

PRESCRIPTION REFILL POLICY

Cindy Granados, Office Manager - Telephone number: 323-954-1072

This policy outlines our clinic's standards for medication prescriptions, monitoring requirements, and refill guidelines. Please review carefully to understand how your medications will be managed and how to request refills.

New Policy for Prescription Refills

Dear Patient,

This letter is to notify you of an important policy change in how prescription refill requests will be managed at the office of Peter J Ruane, MD, Inc. (Peter Ruane, MD, Peter Wolfe, MD, Kenny Trinidad, PAC, Matthew Musikanth, PAC).

Due to a pattern of safety-relevant errors, duplications and other matters related to automated electronically generated refills requests, we have implemented a new policy.

Effective immediately, this medical office will no longer accept direct-from pharmacy refill requests. All refill requests should be requested by the patient directly from the office.

There are 3 convenient options to request a refill:

1. **Patient Portal / Healow: 24-hour access.** Log in and view your medications provided from this office and request a refill request. The message will be reviewed the following business day, medications will be reconciled with your medical chart and then approval will be sent to the pharmacy within 2 business days. If you need help accessing the portal, please ask our office staff to assist you.

https://mycw44.eclinicalweb.com/portal5057/jsp/100mp/login_otp.jsp.

2. **During your office visit:** caregivers will begin all visits by carefully reviewing all your medications and will ask you which medications need to be refilled.
3. **Phone:** You may call our office at 323-954-1072 during business hours.

NOTE: For medications with remaining refills (as indicated on the medication bottle), contact your pharmacy.

For urgent refills needing immediate same day assistance: call the office directly Monday through Friday from 9am to 5pm.

Medication Prescription, Monitoring, and Refill Policy

Provider Discretion

Please note that, in addition to the medications listed below, any medication prescribed individually or in combination with others will be managed separately at the discretion of the treating provider.

HIV & STI Prevention and Treatment

ORAL ARV (HIV Treatment)

- **Prescription Duration:** 3 months
 - **Refill Policy:** 30 days + 2 refills or 90 days with 0 refill
 - **Courtesy Refills:** 1-month courtesy refill if visit missed
 - **Office Visit Policy:** Every 3–6 months (per provider discretion)
 - **Controlled Substance:** No
 - **Provider Notes:** Exceptions based on individual patient needs
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CABENUVA (Injectable HIV Treatment)

- **Prescription Duration:** 2 months
 - **Refill Policy:** 5 refills
 - **Controlled Substance:** No
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PREP Oral (Truvada, Descovy)

- **Prescription Duration:** 3 months
 - **Refill Policy:** 30 days + 2 refills or 90 days with 0 refill
 - **Courtesy Refills:** 1-month courtesy refill if visit missed
 - **Office Visit Policy:** Every 3 months; labs required
 - **Controlled Substance:** No
 - **Provider Notes:** STD labs required; 90-day max supply
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PREP Injectable (Apretude)

- **Prescription Duration:** 2 months
- **Refill Policy:** 30 days + 2 refills

- **Office Visit Policy:** Every 2 months for shot & HIV/STD labs
 - **Controlled Substance:** No
 - **Provider Notes:** STD labs required
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PREP Injectable (Yeztugo)

- **Prescription Duration:** 6 months
 - **Refill Policy:** 2 refills
 - **Office Visit Policy:** STI testing every 3 months; shot every 6 months
 - **Controlled Substance:** No
 - **Provider Notes:** STD labs required
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DoxyPEP

- **Prescription Duration:** 3 months
 - **Refill Policy:** 30 days + 2 refills
 - **Courtesy Refills:** 1-month at provider discretion
 - **Office Visit Policy:** Required for renewal
 - **Controlled Substance:** No
 - **Provider Notes:** STD labs required
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Mental Health & Neurological Medications

Benzodiazepines (Xanax, Ativan, Valium, etc.)

- **Prescription Duration:** 1 month
 - **Refill Policy:** No refills; new prescription each time
 - **Courtesy Refills:** Up to 14 days at provider discretion
 - **Office Visit Policy:** Every 3 months
 - **Controlled Substance:** Yes
 - **Provider Notes:** Strict rules; must be e-prescribed
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Sleep Aids (Ambien, Lunesta, etc.)

- **Prescription Duration:** 1 month
- **Refill Policy:** Up to 3 months
- **Courtesy Refills:** 14-day refill at provider discretion
- **Office Visit Policy:** Every 3 months
- **Controlled Substance:** Yes

- **Provider Notes:** Must be e-prescribed
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ADD/ADHD Medications (Adderall, Vyvanse)

- **Prescription Duration:** 1 month
 - **Refill Policy:** 30-day supply only; no refills
 - **Courtesy Refills:** 14-day at provider discretion
 - **Office Visit Policy:** Every 3 months
 - **Controlled Substance:** Yes
 - **Provider Notes:** Must be e-prescribed
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Antidepressants (e.g., Bupropion, Lexapro, Zoloft, Seroquel, Risperdal)

- **Prescription Duration:** 6 months
 - **Refill Policy:** 30 days + 5 refills or 90 days with 1 refill
 - **Courtesy Refills:** 1-month if visit missed
 - **Office Visit Policy:** Every 6–12 months
 - **Controlled Substance:** No
 - **Provider Notes:** May require mental health referral
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Seizure Medications (e.g., Carbamazepine, Keppra, Lamictal)

- **Prescription Duration:** 6 months
 - **Refill Policy:** 30 days + 5 refills or 90 days with 1 refill
 - **Courtesy Refills:** 1-month if visit missed
 - **Office Visit Policy:** Every 6 months
 - **Controlled Substance:** No
 - **Provider Notes:** May require prior authorization
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Pain Management & Muscle Relaxants

Opioids (e.g., Norco, Hydrocodone)

- **Prescription Duration:** 1 month
- **Refill Policy:** 30-day supply only; no refills
- **Courtesy Refills:** 14-day at provider discretion
- **Office Visit Policy:** Minimum in-person every 3 months
- **Controlled Substance:** Yes
- **Provider Notes:** Strict in-person requirement

Non-Opioid Pain Meds (Tramadol, Soma, Flexeril)

- **Prescription Duration:** 1 month
- **Refill Policy:** 30 days + 2 refills or 90 days with 0 refill
- **Courtesy Refills:** 14-day at provider discretion
- **Office Visit Policy:** Every 3–6 months
- **Controlled Substance:** Yes

Muscle Relaxants (Flexeril, Soma, Tizanidine)

- **Same as above**

Chronic Illness Medications

Hypertension and Cholesterol Meds (e.g., Lisinopril, Lipitor)

- **Prescription Duration:** 3–6 months
- **Refill Policy:** 30 days + 2 refills or 90 days with 0 refill
- **Courtesy Refills:** 1-month if visit missed
- **Office Visit Policy:** Every 3 months (A1c check)
- **Controlled Substance:** No

Diabetes Meds (e.g., Metformin)

- **Prescription Duration:** 3–6 months
- **Refill Policy:** 30 days + 2 refills or 90 days with 0 refill
- **Courtesy Refills:** 1-month if visit missed
- **Office Visit Policy:** Every 3 months (A1c check)
- **Controlled Substance:** No

Injectables (Ozempic, Wegovy, Mounjaro, Zepbound)

- **Prescription Duration:** 1–3 months
- **Refill Policy:** 30–90 days depending on insurance
- **Courtesy Refills:** 1-month at provider discretion
- **Office Visit Policy:** Monthly for first 3 months, then every 3 months
- **Controlled Substance:** No

Inhalers (e.g., Albuterol, Montelukast, Steroids)

- **Prescription Duration:** 6 months
- **Refill Policy:** 30 days + 5 refills or 90 days with 1 refill
- **Courtesy Refills:** 1-month at provider discretion
- **Office Visit Policy:** Every 6–12 months
- **Controlled Substance:** No
- **Provider Notes:** Stable use required

Other Common Medications

Testosterone (Injectable or Topical)

- **Prescription Duration:** 5 months
- **Refill Policy:** 30 days + 4 refills or 90 days with 0 refill
- **Courtesy Refills:** 1-month at provider discretion
- **Office Visit Policy:** Every 6 months
- **Controlled Substance:** Yes

Accutane

- **Prescription Duration:** 1 month
- **Refill Policy:** None without labs
- **Lab Requirement:** Monthly labs, including B-HCG for females
- **Controlled Substance:** No
- **Provider Notes:** High-risk medication; strict monitoring

Antibiotics (Z-Pak, Cipro, Keflex, etc.)

- **Prescription Duration:** As clinically indicated
 - **Refill Policy:** None unless specified
 - **Office Visit Policy:** Office visit preferred but some instances may require televisit.
 - **Controlled Substance:** No
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Lamisil (Oral Antifungal)

- **Prescription Duration:** 1 month
 - **Refill Policy:** Up to 2 months after LFT
 - **Office Visit Policy:** Monthly with LFTs
 - **Controlled Substance:** No
 - **Provider Notes:** Liver function monitoring required
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Sildenafil (Viagra), Tadalafil (Cialis)

- **Prescription Duration:** 6–12 months
 - **Refill Policy:** 6–12 months
 - **Courtesy Refills:** 1-month if visit missed
 - **Office Visit Policy:** Every 6–12 months
 - **Controlled Substance:** No
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Finasteride, Minoxidil

- **Prescription Duration:** 12 months
 - **Refill Policy:** 30 days + 11 refills or 90 days with 3 refills
 - **Courtesy Refills:** 1-month if visit missed
 - **Office Visit Policy:** Annually
 - **Controlled Substance:** No
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Vitamin D

- **Prescription Duration:** 6–12 months
- **Refill Policy:** 30–90 days depending on labs
- **Office Visit Policy:** Every 6 months
- **Controlled Substance:** No
- **Provider Notes:** Monitor vitamin D levels every 6 months

Thank you for your support and understanding as we seek to improve your care.

Sincerely,

Peter J Ruane, MD Inc.