

2024 Controlled Substance Agreement

I _____ understand the purpose of this agreement is to create an understanding regarding controlled substances (a type of medication that is regulated by the state and federal governments) that may benefit your symptoms. My goal is to treat you safely with these potent medications, but also to prevent abuse of or addiction to these medications. Opioids, benzodiazepine tranquilizers, barbiturate sedatives, and muscle relaxants that may be useful in managing pain, can be problematic in several ways.

- a. These medications have "street value" and potential for abuse.
- b. They exponentially increase the risk of addiction, and/or the risk of relapse for previous addictions.
- c. A combination of two or more of these drugs is known to have long-term health risks.

My goal is to have you take the lowest possible dose of medication that is reasonably effective in managing your symptoms. Not only to manage your symptoms and improve function, but to taper and eventually discontinue the medication whenever possible.

Because these medications have the potential for abuse or diversion (i.e. sharing, trading, or selling to anyone other than whose name is on the prescription), strict accountability is necessary for both medical safety and legal reasons. Therefore, the following policies are agreed to by you, the patient, to allow me to manage your care properly and to abide by all applicable state and federal regulations.

I Attest to the Following:

1. Once I have prescribed the medication to you, I am the only physician you will obtain this medication from. Unless specific written authorization is obtained for an exception. You will also notify our office within 2 business days of any new schedule 2-5 drugs that you have been prescribed, no matter the source. (Multiple sources can lead to untoward medication interactions or poor coordination of treatment)
2. You must obtain all controlled substances from the same pharmacy. The pharmacy you choose must be EPCS capable. You agree to initiate your renewals electronically through the pharmacy system. You can have a separate pharmacy for your maintenance medications, but we will no longer send different controlled medications to different pharmacies. Phentermine will continue to be dispensed from the office only.
3. You must inform our office of any new medications (see #1), medical conditions, or any adverse side-effects you may experience while taking the controlled prescription.
4. You agree to take the medication as prescribed, and to not change until you have consulted with the doctor with a face-to-face visit.
 - a. You may discontinue a medication if issues arise.
 - b. You cannot increase the medication without a visit with the doctor.

5. By signing this document, you give the prescribing physician permission to discuss all diagnostic treatment details with dispensing pharmacists and/or other professionals who provide your healthcare for purposes of maintaining accountability and coordinating your care.
6. You may not share, sell, or otherwise permit others to have access to these medications. Especially young children. You must take all medications exactly as prescribed unless you develop side effects. If you develop side effects, you must consult with the prescribing doctor as soon as possible.
7. Anyone being prescribed a controlled prescription must maintain a **90-day routine appointment interval**. You agree to maintain the routine appointment schedule, and that if you miss, cancel, or otherwise reschedule the appointment, your prescription can be reduced, and/or discontinued until you re-establish the 90-day interval.
 - a. **Appt No-Show:** Your prescription will not be automatically renewed. When your current 30-day fill runs out your prescription will be denied, prompting you to call our office. At that time, another appointment will be scheduled, and you will be given enough of the medication at your current dosage and frequency to last until the appointment (If appt is within 30-days)
 - b. **Appt Cancellation:** The same rules as a no-show apply.
 - c. **Appt Re-schedule (1st time):** If you reschedule your appointment, we will continue your medication therapy as normal. You are only allowed to reschedule one time, and only within 30 days.
 - d. **Appt Re-schedule (2nd time):** If you reschedule your appointment a second time, your prescription may be reduced and/or discontinued at the doctor's discretion, until you make it in to see him.
 - e. **Adipex/Fastin Rx's:** The phentermine prescriptions for weight loss will be discontinued after the first appointment is rescheduled. You will have to see the doctor to be able to continue the therapy.
8. You agree to having your urine tested to ensure medication therapy adherence. You agree to cooperate in such testing, and you agree that the presence of unauthorized substances, illicit substances, or absence of prescribed medications may prompt referral for assessment of addictive disorder and possible tapering and discontinuation of the controlled substances immediately or in the future. The urine drug screen will be charged to your insurance through Quest Diagnostics. Self-pay price is determined at the time of testing. There is an additional fee for the confirmation of presence of prescribed medicine.
 - a. **Pain Management Therapy:** You will be tested **4 times per year** at your 90-day routine appointments. This is not optional. Refusal to test will result in immediate tapering and discontinuation of the medication.
 - b. **All Other Controlled Medication Therapies (Incl. Phentermine):** You will be tested randomly, but at a minimum of **once per calendar year**. Refusal to test will result in immediate tapering and discontinuation of the medication.
9. You understand that you will be required to provide bloodwork at a set interval to remain on the prescribed medication therapy. This lab work does not have to be done at our office but is required. (**BMP,CBC,LFT,LIPIDS** are the required tests)

- a. **Controlled Medications (Sched 2-4):** You will be required to provide blood work at a minimum of every 6 months. This also depends on your individual medical conditions as well.
- b. **Adipex/Fastin (Sched 5):** You will be required to provide blood work at least once per year (Every 12 months).

****If you fail to provide the blood work your medication may be discontinued or tapered**

- 10. You agree that if your medications are lost or stolen for any reason you will obtain a police report documenting the loss or theft. This is the only way to receive a new supply of medication.
- 11. You understand that early renewals will not be given. You can initiate the renewal early, but you understand that our office will not send the renewal response to the pharmacy before the 29th day. Unless that day falls on a day the office is closed, or the physician is out of the office.
- 12. You recognize that any medical treatment is a trial, and that continued prescribing is contingent on evidence of benefit and improved functionality.
- 13. You attest that the risks and potential benefits of therapy with controlled substances have been explained to you, and that you have had the opportunity to ask any questions you may have.
- 14. You understand that failure to adhere to these policies may result in tapering and cessation of therapy with controlled substances by the physician or referral for further specialty treatment.

By signing below, you attest that you have read this agreement in its entirety, and that you have asked any questions that you may have had.

Signature

Date

Witness

Date