

Controlled Medication Agreement

Purpose: To ensure the safe, legal, and effective use of controlled substances in accordance with Cucamonga Valley Medical Group's (CVMG) policy and in compliance with California state laws and federal regulations.

Controlled Substances Covered: This agreement applies to all controlled substances prescribed by CVMG providers, including but not limited to:

- **Opioids:** Ultram (Tramadol), Vicodin/Norco (Hydrocodone), Percocet (Oxycodone), Tylenol #3/#4 (Acetaminophen with Codeine), Methadone, MS Contin (Morphine Sulfate)
- **Benzodiazepines:** Xanax (Alprazolam), Ativan (Lorazepam), Restoril (Temazepam)
- **Sleep Aids:** Ambien (Zolpidem)
- **Muscle Relaxants:** Soma (Carisoprodol)
- **Stimulants:** All prescription ADD/ADHD treatments
- **Anticonvulsants:** Lyrica (Pregabalin)

Agreement Terms:

1. Office Visits and Prescription Management

- Controlled substances must be filled in person with an office visit at least once every six months.
- Follow-up appointments via telehealth or in-office are required every 3 months, and in-office visits are required every six months for ongoing prescriptions.
- Refill requests for controlled substances over the phone are only allowed between scheduled in-office visits, which are required every six months, and telehealth visits, which must be conducted at least every three months.
- Providers will check the CURES database every time a controlled substance is prescribed.

2. Refills and Prescription Policies:

- Generally, there will be no early refills of medications under any circumstances.
- No refills will be provided for lost, stolen, or accidentally disposed medications.
 - **Lost Medications**
 - The medication bottle is misplaced during travel or while moving between locations.
 - The patient forgets where they placed the medication and cannot find it.
 - The medication falls out of a bag or pocket and is irretrievable.
 - **Stolen Medications**
 - The medication is stolen from the patient's home during a break-in.
 - A visitor or someone in the household takes the medication without the patient's knowledge or consent.
 - The medication is stolen from a car or bag while the patient is away from home.
 - **Accidentally Disposed of Medications**
 - The medication is accidentally thrown away with trash or recycling.
 - A pet or child accidentally spills or ingests the medication, rendering it unusable.



Controlled Medication Agreement

- The medication is flushed down the toilet or sink by mistake.
 - Medications will not be refilled if required labs, consults, or follow-up appointments are not completed.
 - Prescriptions will only be filled during normal office hours. No prescriptions will be filled after office hours or on weekends.
3. **Urine Drug Screens (UDS):**
- A urine drug screen is required in-office at least once every six months.
 - If illegal substances or prescription medications not prescribed directly to you are found in the UDS, or if you refuse to undergo UDS, refills will not be provided, and your treatment plan may be reassessed.
4. **Patient Responsibilities:**
- You must not receive controlled substance prescriptions from multiple providers or use multiple pharmacies. Doing so will be grounds for dismissal from CVMG.
 - You must sign this Controlled Substance Agreement annually.
 - You are responsible for ensuring safe use, storage, and disposal of your medications to prevent misuse or accidental exposure.
5. **Medication Tapering:**
- If it becomes necessary to discontinue your medication, your provider will taper the dosage gradually rather than stopping it abruptly, to avoid withdrawal symptoms and other complications.
 - This tapering process will apply even if you default on this Controlled Medication Agreement.
6. **Dismissal Criteria:**
- Violating this agreement, including refusal to sign, refusing regular UDS, or consistent requests for early refills, may result in the discontinuation of your controlled substance prescription and potential dismissal from CVMG.
 - Any inappropriate behavior toward providers or staff regarding the refill of these medications will also be grounds for dismissal.

Acknowledgment:

By signing below, you acknowledge that you have read, understand, and agree to comply with the terms of this Controlled Medication Agreement. Failure to comply may result in discontinuation of your controlled substance prescriptions and/or dismissal from Cucamonga Valley Medical Group.

Print Name of Patient: _____ **DOB:** _____

Signature of Patient: _____ **Date:** _____

If Patient is a Minor, Signature of Guardian: _____

Signature of Provider: _____

Date: _____