

Prescribing Controlled Substances Policy for CDM Resident Clinic  
(Effective: October 2014)

#### Schedule II

- 1) Considered to have high potential for abuse. Include methyphenidate, morphine, oxycodone, hydrocodone.
- 2) If the patient was 1) previously established for 3 months or longer, 2) displayed proper use of scheduled prescription, our policy would suggest:
  - a. Write 3 separate prescriptions for a 30-day supply each.
  - b. Document three separate medication orders in Epic with 1) the “control number” documented for each order, 2) the earliest fill date in the comment section, and 3) the supervising staff whose official prescription is being used.
  - c. Write on each prescription (other than the first if they are intended to fill that immediately) indicating earliest date on which a pharmacy may fill each prescription.
  - d. Schedule visits every 3 months to continue to assess pain and provide prescriptions.
- 3) If the patient is new to the provider or new to narcotics, policy will be to provide one 30-day Rx and see on a monthly basis for evaluation and medical management. After three months, if patient displays proper use of scheduled substance, can adopt policy as above.
- 4) If a provider within CDM (resident clinic or staff), determines a patient is not a proper candidate for Schedule II medications and refuses to prescribe these, no other provider within the CDM will prescribe a Schedule II substance for that patient.
- 5) All patients, acute or chronic scheduled substances users, must sign a “controlled substance agreement and informed consent form” with their PCP at the time of initiation of Schedule II drugs. Excerpts from the Substance Agreement:
  - a. Agree to random unannounced checks for drugs on less than 24 hour notice. Refusal may lead to termination of patient. Presence of unauthorized substances or the absence of authorized medication may result in my being discharged from my physician’s care.
  - b. All medications will be obtained only from my physician.
  - c. Discharge from care may be immediate for any criminal behavior.
  - d. All medications prescribed must be obtained at only one pharmacy.
  - e. My physician may at any time choose to discontinue the medication for the treatment of my condition.
  - f. I will notify my physician’s office at least 5 business days in advance before running out of medications. I understand that refills will NOT be ordered before the scheduled refill date even if my medication runs out.
  - g. I must keep all follow-up appointments as recommended by my physician or my treatment and/or medications may be discontinued.
- 6) If a patient on Schedule II drugs has two (2) no-shows within a one-year period (including primary care and other related appointments- PT/OT, surgery, counseling), the resident policy will be to discontinue scheduled medications. The resident should continue to offer and provide care if patient is willing.

#### Schedule III-IV

- 1) Considered to have moderate potential for abuse. Include Tylenol with codeine, diazepam, clonazepam, alprazolam, tramadol.
- 2) Dispense 30-day supply with up to 5 refills. Must PRINT (if in clinic) and give to nurse to fax to pharmacy. If out of clinic, can have nurse “call-in” prescription.
- 3) One can NOT hand prescription to the patient and, at this time, Epic is not authorized to e-prescribe these scheduled substances.