**AUBURN FAMILY HEALTH CENTER, P.C.**

**PRESCRIPTION POLICY**

Auburn Family Health Center, P.C. is honored that you have chosen us for your healthcare needs. Our mission is to create an environment where everyone works as a team of dedicated and motivated professionals with a common goal to serve our patients with quality and excellence.

**PRESCRIPTIONS**

* All prescription refills MUST be obtained by contacting your local pharmacy. They will phone or fax us with the information about your prescription.
* We will send all prescriptions electronically to your local pharmacies as well as to your mail order provider.
* All controlled substance prescriptions for established patients require an office visit every 1-6 months, based on your agreement made with your provider (regarding the reason why you are taking this med).
* AFHC providers will NOT prescribe any chronic narcotics to NEW patients.
* Electronic refill requests may take up to 72 hours to be completed. However, prescriptions will be approved as soon as possible, usually by the next business day. Please do NOT make repetitive phone calls to our office.
* If you have a problem getting your prescription, please call our office during normal business hours.
* In general, all patients are required to be current patients seen within the last 12 months for medication refills. However, some patients may require labs, or an office visit more frequently.

**PRESCRIPTION REFILL POLICY**

To maintain an efficient office, provide quality medical care, and avoid any possible prescription abuses, the following policy explains our guidelines for prescription refills for ALL of the AFHC providers. Failure to comply with this policy may result in dismissal from our practice.

* Medications are prescribed for your use ONLY; they are not meant to be shared with others.
* Please remember to discuss any medication concerns and all refill requests you have with your provider at your regularly scheduled appointments.
* Under certain circumstances, you may be asked to follow up with one specific provider.
* Please ensure that you have enough medication to last until your next scheduled visit. If you are overdue for your visit, your provider may provide enough medication to last until your scheduled appointments (maximum of 2 weeks supply).
* Approval of your refill may take up to 72 hours so please be courteous and do not wait to call your pharmacy. It is YOUR responsibility to do this in a timely manner.
* If for any reason you feel your medication needs to be adjusted or changed, please contact our office.
* If you think that you may be having an allergic reaction to the medication, please contact our office immediately or go to the nearest ER.
* All new patients MUST establish care with our office prior to having a prescription refilled.
* All chronic medications will require regular follow-up visits at our office. Your provider will determine the appropriate interval between visits.
* It is important to keep your scheduled lab & doctor’s appointment to ensure that you receive timely refills. Repetitive no shows/cancellations will result in a denial of refills, no show fees, & possible termination.
* Additional lab tests may be required to determine exact dosages for prescribed medications.
* Your provider will not diagnose or treat over the phone. New or unresolved problems will require an appointment. Medications for acute problems will require an office visit to ensure that a correct diagnosis is made and that an appropriate medication is prescribed.

**REFILL REGULAR MEDICATIONS**

* All regular medications, non-controlled/non-narcotic prescriptions, require a follow up appointment with your provider at regular intervals (no less than yearly). This will be considered a regular office visit. If you have not been seen within this timeframe, your refill request may be denied.
* All prescription refill requests should originate from the patient by contacting their pharmacist asking to request the refill electronically.
* If your prescription bottle indicates you have refills left, you do not need to contact our office. Contact your pharmacy and they will refill it for you; be sure to give the pharmacy adequate time to fulfill your request.
* It is your responsibility to make your follow up appointment to ensure you do not run out of your prescription. Please do not call the office and expect your urgent request for a refill without an appointment.

**CONTROLLED SUBSTANCES AND NARCOTICS POLICY**

Chronic use of habit-forming drugs is seldom in the best interest of patients or providers. For this reason, AFHC will NOT be responsible for prescribing chronic narcotics with very few exceptions. A prescribing agreement (Chronic Pain Management Agreement) with strict parameters will be signed in the rare event that long-term use of these medications is required. Some examples that fall under this policy may include medications taken for anxiety, insomnia, ADHD, chronic pain, etc.

* These prescriptions will NOT be filled on Fridays or weekends; **Monday-Thursday refills ONLY.**
* All narcotics will be filled for a maximum of a 28-day supply, per the Chronic Pain Management Agreement.
* Please bring your original medication bottles to every appointment.
* ALL prescriptions for controlled substances require a routine face-to-face encounter in the office with your provider.
* It is our strict policy that there will be no refills prescribed by any provider or after-hours provider outside of normal business hours.
* When it is medically necessary for our providers to treat you with a controlled substance, we abide by all local, state, and federal regulations.
* You will be asked to sign a Chronic Pain Management Agreement when your medical condition(s) warrants ongoing treatment with controlled substances. Compliance with your controlled substance contract is NOT optional, and violation of this policy may result in termination of medication therapy and/or your dismissal as a patient from our practice.
* You may be asked to submit to a urine test to ensure compliance with the safe use of your controlled substance. If you fail a drug test, it may result in the providers no longer prescribing controlled substances to you.
* ADHD testing may be required before AFHC providers prescribe stimulants for new patients. If you have documentation of testing, please bring it to your appointment.
* Patients are responsible for their controlled substance medication. You will need to be seen in our office every 1-6 months at the discretion of the providers for controlled substance prescriptions (1-3 months for narcotic prescriptions), as we do not handle long-term pain management. You and your PCP will likely develop a plan to reduce your medication usage over time, as it seems reasonable with your medical condition.
* Controlled substances (pain, sleep, muscle relaxants, stimulants, anti-depressants) are tracked by the Drug Monitoring Program (PDMP). Pharmacies and Providers DO track your usage of controlled substances through obtaining an online report, which annotates providers who have prescribed, and pharmacies that have dispensed these medications.
* If you require a refill of a controlled substance, and you are an established patient (for at least one month), you may be referred to a pain management specialist or other specialist related to your condition.
* It is the policy of AFHC providers to limit the use of extended-release narcotics to cancer patients only. A few exceptions may apply. Documentation from palliative care or a pain specialist should be included in the patient’s chart.
* Patients who are followed by a pain specialist must comply with their pain contract and/or the treatment plan set forth by that provider.
* It may be appropriate for your provider to prescribe Narcan to you. This medication is prescribed to be used in the event of an accidental drug overdose. Instructions for use will clearly be communicated to you and documented in your chart.

**PRESCRIPTION REFILL SCHEDULE**

|  |  |
| --- | --- |
| **Diagnosis/Treatment** | **Appt Required Every…** |
| Blood Pressure & Cholesterol | 6-12 months (with labs) |
| Diabetes – Controlled | 6-12 months (with labs) |
| Diabetes – Uncontrolled | 3-4 months (with labs) |
| Depression & Anxiety – Controlled | 6 months  |
| Depression & Anxiety – Uncontrolled | 3 months |
| New Medications | 1 month |
| Allergy | 12 months |
| Birth Control | 12 months |
| Female HRT | 12 months (Mammo w/in last yr is required) |
| Thyroid – Controlled (w/o symptoms) | 1 year (with labs) |
| Male Testosterone | 6 months (with labs) |
| Controlled Substances | 3 months |
| Anxiety Medication | 3-6 months |
| Pain Medication | 1-3 months |
| Sleeping Aids | 3-6 months |
| ADHD | 3-6 months |
| INR/Protime (for Coumadin) | 1 month for INR |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name), have reviewed AFHC’s Prescription Policy with my Provider, and agree to follow these guidelines outlined in the above document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature Patient Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature Date