

The Hawkins Group Controlled Substance Policies and Procedures

Policies and Procedures

- There are no early refills.
- Lost prescriptions will not be replaced.
- Stolen prescriptions will only be replaced if the patient presents a police report documenting the theft.
- The final determination about whether to prescribe scheduled II to V medication rests with the prescribing psychiatrist.
- Cancellation and reissuance of a scheduled II to V medication requires 72 hours' notice. For repeated requests a charge of \$20 per request may be incurred.
- Prescribing of controlled substances, dosage and medication changes can only occur during regularly scheduled appointments.
- The Alabama Prescription Monitoring Drug Database will be reviewed each clinic visit prior to medication renewal or issuance.

Urine Drug Screening

-All patients of the practice who are prescribed schedule II to V medication are required to submit a minimum of 3, random urine drug screens yearly.

-All new patients establishing care with The Hawkins Group who are on controlled medication are required to submit a UDS at the time of the initial evaluation.

-Scheduled medication will not be renewed until the UDS is verified appropriate.

-For inappropriate results, a follow up consultation for plan of care is required prior to any renewal of scheduled medication. In rare cases a limited amount of medication may be provided to avoid medical complications such as withdrawal.

-Patients who refuse to submit a UDS at the time of the request will not be prescribed controlled medication. It is at the discretion of the provider to continue care or dismiss from the practice.

New Patients

1. All patients presenting for continuation of any controlled substance must have documentation/ medical records from the previous provider before The Hawkins Group can assume prescribing controlled substances.
2. All new patients will be required to submit a Urine Drug Screen and must have an appropriate result before The Hawkins Group can assume prescribing controlled substances.

3. Patients presenting on schedule II to V medication will be required to be seen monthly for the first 3 scheduled clinic visits. At the time of the 3rd clinic visit, visit frequency may be extended to every 3 months for stable patients at the discretion of the provider.

Established Patients schedule III to V medication.

1. For stable patients, follow up frequency may range from 1 to 3 months at the discretion of the treating provider.
2. All patients prescribed schedule III to V medication are required to be seen in office for medication renewal.
3. All patients of the practice who are prescribed schedule III to V medication are required to submit a minimum of 3, random urine drug screens yearly.
4. The first inappropriate positive THC will result in counseling and a possible referral to the Director of Addiction Medicine for evaluation at the discretion of the provider.
5. Following the first inappropriate positive THC result, the patient will be required to be seen monthly for 2 clinic visits, each time submitting a urine drug screen. Following a series of 2 appropriate urine drug screen results, the follow up frequency may be resumed for 1 to 3 months at the discretion of the treating provider.
6. Repeat, inappropriate THC results will result in discontinuation of all controlled substance prescriptions from Hawkins Group providers.
7. For Inappropriate positive UDS for other dangerous illicit substances such as cocaine, methamphetamine, opiates etc., The schedule III to V medication is discontinued and the patient is referred to the Director of Addiction Medicine for evaluation. No further scheduled 3 to 5 medications may be prescribed for a minimum of 6 months until the patient has had a minimum

of 4 appropriate urine drug screens and continuation of the scheduled III to V medication is approved by Director of Addiction Medicine in collaboration with the treating provider.

8. Inappropriate negative UDS results may raise suspicion of diversion. In such circumstances the patient may be required at the discretion of the treating provider to present for pill counts and repeat urine drug testing.
9. At any point during treatment, the treating provider may require that the schedule III to V medication is presented to clinic for a pill count.
10. The Alabama prescription drug monitoring database will be reviewed each clinic visit.
11. Benzodiazepines will not be continued for long term use in patients who are prescribed concurrent opioid maintenance therapy including Buprenorphine. The treating provider may work with the patient to safely reduce and discontinue the benzodiazepine but maintenance, concurrent use is prohibited.

Established Patients schedule 2 medications.

1. For stable patients, follow up frequency may range from 1 to 3 months at the discretion of the treating provider.
2. It will be at the discretion of the treating provider to post-date schedule II medication for additional fills within the 1 to 3 month follow up between office visits. Alternatively, the patient may be required to request a fill of the medication monthly between office visits and be required to submit a UDS at the discretion of the treating provider prior to the issuance of schedule II medication.

3. All patients prescribed schedule II medication are required to be seen in the office for medication renewal.
4. All patients prescribed schedule II medication are required to submit a random UDS a minimum of 3 times yearly.
5. Following the first inappropriate positive THC result, the patient will be required to be seen monthly for 3 clinic visits, each time submitting a urine drug screen. Following a series of 3 appropriate urine drug screen results, the follow up frequency may be resumed for 1 to 3 months at the discretion of the treating provider.
6. Repeated, inappropriate THC results will result in the ceasing of all controlled substance prescriptions from Hawkins Group providers.
7. Inappropriate negative UDS results may raise suspicion of diversion. In such circumstances the patient may be required at the discretion of the treating provider to present for pill counts and repeat urine drug testing.
8. At any point during treatment, the treating provider may require that the schedule II medication is presented to clinic for a pill count.
9. For Inappropriate positive UDS for other dangerous illicit substances such as cocaine, methamphetamine, opiates etc., The schedule II medication is discontinued, and the patient is referred to the Director of Addiction Medicine for evaluation. No further scheduled II medications may be prescribed for a minimum of 6 months until patient has had a minimum of 6 appropriate urine drug screens and continuation of the scheduled II medication is approved by the Director of Addiction Medicine in collaboration with the treating provider.