaced if they are lost, get wet, are destroyed, or left on an airplane, etc. If your medication has been stolen and you complete a police report regarding the theft, a one-time exception may be considered. The recently enacted legislation January 2012 in the State of Washington no longer affords any "wiggle room" on this issue. **PATIENT'S INITIALS** \_\_\_\_\_
21. All medication refills, to include controlled substance refills **will normally be completed within 5 business days.** Although our office does our best to accommodate refills sooner than 5 business days, no demands will be made for a refill outside of that time-frame. Our office will not provide you with a prescription or refill unless Dr. Cartwright, or one of his associates, has specifically authorized and signed your prescription. We are not open on Saturday, Sunday, or Monday. Additionally, you may not walk into our office with the expectation of having your prescription refilled while you wait. **PATIENT'S INITIALS** \_\_\_\_\_
22. Renewal/Refills are contingent on keeping scheduled appointments. Failure to keep scheduled appointments will result in cessation of controlled substance prescriptions from this office. The recently enacted legislation January 2012 in the State of Washington no longer affords any "wiggle room" on this issue. **PATIENT'S INITIALS** \_\_\_\_\_



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23. **If you run out of your controlled medication early, you will not receive a prescription until your scheduled refill date.** For example, if your prescription allows for a possible maximum daily usage of 10 pills and the quantity dispensed is 100 which should therefore last 10 days, you will not receive a refill prior to 10 days even if you use your medication in 7 days. You must budget your controlled medications carefully (see #4). If you fail to manage your controlled substance medication usage in an appropriate fashion, you may no longer receive controlled substance prescriptions from this office and may be referred to a pain management specialist. **PATIENT'S INITIALS** \_\_\_\_\_
24. Early refills will generally not be provided, however, prescriptions may be issued early if the physician or patient will be out of town when a refill is due. These prescriptions will contain instructions to the pharmacist that they not be filled prior to the appropriate date. You will not receive a subsequent refill until you would normally be due – so budget the use of your medications accordingly! **PATIENT'S INITIALS** \_\_\_\_\_
25. If the responsible legal authorities have questions concerning your treatment, as might occur, for example, if you were obtaining medications at several pharmacies, all confidentiality is waived and these authorities may be given full access to our records of controlled substances administration. **PATIENT'S INITIALS** \_\_\_\_\_
26. It should be understood that any medical treatment is initially a trial, and that continued prescription is contingent on evidence of benefit. The recently enacted legislation January 2012 in the State of Washington mandates that continued use of opioid medications also demonstrate improved function with the use thereof. Therefore, we are **NOW MANDATED BY LAW** to prove that pain has decreased and function has improved with the use of opioids in order to be permitted to continue to prescribe beyond 6 weeks. This may therefore require that we do not prescribe any medications, or decrease your medications- in order to determine how such medications affect your pain and function levels. If we are unable to adequately demonstrate benefit of improved function, such that would justify to the Washington State Regulatory authorities adequate benefit to permit continued prescribing, you will either be forcibly tapered or referred to a pain management specialist. Remember, if you are referred to a pain management specialist, it is your responsibility to secure an appointment, not ours. This is now mandated by law. **PATIENT'S INITIALS** \_\_\_\_\_
27. It is understood that failure to adhere to these policies may result in cessation of controlled substance prescriptions from this physician and/or referral for further specialty assessment. **PATIENT'S INITIALS** \_\_\_\_\_
28. **MEDICATION MANAGEMENT REFILL POLICY**  
Medication refills **not** filled at an appointment are subject to undergo a telephonic medication questionnaire, which will be completed by one of our medical staff members. The questionnaire, which is mandated by our providers, is completed in



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order to ensure the medication you are taking is appropriate, effective, safe, and that there is sufficient benefit to justify its ongoing use. Remember, State Law now mandates that the use of opioids provide objective functional benefit. All medication encounters are reviewed by our providers prior to any refills being dispensed. **There is a twenty-five dollar charge for this process which will be billed to your insurance, however not all insurance carriers cover this charge. If your insurance carrier will not pay for this telephonic evaluation, you will be charged and it is your responsibility to pay.** Failure to pay for services not covered by your insurance carrier may result in the termination of your patient benefits at this office. **PATIENT'S INITIALS** \_\_\_\_\_

**You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understand, and accept all of its terms.**

X  
\_\_\_\_\_  
**Patient Name (Printed)**

X  
\_\_\_\_\_  
**Patient Signature**

\_\_\_\_\_  
Date

X  
\_\_\_\_\_  
Physician Signature

***Recommendations to manage your medications:***

- Keep a diary of the pain medications you are taking, the medication dose, time of day you are taking them, their effectiveness, and side effects you may be experiencing.
- Use of a medication box that you can purchase at your pharmacy that is already divided into the days of the week and times of the day, so it is easier to remember when to take your medications.
- Take along only the amount of medicine you need when leaving home so there is less risk of losing all you medications at the same time.