

Tidal Mental Health

80 Washington St, Ste C-17, Norwell, MA 02061

Tel: (781) 773-8905, ext 4 • Fax: (781) 261-9633

www.tidalmentalhealth.com

MEDICATION POLICIES

Medication may play an important role in treatment as psychiatric medications can significantly reduce symptoms and advance your treatment goals. They may be valuable tools but are by no means risk or side-effect free.

Being familiar with your medication regimen is an essential part of being an active participant in your treatment. At your initial appointment it is helpful to bring with you a complete list of your current medications as well as any documentation of medications previously taken.

If you are prescribed medications, you will be counseled on alternatives, benefits, risks associated with use or non-use of the medication and potential side-effects. You are responsible to report side-effects and to follow instructions as directed. In the event you develop a rash, hives, shortness of breath, swelling around the face/lips, or itchiness of the mouth/tongue, please seek immediate medical attention. These symptoms indicate a severe allergic reaction that requires emergency care.

Be sure that your Primary Care Provider (PCP) and your Psychiatric Provider know of all medications you are taking, including over-the-counter (OTC) medications.

Prescription medications fall into two regulatory categories: general or “non-controlled” substances and scheduled or “controlled” substances.

Non-Controlled Medications Policy

Medications will only be refilled for current patients who maintain their regularly scheduled appointments and have account balances in good standing. All medication refill requests are to be initiated through the patient’s pharmacy. Obtaining a refill request directly from the pharmacy is the safest and most effective way of ensuring you are obtaining the correct medication, dose, and quantity.

All refill requests should be made during your face-to-face appointments. At the time of your appointment, you will be supplied with enough refills to last until your next appointment. No medication refills will be called in after-hours or on the weekends.

Prescriptions written outside of any appointment should be rare. Refills for missed appointments, no shows or lost prescriptions are at the sole discretion of the provider and are subject to refusal. If a prescription must be refilled outside of any appointment, the following policy will apply:

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1. The missed appointment must first be rescheduled. It is the patient's responsibility to reschedule that appointment. All appointments can be scheduled through the patient portal.
2. As with all refill requests, this refill request must be initiated through the patient's pharmacy.
3. Please allow 48 hours (two business days) for this request to be fulfilled.
4. This prescription will provide you with enough medication to last until the rescheduled appointment.
5. If a prescription is written outside of any appointment, you will incur a \$25.00 charge to be paid along with any co-pay and/or other fee(s) at the beginning of your next appointment.

Please note exceptions are made for instances when an appointment must be cancelled by the provider for reasons beyond their control, such as illness.

Controlled Medications Policy

The following are controlled medications, also known as controlled substances:

- Stimulants, such as most medications for ADHD, including:
 - Concerta/Ritalin/methylphenidate
 - Adderall/amphetamine
 - Focalin/dexmethylphenidate
 - Vyvanse/lisdexamfetamine
- Benzodiazepines
 - Ativan/lorazepam
 - Klonopin/clonazepam
 - Xanax/alprazolam
 - Valium/diazepam

Prior to prescribing any controlled substances, whether newly-initiated or continued, your name and date of birth will be verified using the **Prescription Monitoring Program (PMP)**, a nationwide system which collects information on prescriptions of controlled substances. The PMP enables your provider to view a record of all controlled substances you have been prescribed. This record includes information regarding the prescriber; the pharmacy used; the date the prescription was dropped off and picked up; the quantity, dose, and refills provided. The PMP automatically flags suspicious or potentially dangerous use of these medications. These records give your provider the tools they need to make safe clinical decisions.

Prescriptions for stimulants do not include refills, as these medications cannot be refilled by law. Prescriptions for stimulants can only be provided during appointment times,

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therefore, patients who are taking these medications must schedule and attend an appointment to receive a prescription. Prescriptions for benzodiazepines may have limited refills (zero or one). It is your responsibility to monitor the remaining quantity of your medication and request an appointment accordingly. No changes will be made to your medication between appointments.

Since controlled medications are easily abused, and there is an illegal market for these medications, their prescribing and refill practices are highly-controlled by Federal and State agencies. If you are prescribed one of these medications, it is critical that you follow the controlled medication policy.

The controlled medication policy is as follows:

- You must take these medications as directed.
- If you feel you need to adjust the frequency or dose of the medication, you must make an appointment to discuss this with your provider.
- You are responsible for your medication and must take measures to ensure that your medication is not lost or stolen.

While it is understood that unexpected circumstances out of your control may arise, if you require an early refill of your controlled medication because you have adjusted your dose without consulting your provider, or because your medication was lost or stolen, you are in violation of the controlled medication policy. After initiating a refill request through your pharmacy your provider will review your case and make a determination that may allow for refill. Please allow 48 hours (two business days) for this review.

I understand that lost or stolen medications will not be replaced without a police report.

If at any time you feel like you are experiencing symptoms of withdrawal, please go to the emergency room. As is our policy for any emergency, please contact the provider after you have received proper emergency assistance so that the provider can be aware of the situation.

If a refill is granted, you will be charged a \$100 fee for an early refill of your controlled medication. This prescription will provide you with enough medication to last until your next scheduled appointment.

Please note that any subsequent violations of the policy may result in your termination as a patient. While this policy may seem harsh, due to the nature of these medications, your provider must be able to manage these prescriptions responsibly and in such a manner as to minimize any potential abuse.

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Prior Authorization / Insurance Requests for Medication

Sometimes a new prescription, or a change in an existing prescription, may require prior authorization, also known as a "P.A." If your insurance company or your pharmacy tells you that your prescription requires a prior authorization, then please follow the instructions below. These instructions may appear overwhelming, but when followed step-by-step will ensure you can fill your prescription as quickly as possible:

1. Call your insurance company's pharmaceutical division (see your insurance card or your insurer's website)
2. Tell the insurance company representative that you have been told you require a prior authorization or "P.A." for your medication.
3. Ask them to fax a prior authorization form which includes your name, medication, your insurance numbers, the reason the prescription was denied coverage, and any supporting information and/or documentation they require from your provider to allow your medication to be approved.
4. Ask them to fax the completed form to fax number (781) 261-9633.
5. Your provider will then supply the supporting information and/or documentation and fax to your insurance company.
6. If your insurance company insists that "The provider must call," you will be charged for your provider's time in making this call. Insurance phone line wait times can take up to an hour. All companies have a simple form which can be faxed to our office. If they tell you they do not have such a form, you may want to call back and get another representative on the line and try again.
7. Provided the above steps are completed successfully, your provider will be able to complete the Prior Authorization form within 24 business hours.
8. Remember that prior authorization can be an annual requirement for each medication and dosage change, so plan accordingly.

If your insurance company will not cover the medication that we have decided upon, even after the prior authorization process, you and your provider will need to consider other medication options. A brief phone call may be enough to discuss an alternative, but in most cases a change will require an appointment.

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MEDICATION POLICIES AGREEMENT

I understand and agree with the following medication policies:

- It is my responsibility to know the name, dose, and frequency of any medication, why it has been prescribed, and how it should be administered.
- I am responsible for monitoring my supply of medications and that I will request medication refills at least 5 days before running out of any medication.
- I will take my medications exactly as prescribed.
- Use of my medication at a greater rate than prescribed will result in my being without medication for a period of time, which in certain conditions could lead to physical or psychological withdrawal.
- My provider must approve any medication changes.
- If I am nursing, pregnant, or planning to become pregnant, I will inform all prescribing healthcare providers to discuss medication options.
- I should not consume alcohol or any illicit substance while taking my prescribed medications.
- I will not give, share, trade, or sell my medication to anyone.
- It is my responsibility to inform the provider of all other medications that other health care providers may be prescribing to me as well as any over-the-counter medications, vitamins, or supplements that I may be taking.
- Under NO circumstances will medications be filled after hours, on weekends, or holidays and that in the event of a missed, rescheduled, or cancelled appointment, my medications may not be refilled.
- My provider does not provide repetitive, early refills for controlled medications and that refill requests will be monitored closely and may be denied, especially in the presence of any aberrant behavior with regard to these medications.
- Any violations of this agreement may result in my treatment being terminated with no recourse.

Name (print) _____

Signature _____

Date _____

Witnessed by: Sarah Smigliani, PMHNP-BC

Signature _____

Date _____