

OLYMPUS FAMILY MEDICINE

POLICY FOR CONTROLLED SUBSTANCE MEDICATIONS

General Information:

In the State of Texas, no more than **30** days of medication can be written. Effective January 1, 2021, Texas Health and Safety Code, §§481.0755 requires that prescriptions for controlled substances be issued ELECTRONICALLY to the pharmacy and cannot be mailed or written.

Monitoring Requirements:

All patients, regardless of whether the medication is being started for the first time or is a continuation of therapy that was established by another physician, are required to be seen MONTHLY for the **first 3 months** as a regular office visit. After the initial monitoring period, patients will be seen on a quarterly basis if their regimen is well controlled and they require no further dosage adjustments. In the event that dosage adjustments are needed any time during treatment, *the patient will be required to come in monthly until they have established appropriate response and control, as determined by their provider*. There are **no exceptions** to the monitoring policy. This a practice-wide requirement that applies to all patients.

Drug Screening:

Patients will be subject to QUARTERLY urine drug screening at regularly scheduled appointments and randomly at the provider's discretion. *The urine drug screening is **mandatory** to receive a new prescription and is at the patient's expense.*

- **Cost** - The cost for the drug screening may be processed through your insurance (which is subject to deductible) or you may pay the in-office cash price (which will not be sent to your insurance). Please notify the front office or your Medical Assistant as to which payment method is preferred.

- **Negative Toxicology Results** - If you test negative on the toxicology test (i.e. the drug is not present in your urine), then you forfeit the ability to receive interim prescriptions and will return to **mandatory monthly** visits. At the following visit, the below details apply:

-If you pass the subsequent test, you will be required to be seen **monthly for 3 consecutive** months **AND pass toxicology tests at each visit** to receive a prescription. *Your prescription will NOT be sent until we have received these results.*

-If you test **negative** at the subsequent visit, or on more than two (2) toxicology lab tests (nonconsecutive or consecutive), the providers of *Olympus Family Medicine* will no longer be able to prescribe ANY controlled substances for you. It will be notated in your chart and appropriate authorities will be contacted if needed.

Issuing Prescriptions:

- Prescriptions will be sent electronically at regularly scheduled office visits.
- Patients who need an interim prescription on months between visits **MUST** call at least 24 hours in advance and **speak with a staff member or leave a message on the prescription refill line** to request their prescription.
- Interim prescriptions requested with less than 24-hour notice may be delayed or subject to the fees set forth for lost or expired prescriptions. There is no charge for advance notice prescription requests.
- The prescription expires **21** days from the date prescribed. If the prescription is not picked up from the pharmacy within this timeframe, the patient will either be subject to a \$35.00 re-issuance fee or have to forego their interim prescription. This decision is to be determined by the providers of *Olympus Family Medicine*. If the patient is due for a quarterly visit when the prescription expires, the patient will NOT be re-issued that prescription and MUST schedule an appointment instead.
- **Patients may NOT obtain a prescription for the same or similar controlled substance from other physicians' offices.**

NOTICE CONCERNING LOST MEDICATION OR EXPIRED PRESCRIPTIONS:

In order to be in compliance with the strict DEA and DPS monitoring of controlled substance medications, all of the following will apply to prescription medication that is lost, stolen, expired, or not picked up from the pharmacy for any reason:

- You must complete a *Request for Duplicate Prescription* form. You may be required to schedule an appointment to obtain a new prescription.
- You must provide a *police report* to our office for stolen prescriptions or medications.
- **You will be required to pay a \$35.00 fee** for a replacement prescription.

Initial **X** _____ I give my permission that Olympus Family Medicine providers and/or staff may leave a detailed voicemail with any urine toxicology results and information about further interim prescriptions or needed appointments, as to be determined by the outcome of these laboratory results.

By signing this form, I acknowledge that I have read fully, understand, and agree to the above Controlled Substance Medication Policy, as outlined by Olympus Family Medicine.

Signature of Patient, Parent, or Legal Guardian

Date

Print Legal Name of Patient