



ADHD Medication Refill Policy

Stimulant medications are an important part of the treatment plan for many patients with Attention Deficit Hyperactivity Disorder (ADHD). These medications have been shown to be both safe and effective. However, due to the potential for abuse, stimulant medications are designated as Schedule II controlled substances by the US Drug Enforcement Agency (DEA).

According to federal law, we are required to closely monitor the refills of these medications, including refill dates. All prescriptions must be sent to pharmacies in Massachusetts.

To best meet the health needs of our patients, Newton- Wellesley Family Pediatrics has created the following policies regarding ADHD medication prescriptions and refills:

- Close follow-up is an essential component of ADHD management. Therefore, after a new prescription, follow-up visits are needed as follows:
 1. A follow up – virtual or in person - with our behavioral health coordinator within 1 week of the new prescription
 2. An in person follow up with your provider within 3 weeks of the new prescription
 3. Follow-ups are then required every 6 months and well visits can count as one of these follow-ups.
- Requests for medication **refills** should be made at least **one week in advance**. We make every effort to provide refills in a timely manner. However, to provide the best care for our patients, we need time to review each patient's individual medical record before prescribing medication refills.
- Refill prescriptions will be written by the patient's regular prescribers unless those providers are away from the office for more than one week. In this case, a covering provider will be able to process the refill.
- Refills for ADHD medications will not be provided on weekends or holidays.
- Patients and their parents / guardians are responsible for scheduling and attending follow up visits.
- Refill prescriptions will not be given to patients who are behind the recommended schedule for follow-up visits.



Newton-Wellesley Family Pediatrics
Boston Children's
Primary Care Alliance



Newton-Wellesley *Family* Pediatrics

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I have received a copy of the Newton-Wellesley Family Pediatrics ADHD Medication Refill Policy. I have reviewed the policy and had the opportunity to discuss it with my or my child's provider. I agree to follow the policy as written and understand that failure to comply may result in delay or refusal of refill requests.

Patient Name: _____ Date of Birth: _____

Parent/Guardian Signature: _____ Date: _____

Patient Signature (18yrs and older): _____ Date: _____