

Appendix 1. The Patient Prescriber Agreement.

This Opioid Patient Prescriber Agreement (PPA) is designed to:

- Create an open conversation between the patient and the prescriber about the benefits, risks, and limitations of opioid medicines
- Be used as a decision-making tool before an opioid medicine is used for acute or persistent pain, and
- Ensure the appropriate and safe use of opioid medicines

Part 1: For the Patient: Deciding whether to use opioid medicines for pain

I will check off each item as I discuss it with my prescriber:

1. ___ Pain and pain treatment are different for each person. Opioid medicines are a type of analgesic (pain reliever) medicine used to reduce moderate to severe pain. Opioid medicines can reduce some (but not all) types of pain. It is not known how much improvement in pain, activity and quality of life I may have by using these medicines. My prescriber will routinely check how I am doing to determine whether the benefits of opioid medicines outweigh the side effects of continuing to use them.
2. ___ I hope opioid medicines may reduce pain, making it easier to:
___ Go back to work ___ Sleep through the night without pain
___ Climb stairs ___ Do daily household chores
___ Walk short distances ___ Start a light exercise program
3. ___ My prescriber and I may also try alternative or additional treatment options for my condition, including:
___ Non-opioid medicines (for example, over-the-counter medicines such as Tylenol®, Motrin®, Aleve® , prescription medicine such as antidepressants, or anticonvulsants, as appropriate)
___ Physical therapy, appropriate exercises
___ Acupuncture
___ Self-management techniques and coping strategies such as meditation, stress reduction, counseling and coaching, massage therapy, social support group, and attention to proper sleep
___ Surgical or other medical procedures
4. ___ I need to be aware of the following side effects of using opioid medicines.
___ **a) Physical dependence** - If I suddenly stop taking an opioid medicine, I can experience withdrawal symptoms such as a runny nose, chills, body aches, diarrhea, sweating, nervousness, nausea, vomiting and trouble sleeping. This is called physical dependence. If this happens, it can be difficult for me to stop taking an opioid medicine, even if it's not working well. So, when I stop taking an opioid medicine, I understand I will need medical supervision. My prescriber can help me gradually lower the dose and stop the opioid medicine or refer me to a specialist in a way that meets my needs.

___b) **Tolerance** - Over time, I might need more opioid medicine to get the same pain relief. This is called tolerance. It means that the opioid medicine may begin to feel like it's not working anymore. My prescriber can help me by making changes to the opioid medicine or refer me to a specialist in a way that meets my needs.

___c) **Addiction** - I may develop an intense craving for the opioid medicine, even if I take it as prescribed. When a person is not able to control their opioid medicine use and may continue using the medicine despite the side effects it causes, this is called addiction. If addiction occurs, it can be difficult to stop taking the opioid medicine, and I will need medical supervision. My prescriber can help me gradually lower the dose and stop the opioid medicine or refer me to a specialist in a way that meets my needs.

5. ___ **Table 1 - Opioid Side Effects:** The table below lists common and potential opioid side effects in alphabetical order and the percentage of patients that experience them.

Opioid Side Effects	Percentage of Patients
addiction	5 - 30%
breathing problems during sleep, disruption of sleep	25%
confusion	*
constipation	30 - 40%
depression	30 - 40%
drowsiness	15%
dry mouth that can cause tooth decay	25%
intestinal blockage	<1% per year
itching	*
lowered testosterone levels, infertility and impotence	25% - 75%
nausea or vomiting	*
overdose – can lead to death	< 1% per year
physical dependence	*
tolerance	*
unexpected increased pain	*

*Percentage of patients experiencing side effect unknown

AnGee Baldini, Michael Von Korff, and Elizabeth H. B. Lin. A Review of Potential Adverse Effects of Long-Term Opioid Therapy: A Practitioner's Guide. Primary Care Companion CNS Disorders 2012; doi:10.4088/PCC.11m01326.

6. ___ Opioid medicine can impair my judgment and responses. I understand that I must be cautious if I drive or operate machinery or do any activity that requires me to be alert until I am sure I can perform such activities safely.

7. ___ Taking even small amounts of alcohol or taking medicines such as sleeping pills, antihistamines, and anti-anxiety medicines while taking an opioid medicine will increase the chance of opioid medicine side effects. These side effects can include drowsiness, dangerously slowed breathing, and decreased alertness.
8. ___ It may be necessary that I routinely provide a urine, saliva, or blood sample before or while I am taking opioid medicine.
9. ___ I agree to discuss with my prescriber my and my family's past and present use of any habit-forming substances before we decide to try to treat my condition with an opioid medicine. These habit-forming substances can include tobacco and alcohol as well as other opioid medicines or street drugs.
10. ___ My prescriber and I have discussed all the information above and have made a decision about using opioid medicines.
___ Yes, my prescriber and I have agreed to try an opioid medicine for my condition. If I check "Yes", we will continue to discuss the rest of this checklist
___ No, my prescriber and I have **not** agreed at this time to try an opioid medicine for my condition. If I check "No", we don't need to continue to Part 2 of this checklist.

Part 2: For the Patient: My promise to using opioid medicines safely

Now that my prescriber and I have agreed that I will try an opioid medicine, I understand that I need to take an active role in my own health care to get the most benefit and reduce the chance of side effects from using an opioid medicine. My prescriber wants me to have the following information so that I may have the best possible pain reduction while also protecting my health and reducing the chances of possible harm to myself and others while I am taking an opioid medicine.

11. ___ I told my prescriber about all the medicines I am taking, including any prescription, over-the-counter and herbal medicines. I will also discuss with my prescriber any new medicine that I take in the future. Some medicines and other substances such as alcohol, sleeping medicines, antihistamines and anti-anxiety medicines can increase the chance of opioid medicine side effects. If I use these medicines along with an opioid medicine, they can slow my breathing. This can lead to serious problems, including an increased chance of stopping breathing and death.
12. ___ If I start to have more pain or other unusual or severe side effects, I will contact my prescriber right away. We may need to change the dose or try a different opioid medicine. I will not make any changes to the opioid medicine without first talking to my prescriber.
13. ___ I will tell my prescriber if I am pregnant or planning to become pregnant. Taking opioid medicine during pregnancy can harm my unborn baby.
14. ___ I will not share this opioid medicine with other people. My prescriber and I have selected this opioid medicine for me, and it is only for me. It is against the law to share an opioid medicine with other people. Sharing an opioid medicine with another person can cause serious harm to them, including death.
15. ___ I will keep my opioid medicine in a secure place where other people cannot reach it. If someone accidentally takes some of my opioid medicine or I accidentally take too many

- doses, I will contact my prescriber or call the **Poison Control Center** at **1-800-222-1222**.
16. ___ I will remove expired, unwanted, or unused opioid medicine from my home to avoid accidentally harming children, other adults, or myself.
- I may be able to drop off unused opioid medicine through a “medicine take-back program”. A “medicine take-back program” is an official place and time for dropping off unused opioid and other medicines.
 - If I cannot find a “medicine take-back program” or if I want to remove the medicine from my home right away, I can flush my opioid medicine down the toilet.
 - My opioid medicine can also be mixed with cat litter or coffee grounds and thrown out with the household trash.
 - I can get more information about disposing of my opioid medicine by calling 1-888-**FDA-INFO (1-888-463-6332)** or at the following website:
<http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuring-safe-use-of-medicine/safe-disposal-of-medicines/ucm186187.htm>

Part 3: For the patient and the prescriber.

- ___ My prescriber and I have discussed all the items on this checklist.
- ___ We both agree that an opioid pain medicine is the best choice for my condition at this time.
- ___ My prescriber and I agree that we will go over this checklist again in the future.

Signature of patient Date Signature of prescriber