



QUEST Pain Medication Agreement

Oxycodone CR (OxyContin®)

Pharmacy Services Fax: 973-6327, Toll Free Fax (877)316-6376

NAME:	Member ID#:	DOB:
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I, _____, agree to the following rules and conditions about new prescriptions and refills for oxycodone CR (OxyContin®):
 (print member name)

- I will limit the amount I take as prescribed by my doctor. I will discuss any changes in the amount I take with my doctor.
- I am responsible for my medications. Lost, misplaced, damaged, or stolen medications will not be replaced.
- I understand I will not sell, lend, share or give any of my medication to others.
- Refills are only in the amount my doctor prescribes. Early fills are not allowed. Refills are not allowed after hours, on weekends or on holidays.
- I will not request for more medication for pain from other doctors.
- I will tell my doctor of all medications that I am taking.
- I understand that my doctor may stop prescribing oxycodone CR (OxyContin®) or change the treatment plan if I do not show any improvement in pain.
- I will consent to random drug testing to assure that I am only taking prescribed drugs. If I am found positive for illegal drugs, my doctor may stop prescribing oxycodone CR (OxyContin®).
- Vacation fills will only be allowed for up to 90 days. A copy of the plane ticket showing departure and arrival date must be submitted with the oxycodone (OxyContin®) Drug Coverage Request form requesting the vacation fill.
- I understand that failure to comply with any of these conditions or failure to make regular follow-up appointments with my primary care provider may result in termination of oxycodone CR (OxyContin®) prescriptions.

NOTE TO PROVIDER:

- Please be sure to provide the member with a copy of the signed agreement and renew this agreement with AlohaCare annually.
- Keep your signed original in the patient file and fax a copy to AlohaCare at **(808) 973-6327** or toll free **(877) 316-6376**.

Print Provider Name: _____

Provider Signature: _____ Date: _____

Member Signature: _____ Date: _____