

New Rx protocol:

Due to new federal guidelines we have to make adjustment to how we process all prescription refills and pre-authorizations. We know that this will be an adjustment for everyone and we will continue to do the best we can to help you through this process.

We are now required to process all prescriptions electronically which has made the many steps necessary to fill a prescription even more time consuming. At our office there are two full time employees assigned to prescriptions. To illustrate, here are the steps required in order to process a refill request:

- 1- Phone message, fax or e-mail is transcribed
- 2- The medical assistant enters the requested medication into the chart.
- 3- Your chart is then pulled and research is done
 - a. Verifies the medication requested is necessary
 - b. When patient was last seen
 - c. If a follow up is needed
 - d. If the medication requested is a controlled substance
- 4- The medical assistant then; after verifying all of the above medication; sends the request to the provider.
- 5- The provider then reviews the chart to determine
 - a. When patient was last seen
 - b. If they feel a sooner follow up is needed
 - c. Pertinent allergies
 - d. If the medication requires labs to be drawn to ensure correct dose is being given
 - e. If the medication has a risk for dependency or abuse
 - f. If there is any possible interaction between any other medication you may be on
 - g. If the medication has new FDA guidelines or formulary restrictions
 - h. If continuing the medication out weighs the risks the medication may have.
- 6- The provider then makes the decision and enters the prescription into the new electronic system
- 7- If it is a controlled substance prescription the provider prints off the prescription and gives it to the medical assistant.
- 8- The medical assistant then gets the chart back and either calls the patient to come pick it up or they call it into the pharmacy.

Essentially we will give you the correct number of refills at your appointment to last until your next appointment and then it is the patient's responsibility to get the next appointment scheduled. One must be aware that the provider's are booking out 3-6 weeks in advance; therefore one should plan ahead to make that appointment.

Unfortunately, if an appointment is not scheduled the patient will be without medication until the next appointment. Some exceptions will be made for life sustaining medications.

Prior Authorizations are another extremely time consuming task. Usually 30 minutes per drug. Prior authorizations are not a provider's responsibility. They are a requirement of the patient's insurance plan in order for them to consider paying for all or part of a medication. And prior authorizations are time limited and need to be redone every 6-12 months. This depends on an insurance company's formulary which may change even several times per year. Therefore many medications must either be changed or prior authorized. Many offices refuse to process prior authorizations. Other's charge \$25-\$35 per authorization. For now, all prior authorizations will require an office visit for this so we can get compensated for the time this takes. We may request / complete the appropriate paper work or discuss changing the medication all together.

Again we understand that this will be an adjustment and if your normal primary care provider is not available we have nurse practitioner (NP) and physician assistants (PA) that can assist you with this process.