



LPWWC Patient Medication Refill Guidelines

In order to help us take better care of our patients we have created these medication refill guidelines. Many medications can be written for multiple refills as long as you have had an annual (complete physical) exam or office visit addressing that problem within the last 3-12 months. There are guidelines that help us make sure that we are monitoring your condition at appropriate intervals with office visits and lab work periodically. These include, but are not limited to:

Chronic conditions recommended visit frequency requirements:

- Depression/Anxiety 1-12 months or per provider assessment
- ADHD every 1-3 months or per provider assessment
- Diabetes Every 3-6 months or per provider assessment
- Hypertension Every 6-12 months or per provider assessment

For all Non-Scheduled prescriptions, we require 3-business-days to refill your medications. For all scheduled prescriptions (i.e. ADHD meds) we require 5-business-days to refill your medication.

In the past few years there have been major changes in prescribing controlled medications across the United States. Controlled medications, also known as Schedule 2 through 5, include narcotic medications or opiates, sleeping medications or sedatives, appetite suppressants and ADHD medications. Controlled medications have a risk of dependence and potential for abuse, are prone to long term side effects, and require careful monitoring.

At LPWWC, we are following guidelines put forth by the CDC, the Wyoming Board of Medicine, the Drug Enforcement Agency and our Professional Medical Societies, for any patient receiving Schedule 2 through 4 medications for duration of longer than 3 months. Schedule 2 through 4 medications includes opiates, benzodiazepines and certain types of ADHD and insomnia medications.

We require office visits every 1-3 months to refill controlled medications

For all scheduled medications including Adderall we require 5-business-days for medication refills of these controlled medications due to the increased work surrounding all controlled substance prescriptions.

ADD/ADHD: If you are receiving prescriptions for stimulants like Ritalin or Adderall, for adult &/or transfer pediatric patients we require the original diagnosis paperwork from your previous healthcare provider documenting the necessity of these medications. We require an office visit every one to three months to monitor your response to treatment and to make sure that these medications continue to work for you. Often, as people age, stimulants become less effective and alternative therapies can be considered.

Anxiety: Benzodiazepines have a risk of addiction and dependence and for this reason we are very careful about prescribing them for long-term treatment of anxiety. We require an appointment every three months to make sure that these continue to be an appropriate choice for your anxiety.

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We strive to offer the best services and care for each patient in a timely manner. The below procedures are essential and necessary to efficiently manage our clinic. Thank you in advance for your cooperation and understanding.

***No prescriptions will be filled on Fridays after 3 pm, Saturdays, Sundays, holidays, or weekdays after 5 pm.

***Our office requires 3 days for standard prescriptions and 5 days for all controlled substance prescriptions to process renewals, and/or pick-up requests.

***The patient is responsible for knowing when medication(s) will need to be refilled. Most Insurance Companies only allows 30-day refills of controlled substances.

***NO EARLY REFILLS & NO LAST MINUTE CALLS WILL BE ALLOWED

***Prescription phone-in/pick-up times are Monday – Friday from 8:00 a.m.to 3:00 p.m.

***Prescriptions will not be filled for unscheduled “walk-in” patients.

***Controlled substance prescriptions require a follow-up appointment every 90 days.

***New symptoms and/or events require a clinic appointment.

***You must follow the prescription directions as stated.

***If your prescription is stolen or lost a police report must be filed with no exceptions. Our office must be notified immediately of the lost/stolen medication, the date it was lost/stolen. We will also require a copy of the police report. No refills will be done without this being completed under any circumstances.

I have read the Patient Medication Refill Guidelines and will abide by all of the terms & conditions contained therein.

Patient Signature:

Patient Name: Date:

Staff Member Witness Signature: