I. PURPOSE

The purpose of this protocol is to ensure that patient requests for medication refills are processed in an efficient and timely manner, by allowing the Care Coordinator or RN to process refills in Epic according to guidelines established by the physician.

Medication refill is a core medical office function that has significant impact on patient satisfaction, safety and office workflow. The best practice utilizes protocols for the fulfillment of established medications for agreed upon number of refills based on clinically appropriate visit intervals and/or laboratory monitoring. Furthermore, medication refill offers the opportunity to substitute equivalent brand name for generic drugs, when there is a generic available. This can result in significant savings without compromising care quality. The majority of medication refill work can be done by non-providers, allowing providers to work at their appropriate level.

Beyond the actual medication refill, one should consider the opportunity of this “touch” between the patient and practice to identify additional care gaps that may be acted upon such as mammogram imaging requisitions, colorectal cancer screenings, immunizations, retinopathy screenings, etc.

This protocol will be reviewed and/or revised every three years or as required by change of law or practice. The clinic manager will be responsible for communicating revisions to the applicable staff.

II. SUPPORTIVE INFORMATION

A. Setting: Stanford Coordinated Care

B. Supervision: The protocol is established and approved by physicians in Stanford Coordinated Care. The patient’s physician of record is listed as the authorizing provider at the time the refill is requested. Refill requests route to the physician InBasket for either cosignature or action.

C. Indications: Refills on the approved Medication Refill Protocol List may be processed using this protocol. The list includes the following information.
   1. Medications: The list includes a basic set of medications used commonly in primary care. There are separate entries for generic name and brand name, allowing look up by either.
      a. Unless otherwise noted in the patient chart, the generic equivalent should be substituted for any medication refill request with a brand name.
b. If the strength and dosing interval are different for the generic alternative, the refill request should be pended and routed with a comment to the provider.

2. Condition: This column allows grouping of types of medications with similar refill and monitoring parameters. The rows are color coded by condition.

3. Refill: This column indicates the total number of fills for a medication allowed if visit and lab criteria are met.

4. Appt: The visit interval in which a patient on a specific type of medication ought to be seen.

5. Labs: Indicates laboratory testing and interval appropriate to ensure patient safety for specific medications.

6. Referrals: Reminders regarding referrals important in specific conditions such as annual retinopathy screening for diabetics.

D. Exclusions: Any request for refill of a medication not listed on the protocol must be referred to the provider.

E. Competency

1. Initial competence: Review protocol. Complete Epic training in managing refill requests.
2. Continued proficiency will be documented on annual evaluation and as circumstances require.

III. PROTOCOL

A. Refill Request Workflow

1. Locate the medication on the Medication Refill Protocol List. This may be done with the list alpha sorted by medication. You may also use ctrl-f to locate a specific medication.
2. Review the patient’s chart to determine if visit interval and laboratory monitoring are up-to-date.
   a. If lab and visit up to date → refill for stated duration.
   b. Lab due – notify patient that labs are due and reason. Order lab per protocol. Fill medication for 30 days with no refills.
   c. Visit due – contact patient to set up visit. Fill medication for 30 days with no refills.
   d. Referrals – pend refill request and route to provider comment regarding referral reminder.
   e. If patient doesn’t complete lab or visit within 30 days, pend refill request and route to provider with comment.
3. Medications marked Forward to Provider or for which there is any uncertainty should be sent to the appropriate provider for review, including generics that have a different dosing schedule than the brand name.
4. A record of medications NOT found on the list should be maintained to be added after provider review.

V. DOCUMENTATION

Document according to the workflows in the attached flowcharts.

Appendix A: Medication Protocol List – Periodic Review
Attachment 1: Medication Refill Request Workflow
Attachment 2: Medication Cosign Required Workflow

Related Document: SCC Medication Refill Protocol List

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Appendix A

Medication Protocol List – Periodic Review

1. Medications: A basic set of medications used commonly in primary care. There are separate entries for brand and generic, allowing look up by either. The medication list should be reviewed and edited as appropriate. With use, more medications will likely need to be added.
   a. It is best to identify one user for the editing function.
   b. After adding desired medications it is most effective to sort by condition to add the remaining information.
2. Refill: This column indicates the total number of fills for a medication allowed IF visit and lab criteria are met. Refill durations should be reviewed and adjusted for provider consensus.
3. Condition: This column allows practice to group types of medications with similar refill and monitoring parameters. The rows are color coded by condition.
4. Appt: The visit internal in which a patient on a specific type of medication ought to be seen. Review and adjust for provider consensus.
5. Labs: Indicates laboratory testing and interval appropriate to ensure patient safety for specific medications. Review and adjust for provider consensus.
6. Referrals: Column may be used to remind practice regarding referrals important in specific conditions such as annual retinopathy screening for diabetics.
Attachment 1: Medication Refill Request Workflow
Attachment 2: Medication Cosign Required Workflow