Primary Care Networks
CALGARY AND AREA

Opioid/Benzodiazepine: Treatment Agreement

Date_____

Patient: _____

Prescriber:_____

Pharmacy:_____

1. I WILL take my opioid/benzodiazepine medication as prescribed.
   (Usually the medication will be faxed to the pharmacy, blister packed and dispensed weekly.)

2. I WILL attend all doctor's appointments as requested and at a minimum once every 12 weeks.
   My doctor will check pharmacy dispensing records regularly.

3. I WILL NOT take opioid/ benzodiazepine medication in larger amounts or more frequently than prescribed.

4. I WILL NOT seek opioid/benzodiazepine medication from any other health care provider.

5. I WILL NOT give or sell my opioid/benzodiazepine medication to anyone else, including family members.
   I WILL NOT accept opioid/benzodiazepine medication from anyone else.

6. I WILL have blood tests and random urine drug screens when requested.

7. I WILL store my medication in a secure location and have a Naloxone rescue kit available in case of overdose.

8. I WILL NOT seek any medication elsewhere if I run out of medication early (for example if I lose my medication or take more than prescribed).
   I WILL contact my own prescribing doctor.
   I WILL go to the pharmacy to pick up my medication more frequently (for example every day) IF I am prescribed additional medication.

_____ _____

Patient Signature Prescriber Signature

References:

Guideline for Opioid Therapy and Chronic Non cancer Pain CMAJ May 2017

CDC Guidelines for Prescribing Opioids for Chronic Pain MMWR March 18

CPSA Standard of Practice Prescribing Drugs Associated with Substance Use Disorders or Substance-Related Harm 2017

The Calgary Zone PCNs would like to thank Dr. Ann E. Crabtree (BSc BED MD ICDNP, Clinical Associate Professor, University of Calgary) for compiling this *Opioid/Benzodiazepine Treatment Agreement* and sharing it with the Zone.