CARY · APEX · FUQUAY-VARINA
PEDIATRIC CENTERS

ADHD Prescription Medication Policy

Dear Parents:

Medications have proven to be safe and effective in the treatment of ADHD for many decades. For many children, these medications play a critical role in school and social success. Despite their safety, the US DEA lists some of these medications as Schedule II drugs, which restricts our prescribing them. The DEA and insurance companies monitor our prescriptions, and penalizes us for misuse or poor compliance with these rules. The following policies are designed to avoid confusion and will help to ensure your child's safety while he/she is being treated.

Required Medication Recheck Appointments and Physical Exams

Due to the potential side effects of the drugs used to treat ADHD, rechecks are mandatory 3 weeks, 3 months and 6 months after the initial prescription is filled, and anytime there is a gap of more than 120 days between refills. Once stable on medication, rechecks will be mandatory every 6 months. Medication rechecks may be combined with the annual physical exam which is also required to continue receiving medication.

Refills

Due to Federal Law, prescriptions cannot be verbally called in to the pharmacy and are e-prescribed only (there may be special circumstances at the request of your insurance for mail-order prescriptions that require paper prescriptions). Please call the office refill line a **minimum of 48 hours in advance**, to ensure your child receives their medication without missing any doses. Refills will **NOT** be given if your child is behind on a recheck or well check. It is the parent's responsibility to ensure that these appointments are made. **Note:** Medication refills for the 3 week recheck appointment will be provided at the 3 week visit and not via the refill line.

Controlled Substances

Any patient/parent determined to be selling or providing medication to another person can no longer receive ADHD medication from our practice. Please carefully monitor your child's use, and discuss openly with your child the seriousness of providing their medication to others.

By placing my signature below, I certify that I have read and agree to abide by the ADHD office policies of Cary, Fuquay-Varina, and Apex Pediatrics.

Patient Name: _____ Patient DOB: _____

Signature of Guardian: _____ Date:_____