

# MCDC PRESCRIPTION MEDICATION NOTICE

MIDLAND COUNTY DRUG COURT  
 JUDGE ELIZABETH N. RAINEY  
 500 N. Loraine  
 Midland, Texas 79701



To Whom It May Concern:

The person in your care is participating in the Midland County Drug Court program. The goal of the program is to help individuals achieve sobriety while maintaining accountability. As part of this process Participants are **NOT** allowed to take over-the-counter or prescription medications containing the following or any derivative thereof:

Benzodiazepines	Valium (Diazepam), Xanax (Alprazolam), Ativan (Lorazepam), Restoril (Temazepam), Klonopin (Clonazepam), Halicon (Triazolam)	Opiates	Hydrocodone: Vicodin, Norco, Lortab Morphine: Avinza, Kadian, MS Contin Oxycodone: OxyContin, Percocet/dan Oxymorphone: Opana Hydromorphone: Dilaudid Fentanyl: Actiq, Sublimaze, Duragesic Methadone: Dolophine, Methadose Meperidine: Demerol Tramadol Codeine
Amphetamines	Adderall, Focalin, Ritalin, Concerta, Vyvanse, Dexedrine, Evekeo, Adzenys, ProCerta, Dyanvel		
Methamphetamine	Desoxyn		
Dextromethorphan	found in most 'tussins', Robitussin DM, Robitussin CF, Corecidine	Ephedrine	(also Pseudo Ephedrine) Sudafed, DayQuil, daytime cold or flu medication
Alcohol	NyQuil, nighttime cold/flu medication	Weight Loss	Phentermine, Qsymia
Sleep Aids	Ambien, Lunesta, Sonata	Ketamine	Ketalar, Spravato, Ketaset

As such, if they **MUST** be prescribed one of the above types of medication (or a medication known to you to be of a similar type) **and** there **IS NO** alternative option, the Participant must obtain your signature on this form indicating they have:

- Informed their healthcare professional of their participation in the Midland County Drug Court
- Discussed treatment/medication options which **DO NOT** require the use of medications as listed above

**By signing below, you are indicating that notification was given and that an alternative medication/treatment option IS NOT available.**

Participant Name: \_\_\_\_\_ Select Court:  AFDC  TTC  DWI

Medication Prescribed: \_\_\_\_\_ Duration of Prescription: \_\_\_\_\_

Please explain any alternative medications previously tried: \_\_\_\_\_

Please explain the reasoning for prescribing this particular medication: \_\_\_\_\_

Healthcare Professional PRINTED Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Hospital/Practice Affiliation: \_\_\_\_\_

*If you have any questions regarding the Midland County Drug Court, please contact the court at 432-688-4512. Thank you for helping us toward our goal of reducing recidivism by breaking the chain and cycle of addiction.*