



Controlled Substance Policy

The purpose of this agreement is to prevent misunderstanding about certain medications that you may be taking which are controlled substances. This agreement is to help you take these medications safely and to help the pharmacy comply with the laws regarding controlled medications.

As your pharmacy, we pledge to:

- Help safely manage your medications and medical conditions according to best practices.
- Help communicate to your doctor your progress with treatment and including any unmet treatment needs.
- Periodically review your medications and assess your response to treatment.
- Counsel you on the appropriate use, benefits, and risks of your medications.
- Provide resources for keeping medications secure and disposing of unwanted medications properly.
- Assess your risk and make the offer for a prescription for naloxone, the opioid overdose reversal medication if appropriate.

As our patient, you pledge the following:

- I understand that there are risks of dependence, addiction, and overdose associated with the use of opioid medications and other controlled substance medications.
- I will discuss any changes in dosage or how often I take my medication with my doctor and pharmacists.
- I understand the safest way to get my medications is to get all my medications at the same pharmacy. My other medications can easily be transferred to this pharmacy by speaking with pharmacy staff.
- I understand having controlled substances in my possession comes with safety risks both to me and those around me, including the risk of accidental overdose and potential theft. The pharmacy has policies which limit when I can get my opioid medications to reduce these safety risks.
- I will not request my medication to be refilled before the date I am scheduled to run out of my medication. If I need to refill my medication earlier than this date, I understand the pharmacy will not fill the medication more than 3 days early depending on the last day supply received.
- I will safeguard my medications from loss, theft, or unintentional use by others by keeping my medications in a locked box or away from others, including children.
- I will dispose of any unused medications properly as discussed with the pharmacy staff. I understand Joe's Pharmacy has a medication disposal system in place and I can ask employees about the procedure.
- I will not fill any controlled substance medications at any other locations without my doctor's knowledge.
- I understand that the pharmacy can check the Alabama Controlled Substance Reporting System to verify whether I have had controlled substances filled at other locations and/or states.
- I will not share my medication with anyone.
- I understand that if I break this agreement the pharmacy may refuse to fill further controlled substance prescriptions for me.