POLICY TITLE: Prescription Requests and Renewals

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SUMMARY & PURPOSE: Prescription requests and renewals require close monitoring to ensure a safe continuation of appropriate doses, frequency, and duration of the medication. The purpose of this policy is to outline the basic medication practices and requirements for prescription requests and prescription renewals.

SCOPE/APPLICABILITY: This policy applies to all the HWCOM Clinical Locations where faculty, students and/or staff provide care to patients. The HWCOM clinical locations are: FIU Health Modesto Maidique, (“MMC”), Green Family Foundation Neighborhood HELP Mobile Health Centers. This policy excludes the Green Family Foundation Neighborhood HELP Household visits and the Linda Fenner 3D Mobile Mammography Center because medications are not prescribed at these locations. For the faculty, students and staff that are providing patient care in the affiliated hospitals, outpatient, and diagnostic centers the policies and procedures of those institutions will govern their reporting responsibilities.

POLICY: To provide a safe and efficient approval process for prescription renewals and requests for medications, including maintenance medications.

DEFINITIONS:
Prescription: An order for a medication, therapy, or therapeutic device given by a properly authorized and licensed provider, which goes to a person properly authorized to dispense or perform the order, a pharmacist. A prescription can be in written form; emailed from a secured encrypted computer system, phoned, or faxed; and includes the patient’s name, address, date, the medication prescribed (inscription), the acceptability or dispensing mode, and any generic directions to the patient that must appear on the label, the prescriber’s signature, and in some instances, an identifying number.
**Drug Schedules:** The United States Drug Enforcement Agency classifies drugs, substances, and certain chemicals used to make drugs into five (5) distinct categories or schedules depending upon the drug’s acceptable medical use and the drug’s abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes--Schedule II, Schedule III, etc., so does the abuse potential--Schedule V drugs represents the least potential for abuse.

**Schedule I**
Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Some examples of Schedule I drugs are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

**Schedule II**
Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin®), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid®), meperidine (Demerol®), oxycodone (OxyContin®), fentanyl, dextroamphetamine, amphetamine-dextroamphetamine (Adderall®), and methylphenidate (Ritalin®).

**Schedule III**
Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: products containing less than 90 milligrams of codeine per dosage unit (Tylenol® with codeine), ketamine, anabolic steroids, testosterone.

**Schedule IV**
Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Alprazolam (Xanax®), Carisoprodol (Soma®), Propoxyphene (Darvon®), Propoxyphene (Darvocet®), Diazepam (Valium®), Lorazepam (Ativan®), Pentazocine (Talwin®), Zolpidem (Ambien®), Ultram, Ultram ER, Conzip, Enova Rx (Tramadol®).

**Schedule V**
Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC®), Diphenoxylate Atropine (Lomotil®), Difenoxin /Atropine (Motofen®), Pregabalin (Lyrica®), Attaclugite (Parepectolin)
**Performing Provider:** Practitioner, person, or entity rendering a medical service.

**EMR:** Electronic Medical Record

**CMA:** Certified Medical Assistant

**RN:** Registered Nurse

**LPN:** Licensed Practical Nurse

**OTC:** Over the Counter

**PROCEDURE:**

1. The performing provider or authorized provider must authorize all prescription renewal requests.

2. Renewal requests should be processed within two business days (48 hours) of the request.
   a. Medications requiring pre-authorization from insurance carrier may require additional time to process.

3. Prescription requests and renewals are received in several ways:
   a. **Phone: Patient requests refill by phone by calling the practice.**
      i. Calls may be sent to the general voicemail box. The voicemail box is monitored daily by a dedicated clinical support staff member during normal business hours, Monday-Friday 0800-1700 hours.
      ii. Upon receipt of the request for the medication refill, the staff member will review the patient’s record, determine appropriateness of the request, and call the pharmacy if there are additional questions. A phone note in the electronic medical record will be sent to the provider’s inbox who then confirms if the prescription will be renewed.
      iii. The provider approves the request in the EMR and sends to the pharmacy electronically.
         1) If provider denies the request, patient will be notified and provided with an alternative treatment plan.
   
   b. **Electronic prescription request (eRx) directly from the pharmacy to the provider’s inbox in the EMR.**

   c. **Portal: Patient requests prescriptions electronically via the patient portal.**
      i. The request is routed to the provider’s inbox or authorized provider’s inbox.

4. The patient must schedule an appointment prior to requesting or renewing a prescription if not seen in the office for the past twelve months.

5. Prescriptions are ordered with the number of renewals needed until the next appointment.
   a. If a patient requests a renewal but is overdue for an appointment or follow-up visit and/or blood work (necessary for monitoring the safety or effectiveness of a medication), the provider may agree to renew the medication to last until an office visit can be scheduled. It is the patient’s responsibility to keep track and schedule an appointment before they run out of medication, not the providers.

6. Schedule II controlled substances will only be prescribed during a clinical encounter. The provider will inform the patient at that time of this requirement and document the communication in the patient note. If the provider determines it is in the best interest of the patient to continue these medications without a clinical encounter, only an adequate amount may be prescribed to cover the patient until the next scheduled appointment. Accurate and complete documentation of the clinical determination is required. Patients will be reminded of this policy when requesting to renew prescriptions for Schedule II controlled substances by phone, email, or fax. Please see the Behavioral Health Guideline for recommendations and guidance on prescribing controlled substances.

7. **Substitution of drugs.**
   a. Performing or authorized providers shall order generic prescriptions whenever available unless medically necessary. Florida Statute 465.025, Substitution of drugs.
8. Denials
   a. Denial of prescription renewal may be made for all, but not limited to the following reasons:
      i. Re-evaluation of the treatment plan is due to complications or the type of medication
      ii. Medication no longer necessary
      iii. Patient non-compliance with current treatment plan
      iv. Patient not seen in the practice for the past year (twelve months).

Medication Reconciliation Process
Medication reconciliation is a process of comparing the medications a patient is taking (and should be taking) with newly ordered medications. Medication reconciliation is intended to identify and resolve any discrepancies. A review or “reconciliation” of medications occurs at the beginning of each patient care visit. During the patient’s appointment/visit. All medications and over the counter (OTC) substances are reviewed, by either the CMA, RN, LPN, paramedic, and the provider. The current medication and OTC substances list is updated in the EMR system at each visit. The prescribing provider may add, delete, or change dosages of the medications-based patient assessment and evaluation.

Please refer to the HWCOM Administrative Policy: Medication Reconciliation Reporting No.: 200.02.104P.

Reporting Medications Errors
9. Any patient concerns are reported through the clarity system located through the desk icon Clarity. Please refer to HWCOM Administrative Policy: Incident Reporting No.: 200.03.100A

Clarity Icon

SUPPORTING/REFERENCE DOCUMENTATION:
- https://www.dea.gov/drug-scheduling
- FLA. STAT. § 465.025 (2021)
- Behavioral Health Guideline on prescribing controlled substances

RELATED POLICIES, PROCEDURES, AND ASSOCIATED FORMS:
- HWCOM Administrative Policy: Incident Reporting No.: 200.03.100A
- HWCOM Administrative Policy: Medication Reconciliation Reporting No.: 200.02.104P

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