

**Controlled Substances Protocol  
TriValley Primary Care**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Medication name, dose, directions: \_\_\_\_\_  
Pharmacy Name: \_\_\_\_\_

- I understand that taking controlled substances can cause physical dependence, addiction, and serious side effects and, under certain circumstances, may even lead to death.
- I agree to take my medications only as prescribed by my doctor/CRNP and will not take more than prescribed.
- I will stay within prescribed doses and intervals and will not request an increase in dosage or early refills.
- I will not get controlled substances from anyone besides my doctor/CRNP unless approved by my doctor/CRNP.
- It is my responsibility to schedule follow-up appointments as requested by my physician/CRNP, and I will schedule an appointment at least one week in advance of running out of my medication.
- If my provider has given me permission to request refills, I will only request during regular office hours Monday through Friday, and I will always request at least 48 business hours before I need the medication.
- I understand that my doctor/CRNP will review a complete list of all controlled medications I take through the PDMP.
- I give my doctor permission to give and receive information from other physicians treating me concerning my use, or possible misuse, of controlled medications.
- I will, if asked, agree to submit urine or cheek swab tests for controlled substances whenever my provider asks. I also authorize the release of any drug test results to other health care providers involved in my care.
- I understand that if a drug test does not reflect the type and amount of medication prescribed by the office or if it shows any illicit substances, I will no longer be allowed to receive controlled medication from the office.
- If asked, I will bring all my unused medications to each office visit.
- I will have all of my controlled medications filled at one pharmacy.
- I will not sell or allow anyone else to use my medications, nor will I use anyone else's medications.
- It is my responsibility to safeguard my medications from others, including members of my household.
- I understand if my medication is lost or stolen it will not be replaced. I will report stolen or lost medications to local law enforcement authorities.
- **I understand that if I break this agreement my physician/CRNP may:**
  - **Stop prescribing me any controlled medications**
  - **Dismiss me from TriValley Primary Care**
  - **Require me to see a specialist for further management of controlled medications**
  - **Refer me to a drug and alcohol abuse treatment program**
  - **Send a copy of this agreement to my other doctors, emergency departments and urgent cares in the area, to local pharmacies, and my health plan with a description of the breach in this agreement.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/CRNP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**DEA Drug Schedules**

**Schedule II**

- Amphetamine, Lisdexamfetamine (Adderall, Vyvanse)
- Fentanyl (Duragesic)
- Methylphenidate (Concerta, Ritalin)
- Morphine (MS Contin, Roxanol)
- Oxycodone (Percocet, Percodan, Roxicodone, OxyContin)
- Hydrocodone (Vicodin, Hydromet cough syrup, Tussionex, Vicoprofen)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Methadone

**Schedule III**

- Fiorinal, Fioricet
- Butalbital
- Tylenol with codeine
- Testosterone

**Schedule IV**

- Alprazolam (Xanax)
- Carisoprodol (Soma)
- Clonazepam (Klonopin)
- Chlordiazepoxide (Librium)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Lorcaserin (Belviq)
- Modafinil (Provigil)
- Oxazepam (Serax)
- Phentermine
- Temazepam (Restoril)
- Tramadol (Ultram)
- Zolpidem (Ambien)
- Eszopiclone (Lunesta)

**Schedule V**

- Lomotil
- Lyrica
- Robitussin AC